

Unit Special duty Rank Major Name R. Manley Sims

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Manley Sims
- (b) What are your Christian Names? Reginald Frank
2. (a) Where were you born? (State place and country) London, England.
- (b) What is your present address? G.H.Q. 2nd Echelon, B.E.F.
3. What is the date of your birth? Aug. 2, 1878
4. What is (a) the name of your next-of-kin? Mrs. Manley Sims
- (b) the address of your next-of-kin? 87 South Terrace
Littlehampton, England.
- (c) the relationship of your next-of-kin? Mother
5. What is your profession or occupation? Agent.
6. What is your religion? Protestant, C. of E.
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? Nil
9. State particulars of any former Military Service. About 10 years, K.R. Rifles British
staff service. South African war, 1899 - end
Staff college 1904-6. Headquarters staff
Indian Army, Simla. Resigned September 1907 commission
as Captain.
10. Are you willing to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

.....(Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date July 2 1916

Place London

[Signature]
Medical Officer.

*Insert here "fit" or "unfit" fit

QUESTIONS TO BE ANSWERED BY OFFICER
CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. Name of the Officer
2. Rank
3. Branch of Service
4. Date of Commission
5. Date of Last Promotion
6. Date of Last Transfer
7. Date of Last Discharge
8. Date of Last Re-Entry
9. Date of Last Release
10. Date of Last Discharge

11. Name of the Officer
12. Rank
13. Branch of Service
14. Date of Commission
15. Date of Last Promotion
16. Date of Last Transfer
17. Date of Last Discharge
18. Date of Last Re-Entry
19. Date of Last Release
20. Date of Last Discharge

STATEMENTS OF MEDICAL EXAMINERS

I have examined the above named Officer and find that he is fit for service in the Canadian Overseas Expeditionary Force.

Signature: _____
Date: _____

REGIMENTAL DOCUMENTS

NAME

Sumner Reginald DSO. Despatches C.M.G. Frank Manley

REGT. NO.

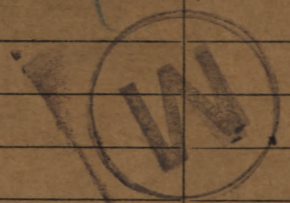
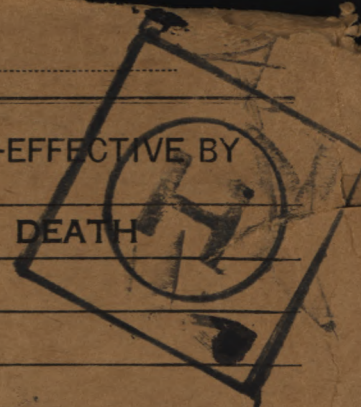
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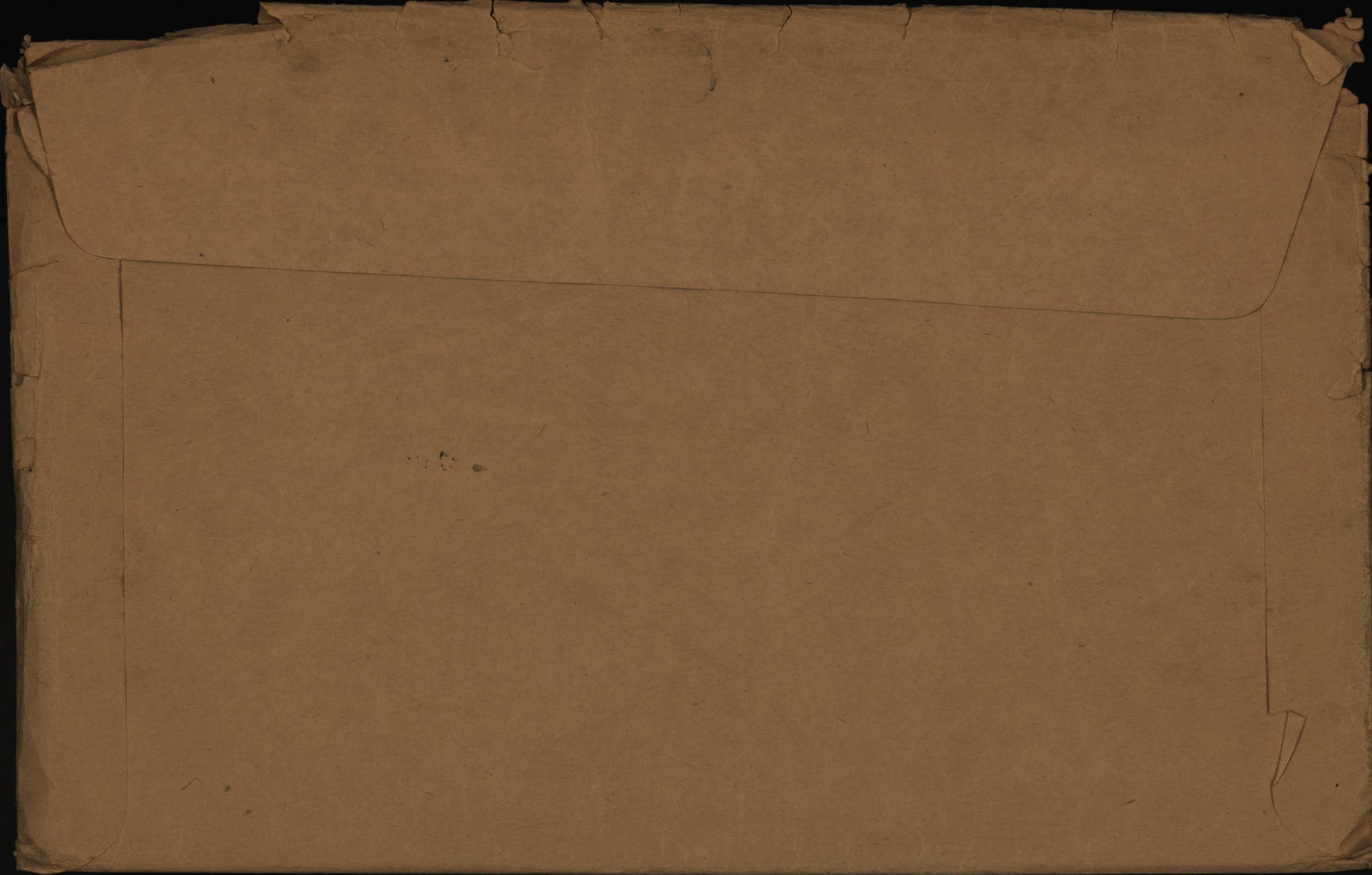
UNIT

G.H.B

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category <i>Retired in UK</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>24-11-19</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				21491	
<i>1 H & A Col</i>					





14
Stam mit Stock

B

Number... Rank. BRIG-GEN.

Surname... SIMS. Office

Christian Name. REGINALD FRANK M. V

Units... Theatre of war. FRANCE

Date of Service 2.4.15. 12.4.15

Remarks *Seed to wo 17.6.18. d. 930886 727-7.18.*
Cesses to be seed 30.11.18. d. 8.31133 d/18.1.18.

GEN. LIST. *6.0. Roll #3. Page 14.* *11/19/183/5-5-20*

Latest address...

Roll No. *B. Page 7988.*

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks
_____	_____
_____	_____
_____	_____
_____	_____

*—Name will be given in full; surname first.

Casualty Form—Active Service.

Regiment or Corps Canadian Representative.Rank Brig-Gen. Surname Sims. Christian Name R. F. M. C.M.G. & D.S.O.

Religion..... Age on Enlistment..... years..... months

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and rate.....

Occupation..... Signature of Officer

Date	Report		Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
	From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.			
			Embarked		
			Disembarked		
23-2-18	Can Represent ^{alive}	Proceeded to England on temporary duty	England	17-2-18	B.213, Pt II O No 8. dated 9-3-18
23-2-18	do	Returned from temporary duty in England	Field	21-2-18	B.213 Pt II O No 8 dated 9-3-18
17-3-18	Do.	Proceeded to England on temporary duty	England	13-3-18	B.213 Pt II Ord 11 dt 10.4.18
24-3-18	Do	Returned from temporary duty in England	Field	24-3-18	B.213 Pt II Ord 11 dt 10.4.18
31.3.18.	Do.	Proceeded to England on temp duty		28.3.18	B.213 Pt II Ord 11
7.4.18	Do.	Returned from England		30.3.18	B.213 Pt II Ord 12

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
22.4.18	Canadian Representative	Proceeded to England on temporary duty.	on	15.4.18	B213 P11 Ord 13
"	"	Returned from England		18.4.18	B213 P11 Ord 13
5.5.18	"	Proceeded to England on temporary duty.	on	30.4.18	B213 P11 Ord 15
"	"	Returned from England		4.5.18	B213 P11 Ord 15
12.5.18	"	Proceeded to England on temporary duty.	on	11.5.18	B213 P11 Ord 15
2-6-18	"	Returned from temporary duty in England		1-6-18	B213 P11 Ord. 18
9-6-18	"	Proceeded to England on temporary duty.	on	6-6-18	B213 P11 Ord 19
7-6-18	Supplement to the London Gaz	Relinquishes his grading for purposes of pay as Lt. SO. 1st Grade.		6-12-17	No. 30936 P11 Ord No 20
26.7.18	Supplement to the London Gaz	Is seconded for duty with the War Office		17-6-18	No 30916 P.C. P11 Ord 26d/9.8.18
7.7.18	Can Rep.	ceases to hold appointment as Can Representative, on being seconded from the OMSC & posted to Gen Depot. Bramshott		17.6.18	B213 A.G. 10.8.5-399.



Return B1-24/11/19
 Hon Brig - Gen. 7.12.17 (9.15/19)
 cm

C. P. Johnson Capt.
 for Lieut. Col. A. A. G.
 Canadian Section

Casualty Form—Active Service.

Brig-General
 Regiment or Corps... *2nd Echelon, G.H.Q.*
 Rank... *Col.* Surname... *Sims.* CMG. DSO. Christian Name... *R. F. M.*
 Religion..... Age on Enlistment..... years..... months
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended {.....} Re-engaged {.....} Qualification (b).....
 or Corps Trade and rate.....
 Occupation..... Signature of Officer.....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<i>20-10-17.</i>	<i>Can Representative</i>	<i>Detached from Unit on proceeding to England on temporary duty.</i>		<i>16-10-17</i>	<i>B 213 Pt. II O. 15.</i>
<i>10-11-17</i>	<i>"</i>	<i>Rejoined Unit on returning from duty in England</i>	<i>Field</i>	<i>22-10-17</i>	<i>B 213 Pt. II O. 16.</i>
<i>10-11-17</i>	<i>"</i>	<i>Proceeded to England on temporary duty</i>	<i>"</i>	<i>4-11-17</i>	<i>B 213 Pt. II O. 16.</i>
<i>10-11-17</i>	<i>"</i>	<i>Rejoined Unit on returning from duty in England</i>	<i>"</i>	<i>10-11-17</i>	<i>B 213 Pt. II O. 16.</i>
<i>24-11-17.</i>	<i>"</i>	<i>Proceeded to England on temporary duty.</i>	<i>"</i>	<i>18-11-17</i>	<i>B 213 Pt. II O. No 20 4/4-12-17</i>
<i>24-11-17</i>	<i>"</i>	<i>Rejoined Unit on returning from duty in England</i>		<i>21-11-17</i>	<i>B 213 Pt. II O. No 20 4/4-12-17</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c. during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
1-12-17	Com Representative	Proceeded to England on temp. duty.	Field	26-11-17	B213 Pt II O No 21 dated 15-12-17
do	do	Rejoined Unit on returning from temp. duty in England		27-11-17	B213 Pt II O No 21 dated 15-12-17.
15-12-17	do	Proceeded to England on temp. duty	England	11-12-17	B213 Pt II O No 1.
15-12-17	do	Rejoined Unit on returning from temp. duty in England	Field	12-12-17	B213 dated 10-1-18
22-12-17	do	Proceeded to England on temp. duty.	England	16-12-17	B213 Pt II O No 1
22-12-17	do	Rejoined Unit on returning from Temp. duty in England	Field	20-12-17	B213 dated 10-1-18.
21-12-17	Com Gazette	To be Temp. Brigadier-General with effect from	"	7-12-17	No 30443. Pt II O No 2 d/15-1-18
5-1-18	Com Representative	Proceeded to England on temporary duty	"	2-1-18	B213 Pt II O No 2 d/15-1-18
12-1-18	"	Returned from temporary duty in England.	"	6-1-18	B213 Pt II O No 3 d/23-1-18
26-1-18	"	Proceeded to England on temporary duty	"	26-1-18	B213 Pt II O No 5 d/12-2-18
9-2-18	"	Returned from duty in England.	"	3-2-18	B213 Pt II O No 6 d/22-2-18

CERTIFIED CORRECT
 20 MAR. 1917
 CANADIAN RECORD OFFICE

Army Form B. 103.

DUPLICATE.

Original not available
Casualty Form—Active Service.

Regiment or Corps Genl Regt B. V. I. Force Regimental Number _____

Rank Major Surname SIMS, D.S.O. Christian Name Reginald Frank Marley

Religion _____ Age on Enlistment _____ years _____ months.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to present rank 1.1.1917 ^{TEAR COL 8 1.50 (1916)} ^{Lon 1/12/17} Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate _____

Signature of Officer i/c Records.

*SA Dep 82.01
10.9.01*

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ... Disembarked...			
19. 1. 1915	HOURS LETTER Ottawa	Appointed asst. to the Hon. Lt. Col. John J. Canrick		7. 1. 1915	HOURS Ottawa 2/19 LETTER 332-103-36 1/10 PL 9-3-46
18. 4. 1916	A.F.C. PASS	Holds the appointment of Canadian representative at General Headquarters			LETTER DATED 18/4/16 PL 9-5-46
		Granted temporary rank of Lieut. Colonel		10. 9. 17	Lon Gaz 14/6/16 GENERAL ORDER 117 SEPT 1917 Cdn Gaz 1.1.17 CTD 70 250 J
14. 2. 17	W.O.	Final appointment graded for pay as G. 5.0 @ end to be temporary Colonel		1. 1. 1917	Lon. Gaz 29942 1/14/17 with in with 24. 2. 17
					<i>Frank Marley</i> MAJOR, OFFICER IN CHARGE RECORDS P.T.O.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-smith, &c.
 (B99130) W 15012-5156 J. P. & Co., Ltd. Forms/B103/3.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
1-6-17	Lon. Gazette.	Mentioned in Despatches for Gallant and Distinguished services in the Field by Field Marshall Commander in Chief of British Armies in France		1-6-17.	Second Supplement to London Gazette 1-6-17. Pt. II O. No. 12 d/8-10-17
30-3-17.	Can. Representative	Taken on strength of Can. Representative on arrival in France	Field	12-4-15	Letter Ref K.T. 102-1299. Pt. II O. No. 12 d/8-10-17.
22-9-17	do	Detached from Unit on proceeding to England on temporary duty.	England	14-9-17	B213 Pt. II O. 12 d/8-10-17
22-9-17	do	Rejoined Unit on returning from England	Field	18-9-17.	B213 Pt. II O. 12 d/8-10-17
4-6-17.	Lon. Gazette.	To be an Additional Member of the Third Class, or Companion, of the Most Distinguished Order of Saint Michael and Saint George, for services rendered in connection with Military Operations in the Field,		4-6-17	No. 30111, Part II O. No. 13, dated 10-10-17.
8-9-17	Can. Rep.	Detached from unit on proceeding to Eng. on temporary duty.		4-9-17	B213, Pt. II O. No. 15
8-9-17.	ic	Case to be detached on rejoining Unit	Unit	7-9-17.	B213 Pt. II O. No. 15.

Regional No. MEDICAL HISTORY OF A.F. B.178
Regimental No. Region.
Surname Manley Sims Christian Names Reynald Frank

TABLE I.—General Table.

Birthplace { Parish _____
County _____
Examined { on Jan day of 1915
at Ottawa
Declared Age 37 years - days.
Trade or Occupation Estab Agent & Permanent Force British
Height 6 feet - inches. Weight 168 lbs.
Colour of Hair Brown Complexion Fair
Eyes Hazel
Chest Measurement { Girth when fully expanded 39 inches.
Range of expansion 3 inches.
Physical Development Good
Vaccination Marks { Arm, RIGHT | LEFT
Number - | .
When Vaccinated -
Vision { R.E.—V= _____ With Glasses { R _____
L.E.—V= _____ L. _____
Identification Marks, such as Tattoo, Moles, Scars, etc.:—
Scars on Dorsum R. Foot

TABLE III.—Boards, Category, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature.
<u>24-11-19</u>	<u>Double acceptance & the</u> <u>Claw foot. R. & Haumer</u> <u>lost first four. C. J.</u> <u>Dr. Macdonald</u> <u>as a for same</u>

Defects or Ailments:—
Colles Fracture in 1901

Examined and found—
Fit for Grade { I. _____
II. _____
III. _____
IV. _____
(Strike out those which do not apply.)
Signature _____
Chairman of Medical Board.

Re-examined for posting at Ottawa
On _____ day of January 1915
Enlisted { at Ottawa
on _____ day of Jan 1915

Joined on enlistment	Corps.	Regtl. No.

Transferred to {

Special Remarks: state if a discharged Soldier

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by _____
on _____ day of _____ 191
(Signature) _____
(Rank) _____

NAME *Simis. F. R. Manley (Major) Lt Col 15th 90 117-1915 UNIT Specially Employed.*

DATE OF APPOINTMENT

MARRIED (YES OR NO)

NEXT OF KIN:- NAME *Mrs Manley Simis*
 ADDRESS *87 South Terrace Littlehampton*

ASSIGNED PAY:-

MONTHLY AMOUNT

TO WHOM PAYABLE

DATE NON-EFFECTIVE
 AND CAUSE

BANK IN WHICH PAY & ALLOWANCES DEPOSITED *London Joint Stock Bank - 69 Pall Mall.*

PERIOD		No. OF DAYS	REGTL RATE	PAY					RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN CASH	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
FROM	TO			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	GR. FROM PREV. ACCOUNT	TOTAL PAY		AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING	SUBSISTENCE								
<i>1/4/15</i>	<i>30/4/15</i>	<i>30</i>	<i>4</i>	<i>120</i>				<i>120</i>	<i>3</i>	<i>90</i>	<i>30</i>	<i>30</i>	<i>120</i>	<i>240</i>		<i>240</i>	<i>240</i>	<i>240</i>			
<i>1/5</i>	<i>31/5</i>	<i>31</i>	<i>4</i>	<i>124</i>				<i>124</i>	<i>3</i>	<i>93</i>	<i>31</i>	<i>30</i>	<i>124</i>	<i>248</i>		<i>248</i>	<i>248</i>	<i>248</i>			
<i>1/6</i>	<i>30/6</i>	<i>30</i>		<i>120</i>				<i>120</i>		<i>90</i>	<i>30</i>	<i>30</i>	<i>120</i>	<i>240</i>		<i>240</i>	<i>240</i>	<i>240</i>			
<i>1/7</i>	<i>31/7</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>93</i>	<i>31</i>	<i>30</i>	<i>124</i>	<i>248</i>		<i>248</i>	<i>248</i>	<i>248</i>			
<i>1/8</i>	<i>31/8</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>93</i>	<i>31</i>	<i>30</i>	<i>124</i>	<i>248</i>		<i>248</i>	<i>248</i>	<i>248</i>			
<i>1/9</i>	<i>30/9</i>	<i>30</i>		<i>120</i>				<i>120</i>		<i>90</i>	<i>30</i>	<i>30</i>	<i>120</i>	<i>240</i>		<i>240</i>	<i>240</i>	<i>240</i>		<i>496.4</i>	
<i>1/10</i>	<i>31/10</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>93</i>	<i>31</i>	<i>30</i>	<i>124</i>	<i>248</i>		<i>248</i>	<i>248</i>	<i>248</i>			
<i>1/11</i>	<i>30/11</i>	<i>30</i>		<i>120</i>				<i>120</i>		<i>90</i>	<i>30</i>	<i>30</i>	<i>120</i>	<i>240</i>		<i>240</i>	<i>240</i>	<i>240</i>			
<i>1/12</i>	<i>31/12</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>93</i>	<i>31</i>	<i>30</i>	<i>124</i>	<i>248</i>		<i>248</i>	<i>248</i>	<i>248</i>			
<i>1/1/16</i>	<i>31/1/16</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>93</i>	<i>31</i>	<i>30</i>	<i>124</i>	<i>248</i>		<i>248</i>	<i>248</i>	<i>248</i>			
<i>1/2</i>	<i>29/2</i>	<i>29</i>		<i>116</i>				<i>116</i>		<i>84</i>	<i>29</i>	<i>30</i>	<i>116</i>	<i>232</i>		<i>232</i>	<i>232</i>	<i>232</i>			
<i>1/3</i>	<i>31/3</i>	<i>31</i>		<i>124</i>				<i>124</i>		<i>93</i>	<i>31</i>	<i>30</i>	<i>124</i>	<i>248</i>		<i>248</i>	<i>248</i>	<i>248</i>			
<i>15/9/15</i>	<i>15/9/15</i>	<i>1</i>	<i>1</i>	<i>199</i>				<i>199</i>					<i>199</i>	<i>199</i>		<i>199</i>	<i>199</i>	<i>199</i>		<i>adpnt pay to Col rates</i>	<i>(No 4213)</i>

1663

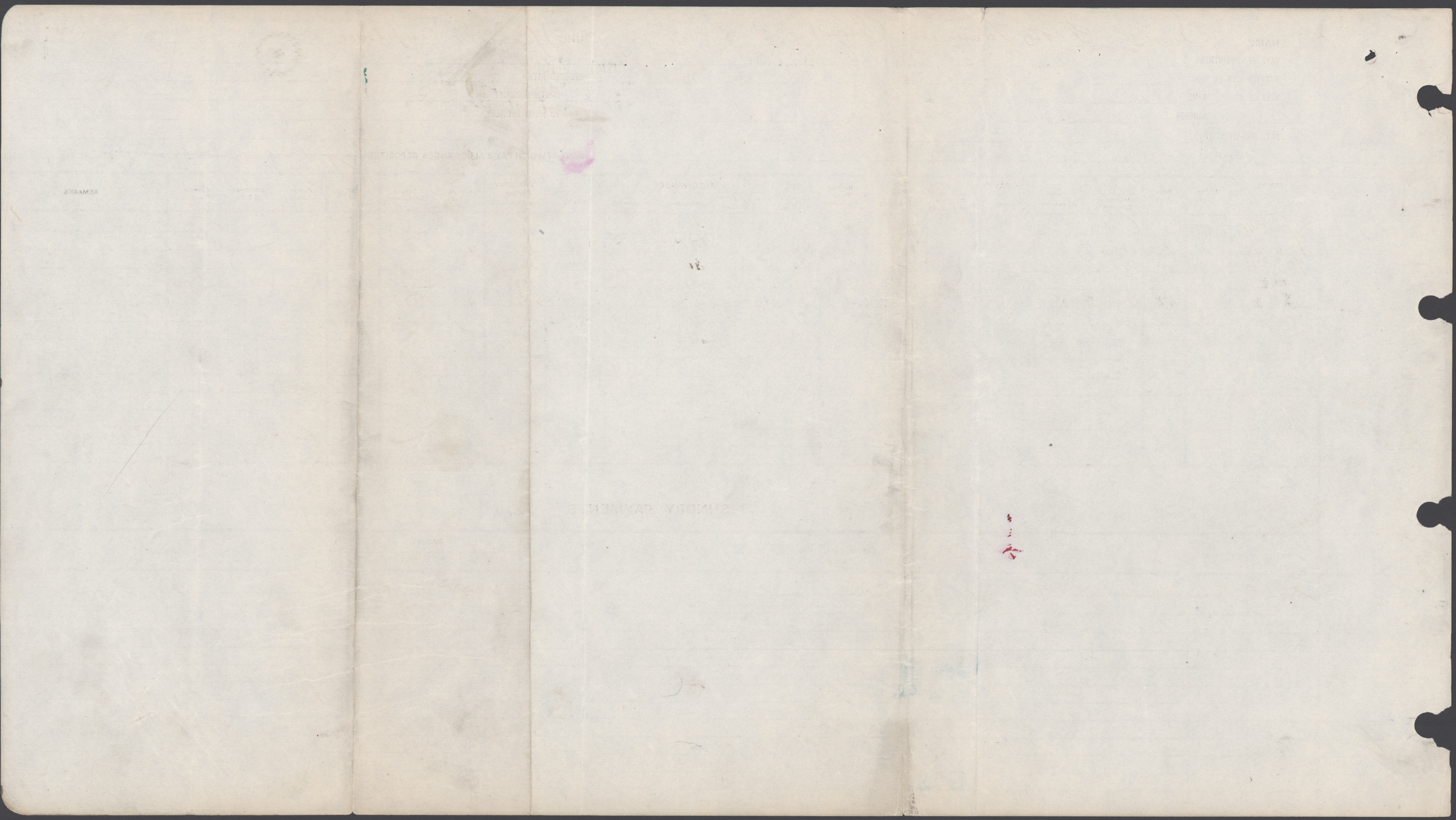
1098

366

3127

SUNDY PAYMENTS

DATE	CHEQUE No.	PARTICULARS	AMOUNT					REMARKS
			£	s.	d.	p.	c.	
<i>1915</i>								
<i>July 19</i>	<i>3223</i>	<i>Add Grant off: outfit allow</i>	<i>100</i>	<i>00</i>	<i>20</i>	<i>10</i>	<i>11</i>	



Paid under class 3 Rates.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount \$

Separation Allowance Issued. Yes or No.....

Mr. G. B.
Head Office of
Ministry of Information
Messing

Brig Genl. *7¹² 17* *10¹² 17*

comb.
ASO.
Name *Sims*
Initials *J. R. M.*
Bank

London Joint City & Mid Bank
by Pall Mall.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES TO BE INITIALED BY P.M. IN EVERY CASE	INITIALS
<i>1919</i>								
<i>Nov 27</i>	<i>Overpaid P. & A. 25-30 "19.</i>	<i>60111</i>		<i>96</i>				
	<i>Dr. Balance transferred to W/Lt. v. 37</i>		<i>96</i>			<i>0</i>		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Pay

Name

Address

F.A.

Initials

Amount \$

Messing

Bank

Separation Allowance Issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
TO BE INITIALED BY P.M. IN EVERY CASE

INITIALS

ASSIGNED PAY.

PAID UNDER CLASS 4 RATES

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

H.D. 6ab
War Office -
- Ministry of Information.

Brig. Genl 7¹²/₁₇ D/294410²/₁₇

Name Sims (Cmty) (D.S.O.)
Initials F. R. M.
Bank London Joint Stock Bank
69 Pall Mall.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918								
Apr 18	Pay April (R)		480					
24	Bank	991		480		0		
May 20	Pay May (R)		496					
23	Bank	2587		496		0		
June 19	Pay June (R)		480					
22	Bank	4073		480		0		
25	Trav. Allie 2 ¹ / ₁₈ - 1 ⁶ / ₁₈	3188					£39-19-0	
July 16	Pay July (R)		496					
23	Bank	5436		496		0		
Aug 20	Pay Aug. (R)		496					
22	Bank	6996		496		0		
Sept 3	London Subs Allie @ 1 st pd whilst stationed in hon claim on file 9-5-46. 17 ¹⁸ - 31 ¹⁸ . Do Bank	9614 7631	76	76				
18	Pay Sept (R)		480					
23	Bank	8977		480		0		
Oct 18	Pay Oct (R)		496					
23	Bank	10712		496		0		
Nov 4	London Subs @ 1 st pd whilst stationed in hon claim on file 9-5-46. 1-30 ¹⁸ - 1-30 ¹⁰ / ₁₈ . Do Bank	9152					£30 = £6.3.3. 31 = 6.7.5	
23	Pay Nov. (R)		480					
	Bank	12470		480		0		
Dec 5	Pay Dec. (R)		496					
	Bank	13670		496		0		
18	Underpaid Trav claim abs no 4117. Pub 3188. Paid as £39-19-0 underpaid £6-17-6. And Obs no 59. to 795 Do Bank		33 46	33 46				
	Carried Forward.							

Class 3

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Name

Address

Initials

Amount. \$

Bank

Separation Allowance issued. Yes or No.....

Settlement in D.I. 24th 19 Letter AWS S-399-24th 19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1919.								
Jan. 10	Pay Jan. (R)		496					
"	Addl. Outfit Allee 1 ⁸ / ₈ .	vo. 375	100					
"	"	Bank. 14655		100				
23	"	Bank 15393.		496		—		
Feb. 20	Pay Feb. (R)		448					
"	"	Bank. 16916		448		—		
Mar. 22	Pay March (R)		496					
"	"	Bank 18554		496		—		
April 21	Pay April (R)		480					
"	"	Bank. 1084		480		—		
May 24	Pay May (R)		496					
"	"	Bank 2800		496		—		
June 25	Pay June (R)		480					
"	"	Bank		480		—		
July 21	Pay July (R)		496					
"	"	Bank		496		—		
Aug 1	A. O. A. 1 ⁸ / ₈ 19.		100					
"	"	Bank 6099		100		—		
25	Pay August (R)		496					
"	"	Bank		496		—		
Sept 22	Pay Sept (R)		480					
23	"	Bank 4991.		480		—		
Oct 24	Pay Oct (R)		496					
"	"	Bank 573		496		—		
Nov 21	Pay Nov (R)		480					
24	"	Bank		480		—		

*PA to be effective 25th 19
Apt W.S. G. Branch
20*

Paid under Class & Rates

ASSIGNED PAY.

UNIT.

RANK. 4

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

App. Ent. C.A.B.

*Col GSO 1
Brig Gen*

*1 1/7 1583 & 14 1/7
7 1/7 1584 10 1/7*

Name

Initials

Bank

*Sims (D.S.O.)
4 R.L.L.
London Joint Stock Bank
69 Pall Mall*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1917 Apr 26	Pay April (R)		390					
	Bank	2975		390				
May 21	Pay May (R)		403					
22	Bank	5909		403				
June 18	Pay June (R)		390					
20	Bank	7967		390				
July 10	<i>Trav. allowance 1 1/7-16 1/7</i>						<i>\$36.00 \$175.00 ✓</i>	
23	Pay July (R)		403					
24	Bank			403				
Aug 18	Pay Aug (R)		403					
22	Bank	16999		403				
Sept 20	Pay Sept (R)		390					
	Bank	21702		390				
Oct 15	Pay Oct (R)		403					
20	Bank	26060		403				
Nov 17	Pay Nov (R)		390					
20	Bank	30640		390				
Dec 11	Pay Dec (R)		403					
14	Bank	34463		403				
Dec 22	<i>Adjt. paid from G.S.O. (1916 Rates \$13 pd) to Brig Gen's Rates @ \$16 pd from 7 1/7 - 31 1/7. No. 18511</i>			75				
22	Bank	34718		75				
1918 Jan 21	Pay Jan (R)		496					
22	Bank	39282		496				
Feb. 18	Pay Feb. (R)		448					
20	Bank	40889		448				
Mar 5	<i>Trav. all. @ 5 1/7 - 20 12/17</i>						<i>\$47.50 \$229.95</i>	
		15602						

Paid under class 3 Rates

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

HQ bab

Brig. Genl

7¹²/₁₇

Dy 294-4/10¹²/₁₇

Name *Sims (550)*

Initials *F. R. M*

Bank *London Joint Stock Bank
69 Pall Mall*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918 Mar 21	Pay March (R)		496					
22	Bank	<i>42453</i>		496		0		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF UNIT DATE AUTHORITY
Spec Emp

DATE AUTHORITY
*15⁹/₁₆ NO 2805 5
C/A 8/21/16
Feb-4.S.O.1. 1¹/₇ 141583 d 14²/₁₇*

NAME *Sheets*
Name *Sims*
Initials *J. R. M.*
Bank *London Joint Stock Bank
no 69 Ball Mall.*

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
Feb 27	Forward from sheet 1.					0		
	Bank - Adjustment of P.A. from 1-1-17 to 28-2-17. (class 'b') rates	21997		295		295.00		
Mar 22	do do do		295			0		
	Pay Mar. (R)		403					
24	Bank	24771		403		0		
31	Adjustment of P.A. from 1 ⁴ / ₁₆ to 31 ¹² / ₁₆ to rates as drawn 31 ³ / ₁₆ - 275 days at 41% . O. in C. #678 d 15 ³ / ₁₇		275					
	Bank	24912		275		0		

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be Initialled by P.M. in every case.

INITIALS

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Spec Emp

May
Lcol
Col.

15 75 002865
C 58 431 76

Name, Sims
Initials F.R.M.
Bank

London Joint Stock Bank
69 Pall Mall

1916-17

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
1916								
Apr 25	Pay at Lt Col's rates 15 9/15 - 31 3/16 (110313)			199				
26	Pay apr		240			41		
	Bank			41			Dr. Bal. of \$190.00 to be carried forward until further business	F.R.M.
May 17	Bank 1552.		199		Dr 199			
23	Pay may		217			217		
	Bank			217		Dr 199		
June 3				31		Dr 230		
21	adpt to Lt Col's rates 15 9/15 - messy may & forward		230					
	Pay June		240					
	Bank 3971			439		Dr 199	Debit Dr. Bal. of \$190.00 from July P.O.A.	F.R.M.
July 21	Pay July		248					
23	Bank	5541		49				
Aug 21	Pay aug		248					
24	Bank	7445		248				
Sept 20	Pay Sept.		240					
23	Bank			240				
Oct 24	Pay Oct.		248					
26	Bank			248				
Nov 22	Pay Nov		240					
27	Bank			240				
Dec 13	Pay Dec		248					
14	Bank			248				
1917								
Jan 23	Pay Jan (R.)		248					
25	Bank 19276			248				
Feb 19	Pay Feb. (R.)		224					
22	Bank 21864			224				

ASSIGNED PAY. UNIT. BANK. NAME. AUTHORITY. DATE. AUTHORITY. DATE. NAME OF. UNIT. NAME. INITIALS. BANK.

Amount. Separation Allowance issued. Yes or No.

DATE. PARTICULARS. OK. NO. CR. DR. ASSIGNED PAY PAID IN BALANCE. SPECIAL AUTHORITY. INITIALS.

Table with columns for Date, Particulars, OK/No, CR/DR, Assigned Pay Paid in Balance, and Special Authority. The table is mostly blank with some faint markings.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Littlehampton DATE 22-11-19

1. 1 (a) Unit G. L (b) Regimental No. C.M.C. & D.S.O (c) Rank BRIG. GEN. RET.
 (d) Surname MANLEY SIMS (e) Christian name REGINALD FRANK
 (f) Home address 163 Strand, London
 (g) Next of Kin A. B. MANLEY SIMS (h) Relationship Mother
 (i) Address of Next of Kin 87. South Terrace Littlehampton Eng

2. Age last birthday 41 Date of birth Aug 2 - 1878

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa (b) Date Dec. 1915

4. Personal description:
 (a) Height 6' (b) Weight 168 (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Scars on nose from P. Foot

5. Former trade or occupation estate agent and permanent foreman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days

Statement	PERIODS	
	From	To
Canada	Jan. 1915	Jan. 1915
England	Jan. 1915 June 1918	Apr. 12 - 1915
France or other theatres of War	Apr. 1915	June 6 - 1918

7. Original disease, or injury FLAT FOOT, WITH HAMMER TOES

(a) Date of origin Feb 1900 (b) Place of origin Africa
 (c) Cause Shell wound on spine

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

CLAY FOOT AND HAMMER TOES OF THE
FIRST FOUR with partial loss of
function of Foot, R.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Subjective Signs:- four scars over
metatarsal bones of the four lesser toes
and metatarsal bones - Foot 1/2" shorter
than L. foot, Calf of leg 1/2" smaller
than L. leg. Movements of ankle normal
Flexion of toes limited, Extension nil.
Tenderness over 12th and 1st lumbar spine,
Other Systems Normal

Subjective Signs:- Can walk one mile &
a half and then has to rest. Foot
swells and becomes painful

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... No..... Cardio-Vascular System..... No..... Genito-Urinary System..... No
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses..... No..... Respiratory System..... No..... Integumentary System..... No
Disturbances of Mentality..... No..... Digestive System..... No..... Muscular System..... No
Osseous and Joint Systems..... No..... Any other general condition..... No

10. (a) History (of the condition referred to in Section 9 (a).)

1st. States he was
blown by a shell exploding between his
feet in South Africa Feby. 1900 -
A portion of shell or rock hit him on
spine keeping it bare for six inches and
causing paralysis of both legs, bladder
and bowel.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Colles fracture in 1901. Partial disability in that he has lost the greater part of his grip.

(c) (Here give a description of wounds, scars and deformities.

See Q. 4

11.—(a) Did the disabling condition have its origin before enlistment? *yes*

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

yes. He states that on account of two services he was unable to prevent his foot contracting and becoming a claw foot.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *NO*

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *Permanent*

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

NIL

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *NO*
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? *Yes.*
(If not, briefly state why)

17. Recommendations.....

W. Macomber
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *Reginald Frank Mearns* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

[Signature]

[Signature] Rank.
Signature of invalid examined.
Dr. J. Gen.
2876. DOP

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Concurs.

19. Is the invalid fit for

- (a) General service, (Category A) (Yes or No.) *Permanent*
- (b) Service abroad, not general service, (" B) (Yes or No.)
- (c) Home service (Canada only), (" C) (Yes or No.) *Ci*
- (d) Temporarily unfit. (" D) (Yes or No.)
- (e) Unfit for service in Categories A, B and C (" E) (Yes or No.) *N.A.*

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Ci. Boarded for discharge in U.K. Oct. U.G. letter NO. A.M.S. Branch 8-8-399 of 20-11-19

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

Under general policy H.O. C.R.O. 5222 of 25-1-19

PLACE

Douglas Park St.

DATE

20-11-19

M. M. ... President.

Approved. May 1919 Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness.....

Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE

DATE

APPROVED BY

Assistant Director of Medical Services.

DATE

APPROVED BY

DR. ... Director-General of Medical Services.

DATE

27 NOV 1919

Rank and Name SIMS, Reginald Frank Manley, (D.S.O.) ^{2 Lt Col. (C.M.G.)} ~~Hon Major~~ No Attestation

Regimental No. *Colonel Imp Brig Gen* Name and Address of Next-of-kin

Unit *General Headquarters* Mrs. Manley Sims (mother)

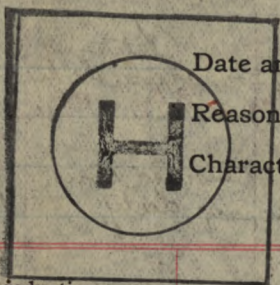
Date of enlistment *B.E.F. France* 87 South Terrace, Littlehampton

Place of birth

Married (Yes or No)

If in Permanent Force

Promotions or appointments



Date and place of discharge

Reason for discharge

Character on discharge

M O C
25/15 A.F.B. 108

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
8-10-17	<i>Can Repres</i>	<i>D.O.S. on arrival in France</i>		17-4-15	<i>Headquarters Ottawa letter</i>
19-1-15	<i>Adg Ltr</i>	Apptd Asst. to Hon. Lt. Col. John J. Carrick		7-1-15	<i>H.Q. 332-103-36 D 19.1.15</i>
18-4-16	<i>Adg Ltr</i>	holds the appointment of Canadian representative at Gen. Headquarters.			<i>Letter dated 18/4/16</i>
15-9-15	<i>Adg Ltr</i>	<i>Lon Gaz 14/11/15</i> Granted temp rank of Lt. Col. } <i>special appointment graded for</i>		15-9-15	<i>P.L. G-3-46</i> <i>Dist. C. of D. D.O. 2805</i> <i>Can Gaz letter 1.1.16</i>
14/2/17	W.O.	<i>pay as S.S.O. (1.) & to be temp Col</i>		1-1-17	<i>Lon Gaz 29942</i>
20-4-17	W.O.	<i>Special Appointment (Graded for pay as S.S.O. 1st grade.)</i>		5-3-17	<i>L.S. 30028</i>
				1-1-17	<i>L.S. 30076 d/18-5-17</i>
4-6-17	W.O.	<i>To be Additional Member of the 3rd Class or Companion of the Most Distinguished Order of St Michael & St George</i>			<i>L.S. 30111</i>
		1-6-17 MENTIONED IN DESPATCHES			
		<i>24/2/17</i> W.O. Brought to notice of Secretary of State for War			
		Valuable Services rendered in connection with the War			
8-10-17	<i>Can Repres</i>	<i>Detached from Unit on proceeding to Eng on temporary duty.</i>	<i>Rejoined</i>	15-9-17	
			<i>Rejoined</i>	14-9-17	
6-11-17	<i>do</i>	<i>do</i>	<i>do</i>	16-10-17	

A.F.B. 108
20 MAR. 1917

Report		Name and Address of Next of Kin	Place	Date	REMARKS Taken from Official Documents
Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.			
10-11-17	Can Repus	Proposed to England on temporary duty		10-11-17	
8-6-18	WO	Relief grading for purpose of pay as 950 1st class		7-12-17	
10-12-17	ams	Relief temp Brig Genl		7-12-17	
1-12-17	Can Repus	Proposed to England on temporary duty		7-11-18	
1-1-18	"	"		2-1-18	
12-2-18	"	"		3-2-18	
9-3-18	"	"		21-2-18	
10-3-18	"	"		24-3-18	
10-3-18	"	"		13-3-18	
18-5-18	"	"		30-3-18	
"	"	"		28-3-18	
"	"	"		4-5-18	
"	"	"		30-4-18	
24/4/18	WO	Seconded for duty with war office		14/6/18	LG 30516 (Ministry of Inform)
9-8-18	Can Rep	Sec'd for duty with War Office posted to Genl Post		7/6/18	PT 26
22/8/18	WO	Relief appt. as Can Representative at GHO		16/6/18	LG 30855
4-10-18	WO	Mentioned in despatches			LG 30939
78-1-18	WO	begs to be seconded for duty with the ministry of information		30/4/18	LG 31133
15-12-19	WO	Return in British Isles		24-11-19	London Gazette 31689
		R.B.S.		24-11-19	AMS 8. S. 399 1/1/19

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S.

REGT. No. **BRIG. GENL.** RANK

NAME (IN FULL) **SIMS F.R.M.** **D.S.O.**

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	<i>The Junior United Service Club, London, S.W. England.</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE
							24-11-19
						REASON	Demobn.
						AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		C.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	C.	C.	C.	C.	C.	C.	C.	C.	C.	C.	
			\$	C.																			
1930																							
Jan 10																							Bal. Service Gratuities \$2928.00 Overpayment Pd. 96.00 C.I.A. N° 1207 dt. 15-1-30 to High Commissioner for Canada for \$2832.00 (581-18-4) High Commr. ch. N° 61012 dt. 29-1-30

BALANCE FROM PREVIOUS ACCOUNT

