REGIMENTAL DOCUMENTS

17652

NAME Butts Harry Howard REGT. NO. 817012 UNIT 14th Bn. 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)				17652	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.F.B. 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 Demob.
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					
M7467					
M76321					
				402617	

Released 10-3-61

W. 2589
100M-11-15
17/2-39-1317

140th OVERSEAS BATTALION C. E. F. ORIGINAL

ATTESTATION PAPER.

No. 817012

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? — Harry Howard Bettle
2. In what Town, Township or Parish, and in what Country were you born? — St. John, N. B.
3. What is the name of your next-of kin? — Mrs. H. H. Bettle (Wife) Sarah J.
4. What is the address of your next-of-kin? — St. John, N. B. 70 Dorchester Street Canada.
5. What is the date of your birth? — Sept. 15th., 1881
6. What is your Trade or Calling? — Traveller
7. Are you married? — X Yes
8. Are you willing to be vaccinated or re-vaccinated? — H. M. H.B — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? — No
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? — Yes

Harry Howard Bettle (Signature of Man.)

Ellen F Beckwith (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harry Howard Bettle, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force,** and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Harry Howard Bettle (Signature of Recruit)

Date Dec. 2nd., 191 5. Ellen F Beckwith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harry Howard Bettle, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth,** His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Harry Howard Bettle (Signature of Recruit)

Date Dec. 2nd., 191 5 Ellen F Beckwith (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Sussex, N. B., this 2nd., day of December 191 5.

(Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

H. H. Boggs Major (Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Harry Howard Bettle on Enlistment.

Apparent Age 34 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft 8 ins.

Chest measurement. Girth when fully expanded ..... 38 ins.

Range of expansion ..... 3½ ins.

Complexion ..... Medium

Eyes ..... Blue

Hair ..... Dark Brown

Religious denominations.
Church of England .....
Presbyterian .....
Wesleyan .....
Baptist ~~or Congregationalist~~ ..... Yes
Other Protestants .....
(Denomination to be stated.)
Roman Catholic .....
Jewish .....

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

(Tatoes on both arms)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit ..... for the **Canadian Over-Seas Expeditionary Force.**

Date Dec. 2nd., 1915. ..... F. A. McBurnett .....

Place Sussex, N. B. .....

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harry Howard Bettle .....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

..... (Signature of Officer)

Date Dec. 2nd., 1915. ..... Lieut. Col.
O. C. 140th Overseas Battalion C. E. F.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 817012 (Rank) C.Q.M.S.

Name (in full) HENRY HOWARD BETTLE enlisted in

the 140 TH BATTALION

CANADIAN EXPEDITIONARY FORCE at SUSSEX N.B. on the 25TH

day of NOVEMBER 19 15

HE served in CANADA AND ENGLAND

and is now discharged from the service by reason of [redacted] Demobilization - Medically unfit for General Service. P.C.1420 & 1094 PARA 4

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 51 8 11

Height MEDIUM

Complexion BLUE

Eyes BROWN

Hair

H. H. Bettle.

Signature of Soldier

Marks or Scars PATCH BOTH ARM

Arthur Ellis LIEUT COLONEL

A.A.G.M.D.7 Issuing Officer 7

CASUALTY COMPANY

Rank

Appointment

Date of Discharge

MAY 15 TH 1920

Signed at ST. JOHN, N. B. this 15th day of May 1920

in Military District No. 7

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

ORIGINAL.

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 140th. O.S. Battalion CEF.

(2) Regimental Number 817012

(3) Full Name of Soldier Harry Howard Bettle

(4) Place of Birth St. John, New Brunswick

(5) Are you married, or not ? Yes

(6) If married, state,
(a) Full name of your wife Mrs. Sarah Tehresa Bettle

(b) Present Postal Address 70 Dorchrster St. St. John, New Brunswick

(7) Are you a widower ?

(8) Have you any children ? Yes

If so, give number of boys and girls 1 Girl

Also their names and ages Kathlyn 11 yrs

M.F.W. 67.
200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... Yes ..... Stephem Thomas Bettle .....

If so, state name and address ..... 18 Exmouth St. St. John, New Brunswick

(10) Is your Mother alive ? No .....

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

Yes

.....

(15) Are you insured ? No .....

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Lt Beerhalter

Officer Commanding.

Date August 24th. 1916.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Bettle *Christian Name* Harry Howard

Examined on 2nd day of Dec. 1915
at Sussex N.B.

Birthplace City or Town St. Johns
County St. John Co. N.B.

Apparent age 35

Trade or occupation Salesman

Height 5 Feet 8½ Inches.

Weight 158 Lbs.

Chest measurement Minimum 34½ inches.
Maximum expansion 3½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left.
Number

When Vaccinated last

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by
(sgd) J. U. Burnett
Rank M.O

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O.
		M.O
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
26/8/16		Dom M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
	T.A.B.	
11/8/16.	+1.	D.C. Malcolm M.O.
17/8/16.	+2.	D.C.M. M.O.
23/8/16.	+3	D.C.M. M.O.

Enlisted on 23rd *day of* November 1915 *at* Sussex N.B.

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	~~104th Batt~~	~~181581~~		23-11-15.
Transferred to..	140th Batt., C.E.F.	817,012.		6-2-16.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Shorncliffe. Military	Sept. 10/17. 20/9/18.	Flat Feet. Flat Feet	13/6 Whether fit for duty or not. Medical Case

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname Bettle Christian Name Harry Edward

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

rm D.M.S. 1394.
1004.—100M.—5/2/17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at 10 Sept. 1917

No 877012 Rank Sgt Name BEETLE — H. H.

Local Unit 13th Res. Battn Overseas Unit — Age 36

Examination held at Shoreham

DISABILITY.
Overseas—Local
(scratch one out).

Flat. Feet.

PRESENT CONDITION.

This M. B. O. — has moderately flat feet — Says he Cannot walk five Miles without trouble — Says he Cannot stand at attention — Well nourished — Heart action very rapid —

BOARD RECOMMENDS :— B T

1. Fit for Duty.....

2. Fit for duty after.....weeks' physical training.

3. Fit for Temporary Base Duty .....weeks.

4. Fit for Permanent Base Duty.....

5. Discharge .....

Signatures :—

Members { Chas. J. Wheeler Lieut. .....President
P H Kingsmore Capt CAMC .....

APPROVED

Dated SHOREHAM 12 SEP 1917 1917. W. J. MacKenzie .....

For A.D.M.S.

CAPT
D.A.D.M.S. CANADIANS
SHOREHAM-BY-SEA

ORIGINAL-B. P. C.

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 St. John, N. B. DATE 4-5-20

1. 1 (*a*) Unit D.D.#7 (*b*) Regimental No. 817012 (*c*) Rank C.Q.M.S.

(*d*) Surname BETTLE (*e*) Christian name Harry Howard

(*f*) Home address 19 Richmond St., St. John, N. B.

(*g*) Next of Kin Sarah T. (*h*) Relationship Wife

(*i*) Address of Next of Kin Same as above

2. Age last birthday 39 Date of birth 7-9-1881

3. Enlistment, or Appointment (if an Officer) (*a*) Place Sussex, N. B. (*b*) Date 23-11-15

4. Personal description:

(*a*) Height 5' 8" (*b*) Weight 183 (stripped) (*c*) Complexion medium

(*d*) Colour of hair brown (*e*) Colour of eyes blue (*f*) Identification marks, Scars, etc. tattoo both arms

5. Former trade or occupation Teamster

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). Man's statement:-	Years	Days

	Periods	
	From	To
104 Bn. 140 Bn. R.C.R. 7th Res. 13th Res. Canada D.D.#7	14-12-18 23-11-15	to date 15-10-16
England	2-10-16	3-12-18
France or other theatres of War		

7. Original disease, or injury Flat Feet

(*a*) Date of origin 1916 (*b*) Place of origin Canada

(*c*) Cause Boots---Marching.

M. F. B. 227.
400M—11-18.
1772-39-117.

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.)

Pain when walking or standing.

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.)

Obj:- Right foot longitudinal arch flat with eversion, non-rigid, some tenderness on deep pressure. Left slightly flat, no tenderness.

Subj:- Pain after walking or standing. Can walk three or four miles; appears worse some days. Always has pain at night.

(*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.....see para. 9

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

Man's statement:- During the summer of 1916, while doing route marching at Valcartier began to have pain in both feet.

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*).)

Nil

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

N. A.

11.—(*a*) Did the disabling condition have its origin before enlistment? Man says no

(*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.)

N. A.

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? Indefinite

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~~ Man Stds Lo GR
(If not, briefly state why)

17. Recommendations Unfit for G. S. on Demob.

E. Thomas Major
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 H. H. Bettle 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

EOT H. H. Bettle Rank.
Signature of invalid examined.

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.

Yes

19. Is the invalid fit for

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

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.)

Yes

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.

Unfit for G.S. on Demob.

H Learmonth *President.*

Colonel Major

PLACE St. John, N. B.

DATE 4-5-20.

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.

.....*President.*

PLACE.....

DATE.....

Members

APPROVED BY

H Learmonth Lt Col

~~*Assistant Director of Medical Services.*~~

4/5/20

APPROVED BY

Director-General of Medical Services.

DATE.....

Army Form B. 103. Regimental Number 8/701

Casualty Form—Active Service.

Regiment or Corps 140th Bn. C.E.F.

Rank Pte. Surname Bettle Christian Name Harry Hibard

Religion Baptist Age on Enlistment 35 years months.

Enlisted (a) 2/12/15 Terms of Service (a) Duration of war. Service reckons from (a) 2/12/15

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

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

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 ...	Halifax	23/9/16	S.S Corsicana
		Disembarked...	Liverpool	6/10/16	
6/10/16	O.C. 140th Bn	Appd A/C. 2. W.S. with pay	Caesar's Camp Sault-	6/10/16	Bn. O. Pt II # 223 of 19-10-16
7/11/16	O.C. 140th Bn	Transfered to R.C.R. & P.P.C L.I. Depot	Caesar's Camp Sault-	7/11/16	Bn. O. Pt II # 239 - (1)
			A/Adjutant Capt & Adj. 140th Bn.		
8/11/16	O.C. R.C.R. & P.P. C.L.I. Depot-	Taken on strength from 140th Bn.	Caesar's Camp Sault-	8/11/16	Bn. O. Pt II # 167 - (1)

(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.

[P.T.O.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B.103/4. E./354.

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				
1/1/17	OC 1 PCR & P.C.R. Depot	Transfered to 7th Res Bn	to Camp Seaford	1/1/17	Pt II Os. I
1/1/17	OC. 7th Res Batt	TAKEN ON STRENGTH FROM R.C.R. & P.P.C.L.I. Depot	Bedford	1/1/17	B.O. Part II 41
					Lt & adjt 1 PCR & P.C.L.I. Depot
26/1/17	OC 7th Res Bn	Transfered to 13th Res Bn	Seaford	26/1/17	Pt II Os 33
					Capt & Adjt 7th Res Bn
29/1/17.	O.C. 140th Bn.	S.O.S. 13th Res Bn	Bramshott	29/1/17.	B.O. 29/1/17
					Capt & Adjt 13th Res Bn
19-11-18	O.C. 13th Reserve.	S.O.S. 13th Reserve on posting to the N.I.R.D.	Witley.	18-11-18.	B.O.275.Pt.2.
					Lieut & Adjutant, 13th Canadian Reserve Battalion.
19.11.18	NIRD	SOS 13th Res Bn	Witley	18/11/18	DO 274
19.11.18	NIRD	SOS 13th Res Bn	Witley	18.11.18.	DO 274
22.11.18	NIRD	Ceases to be attached to Depot of Instruction	Witley.	22.11.18	DO 275

Army Form B. 103.

Regimental Number 8/17012

Casualty Form—Active Service.

Regiment or Corps 14th Bn.

Rank C.S.M. Surname Butler Christian Name Harry Howard

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 .....

..... 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...			
25-11-18	MBRD	"ON COMMAND" 1st C.D.D., BUXTON.	Walley	25-11-18	D8299
					G.H. Graham LIEUT. OFFICER I/C RECORDS.
26 NOV 1918		Attached C.D.D. Buxton for return to Canada.			280
		Ceases to be attached C.D.D. Buxton on embarkation for Canada.			
					H. Armour Lt. for Lt. Col. Commanding Canadian Discharge Depot.
7-12-18		Sailed for Canada.			

(*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.

[F●●●.

[M1101] W6135/M768 1000m 9/16s 153 G & S Forms/B 103/4. E./854.

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				
7-12-18	England	TAKEN ON STRENGTH PART II. ORDER No. 246	FREDERICTON, N.B.		Lieut for H.W. Daughan For O.C. District Depot No. 7.
15-5-20		STRUCK OFF STRENGTH PART II. ORDER No. 136 Casualty Company No. 7 St. John N.B.		15-5-20	

C. Thorne Lieut Col
Officer Commanding
Casualty Company #7

C.A.D.C.5009. 50M-3-5 18.

7

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. 817012 * NAME BETTLE, H.H. RANK S/Sgt. UNIT 3 Res.

Date of Examination	20-11-18
Present Dental Condition	7 ft
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	
Has he ever declined Dental Treatment?	
Recommendation	

Date 23-11-18.

Station .....

Signature of Examining Officer ..... H R Conroy ..... Capt. C.A.D.C.

* Name should be entered in block letters.

R—122

A.G.R. Rank 9/6 qm S Name BETTLE, Harry Howard Reg'l No. 817012

Unit 140th Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Sussex, N.B., 2nd Decr., 1915. Place of Birth St. John, N.B.

Name and Address, Next-of-Kin Mrs. ~~H.H.~~ Sarah T. Bettle,

70 Dorchester Street, St. John, N.B., Canada. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No 2929.
File R.L.
Category Can Dvg

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
		Arr. in ENGLAND S.S. CORSICAN 6-10-16.			
19.10.16	140th	To be a/ C Q.M.S.	Caesars Camp	5.10.16	A.O. 223
4.11.16	140 Bn.	T'fd to RCR & PPCLI	D't Caes'C'p	2-11-16	Pt. 2 239
8-11-16	RCR&PPCLI	Depot. T O S	Seaford.	2-11-16	Pt2 167
4 1 17	7th Res Bn RCR&PPCLI	Depot now 7th. Res Bn	Seaford	1.1.17	D,O 4
26-1-17	7th Res. Bn.	S.O.S. to 13th Res. Bn.	Seaford	26-1-17	Pt II Do. 23
29.1.17.	13th RES	T. O. S FROM 140. TH, Bn	BRAMSHOTT	27-1 17	PT2 O. 2
14.9.17	N.B.R.D	To S posted from 13th Res + remains on Command.	Yeoma	10-9-17	PTO. 185 (13th R PTO 211 14/9/17)

Report. Date.	Report. From whom received.	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.
14.9.17	13th Bde	To 8 of Pers base on reporting from N.B.R.D	a/Capt Shoreham	10-9-17	P.O. 211 (N.B.R.D P.O. 187 17/9/17)
19 11 18	—"—	Sapper to NBRD	a/Capt Witley	18 11 18	P.O. 273 + 274 - NBRD - 19/11/18
21.11.18	NBRD	on loan CDD Buxton	a/Capt —"—	25 11 18	— 280
27.12.18	NBRD	Ceases on loan 1st CDD & Sapper to C&T Canada	a/Capt Witley	9.12.18	— 306

30-7-15

MILITIA AND DEFENCE

393

SEPARATION ALLOWANCE

Name Mrs Sarah Teresa Beattie

Address Vernon. B. C.

Relation to Soldier wife, child or mother — Wife

Name of Soldier Beattie, Harry Howard

Regtl. No. 63600

Rank Pte

Corps 62nd Battn.

To what Corps belonging when called out

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		M4471	20	20
Sept.		G16.1 ~~60~~	20	20
Oct.		~~J120 S-S.~~	~~20~~	(£ 120 S.S. cancelled)
Nov.		L7848	9 =	Discharged 14/10/15 P.M. Telegram) 14-10-15
Dec.				~~9d. not to close up~~
Jan.	1916			
Feb.				
March				

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Wife

To Whom Mrs Sarah Bettle

Address 70 Dorchester St
St John N.B.

By Whom Assigned Bettle H H.

Regtl. No. 817012

Rank Co 2 M Sgt

Corps 140 Bs. Batt - C E F.

Rate 30 00

OCT 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNTS CONSOLIDATED

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs S Battle — Wife 30 00

L. L. Job 4503.—Req. 6332.

Name of Soldier Battle H H.

817012 - Co. D. M. Sgt. 140 Batt - C.E.F.

30 00

OCT 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		T 23782	30	
Nov.		429215	30	
Dec.		F34359	30	
Jan.	1917	L 377900	30	
Feb.		L 42868	30	30
March		M48489	30	30 B.
April		M375	30	30 B.
May		L66648	30	
June		P13060	30	30 Ln
July		N21367	30	B. &
Aug.		P22026	30	Ln 368 00 WDC
Sept.		O 34307	30	Ln
Oct.		E47159	30	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 14 FEB 19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. JOB. 85506 M. & D. 5997.

23-11-15

226 L20

MILITIA AND DEFENCE

M. F. W. 11.
10m.—9-15.
H. Q. 1772-1-13.

SEPARATION ALLOWANCE

Name Mrs. Sarah Bettle

Address 70 Dorchester St., St. John N. B

Relation to Soldier wife, child or mother } Wife

Name of Soldier Bettle H. H

Regtl. No. ~~Reduced to Pte 11/8/16 (PMG 15/8/16)~~

Rank ~~Pte~~ Sgt 6/2/16 (PMG 23/8/16) Promoted C.S.M. 1/9/16 (PMG 28/9/16)

Corps ~~104th Battn~~ From 140th Battn (PMG 14/11/16)

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		20903	25	25
Jan.	1916	27002	30 —	20
Feb.		22484	20	20
March			+ +	65

CONSOLIDATED

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2.

L. L. Job 39002.—Req. 6213.

Name of Soldier Mrs Sarah Bettle Wife — Bettle H. H. 62nd Bg Pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	F 508	40	40 Lady
May		G. H929	20 -	20
June		C 2359	43	43
July		Y 3693	35 -	35
Aug.		D 11164	25	
Sept.		~~T 15239~~	~~16~~	16 T 15239 Cancelled
Oct.		~~U 16021~~	~~30~~	30 U 16071 Cancelled
Nov.		K 19401	46 —	mailed 17-10-16
Dec.		L 22154	25	25
Jan.	1917	V 27194	25	25
Feb.		T 27868	25	25
March		T 31034	25	25
April		T 34215	25	25
May		T 227	25	25
June		T 3355	25 → 439	25
July		T 6511	25	25
Aug.		T 10169	25	T 539 WAC
Sept.		V 13316	25	T
Oct.		U 16236	25	B
Nov.		P 22771	25	T
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

23-11-15

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

Date of Assignment

6438 Oct. 1/16.

RATE OF SEPARATION ALLOWANCE

~~25~~	30 6-9-18 P.L.2753 M.O.29580		

RATE OF ASSIGNMENT

30			

PARTICULARS OF SEPARATION ALLOWANCE

No. 817012

Rank C2 M. Sgt. Promoted Reverted Discharge

Soldier's Name H. H. Bettle

Battalion 140 O. S. Batt.n C.E.F.

Beneficiary Mrs Sarah Bettle.

Relationship wife.

Address

M.F.W. 2557—30/12/18
O.C. 19/11/18

PARTICULARS OF ASSIGNMENT (Wife)

Name Mrs. Sarah Bettle

Address 78 Dorchester St., St. John. N.B.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sep		539	360	899	
Oct.	SA P 22444 AP. E44159	25	30	55	SA Sgh. 1/16.
Nov	C54875	25	30	55	
Dec	D59509	25	30	55	Br.
Jan /18	C58370	25	30	55	C
Feb.	90043 C	25	30	55	✓
Mar.	97355 A	25	30	55	✓
Apr.	1270 C	25	30	55	
May	7922 E	25	30	55	✓
June	16079 D	25	30	55	✓
July	30383 X	25	30	55	✓
AUG	37781 6	25	30	55	✓
SEP	40479 B	25	30	55	✓
OCT	45454 B.	25	30	55	✓
NOV	61659 A	25	30	55	✓
DEC	~~66082 A.~~	~~45~~	~~30~~	~~75~~	✓
DEC	4345 N	45	30	75	AC.O 3168
			810		

DM

M.D.7

A/c Closed 31-12-18

Ret'd per Olympic

Date 14/2/18 F X 19/12/18

Clerk G. J. Spittal

M.R.O.56534—19/12/18

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 11/5/19

A.66082 cancelled
Mailed 9/12/18 to replace A.66082

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—172-39-141
L. L. 22320—M. & D. 7993.

No. 817012 Rank Pte. Name Bittle. H. H.

T. O. S. Unit 149th Battalion C.E.F.

Trans fd 104th Bn. 6-2-16.
(do 4-9-2-16).

M. D. 6.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 6.	1916. Feb. 29.	✓	From C.Q.M.S.	do 16-21-2-16.

UNIT SAILED
SEP 25 1916

No. 1815-81 RANK Pte NAME Battle Harry H.

T. O. S. 23-11-15 UNIT 104th Battalion, C. E. F

(A.O.H. 7.3-12-15)

M. D. 6.

PAID FROM 1915	PAID TO 1915	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
Nov 23	Dec 31	✓		
1916 Jan		✓		
Feb 1	Feb 5	n.	Trans to 140th Bn. 6-2-16	A.O. 30. 5-2-16.

SURNAME. Bettle

CHRISTIAN NAMES Harry Howard

REGL. No. 817012 RANK C.G.M.S.

UNIT 140th YDD.

FORMER CORPS Nil

7 CARD NO. V

SA 615.5.20 ..

FOLL. DC 136 15.5.20

Y Coy Co Bn.

NEXT OF KIN.

NAMES IN FULL Bettle Mrs Sarah J.

RELATIONSHIP TO SOLDIER Wife

ADDRESS 70 Dorchester Stt, St. John N.B.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, St. John N.B. DATE Sept 15th 1881.

PLACE OF ATTESTATION Sussex N.B. DATE Dec. 2nd 1915.

O/S. 25-9-16 5.46/3

9/L 14-12-18 232/24

L L 9450L 38 & D 6512

M F W. 22. 250M.—2-16. H. Q. 472-30-339.

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Traveller RELIGION Baptist

DESCRIPTION.

APPARENT AGE 34 YEARS MONTHS

HEIGHT 5 FEET 8 INCHES

CHEST MEASUREMENT 38 INCHES EXPANSION 3 1/2 INCHES

COMPLEXION Medium EYES Blue HAIR Dark Brown

DISTINGUISHING MARKS Tattoos on both arms.

MEDICAL EXAMINATION. PLACE Sussex N. B. DATE Dec. 2nd 1915.

Present Address - Not Stated.

Number E/7012. Rank a/C2MS.

Surname BETTLE

Christian Name Harry Howard

Units 140th Bn Can Inf Theatre of War England

Date of Service 6-10-16

Remarks 200 St. James St.,

Latest Address ~~40 Dorchester St.~~

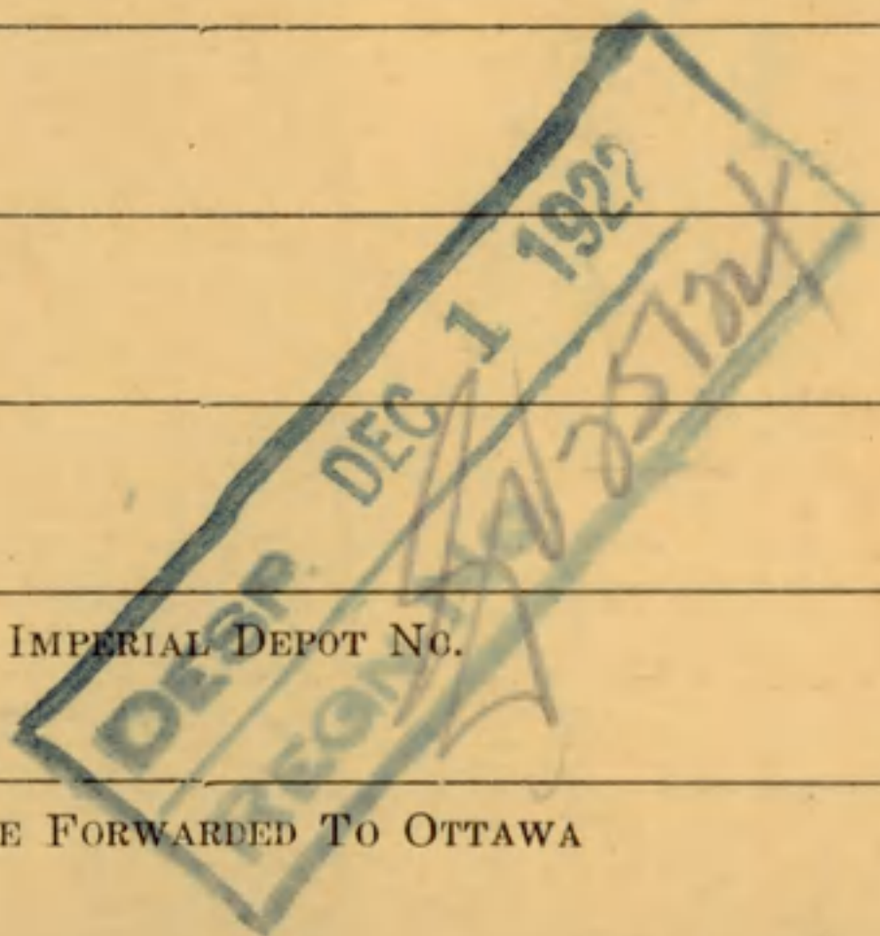
St. John, N.B.

Roll No. 2 Page 4092

200m.-6-21.

GRATUITY (IMPERIAL)

CHRISTIAN NAME	SURNAME	REG. NO.
SCHEDULE NO.	LINE NO.	
UNIT RETIRED OR DISCHARGED FROM		
PLACE OF RETIREMENT OR DISCHARGE		
DATE RECEIVED FROM OTTAWA	IMPERIAL DEPOT NO.	
DATE RECEIVED FROM REG. DEPOT.	DATE FORWARDED TO OTTAWA	



868—D.P.—40M-1-12-19.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263	
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a	
or			
Field Conduct Sheet	"	W. 178	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia form	B. 313	
Casualty Form	"	W. 54	
Medical Report for Invalid§	"	B. 227	
Dental History Sheet	"	B. 465	
Last Pay Certificate	"	W. 44	
Duplicate Discharge Certificate	"	W. 39A	
‡Form of Will	"	W. 82	

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

WAR SERVICE BADGE

Class "—" No. issued

WAR SERVICE BADGE

Class "—" No. issued

This space to be for numbers.

Proceedings on Discharge.

25-8-33

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 817012

Rank ~~xxxpxm.sx~~ C.Q.M.S.

Surname BETTLE

Christian name HENRY HOWARD

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 140th Battalion

Date of discharge 15-5-20

Place of discharge St John. N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 39 years 8 months.

Height 5 feet 8 inches.

Complexion Medium

Eyes Blue

Hair Brown

Trade Teamster

Intended place of residence (To be given as fully as practicable.) 70 Dorchester Street St. John. N.B.

Descriptive marks

Tattoo both arms

Released 10-3-61

2. The above-named man is discharged in consequence of

Medically unfit for General Service on Demobilization

Authority for discharge Routine Order 1420 & 1894 Para "4"

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Medical Documents Forwarded to S. C. R. or S. P. C. ON 28-5-20

M. F. B. 218.

200M.—5-18.

H. Q. 1772-29-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, *(Squadron or Battery*, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... *Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) St. John. N.B. W. W. Belle. *(Signature of Soldier.)*

(Date) 15-5-20 *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) St. John. N.B.

(Date) MAY 15 1920

(Signature) LIEUT.COL.
A.A.G.M.D.7.ADMIN. #7 CASUALTY COMPANY

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

"NONE"

W. W. Belle.

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except.....

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART I.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 817012 Rank Sgt. Surname BETTLE Christian Name HARRY. H.
Escort Duty France Escort Duty with Drafts
Unit or Corps—(a) Overseas from United Kingdom NOT IN FRANCE (b) in United Kingdom 13th RES.
Escort Duty in France.
Born at—Town St JOHN County or Province NEW BRUNSWICK Country CANADA
Date of Birth—Day 7th Month SEPTEMBER Year 1881 Age 41 yrs. 2 months.
Joined at VANCOUVER Date NOVR 23rd 1915
Former trade or occupation TEAMSTER Teamster.
Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 8½ Colour of eyes BLUE
Signature of Soldier (*for identification purposes*) H. H. Bettle.

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) FLAT FEET
Disabilities Group (*b*) Na
Disabilities Group (*c*) Na

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	Unknown	Canada	?
(*ii.*) As to Group (*b*) above.	Na	Na	na
(*iii.*) As to Group (*c*) above.	Na	Na	na

3. Is the disability due to disease contracted or injuries received prior to Active Service ?
(*i.*) As to Group (*a*) above ? yes If yes, has Active Service aggravated it ? yes
(*ii.*) As to Group (*b*) above ? na If yes, has Active Service aggravated it ? na
(*iii.*) As to Group (*c*) above ? na If yes, has Active Service aggravated it ? na

4. Is the disability due to disease contracted or injuries received while on Active Service ?
(*i.*) As to Group (*a*) above ? no
(*ii.*) As to Group (*b*) above ? na
(*iii.*) As to Group (*c*) above ? na

PART I. (continued).

5. MEDICAL HISTORY. Previous Illness — None
Enlisted Nov 1915; Arrived Eng. Dec 1916. Has
not been in Hospital except for Mumps
Quinsy and Tonsilitis. Was turned down
Sick. Has been Gassed twice, last in
Sept 1918. Has been off duty 1 1/2 yrs,
always felt perfectly well.

6. PRESENT CONDITION. Complains of dull pains
in both feet after exertion, but
says he can walk 3-4 miles. Says
he cannot stand long at attention
Exam — Moderate flat-feet.
Tenderness on pressure over scaphoids.
Moderate varicose Veins on inner
side left leg, but says it doesn't
bother him at all. All other Systems
are normal.

7. OPERATION. (i.) Was one performed? no (ii.) If so, state what. na

(iii.) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? No

(ii.) If so, describe. na

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B1

(b) Invalid to Canada? no

(c) Discharge from the Service as permanently unfit? no

Date of Report Nov 18 1918

Station Witley

Signed [illegible] Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report,
and concur therein *except

(Officer i/c Hospital / S.M.O. Brigade) Strike out one of these

Dated at not in Hospital Station, on 191

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? yes
If not, describe it.

11. Is the cause of the disability fully described in Part I. (2)? yes
If not, describe it.

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier — Caused? no — Aggravated? no

(b) Misconduct of the Soldier — Caused? no — Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.) One Seventh.

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.) One tenth

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? yes

(ii.) If not permanent, what is its probable minimum duration (*in months*)?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? N. A.

17. Can the former trade or occupation be resumed? yes

18. REMARKS:—
A.G. 1/9083. 11/11/18
This man has a bad history of varicose veins
in left calf, inner aspect. At times it
contains a discrete thrombus which is present at

19. RECOMMENDATION:—

(a) Fit for duty? (state category) B1

(b) Invalid to Canada? no

(c) Discharge from Service as permanently unfit? no

Date of Board 15/11/18

Signatures of the Board: Robertson Lieut Colonel President.
H. J. Greenfield Lt Colonel

Station Witley Camp.

Approved [signature] A.D.M.S.

Dated at [illegible] Station 191

D.A.D.M.S. CANADIAN TROOPS, WITLEY

WITLEY CAMP SECTION 61 CANADIAN TROOPS HUTMENTS

P. 559.

MARRIED OR SINGLE: Married.

PLACE OF BIRTH: St John N.B.

NAME AND ADDRESS OF NEXT OF KIN: Mrs. ~~Sarah~~ T. Bettle

"70 Dorchester St, St John, N.B.

RELATIONSHIP OF NEXT OF KIN: Wife.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ 25 XX/100. EFFECTIVE (DATE)

PAYABLE TO Mrs. Sarah T. Bettle

"70 Dorchester St, St John, N.B.

RELATIONSHIP OF DEPENDANT Wife.

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 817012. RANK Co. Q.M.Sergt. NAME "Bettle" Harry Howard.

IF IN PERMT. CORPS } WHAT UNIT } UNIT 140th Bn. TRANSFERRED TO R.C.R.R.P.C.X.D. DATE 21-11-16 AUTHORITY Bo 239 21-11-16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 13th Res Bn DATE 11/3/17 AUTHORITY A.O. 23 26/1/17

PLACE OF ATTESTATION Sussex. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 23/11/15. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 30 XX/100. DATE EFFECTIVE 1/10/16.

PAYABLE TO Mrs. Sarah Bettle "70 Dorchester St., St. John, N.B. RELATIONSHIP Wife.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C.J.

Checked. [illegible]

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	c.	REMARKS
Oct														6-	6 00																6 00						Balance from Canada.
Oct 1-31	31	1/60	46 50		20		6 20								52 70												30		30		26 70					
Nov 1-30	30		30												34 92 70								2 44 14 60				30		47 04 77 04		15 66				2 Trans to R.C.R.R.P.C.X.D. 21/11/16 Bo. 239 - 21-11-16
21-30	10		10	5 10	10		2								17																32 66				
Dec	31		46	50	31		6 20								52 70								7 30 7 30				30	1.10	45 70		39 66				24 o.s. #150 19.11.16
Jan 1917 1-31	31		18 52	40 70											52 70								19 47				20		49 47		4289				
Feb	28		47	60											47 60								5 11 11	7 30			30	1.10	172 21		53 19				Trans to 13th Res Bn 11/3/17 A.O. 23 26/1/17
March 1-10	10		17	00											17 00												30		30		40 19				
11-31	21		35	70											35 70	21 90	6.2.17 15.2.17						4 87 7 30	12 17 9 73 9 73					43 80 283 31		32 09				
April	30		51												315 40 51 366 40									9 73 9 73			30		49 46 33 77		33 63				
May	31		52	70											52 70	15 90	28/4						2 43 1 17				30		32 43		53 90				
June	30		51	.											51 .	288 300	30/5 15/5	433	8/6				9 73	9 74			30		61 64		43 26				
July	31		52	70											52 70	565	29/6						12 47 7 30				30		42 17		53 79				
			516	80										6-	522 80								99 78	68 13			300	1/10	469 01		53 79				

817012 C.G.M.S. Bettle A.N.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917			51	80										6 -	57 80									99 78	68 13			300	1 10	469 01	53 79				
Aug	31		57	70											57 70	949	30/7	916	30/8	591	6 Rec'd 14/11/17			1 90	14 60		9 73	30		76 43	51	26			
Sept	30		51	-											51 -																				
														6	226 50									1 41	68	87 43	9 73	360	1 40	577 24	57	26			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. RED.	ALLCE.	ENG.
Sept	Blce								51 26				
Oct	C/Forw'd Pay	52 70		Carr'd Fwd			30						
				AR 985 15/9 13 Rec	9 73								
				AR 998 23/9 " "	9 73				54 50				
Nov	✓	52 70		Carr'd	19 46		30						
		51					30						
Dec	✓	52 70		AR 1043 3/10/17 13 Rec Pay	12 17								
				AR 1089 22/10/17 ✓	14 60								
				" 1161 15/11 ✓	9 73								
				Carr'd Dec			30						
				AR 1183 3/11/17 ✓	7 30				54 40				
1918		103 70			43 80		60						
Jan	✓	52 70		Carr'd			30						
				AR 1208 4/12 ✓	4 87								
				" 1226 8/12 ✓	4 87								
				" 1253 27/12 ✓	14 60								
				DmAR 297 3/11 Kit Mail 2 Pkgs	9 73								
				AR 1265 31/12 13 Rec	4 87				38 16				
		52 70			38 94		30						
Feb	✓	47 60		Carr'd			30						
				AR 1288 15/1 ✓	14 60								
				✓ 1346 29/1 ✓	7 30								
				✓ 1408 15/2 ✓	17 17				21 69				
		47 60			34 07		30						
Mar	✓	52 70		Carr'd			30						
				AR 1471 26/2 ✓	14 60								
				✓ 1636 29/3 ✓	14 60								
				✓ 1814 28/3 ✓	14 60								
		52 70			43 80		30		59				

CANADIAN
ASSIGNED PAY AUDITED
W.A. Bissell
AUDIT CLERK
DATE 14/8/19

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ~~ENGLAND or~~ CANADA.
EFFECTIVE DATE:-	Oct 1st 1916	EFFECTIVE DATE:-	
AMOUNT:-	30.00	AMOUNT:-	25.00

NAME:- BETTLE, Harry Howard

NUMBER:- 817012

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

* ~~Mrs Sarah Bettle, (wife)~~
~~70 Dorchester St.~~
~~St. John, N. B.~~

Same.

~~Stopped Off 1/12/18.~~

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		C.Q.M.S.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 140th Bn

DATE ACCOUNT FIRST OPENED:- Oct 1st 1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			NBRD
			Canada

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
4/11/18	2091	13th Res.	7 30				
7/11/18	2620	France	5 60				
14/11/18	2136	13th Res.	19 47				
			~~34 37~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 50	20		

L.A. for Bal 5 3.33
Ledger " 35.70

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged to Canada. 30/11/18. Cert:-

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Balance Forward								- 59		
Apr	C.Q.M.S Pay	51		C.A.P.				30			
				AR 155 17/4/18 13 Res Bn	12 17				9 47		
May	C.Q.M.S Pay	51 52 70		Can. A.P.	12 17			30 30			
				✓ 362 4/5/18 ✓ ✓	17 03						
				✓ 544 24/5/18 ✓ ✓	26 77						
				✓ 624 30/5/18 ✓ ✓	9 73				21 41		
		52 70		Can. A.P.	53 53			30 30			
June	C.Q.M.S Pay	51		AR 727 13.6.18 ✓	19 47						
				✓ 905 28.6. ✓	2 43				22 31		
		51		C.A.P.	21 90			30 30			
July	✓	52 70		AR 1024 12.7.18 ✓	4 87						
				✓ 1178 26.7.18 ✓	4 87				9 35		27-8-18
		52 70			9 74			30			
Aug	✓	52 70		C.A.P.				30			
				✓ 1354 13 8 18 ✓	4 87						
				✓ 1541 27 8 18 ✓	4 87						
				✓ 1591 30 8 18 ✓	7 30				36 9 ✓		23-9-18
		52 70			17 04			30 30			
Sep	✓	51		C.A.P.							
				✓ 7925 8 9 18 B. Det. Bordy	5 35						
				✓ 9133 22 9 18 ✓	5 35						
				✓ 1741 24 9 18	4 87				1 74		received 14-10-18.
		51			15 57			30			
Oct.	✓	52 70		C.A.P.				30			
				✓ 1858. 11.10.18. 13 Bn	4 87						
				✓ 1974. 28/10. ✓	4 87				14 70		
		52 70			9 74			30			
Nov.	✓	61 00		C.A.P.				30	35 70		
				A/c 2520. C.D. Belgre 6/11	5 60				30 10		
				✓ 3135 13 Bn. 15/11	39 47				10 63		
					25 07						

NUMBER 817012 RANK NAME BETTLE Harry Howard

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov. 30	Brought forward.	51 00	- -		25 07	- -	- -	30 00	16 70 c.		
				Advice 2091. 13 Res. 14/11.	7 30						
				✓ 3750. C.P.O. Buck. Returned by P.C. 3/12.	4 87				35 70		
				2379 C.P.O. Burt. 3/12.	3 20				5 94		
		51 00			40 94			30 00			
	L.O.L. to Canada.	7.12.18.		P.O. 306. d/27.12.18. A.B.R.D.							

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 14/5/19

M.D.No.7

Qd. Staff

19 Richmond Street, St. John, N.B.

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 8/7012 3 8280 RANK C.Q.M.S. NAME (IN FULL) BETTLE, HARRY HOWARD (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE

TO WHOM PAID Thos L Bettle — RELATIONSHIP

ADDRESS 19 Richmond St. ~~70 Dorchester St.~~ St. John N.B

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Pay 1.50		
T.A. .30		
1.70		
Subs .80		
2.50		
Subs wdf		

ORIGINAL UNIT C.E.F. 104 — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 23-11-15 — TRANSFERRED TO — DATE — AUTHORITY 2595

ASSIGNED PAY $ 30 00 — DATE EFFECTIVE #700. 1-1-19

PAYABLE TO Thos. S. Bettle — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~70 Dorchester St~~ St. John N. B. — 19 Richmond St. St John N.B

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE St. John N.B. — DATE 15-5-20 — REASON R.O. 1420 — AUTHORITY D.O. 136 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																													11	09	11	09			DISTRICT DEPOT No. 7
Dec																																			Cr with Bal Dec 31 = 18
Jan	31	1.70	52	70	20	00	30	00	102	70	145				42	31	10	00			63	79	60						113	79					Cr with P.D. 21/ Ind
Feb.	29	1.70	49	60	22	40	30	00	100	00	149	17	171	28			20	00	20	00			60	00					100	00					Cr with P.D. 21/ Ind
Mar	31	1.70	52	70	24	80	30	00	107	50	158	15	172	28			30	00	17	50			60	00					107	50					Cr with P.D. 21/ Ind
April	30	1.70	51	00	24	00	30	00	105	00	173	29	29	29			25	00	20	00			60	00					105	00					Cr with P.D. 21/ Ind
May	31	1.70	52	70	24	80	30	00	107	50	43	5	54	27			25	00	22	50			60	00					107	50					Cr with P.D. 21/ Ind
June	30	1.70	51	00	24	00	30	00	105	00	92	16	79	27			40	00	5	00			60	00					105	00					Cr with P.D. 21/ Ind
July	31	1.70	52	70	24	80	30	00	107	50	94	19	104	28			25	00	22	50			60	00					107	50					Cr with P.D. 21/ Ind
Aug.	31	1.70	52	70	24	80	30	00	107	50	114	19	124	27			25	00	22	50			60	00					107	50					Cr with P.D. 21/ Ind
Sept	30	1.70	51	00	24	00	30	00	105	00	140	19	154	29			25	00	20	00			60	00					105	00					Cr with P.D. 21/ Ind
Oct	31	1.70	52	70	24	80	30	00	107	50	165	19	177	28			25	00	22	50			60	00					107	50					Cr with P.D. 21/ Ind
Nov	30	1.70	51	00	24	00	30	00	105	00	186	19	191	29			25	00	20	00			60	00					105	00					Cr with P.D. 21/ Ind
Dec	31	1.70	52	70	24	80	30	—	107	50	201	19	203	29			20	00	17	30			60	—			10	20	107	50				25	Severely reprimanded
					W.S.S. Dept.				Total														W.S.S. Dept						Total		Soldier Dept				
183 days Min.			420	00	180	00			600	00													70	00	30	00			100	00	350	00	150	00	
																							70	00	30	00			100	00	280	00	120	00	
																							70		30	00			100	00	210	00	90	00	
																							70	-	30	-			100	-	140	-	60	-	
																							70	-	30	-			100	-	70	-	30	-	
																							70	-	30	-			100	-					
			420	-	180	-			600	-													420	-	180	-			600	-					

Dr with Subsfrom 1-1-19 to 31-1-19 D08 Ind

Dr with L.A. & P.C.K. 23396

Sq. QP 11830

×SQ×QP 12292 QR212 21/4/19

×SQ×QP May CK 10665 QR48-2 19/5/19

×SQ×QP June CK 925 QR12-2 21/8-6-19

×SQ×QP July CK 16975 QR482 21/21-7-19

×SQ×QP Aug. CK 5411+3212 QR121-2 21/18-8-19

×SQ×QP Sept. CK 5412836 QR1447-2 21/19-9-19

" " Oct. " 414859 " 1711-1 d/20-10-19

×SQ×QP Nov. CK 5555136 QR188-1 21/17-11-19

D.O. 346 D.C.M. awarded 4-12-19

Sentenced 9-12-19

QR202-1 d/16-12-19 ck # 5562772

1st W.S.S. QR164-1 d/8-10-19

Ck # 4114670-1

2nd W.S.S. CK 5550678-9 QR182-1 d/4-11-19

555210-1 QR191-1 d/2-12-19

555337-8 QR208-1 d/30-12-19

555446-7 " 221-1 2-2-20

555054-6 " 233-1 1-3-20

30M-11-18.—L.L. 50877-M. & D. 9553.

G-2 continued on Reverse Side — Over

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
																																						25 cents cr. from prev. page
Jan	31	1.70	52	70	24	25 80	30	00	107	75	23/1	3/2	23/1	29/1			25	00	22	75			60	-							107	75					AR 216-4 dt 19-1-20
Feb	29	1.70	49	30	23	20	30	-	102	50	235/1	12/20	232/1	24/2			20	-	22	50			60	-							102	50					" 327-1 " 16-3-20
Mar	31	1.70	52	70	24	80	30	-	107	50	235/1	9/3	242/1	5/3			25	-	22	50			60	-							107	50					" 239-1 15-3-20
April	30	1.70	51	-	24	-	30	-	105	-	2/2	13/2	9/1	24/4			25	-	20	-			60	-							105	-					" 3-1 16-4-20
May	15	1.70	25	50	35 12	00 00	15	00	87	50	12/1	5/5					72	50					15	00							87	50					" 12-1 5-5-20
			231	20	144	05	135	00	510	25							167	50	87	75			255	00							510	25					