

ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

A39569
A39569

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS).

1. What is your name?..... *Shouldice, Arthur, Alexander*
2. In what Town, Township or Parish, and in what Country were you born?..... *Kenora, Ontario, Canada*
3. What is the name of your next-of-kin?..... *Mrs C. Shouldice*
4. What is the address of your next-of-kin?..... *Kenora, Ont., Can.*
5. What is the date of your birth?..... *February 9th 1885*
6. What is your Trade or Calling?..... *Labourer*
7. Are you married?..... *Single*
8. Are you willing to be vaccinated or re-vaccinated?..... *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*

Arthur A. Shouldice..... (Signature of Man).
Prof. Leitch Shouldice..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Arthur, Alexander, Shouldice*....., 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.

Arthur A. Shouldice..... (Signature of Recruit)
 Date: *July 26th* 1915 *Prof. Leitch Shouldice*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Arthur, Alexander, Shouldice*....., 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.

Arthur A. Shouldice..... (Signature of Recruit)
 Date: *July 26th* 1915 *Prof. Leitch Shouldice*..... (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 *Fort Francis* this *26th* day of *July* 1915

A. D. George..... (Signature of Justice)

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

Arthur A. Shouldice..... (Approving Officer)

Description of Arthur, Alexander, Shouldice on Enlistment.

Apparent Age 30 years 4 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft. 5 ins.

1 1/2' scar left wrist

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 4 ins.

Complexion Fresh

Eyes Hazel

Hair Brown

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

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 July 26th 1915

Place Fort Frances

W. J. Hester

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.

A. A. Shouldice 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.

A. W. Lays (Signature of Officer)

Date July 26 1915

REGIMENTAL DOCUMENTS

NAME SHOULDICE, ARTHUR ALEX REGT. NO. 439569 UNIT 52nd Regt H. Q. FILE NO. 5

*684-19
22-4-19*

S

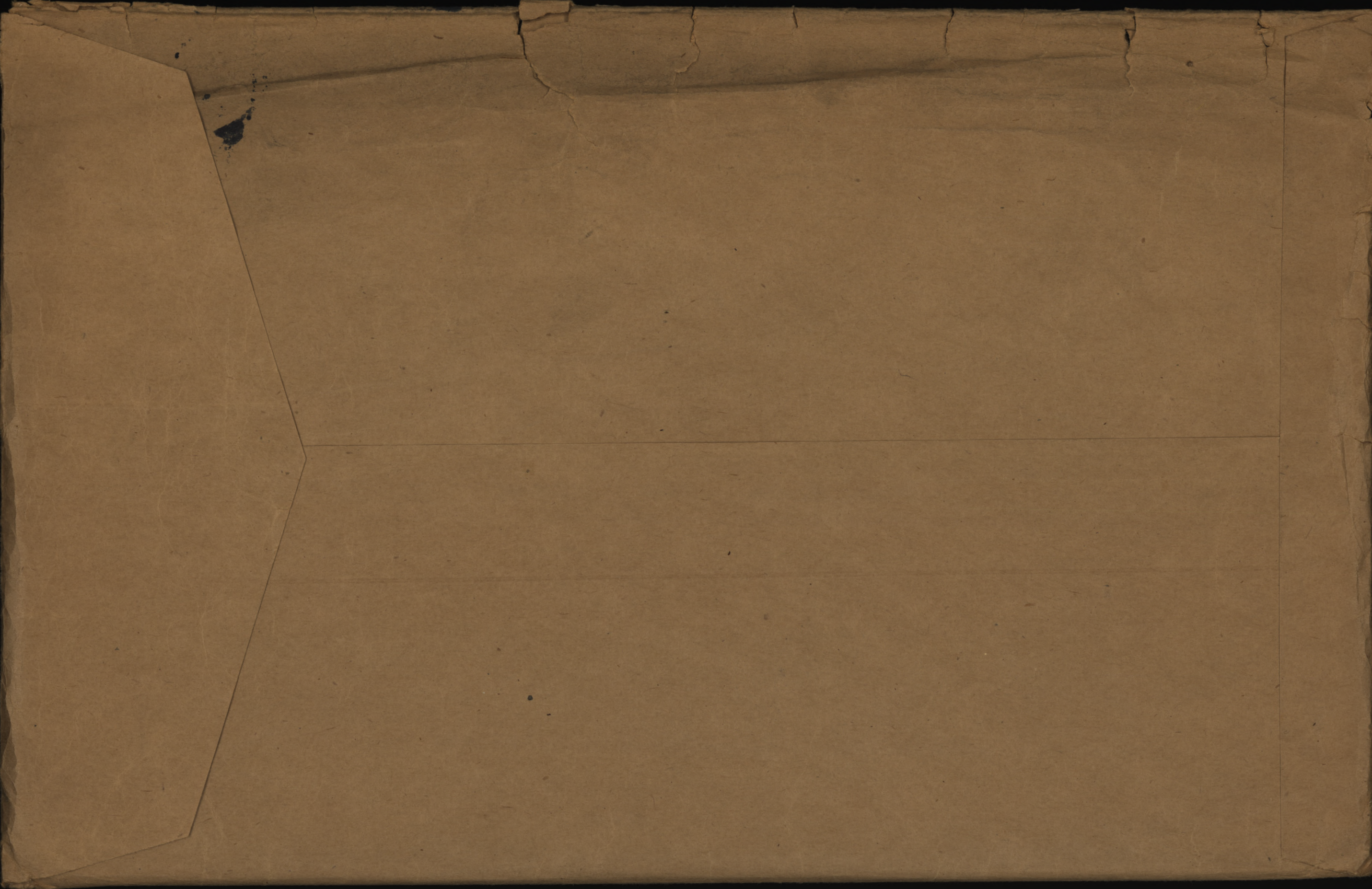
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CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>MA</i>			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
DENTAL HISTORY SHEET (M.F.B. 465)					
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)					
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					DISCHARGE
PARTICULARS OF CHARACTER (A.F.W. 3226)					Category
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					DESERTION
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Handwritten initials

Number

439569

Rank

Pte

B

Surname

SHOULDICE

Christian Name

Arthur Alexander

Units

52nd Br. Cav. of Theatre of War France

Date of Service

20-2-16

Remarks

Latest Address

Kenora
Ont.

Roll No

Page 12194

200m. - 2-21.M.

"B"

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 _____

DESP. APR 6 1922
REGN. NO. 116782

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

NAME

Shouldice, Arthur Alexander

Area 2. 741010 (649-8-8987)

RANK & No.

Pte.

S.O.S. 31. 3. 19. Dem'd
20.94 84.4.19 Tr 1022

439569

CORPS

52nd.

Batt.

ENLISTMENT, PLACE

Fort Frances.

DATE

July 26th; 1915. 'S'

FORMER CORPS

Mil

COUNTRY OF BIRTH

Canada, Kenora, Ontario.

NEXT OF KIN

Shouldice, Mrs. C.

ADDRESS OF NEXT OF KIN

Kenora, Ontario, Canada

DISCHARGE, PLACE

DATE

o/s 23-11-15 - $\frac{275}{22}$



o/c. 24. 3. 19 $\frac{290}{189}$ $\frac{10}{100 m. - 9.15.}$
M. F. W. 22. 100 m. - 9.15.
H. Q. 1772 39 839.

REMARKS:

No. 39569

RANK

Pte.

NAME

Shouldice, A. A.

T. O. S. 6-8-15 D.O. 1200 UNIT

52nd Battalion, C. E. F.

9-8-15.

M. D. 10.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Aug. 6	1915- Aug. 31	✓		
	Sept.	✓	Forfeits 1 dys. pay absent.	D.O. 137 of 2-9-15.
	Oct.	✓	Forfeits 3 dys. pay. a. w. L.	D.O. 176 of 18-10-15.
	Nov.	✓	Forfeits 1 dys. pay. absent.	D.O. 187 of 20-10-15
	Dec.	u.		D.O. 188 of 1-11-15.

UNIT SAILED
NOV 23 1915



H. Q. FILE No. 649-

REGT'L. No. 4398'69

NAME

Shouldice, A A

RANK AND CORPS

Pte. 62^d Batti (3^d Can. Div.)

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 118	no. 9 Can. fld Amb.	14-7-16	Infee. Lt. Hand
a 118	" " " " "	16-7-16	Discharged

Surname **Shouldise** Christian Name or Names **A.E.** Reg. No. **439569**

Rank . Unit **52nd Bn.** Co. Troop Batty.

Pfe. Hospital **9 Can. Fld. Amb.** Date of Admission **14.7.16**

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis **Infected L.Hand**

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Disch. 16.7.16

Date

C.L. 7.8.16 All8

REMARKS

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

Wm

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank **Pte.** Name **SHOULDICE. Arthur Alexander** Reg'l No. **439569** R-122 ✓
 Unit **52nd Battn.** If in perm. Corps, What Unit? Married or Single **Single**
 Place and Date of Enlistment **Ft. Francis, July 26th 1915.** Place of Birth **Kenora, Ont, Can.**
 Name and Address, Next-of-Kin **Mrs. C. Shouldice,**
Kenora, Ontario, Canada. Relationship **Mother**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

NIE BDN 18505
 File R.L. O.F. Can.
 Category.....

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				
		<i>Arrived in England</i>		3 DEC 1915	
		<i>Embarked for France.</i>		20-2-16 NR.	
7. 8. 16.	OC. 52nd.	9 Can. Fld. Amb.	Field	14. 7. 16.	C.L. A 118. Infc. L. Hand. 44
7. 8. 16	"	Discharged	"	16. 7. 16	" " "
		17 2 19 52NDBN PROC, TO ENGLAND		10. 2-19, D O, 58	
		15 3 19 52BN PROC TO CANADA		17 3 19 D O 19	
		S L NO 41 & DISP AREA, L			

CERTIFIED CORRECT.
 Canadian Record Office,
 Westminster House,
 7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 5th Gen. Brn

Regimental No. 439569 Rank Pte Name Shouldice A.A.

Enlisted (a) 26.7.15 Terms of Service (a) Mobilization Service reckons from (a) 26.7.15

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N.C.O.s. }

Extended _____ Re-engaged _____ Qualification (b) _____

Class "A" Badge Issued

War Service Badge Class "A" No. 4220

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Landed in France

21.2.16

EMBARKED FOR FRANCE,

30 7/16

13144. B.M. 1844. D.M. 94.

15/7/16

9 C.A.A.

Infected l hand. ad.

9 C.A.A.

14/7/16

a36 #111. 1/8/16

22/7/16

"

" " ad

Duty

16/7/16

" " "

23/8/16

O.C. 52B.

Rejoined unit

2nd

17/7/16

1st File K. 1 1157352

27.9.16

"

G/ptl without pay from

22.3.16.

Lt. K. 1. 143/125.

20.7.16.

"

Sent to 7 days P.P. 1/21

"

19.7.16.

B2069. # 42.

Englosis Actg Rco of Lt/ptl.

for "H.O.A.S. & much when

wanted for duty.

11-8-17. O.C. 52nd En.

"

10 days Leave

Paris

5-8-17.

B213 Pt. 11 74 22-8-17.

18-8-17. "

"

Rejd. from Leave

Fld.

16-8-17.

" DCS 242 25-8-17.

23.2.18

"

14 days leave

UK

22.2.18

" Pt 20/18.

16.3.18

"

from leave

2nd.

9.2.18

" Pt 23/19

4.1.19

"

14 days leave

UK

31.12.18

"

18.1.19

"

from leave

2nd.

17.1.19

"

(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) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

JAN 1919

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<p><i>J.O.Cdn. S.O.S. for demobilisation to G.F.C. Cons. Cmp. Le Havre</i></p> <p><i>M.R. Depot Bedford</i></p> <p><i>Proceeded to England</i></p>			<p><i>N/R.</i></p> <p><i>Pt. 2.0/S. 8/19</i></p> <p><i>13-2-19.</i></p>
					<p><i>Lieut. for Lt. Col A.A.G. Cdn. Sect. G.H.Q.</i></p>
		<p><i>T.O.S. OMFC 6 CEF D O P T II</i></p>		<p><i>15-3-19.</i></p>	
		<p><i>Lieut.-Col.,</i></p> <p><i>O.C. 52nd. Canadian Infantry Battalion.</i></p>			
		<p><i>EMBARKED S S OLYMPIC</i></p> <p><i>SOUTHAMPTON 17-3-19</i></p>			
		<p><i>Adjutant, No. 8 Trans-Atlantic Conducting Staff</i></p>			
		<p><i>T.O.S. Dispersal Station</i></p>		<p><i>17.3.19</i></p>	
		<p><i>and Dispersed</i></p>		<p><i>31.3.19</i></p>	
		<p><i>Lieut.</i></p> <p><i>for O. C. 10 District Depot.</i></p>			

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 439569 Rank Pvt Surname SHOULDICE, Arthur, Alexander
(Given name in full)

Unit or Corps 52nd Birthplace Kenosha, Wis

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 160 lbs.

Height 5-5 ft. 5 in.

Colour of Eyes Hazel

Nutrition good

Pulse 78 regular

Condition of arteries soft

Vision Rt. 6/12+ Left 6/12+

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

Scar on this 3rd finger right hand done ten years ago (Pvt)
one vaccination scar on his left arm done in the army

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System yes Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Infected Hand left 13-7-16 well cured

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at. *Birmingham* (Overseas)

Date *20/12/19*

Signed *J. B. G. Good Capt* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *P. A. A. Shauldice*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SHOULDICE AA.
REGIMENT 52 Batt RANK Pte No. 439569

Date of Examination in England 6/3/19 Date of Examination in France _____



1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 8, 9, 10,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

Handwritten initials 'LW' in blue ink.

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer

Handwritten signature 'R.A. Agnew' with 'Capt' below it.

THE UNIVERSITY OF CHICAGO
LIBRARY

SHOULDICE AA
PCC
22 Oct 52

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

O. L. ...
O. L. ...
O. L. ...

Handwritten notes at the bottom left corner.

CANADIAN EXPEDITIONARY FORCE

74220

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 439569 (Rank) Pte.

Name (in full) SHOULDICE Arthur Alexander enlisted in
the 52nd Battalion

CANADIAN EXPEDITIONARY FORCE at Fort Frances on the 26th
day of July 1915

HE served in 52nd Battalion MAN. REGT

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age 34

Height 5'5"

Complexion Fresh

Eyes Blue

Hair Brown

Marks or Scars

Scars on third fingers of
Rt. hand

A. A. Shouldice
Signature of Soldier

W. R. Bennett
Issuing Officer

Date of Discharge



Rank

Serjeant

Date Mar. 31st 1919

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class A No.

THIS IS TO CERTIFY that No.

(Rank)

enlisted in

Name (in full)

The

CANADIAN EXPEDITIONARY FORCE at

on the

day of

He served in

Demobilization

and is now discharged from the service by reason of

Medical Unfitness

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

Marks or Scars

Height

Complexion

Eyes

Hair

Signature of Soldier

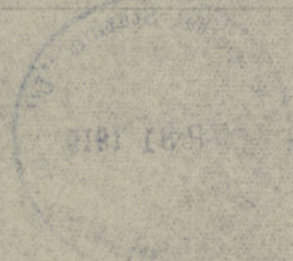
Issuing Officer

Date of Discharge

Rank

Date

18



NOTE: - In duplicate of this Certificate will be issued, and proper filing same is requested to forward it in an enclosed envelope to the Secretary, British Council, Ottawa, Canada.

PRINTED AND SOLD BY THE GOVERNMENT OF CANADA

ORIGINAL

MEDICAL HISTORY SHEET. 439569

Surname Shouldice Christian Name A.A.

Examined { on 26 day of July 1915
at Fort Francis

Approved by Wm Cullough
Rank Captain M.O.

Birthplace { City or Town Kenora
County Ont

Apparent age 30

Trade or occupation Laborer

Height 5 Feet 5 Inches

Weight 155 Lbs.

Chest measurement { Minimum 33 inches

{ Maximum expansion 37 inches

Physical development Good

Small-Pox Marks -

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS.
1915	Good	Wm Cullough M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
13/8 '15	Good	Wm Cullough M.O.
28/8 "	"	M.O.
1/10 "	"	M.O.

Enlisted on 26 day of July 1915 at Fort Francis

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>52nd O.B.</u>	<u>439569</u>		<u>26 July '15</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs C. Shouldice*

By Whom Assigned *Shouldice A. A.*

Address *Kenora
 Ontario*

Regtl. No. *439569*

Rank *Plt*

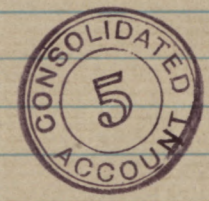
Corps *52nd Psa*

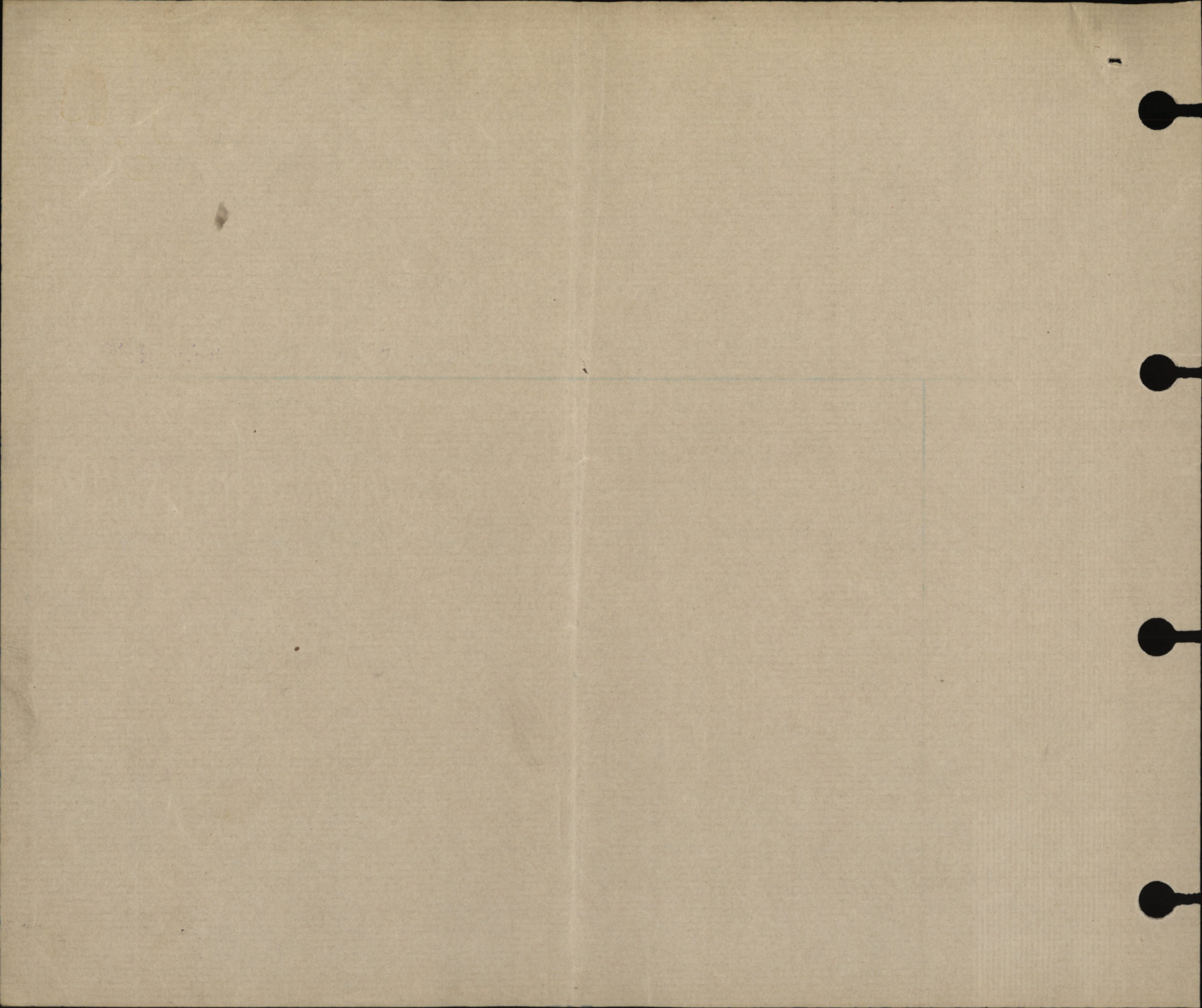
Rate *\$50⁰⁰*

SPECIAL REMITTANCE

Balance 251. 27.11.16 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	<i>Q 34777</i>	<i>50</i>	
Feb.				
March				





Rank **Pte.** Name **SHOULDICE, Arthur Alexander** Reg'l No. **439569**
 Unit **52nd Battn.** If in perm. Corps, What Unit? Married or Single **Single**
 Place and Date of Enlistment **Ft. Francis, July 26th 1915.** Place of Birth **Kenora, Ont., Can.**
 Name and Address, Next-of-Kin **Mrs. C. Shouldice,** Relationship **Mother**
Kenora, Ontario, Canada.
 Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance Payable to Relationship

Discharge, Date and Place Reason Character

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.							Date
Dec 1	Dec 31	31	100	31 00	31	10	3 10	10 00	44	91	17 03			34 06	10 04		
1916																	
Jan 1	Jan 31	31	100	31 00	31	10	3 10	10 34 10	136	185	14 60			34 07	10 07		
Feb 1	Feb 29	29	100	29 00	29	10	2 90		31 90	230	7 30			7 30	34 67		
Mar 1	- 31	31	..	31 -	31	..	3 10		34 10	47 92	262 262			7 86	60 91		
				122.	12 20			10	144 20			83 29			83 29	60 91	

NUMBER 439569 RANK Pte

NAME SHOULDICE Arthur Alexander

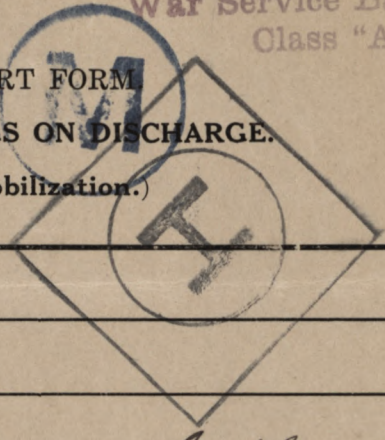
MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Jan 31	Balance Forward								64942	519	
Feb	Pte Pay	3080		B.P. 96064 31/12/18 London	8273						
	Int on Def Pay to 28/2/19 @ 5%	4398		A.R. 4024 30/12/18 52 Bn	560						
		7478		B.P. 899 7/1/19 ag. ^{Def Pay} London	3893						
				A.R. 4785 18/1/19 52 Bn	373				59321	534	
				" 5147 3/2/19	933						
				" 246 18/2/19	487						
				" 318 22/2/19	2433						
				" 1132 Eon L.P.C. 8/3/19	973				54495		
					17925						
				S.O.S. 17/3/19. ¹⁵⁰⁹⁹ A/L. 41. m.P.A.							

09 I, M.D. 2, D.A. L 10
#8 #7
100

War Service Badge
Class "A" No. 74220

SHORT FORM
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

27/12/34
2
e



1. No.	439569	
2. Rank.	Private	
3. Name.	SHOULDICE Arthur Alexander	
4. Unit.	52nd Battalion	
5. Date of Discharge	MAR 31 1919	Place Port Arthur Ont.
6. Reason for Discharge	Demobilization	
7. Authority.	D.O. gvt.	
8. Proposed Residence after Discharge	Kenora Ont	

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

AA Shouldice

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date..... MAR 31 1919 PORT ARTHUR, ONT.

Signature..... *D. G. Cunningham*

(O. C. Discharging Unit.)

PROCEEDINGS OF THE BOARD

of the [illegible]

[illegible]	[illegible]
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LIST OF DISHES & DRINKS

No.	Name of Dish or Drink	Quantity	Price
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LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *+ Duplicates*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group *B*

Checked by No. *[Signature]*

Date *14/3/17*

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