

REGIMENTAL DOCUMENTS

NAME **AGNEW. Andrew.**

REGT. NO. **445964**

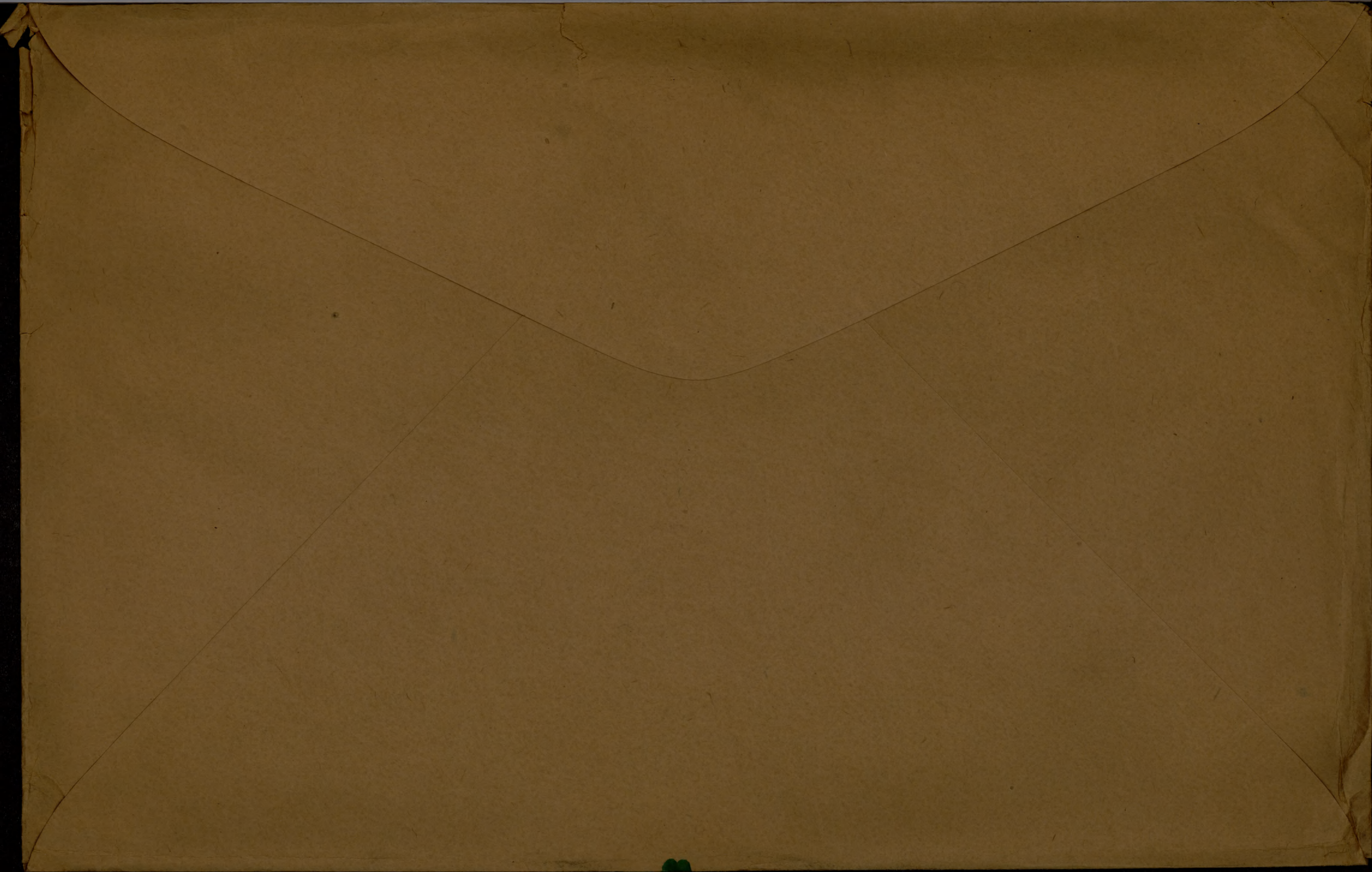
UNIT **126<sup>d</sup> Bn**

H. Q. FILE NO. **2558**

**S**

**H**

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
2 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<b>M</b>			<b>DEATH</b>	
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
1 <del>TRAINING HISTORY SHEET (M.F.W. 113)</del> <i>Record sheet</i>						
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)			<b>H</b>			<b>DISCHARGE</b>
1 DENTAL HISTORY SHEET (M.F.B. 465)						Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						<i>Med Unfit</i>
4 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)						<b>DESERTION</b>
1 LAST PAY CERTIFICATE (M.F.W. 44)						
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
2 MFW. 125						
MFW 67						
5 misc cards						
Pay sheets						



ATTESTATION PAPER.

No. 775967

126th Overseas E

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

L. J.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Agnew
- 1a. What are your Christian names?..... Andrew
- 1b. What is your present address?..... c/o Mr. McCann. Orilla, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Buteshire, Scotland.
- 3. What is the name of your next-of-kin?..... Mrs. Jane Stuart Agnew
- 4. What is the address of your next-of-kin?..... 41 Kelly St, Greenock, Scotland.
- 4a. What is the relationship of your next-of-kin?..... Mother.
- 5. What is the date of your birth?..... July 18, 1882.
- 6. What is your Trade or Calling?..... Stonecutter.
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military Force?.. 8 yrs. Royal Garrison Artillery  
If so, state particulars of former Service. Volunteers.
- 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.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Andrew Agnew, do solemnly declare that the above are answers made by me to the above questions and that they 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.

Signature of Recruit: A Agnew  
Signature of Witness: R. Knight

Date: March 10 1916.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Andrew Agnew, 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.

Signature of Recruit: A Agnew  
Signature of Witness: R. Knight

Date: March 10 1916.

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 Toronto this 10 day of March 1916

Signature of Justice: J. Hamilton Lt. Colonel

O. C. 126th O. S. "Peel" Battn., C. E. F.

Description of Andrew Agnew on Enlistment.

Apparent Age... 33 years ... 7 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. 10 ins.

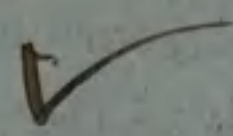
Chest measurement. { Girth when fully expanded... 36 ins.  
 { Range of expansion... 2 ins.

Complexion... Fair

Eyes... Blue

Hair... Brown

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



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... March 10 1916.

Place... Toronto Ontario

*W. McElroy*  
 Capt  
 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.

Andrew Agnew 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.

Date... March 10th 1916 J. Hamilton (Signature of Officer)  
 Lt. Colonel  
 O. C. 126th O. S. "Peel" Battn., C. E. F.

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 775967. (Rank) Pte.

Name (in full) AGNEW, ANDREW. enlisted in

the 226th Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the 10th

day of Mar. 1918.

HE served in England and France.

and is now discharged from the service by reason of

"MEDICALLY UNFIT."

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

Age 36.

Height 5'10"

Complexion Fair.

Eyes Blue.

Hair Brown.

Marks or Scars

Vacc. Scars on left arm.

G.S.W. R. Shoulder. ----- 27-10-17.

Signature of Soldier

*Andrew Agnew*  
Issuing Officer *W. J. [unclear]*  
No. 2 District Depot

Rank

Date of Discharge Jan. 27th, 1919.

Appointment

Signed at Toronto, Ont. this 27th day of Jan. 1919.

in Military District No. No. 2

File Reference No. JAN 27 1919  
**DISTRICT DEPOT**

RVC.

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

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19

On demobilization call particulars called for on the back of this certificate will not be completed.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district

.....  
Name of Officer

.....  
Rank

.....  
Appointment

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname	Christian Name.
	275967	Pion.	Aguero	A
Year	Unit.	Age.	Service.	
	124 Canadian Pioneers	35	20 mo.	
Station and Date.	Disease			
Beaufort	Wounded Oct 21. 4 hrs S.S.W. Contusion right shoulder	H. H. Kelly		
30 <sup>th</sup> Oct 17.				





Reserved for M.H.C.

Regt. No. 775967 Rank PL Surname AGNEW Christian Name ANDREW  
 Unit or Corps—(a) Overseas from United Kingdom 12th Bn. (b) in United Kingdom C.F.C.  
 Born at—Town MILLPORT County or Province BUTESHIRE Country SCOTLAND  
 Date of Birth—Day 18 Month JULY Year 1882 Age 36 yrs. 8 months.  
 Joined at TORONTO ONT. Date 10 MAR. 1916  
 Former trade or occupation STONECUTTER  
 Permanent Marks or any peculiarity that will serve for future identification: LEFT LEG FRACTURE

Height—feet 5 inches 10 Colour of eyes BLUE  
 Signature of Soldier (for identification purposes) A Agnew

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)

CHRONIC ARTHRITIS OF KNEE JOINTS

Disabilities Group (b)

ARTERIO SCLEROSIS

Disabilities Group (c)

DEBILITY

2. CAUSE OF DISABILITY

	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>ACTIVE SERVICE</u>	<u>FRANCE 1917</u>
(ii.) As to Group (b) above.	<u>CONDITIONS OF CIVIL LIFE NOT APPLICABLE</u>	
(iii.) As to Group (c) above.	<u>ACTIVE SERVICE.</u>	<u>FRANCE 1917</u>

3. Is the disability due to disease contracted or injuries received prior to Active Service?

- (i.) As to Group (a) above? no If yes, has Active Service aggravated it? n.a.
- (ii.) As to Group (b) above? yes If yes, has Active Service aggravated it? no
- (iii.) As to Group (c) above? no If yes, has Active Service aggravated it? n.a.

4. Is the disability due to disease contracted or injuries received while on Active Service?

- (i.) As to Group (a) above? yes
- (ii.) As to Group (b) above? no
- (iii.) As to Group (c) above? yes

5. MEDICAL HISTORY. DOCUMENTARY

Enlisted March 10/16.

Occupation - Stonecutter Age - 33 years 7 months  
defect noted. Measles Reservoir Jan 23/17. none - A II  
Scarlet fever Nov. 19/17 S.W. Rt shoulder chronic  
arthritis left knee.

Hospital History ① Beaufort Bristol 30/10/17 - 7/11/17 S.W. Rt shoulder  
② Exeter 7/11/17 - 26/11/17 same

PERSONAL

never was seriously ill in civil life. Had left tibia broken in lower third about 10 years ago. Was always accustomed to hard work and a moderate drinker. On enlistment was in best of health and went to France as pioneer. After 8 months was evacuated to England with S.W. Rt shoulder. After convalescence at hospital at Exeter went to C.O.R.D. for 2 months and transferred to forestry service which he has carried on light labour work along the light railway. Left knee began to trouble him first and later the right began to give trouble. Has not been feeling strong since leaving Exeter.

6. PRESENT CONDITION.

OBJECTIVE

Tall, fair, well nourished man looking much older than age stated - 36 years and 4 months. Full movement in knee joints, moderate amount of creaking in left knee, no enlargement of joints, marked thickening of radial arteries. Urinalysis negative - Heart and other systems normal.

SUBJECTIVE

States he feels like a man of sixty. Has pain in both knee joints worse in damp weather. Limpers all the time. Can walk 2 miles in his own time. Admits that he has not worked as hard in the last year as he did in civil life.

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

(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? yes, 5

(ii.) If so, describe. One lower Rt molar 2 lower left molars 2 Rt upper bicuspids (weak) extracted

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) B II

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report Nov 27 1918

Signed W. G. G. G. G.  
Officer in medical charge of case.

Station Summerville Camp

I have satisfied myself of the general accuracy of the above Report, and concur therein \*except Not in hospital  
(Officer i/c Hospital) Strike out one (S.M.O. Brigade) of these

Dated at ..... Station, on ..... 191.....

\*Delete if inapplicable.

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

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

*Yes*

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

*Yes*

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.)

*Incapable*

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.)

*Three tenths*

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

*No*

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

*Six months*

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

*No*

17. Can the former trade or occupation be resumed?

*Yes*

18. REMARKS:—

*There is very little objective evidence of the main disability condition as described in question 6 - this does not seem to be any reason why he cannot avoid a great deal further than he claims*

*Shall admit 20% 1/10*

19. RECOMMENDATION:—

(a) Fit for duty?  
(state category)

*Per*

(b) Invalid to Canada?

*No*

(c) Discharge from Service as permanently unfit?

*No*

Date of Board

*27. 11. 10.*

President.

Signatures of the Board

*J. C. H. [Signature]*

Station

*Leaving date*

Approved

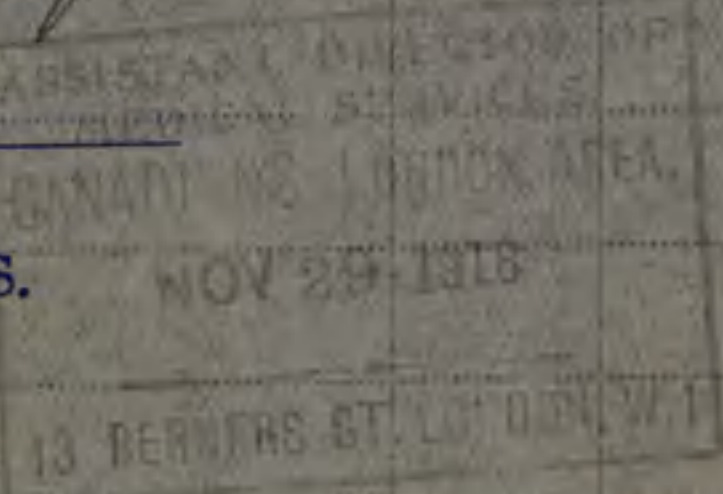
*J. C. H. [Signature]*

A.D.M.S.

Dated at

*for A.D.M.S. Canadians, London Area*

Station





775967 pte. Agnew A. 109th. Battn C.E.F.  
formerly 126th. Battn.

NO. 1150  
FORM 127  
M.E.S. 1916

Will removed by Regt. paymaster

*J. J. Williamson* CAPT.  
Paymaster, 109th Overseas Battalion, C.E.F.

Perforated sheet for Will from Pay Book of Reg.

No. 775967  
Name. Pte Andrew Agnew  
Unit. 109 Batt C.E.F.

Military Will

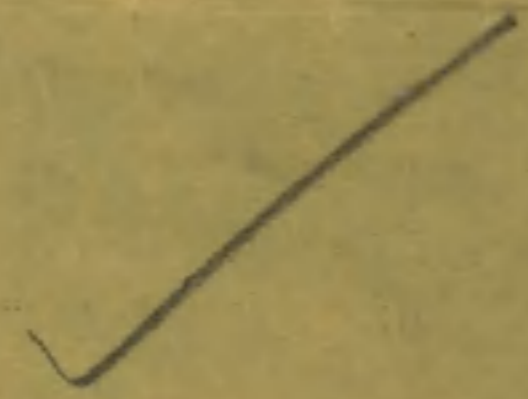
In event of my death  
I bequeath all my property  
and personal effects to  
my mother Mrs A Agnew  
41 Kelly St Greenock  
Scotland

Witness  
*J. Grayden*

Signature Pte. A. Agnew

Rank and Regt. 109 Batt

Date Nov 24 1916



MEMORANDUM

From

From

To

To

ANSWER

.....19

.....19

DENTAL CERTIFICATE

The following certificate will be attached to the Dental History Sheet of all Other States being returned to Canada for the oral


Name of Patient	Age and Sex	Dental History	Medical History	Remarks
[Faint handwritten text]	[Faint handwritten text]	[Faint handwritten text]	[Faint handwritten text]	[Faint handwritten text]

775167  
Pte Agnew A

### DENTAL CERTIFICATE.

The following Certificates will  
be attached to the Medical History Sheets of all  
Other Ranks being returned to Canada for disposal.

C.F.C.

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
	Requires Part-Upper	—	—  W. J. Munn Capt. C.A.D.C.	At Public Expense





\*Name L AGNEW, Andrew Rank Pte Regtl. No. 775967  
 Original unit ..... Present unit 126th Bn M. or S. Age 36 Religion Presb Fyle Depot.....  
 Port, ship, and date of arrival St. John N.B. 25-12-18 Corsican Ref. H.Q.....  
 Next of kin Mother Mrs. Jane Stuart Agnew 41 Kelly St., Greenock Scotland.  
 Address on leave ..... same  
 Address on discharge Orillia, Ont.  
 Transportation issued Yes No Date 27-1-19 Character on discharge.....  
Orillia, Ont.  
 Previous occupation Stonecutter Date and place of enlistment Toronto Ont. March. 19-16  
 Diagnosis Athritis of knee joints Date of Medical Boards 17-1-19

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S</u>		
<u>14-12-18</u>	<u>Posted to Cas. Co. (Ex. Camp) 25-12-18.,</u>	
	<u>Leave from 27-12-18 to 10-1-19.,</u>	
	<u>Subs " " "</u>	<u>257</u>
<u>27-1-19</u>	<u>SOS DISCHARGED "MED. UNFIT" 91 days PDP &amp; C.A</u>	<u>23</u>

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	UNIT	CO	TROOP	ADM.
2.				
3.				
4.				
5.				
6.				
7.				

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Agnew.

A.

795967.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

124 P.

1 COY

626.-53D.

HOSPITAL

DATE OF ADMISSION

3 Aust. Gen. Abbeville - 22-10-17.

1. Beufort war Brissele

HOSP. 30:10:17.

2. Mil. Conv. Epsom.

HOSP. 8-11-17.

3. Mil. Perth.

HOSP. 5.7.18.

4.

HOSP.

DIAGNOSIS

sw - chills  
Influenza. R

1.

2.

3.

DISPOSITION

DATE

2-11-17 - A 52 (2)

5: 11: 17 B 54 (1)

12-11-17 - B. 60 (3)

4-12-17 B 79-3 (3)

10.7.18 6258 (3)

22.7.18 C 768-

Dis 26-11-17

REMARKS Dis. 16.7.18

A.M.D. 2 Dept.

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

Casualty Form - Active Service.

Regiment or Corps 26th Bn Buffs

Rank Pte Surname Agnew Christian Name Andrew

Religion Age on Enlistment years months

Enlisted (a) 10.3.16 Terms of Service (a) War 6 months Service reckons from (a) 10.3.16

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

Extended Re-engaged Qualification (b) Nonecutlet or Corps Trade and rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
15.3.18	Ob. b. b. 5.0.5	BASE DEPOT C.F.C. SUNNINGDALE		14.3.18	PT. II. DO. NO. ...
		on posting to 60108, Dist. 55			Mayford C.F.
		BASE DEPOT C.F.C. SUNNINGDALE			PT. II. DO. NO. ...
15-3-18	Ob. B. Depot b. f. b. N.S. 55 Dist b. f. b. at 108 Coy from B. Depot b. f. b. Sunningdale		Stirling	15-3-18	C/O P.M. d/27-3-18 Capt. 7 Adj. ...
	Ob.	N.S. 55 Dist b. f. b. at 108 Coy on			C/O 56 d/27-11-18
21-11-18	55 Dist b. f. b. posting to Base Depot b. f. b.		Stirling	21-11-18	Capt. 9 Adj. 55 Dist
26-11-18		O.C. C.F.C. T.O.S. Base Depot C.F.C. Sunningdale		21-11-18	282
		from 108 Coy. Dist 55			

(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. W. 5527-M2093 1000m 7/17 (25686) C. P. & S., Ltd. Forms B. 103 E/1555. I.P.T.O.



Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 126th Overseas Bn.

Regimental No. 775967 Rank Rte Name Agnew, Andrew  
C. E. F.

Enlisted (a) March 10/16 Terms of Service (a) War & six months Service reckons from (a) March 10/16

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) (Stonemason)

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				
		Embarked Canada	Halifax, Nova Scotia	14/8/16	
		Disembarked England	Liverpool	24/8/16	
14/10/16	126th Bn	Transferred to Bn	Branscott	15-10-16	Pl 3 A.O. 38-14-1916 J. J. <u>Faulkner</u> Lt. Colonel O. C. 126th O. S. "Peel" Battn., C. E. F.
8.12.16	O.C. 109th	Transferred to 126th Bn	Witley	8.12.16	O.O. Pt. 2. # 445 <u>3</u>
9-12-16	124th Bn.	Taken on strength of 124th Bn., C.E.F.	Witley Camp	8-12-16	Part ii Orders 265 <u>W. Eastmace</u> MAJOR, ADJUTANT, 124th BATTALION C.E.F.
9-3-17	124th Bn.	Proceeded for Overseas Service.	Witley Camp	9-3-17	Part II Orders No. 69 <u>A. Mearns</u> Lieut., Asst. Adjt. 124th BATTALION C.E.F.

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

CERTIFIED CORRECT,  
 2 MAR 1917  
 CAN. RECORDS LONDON.

Date	Report From whom received	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.
19-10-16	109 <sup>th</sup> Bn	YOS from 126 <sup>th</sup> Bn	Bramshott	16/10/16	Pt 110.293 E.M. Myers FOR LT: COL: TO RECORDS C.O.M.E.
11-3-17	M.L.O.	Disembarked	Boulogne	11-3-17	N.R.
21.10.17	3 Aust. F.A.	D.W. Rt. Shldr. adm.	3 Aust. F.A.	21.10.17	} A.36/A.7637
21.10.17	4 N.Z. F.A.	do. do. adm.	4 N.Z. F.A.	21.10.17	
22.10.17	3 Aust. Gen.	do. do. adm.	3 Aust. Gen.	22.10.17	W. 3034/A.7832
24.10.17	17 C.C.D.	do. do. adm.	17 C.C.D.	21.10.17	} A.36/A.7915
		To	25 A.T.	22.10.17	
27.10.17	D.G.A.T. "Sarisbr'k ce"	D.W. & Contusion Shoulder Rt. To Posted to 1st. Gen. Out. Regt. Depot, Shorncliffe	England	27.10.17	W. 3083/4198 D.O. 143 d. 9.11.17 J. Whidson Lieut. for Lt. Col. A.A. G. Gen. Sec. G.H.Q. 3rd. Ech.
7-11-17	160th	Y.O.S. from 124 Bn	Sandling	30-10-17	Pt 110 243
13-12-17	do	att. to 1st. Bn	Sandling	13-12-17	D.O. 44 H.S. Matman for Colonel i/o Records, etc
13-2-18	1 COTW	Y.O.S. to Can. Troop Corps.	Sandling	13-2-18	D.O. No. 44 H.S. Matman Lieut. & Asst. A.
14-2-18	D.C. C.F.C.	T.O.S. Base Depot, C.F.C. Sunningdale	Pt. 11. D.O.	39.	for O. C. 1st C. O. R. D.



A

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *Andrew* 2. Surname *Agnew*  
3. Rank *Pte* 4. Original Unit *126 Batt* 5. Reg. No. *775967*

6. Address, in full, to which future payments of gratuity are to be forwarded  
*Andrew Agnew*  
*General Post Office Toronto*

7. Date of enlistment in the C.E.F. *10<sup>th</sup> March 1916*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge  
*Not Applicable*

9. Relationship of such dependent  
*Not Applicable*

10. Address, in full, of such dependent  
*Not Applicable*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?  
*Not Applicable*

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*126 Batt England August 1916 transferred*  
*124 Batt August 1916*

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?  
*yes*

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service  
*Not Applicable*

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served  
*126 Batt March 1916*  
*trans to 109 Batt trans to 124 Batt*  
*in France 8 March 1917 back Oct 1917*

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department  
*Not Applicable*

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.

*Not Applicable*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid.

*Paymaster No 2 #2, Jan 27/1919 \$70*

20. Have you been issued with a War Service Badge? If so, what class?

*None*

21. Have you, during the present war, served in the Imperial Forces?

*No*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled.

*Not Applicable*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?

*Not Applicable*

(b) If so, was such reversion in consequence of misconduct or inefficiency?

*Not Applicable*

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge

*Jan 27/1919*

(b) Reason for discharge

*Medically unfit*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

*Not Applicable*

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit.

*124 Batt 8 March 1917  
Oct 27<sup>th</sup> 1917*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

*No*

(b) If so, are you in receipt of full pay and allowances from that Department?

*No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

*Andrew Agnew*

Place of Residence:

*General Post Office, Toronto*

Declared before me at:

*Toronto*

This

*7<sup>th</sup>*

day of *February* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

*Thomas Rooney*

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

# PROCEEDINGS OF A MEDICAL BOARD.

Dated at EPSOM, NOV. 19th, 1917.

No. 775967 Rank PTE. Name AGNEW, A.

Local Unit..... Overseas Unit 124th BN. Age 35.

Examination held at M.C.H. EPSOM.

DISABILITY  
Overseas ~~Local~~  
(scratch one out).

S.W. RT. SHOULDER.  
CHR. ARTHRITIS LT. KNEE.

### PRESENT CONDITION.

S.W. Rt. Shoulder healed, flesh, no disability.  
Complains of pain in left knee. Has had some trouble in this knee for the last six years following an accident in a quarry. There is no swelling in the knee and movement is fairly free but a distinct grating can be felt under the patella.

### BOARD RECOMMENDS:—

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 B.11. Laborer
5. Discharge .....

### Signatures:—

Members {  
 ..... H. L. Pavey, Major. ..... President.  
 ..... P. J. S. Bird, Capt. .....  
 .....

APPROVED

Dated NOV. 19th, 1917. H. L. Pavey, Major.  
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at \_\_\_\_\_ 1917

No. \_\_\_\_\_ Name \_\_\_\_\_ Rank \_\_\_\_\_

Local Unit \_\_\_\_\_ Overseas Unit \_\_\_\_\_ Age \_\_\_\_\_

Examination Report \_\_\_\_\_

DISABILITY  
Overseas duty

PRESENT CONDITION.

\_\_\_\_\_

BOARD RECOMMENDS:-

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

President

Members

APPROVED

Dated \_\_\_\_\_ 1917

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.  
1133 (D.P. 250M-12-18.  
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. *775967* Rank *Plt* Name *Agnew, A.*  
*No. 2 District Depot* (Surname first)  
Unit ..... who was\* .....  
On *JAN 27 1919* 191....., to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from *Jan 1* to *JAN 27 1919* 191..... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month..... <i>G.L.P.C.</i>		<i>10.24</i>
Regimental Pay..... <i>27</i> days at \$ <i>1</i> c.....		<i>27.00</i>
Field Allowance..... <i>27</i> days at \$..... c <i>10</i>		<i>27.00</i>
Separation Allowance.....		<i>35.00</i>
Clothing Allowance.....		<i>12.00</i>
Post Discharge Pay.....		<i>12.00</i>
*Other Credits <i>Subs. 2.0 #7</i>		<i>2.00</i>
Advances <i>15097 \$10 #15794 \$10.00</i>	<i>20.00</i>	<i>20.00</i>
Separation Allowance and Assigned Pay Cheque no.....		<i>15.00</i>
*Other Charges <i>A.P. Jan 1</i>	<i>15.00</i>	<i>15.00</i>
Balance on transfer or on discharge, cheque No. <i>18213</i>	<i>51.94</i>	
Total .....	<i>86.94</i>	<i>86.94</i>

A monthly stoppage of \$ *15.00* (†) has..... (‡) been paid on account of Assigned Pay for the month of *January* 191 *9* } *mother Mrs J. Agnew*  
and Separation Allee. for month of..... 191..... } (to) Assignee.....  
(Address) *41 Kelly St. Greenock Scotland*  
(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....  
REMARKS:— *AP paid by England*  
State (1) date of enlistment..... married or single *Single*  
(2) Separation Allowance, entitled or not..... *No* (3) Reason for discharge.....  
(4) Authority for discharge or transfer..... *DO #23*

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.  
Date *JAN 24 1919*  
Place *TORONTO, ONT*  
*Macoun*  
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.  
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom. 1917.

No. 775967 Rank PTE. Name AGNEW. A.

Local Unit..... Overseas Unit 124th Bn. Age 35

Examination held at M.C.H. Epsom

DISABILITY.  
Overseas ~~Local~~  
(scratch one out).

S. W. RT. SHOULDER.  
CHR. ARTHRITIS LI. KNEE.

### PRESENT CONDITION.

*S. W. Rt Shoulder healed. flesh. no disability.  
Complains of pain in left knee. Has had some trouble  
in this knee for the last six years following an  
accident in a quarry. There is no swelling in the  
knee and movement is fairly free but a distinct  
grating can be felt under the patella.*

### BOARD RECOMMENDS:-

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 B II labours.
5. Discharge .....

### Signatures:-

Members { H. L. ... President.  
J. M. ...  
 .....

APPROVED

Dated Nov. 19<sup>th</sup> 1917. H. L. ...  
For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD

1917

Dated at

Epson

Name

Rank

17596

Age

Overseas Unit

Local Unit

124 in Bn

Examination held at

M.C. H. Epson

DISABILITY  
Overseas  
Attach

S.W. 751 SHORWOOD

PRESENT CONDITION

*[Faint, illegible handwritten text, likely describing the present condition of the individual.]*

BOARD RECOMMENDS:

- 1. Fit for Duty
- 2. Fit for duty after \_\_\_\_\_ weeks of physical training
- 3. Fit for Temporary Base Duty \_\_\_\_\_ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signature

President

Member

APPROVED

1917



FORM OF WILL

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_

do hereby certify that I am of sound mind and memory and am not under any duress, coercion, or undue influence

and I hereby declare that this is my last will and testament

and I hereby give, devise and bequeath all that I own and have any right to at the time of my death

to \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_

to have full power and authority to sell, lease, convey, and otherwise dispose of the same

in such manner and on such terms as he or she may think proper

and I hereby declare that I have no other will or testament

and I hereby declare that I have no other testamentary disposition

of my property and that this is my last will and testament

and I hereby declare that I have no other testamentary disposition

of my property and that this is my last will and testament

and I hereby declare that I have no other testamentary disposition

of my property and that this is my last will and testament

and I hereby declare that I have no other testamentary disposition

of my property and that this is my last will and testament

and I hereby declare that I have no other testamentary disposition

of my property and that this is my last will and testament

and I hereby declare that I have no other testamentary disposition

of my property and that this is my last will and testament

*Altha*  
*ent*

# FORM OF WILL.

I, Andrew Agnew (Name in full)

Regimental Number 775967 serving in 126th Overseas Bn.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

.....  
.....  
.....

Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Jane Stuart Agnew  
41 Kelly Street  
Greenock, Scotland

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this first day of August A. D. 191 6

Andrew Agnew Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

~~48575~~      48575-

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J. Chester Wards  
Address of Witness 20 Bavatavia Ave. W. Toronto  
Occupation of Witness Soldier  
Signature of Second Witness H. Ken Thompson  
Address of Witness Erindale, Ont.  
Occupation of Witness Soldier

# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

25-1-1917

No. *104* Rank *Private* Name *James ...*  
 Local Unit *104* Overseas Unit *104* Age *30*

Examination held in Bramshott area

DISABILITY *None*

Overseas—Local  
(attach one only)

### PRESENT CONDITION

*Five years ago had ...  
 ...  
 ...  
 ...*

Board recommend

1. Fit for Duty *Class 1*
2. Fit for duty after weeks physical training
3. Fit for Base duty weeks
4. Fit for Permanent Base Duty
5. Discharge

Signature

*James ...*  
 Members

Approved

# EXAMINATION

BY

## STANDING MEDICAL BOARD, BRAMSHOTT.

23-1-1917

No. 775967 Rank PLC Name Agnew Andrew

Local Unit 124 Bn Overseas Unit \_\_\_\_\_ Age 36

Examination held in Bramshott area.

DISABILITY. none

Overseas—Local.  
(scratch one out)

### PRESENT CONDITION.

Five years ago had fracture of tibia & fibula of left leg. Junction of middle & lower thirds. Fair good alignment - no disability. Has taken all rest periods.

Board recommends:

1. Fit for Duty. Class A 1/4
2. Fit for duty after \_\_\_\_\_ weeks physical training.
3. Fit for Base duty \_\_\_\_\_ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures:

C. E. Cooper <sup>Major</sup> Cole <sup>Capt</sup> Pres.

Members

J. A. Dickson <sup>Major</sup>

H. H. Jackson <sup>Capt</sup>

Approved.

Bramshott 23-1- 1917

A. Stewart <sup>Major</sup>  
for A.D.M.S. and G.O.C.,  
Canadian Troops, Bramshott.

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).)

Fractured tibia 1912, no disability. Influenza July 1918, Recovery complete Hospital one month, contused wound right shoulder Oct. 21, 1917, recovery complete.

(c) (Here give a description of wounds, scars, and deformities. Four vaccination marks on ~~the~~ right arm, and two on left arm, Birth mark behind left knee.

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

Not applicable.

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

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

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

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

No treatment except transferred to Forestry Corp.

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

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

17. Recommendations That he be placed in Category C-3.

J. M. Dalmasupki Capt. 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, A. Agnew, 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

[Handwritten signature]

A. Agnew 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 number of the answer criticised.

We Concur, except #13 read one year

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.)

That he be placed in Category C-3.

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.

PLACE Exhibition Camp, Toronto.

Handwritten signature of President.

DATE Jan. 22, 1919.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed

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

PLACE

President.

DATE

Members

APPROVED BY

APPROVED BY

Handwritten signature and name: Assistant Director of Medical Services. DATE 23-1-19.

Director-General of Medical Services.

DATE

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.

Toronto.  
 STATION Exhibition Camp, DATE Jan. 17, 1919.

1. 1 (a) Unit 2nd. D. D. (b) Regimental No. 775967 (c) Rank Pte.  
 (d) Surname AGNEW (e) Christian name Andrew  
 (f) Home address 41 Kelly St., Greenock, Scotland.  
 (g) Next of Kin Mr s. Jane Agnew (h) Relationship Mother  
 (i) Address of Next of Kin 41 Kelly St., Greenock, Scotland.

2. Age last birthday 36 Date of birth July 18, 1882  
 3. Enlistment, or Appointment (if an Officer) (a) Place Tor onto (b) Date March 8, 1916

4. Personal description:  
 (a) Height 5' 10" (b) Weight 147 (c) Complexion Fair  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Two  
vaccination marks on left arm, and 4 on right arm, B mark behind  
left knee.

5. Former trade or occupation Stonecutter

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	2	310

	PERIODS	
	From	To
Canada .....	March 8, 1916	Aug. 24, 1916
England.....	Aug. 24, 1916	March 11, 1917
France or other theatres of War.....	March 11, 1917	Oct. 27, 1917
<u>England &amp; Canada.</u>	<u>Oct. 27, 1917</u>	<u>To date</u>

7. Original disease, or injury Arthritis of knee joints.

(a) Date of origin Nov. 1917 (b) Place of origin England  
 (c) Cause Wet weather and exposure (service conditions generally)

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—light, 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.)

Partial loss of function of both knees.

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.)

Objective Signs: Movements of both knee joints normal. There is creaking in both knee joints. No enlargement of joints. (Both knees measure the same—no bony thickening or fringes to be felt. No pain on manipulation of joints. No fluid in joints.)

Subjective Symptoms: Pain is aching in character and is worse at night and sometimes prevents him sleeping. Worse in ~~wet~~<sup>dull</sup> damp weather. He cannot walk over 2 miles because of pain. Knees are stiff and feel weak all the time especially so after walking a couple of miles and in morning. English Board states Debility and ~~ataxia~~ Anterior Sclerosis. I do not concur. Systolic Blood Pressure 128. Diastolic 71.

(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..... Yes, 74..... No sugar, no albumen..... Genito-Urinary System..... No..... (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)  
Special Senses..... No..... Respiratory System..... No..... Integumentary System..... No.....  
Disturbances of Mentality..... No..... Digestive System..... No..... Muscular System..... No.....  
Osseous and Joint Systems..... No..... Any other general condition..... No.....

Radial arteries are thickened somewhat but not tortuous. Temporal arteries are tortuous.

No hernia, varicose veins, no varicocele, no haemorrhoids.

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

He felt the pain and stiffness in left knee after he was wounded in shoulder in Nov. 1917, and about a month later he felt it (pain and stiffness) in right knee. This condition has varied, better and worse ever since, if anything worse.

(No disability from G.S.W. of right shoulder.)



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

B. 465.  
2-6-18.  
1772-30-950.

NAME OF SOLDIER

*Agnew Andrew*

REGIMENT

RANK

*P47*

No. *778-967*



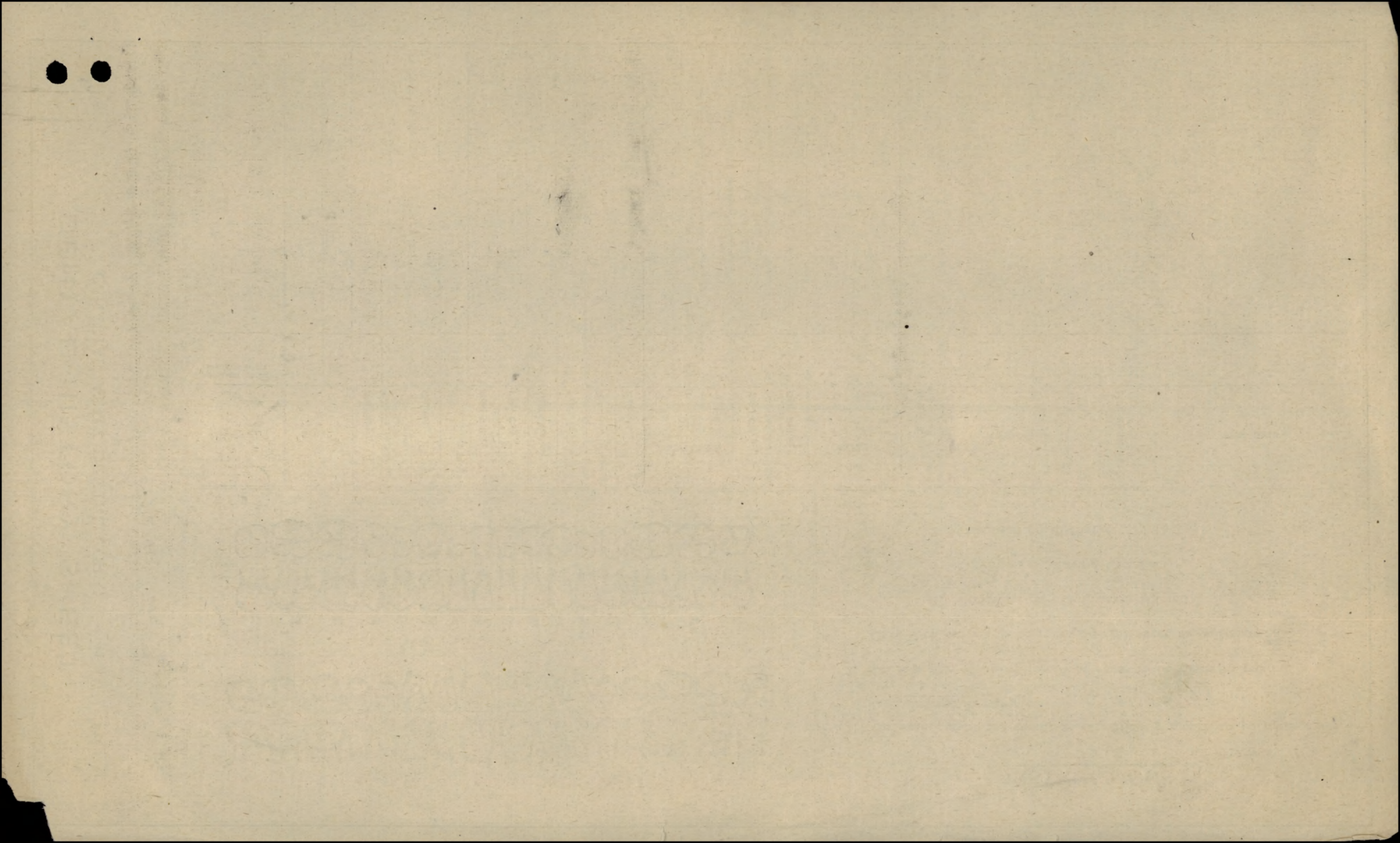
## INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<p>DISCHARGE EXAM. CASUALTY Co. # 2 D.D. Certificate issued for  Date <u>JAN 17 1919</u>  <i>Reset partial upper denture.</i>  <i>Manning</i></p>																					



175967

ORIGINAL

ORIGINAL

E. J. MEDICAL HISTORY SHEET.

Surname Agnew Christian Name Andrew

Examined on 10 day of March 1916 at Toronto

Approved by B. S. McKay Rank Capt M.O.

Birthplace City or Town Buteshire County Scotland

Apparent age 33 yrs 7 monts.

Trade or occupation stonecutter

Height 5 Feet 10 Inches

Weight 155 Lbs.

Chest measurement Minimum 34 inches Maximum expansion 2 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right 2 Left Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

yo Test 20 each

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Includes entry for 14/2/16 with result 'Fit' and signature 'L. H. Roberts Capt'.

Table with columns: Date, Result, VACCINATIONS. Includes entry for 27-3-16 with result 'OK'.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 15-3-16, 21-3-16, 25-3-16, and 24-9-16.

Enlisted on 10 day of March 1916 at Toronto Ontario.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entry for 126th Bn, 775967, and 124th OVERSEAS BATTALION C.E.F.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entries for Bramshott Camp, Hants (23 JAN 1917) and Camp Toronto (22/1/19).

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.

CANADIAN

Surname Agnew Christian Name Andrew

25

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Ho-pital.			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Beaufort Barracks		30	10	17	7	11	17	G.S.W. n. Moulder	9		H. H. Kyle Capt. R.A.M.C.
H.C. Barracks		7	11	17	26	11	17	"	20	8/11 L.S. knee. feels fair PT 11 12/11 says it pains on long march. going up incline from old fracture 6 years ago. Creaking feet in joint but no swelling. Boarded B II	J. A. Carpenter Capt.

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

DUPLICATE

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..... 126th "Peak" Bn.

(2) Regimental Number ..... 775967

(3) Full Name of Soldier..... Andrew Agnew

(4) Place of Birth..... Buteshire, Scotland

(5) Are you married, or not? ..... no

(6) If married, state,  
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower? ..... no

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive?..... no .....

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

(10) Is your Mother alive?..... yes .....

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

..... 41 Kelly St., Greenock, Scotland. .....

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

Are you her sole support, or not?..... no .....

(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.

(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.

J. J. Hamilton  
.....  
Officer Commanding.

Date..... July 31/16 .....

A.G.R. Rank Name **AGNEW, Andrew** Reg'l No. **775967**  
 Unit **126th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Toronto, 10th March, 1916.** Place of Birth **Buteshire, Scotland.**  
 Name and Address, Next-of-Kin **Mrs. Jane Stuart Agnew,**  
**41 Kelly St., Greenock, Scotland.** Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

REG NO **3,861**  
 File No. **...**  
 Category **Gen OR**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

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.				
Arrived in England S.S. Empress Of Britain 24th. AUG. 1916					
14.10.16.	126th Bn.	S.O.S. on Trans. to 109th Bn	Bramshott	15.10.16	Part II, D.O. #38
19.10.16	109th Bn	T.O.S from 126th Bn	B'shott	16.10.16	PtII D.C 293
8.12.16	Ob 109th Bn	S.O.S on safe. to 124th Bn.	Witley	8.12.16	.. .. 343
9.12.16.	Ob 124th Bn	S.O.S. - fr 109th			.. .. 265
9.3-17	124 Bn	Emb for France	Witley	9*3*17	PtII DQ68
1-11-17	"	403 Aust. Gen Hosp	Abbeville	22-10-17	6L 252 S.W. Shoulder
3-11-17	"	Reufort War Hosp	Bristol	30-10-17	6L 254
7-11-17	1 CORN	T.O.S. from 124 Bn	Sandring	30-10-17	PtII D.O. 243 124 Bn PtII 1430/9-11-17
10-11-17	1 CORN(124)	Can Gen Hosp	Epston	8-11-17	6.L B.60

ab  
 16.001  
 210  
 609

A.F.B. 103 CHECKED  
 10 MAR 1917

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.				
3-12-17.	1600 (24)	Desi Can Con Hosp	Epsom	26-11-17	611378.
14-2-18	1600 RD.	S.O.S. to C.F.C.	Pl. S'aling	13-2-18	1705-B.D.C.F.C. Pt II 39d/14.2.18
15-3-18	B.D.C.F.C.	S.O.S. to 55 dist.	" S'ale	14-3-18	" 64. (Pt II 15d/27.3.18.) 1705-55 Dist. C.F.C.
26-11-18	✓	105 from 55 Dist. C.F.C.	" "	21 11/18	" 282 (Pt II 56d/27-11-18 55 Dist - SOS)
2-12-18	✓	On Com C. Bd. Buxton	" "	2-12-18	" 287.
		*Ceases Com Buxton			
		SOS to Canada 12.12.18			
		B.D. C.F.C. Pt. II O-305 23 12.18			

10140



To Whom Mrs J. S. Agnew  
 41 Kelly Street  
 Greenock  
 Scotland

Name AGNEW. A  
 No 775-967 ✓  
 Rank Plt  
 Unit C.F.C

ASSIGNED SEPARATION  
 PAY ALLOWANCE

Rate

15<sup>00</sup>

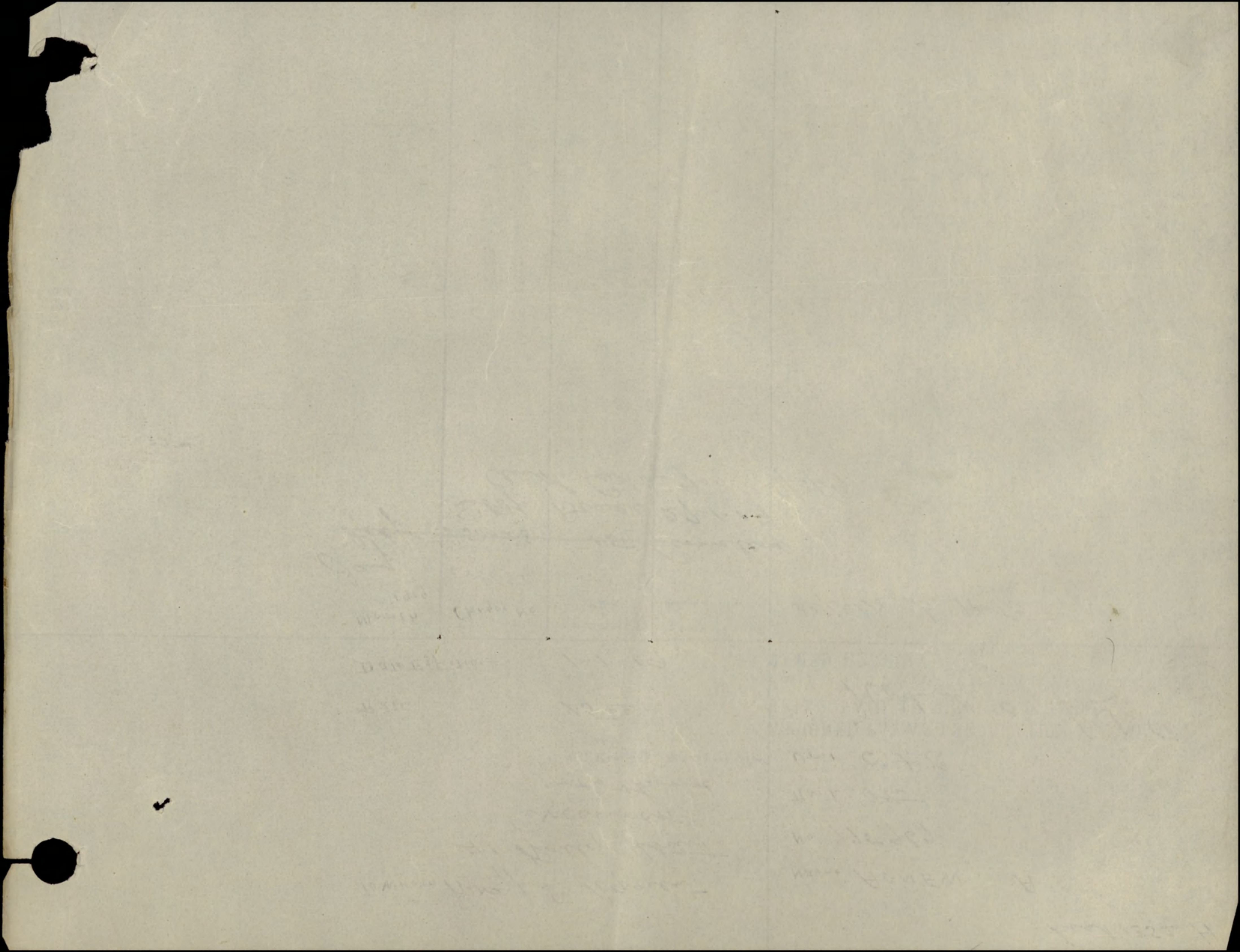
Date Effective

1-1-19

ASSIGNED PAY AND SEPARATION ALLOWANCE  
 BEING PAID IN ENGLAND UNTIL ADVICE  
 FROM OTTAWA OF DISCHARGE OF SOLDIER  
 NAMED HEREIN.

Month	Cheque No	ASSIGNED PAY	SEPARATION ALLOWANCE
1919			
Jan	E85686	15 ✓	
<del>Feb</del>	<del>I50028</del>	<del>15</del>	<del>Commiss</del>
	Stop Discl	27-1-19	
	Auth Calt	700-	7/3/19

30/11/18 R.R. 252



MILITIA AND DEFENCE  
ASSIGNED PAY.

35381

To whom Jane Stewart Agnew,

Address 4I Kelly Street,  
Greenock. Scotland.

By whom assigned Agnew, A.

Regtl. No. 775967

Rank Private

Corps, &amp;c. 126th Battalion.

Rate \$15.00

Date to Commence Aug. 1st; 1916.

## PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
April					
May					
June					
July					
Aug.		183256	15	X	
Sept.		183257	15	X	
Oct.		187652	15	X	
Nov.	60 <sup>00</sup>	224653	15	X	
Dec.		265165	15	X	
Jan.	1917	306674	15	X	
Feb.		347177	15	X	
March		390184	15	X	
April					
May					
June					
July					
Aug.					

*A.P. checked & found correct 23/3/17  
L. Hamonby*

# ASSIGNED PAY.

By whom assigned *Agnew. A.*  
 Regtl. No. *775967.* *Pte. 126th. Battrn.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					



No. 775967.

RANK *Pte.*

NAME

*Agnew, A.*

T. O. S. 10-3-16.

*(D.O. 61 of 11-3-16)*

UNIT

*126<sup>th</sup> Peel Battalion, C. E. F.*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i> <i>Mar 10</i>	<i>1916</i> <i>Mar 31</i>	<i>✓</i>		
<i>Apr</i>		<i>✓</i>	<i>Forfeits 6 days' pay a. w. l. D.O. 110 of 9-5-16</i>	
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>	<i>Forfeits 5 days' pay a. w. l. D.O. 162 of 10-7-16</i>	
<i>July</i>		<i>✓</i>		
<i>Aug</i>		<i>✓</i>		

**UNIT SAILED**  
**AUG 14 1916**



*Andrew*

Name *Agnew*

Rank *Pte*

Reg. No. *775967*

Unit *CAC 53 Div*

~~*124<sup>th</sup> Pioneer Bn*~~

Next of Kin *Mrs. J. S. Agnew*  
*41 Kelly St. Greenock Scotland*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>						
<i>22-10</i>	<i>No 3 Austral Gen Abbeville</i>	<i>SW Shelds</i>		<i>A52</i>	<i>M6288</i>	<i>HA 15547</i>
<i>30-10</i>	<i>Beaufort War Bristol (4858)</i>		<i>do</i>	<i>B54</i>		
<i>8-11</i>	<i>Mil Con Hsp Epsom (5425)</i>		<i>do</i>	<i>H60</i>		
<i>26-11</i>	<i>discharged</i>	<i>(1671)</i>	<i>do</i>	<i>1079</i>		
<i>5-7-18</i>	<i>M.H. Perth</i>		<i>Influenza</i>	<i>C257</i>		<i>2103 2</i>
<i>16-7-18</i>	<i>Discharged</i>			<i>C268</i>		<i>6154</i>



REMARKS.

9-10-17 G.S.W. Rt. shoulder feels fair. R. D. 11

12-10-17 Says Lt. knee pains him on long  
march going up incline from old fracture  
six years ago creating left in Jt. but no  
swelling. Emp. Board.

The Carpenter Capt

Convalescent Hospital,  
Weedcote Park, Epsom.

HOSPITAL.

A. & D.  
CARD

AT

A. & D. No. 24003

PL. OF ACTION

RANK

775967 Plt

UNIT

124 Pm

SICK OR  
WOUNDED

NAME

Agnew A

AGE

35

RELIGION

TV  
Pub

PLACE IN HOSPITAL

DIAGNOSIS

G.S.W. Rt. Shoulder flesh.

ADMITTED

7 - NOV 1911

FROM

Bristol

DISCHARGED

26-11-17.

TO

60. J. Depot Dandling

TRANSFERRED

Total

SERVICE AT HOME

18/12

IN FIELD

8/12

RESULTS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
452.	3 Aust. Gen. Abberville	22-10-17	S.W. Shedr.
B 54 <sup>I</sup>	Beaufort War H. Bristol	30-10-17	" " "
B 60 <sup>3</sup>	Mil Conv. W. det. 1st Epsom	8-11-17	" " "
B 79-3	Discharged	26-11-17	" " "
6258	Mil Perth	5-7-17	Influenza.
C 268.	Disch.	16-7-18	"

NAME

Agnew, Andrew.

REGT'L No.

745967.

RANK AND CORPS

Pte 124<sup>th</sup> Bn. (form 126.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

NO.

DATE

9-2  
M. 6288.

9-11-17

adm no 3 Australian Gen Hosp  
Abbeville, Oct 22<sup>nd</sup> 1917. (Shoulder  
wound checked)

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Stonemason*

RELIGION

*yes*  
*Presbyterian*

DESCRIPTION.

APPARENT AGE

*33*

YEARS

*7*

MONTHS

HEIGHT

*5*

FEET

*10*

INCHES

CHEST MEASUREMENT

*36*

INCHES

EXPANSION

*2*

INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*Not stated*

MEDICAL EXAMINATION.

PLACE

*Toronto. Ont*

DATE

*Mar 10<sup>th</sup> 1916*

*Present address. 70 - Mrs McCann. Orillia Ont*

SURNAME. *Agnew*

CHRISTIAN NAMES *Andrew*

REGL. No. *445967*

RANK *Pte*

UNIT *126<sup>th</sup>*

FORMER CORPS *8 yrs. R. G. A. Vols.*

2	CARD NO.
<i>J. O. D. Div 27-1-19</i>	
<i>ml.</i>	FOLL.
<i>0023423-1-1920</i>	

*Bn*

NEXT OF KIN.

NAMES IN FULL *Agnew Mrs Jane Stuart*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *41 Kelly St. Greenock, Scot.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Scotland Buteshire*

DATE *July 18<sup>th</sup> 1883*

PLACE OF ATTESTATION *Toronto, Ont.*

DATE *Mar 10<sup>th</sup> 1916*

*Sailed from Halifax Pev. S.S.*

*Empress of Britain 14-8-16*

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

SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 (Demobilization.)

9/18/19.

EVC.

1. No. 775967.	
2 Rank. Pte.	
3. Name. AGNEW, ANDREW.	
4. Unit. 126th Bn. (#2 D.D.)	
5 Date of Discharge	Jan. 27th, 1919. Place TORONTO, ONT
6 Reason for Discharge..... HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
7. Authority. #2 D.D. D.O.Pt. I <sup>1</sup> . #23.	
8. Proposed Residence after Discharge..... Orillia, 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. ? ..... Andrew Agnew Signature of Soldier.	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place TORONTO, ONT Date Jan. 27th, 1919. ..... Signature J. W. M. Cass (O. C. Discharging Unit.)	

Re. 10-10-19  
 a.m.











\* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: 1-8-16.		EFFECTIVE DATE: -	
AMOUNT: 15 <sup>00</sup>		AMOUNT: -	
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 J.S. Agnew. (mother) 41 Kelly St. Greenock, Scotland stopped eff 1/1/1919		S	
PARTICULARS OF RANK OR APPOINTMENT			
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
		Pte	
UNIT AND TRANSFERS			
ORIGINAL UNIT: 126 <sup>th</sup> Bn.			
DATE ACCOUNT FIRST OPENED - 1-9-16.			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			C7Cing
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
30/1/18	478	B0070 £2	973
DAILY RATES OF PAY AND ALLOWANCES			
AUTHORITY	PAY	F.A.	P.F.A. SUBS'CE ALL'CE
	100	10	

PARTICULARS OF RENDERING NON-EFFECTIVE: *Wish to Canada 3/2/18 with CTC ref 252/30/1/18 Disposal*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
3/3/18	Bal Fwd								6429	nil	
Apr	PP	33		A 51409. £3-1-8			15		6526		
		33		AR 90, 108Co 22/4/18	1703		15				
May	PP	3410		B 12209. £3-1-8			15		6733		
		3410		AR 277 21/5/18 108Co	1703		15				
June	PP	33		B 5410. £3-1-8			15		3666		
		33		AR 555 108Co 24/6/18	4867		15				
July	PP	3410		B 82009. £3-1-8			15		3763		
		3410		AR 938 108Co 23/7/18	1703	110	15				
Aug	/	3410		L 71210. £3-1-8			15		3970		
		3410		AR 1050 108Co 26/8/18	1703		15				
Sept	-	33		D 0416. £3-1-8			15		4067		
		33		AR 1200 108Co 23-9-18	1703		15				
Oct	/	3410		D 68216 £3-1-8			15		4274		
		3410		AR 1485 108Co 25/10/18	1703		15				
Nov	/	33		A.P. 827018 £3-1-8			15		6274		
		3410		AR 83215 £3-1-8			15		7011		
		6710		AR 478 108Co 30/11/18	973		30				

FORM BEN'S  
DISCHARGED TO  
PAY BOOK VERIFIED  
L.P.C. BEN'S

94 E

NUMBER

775967

RANK

NAME

AGNEW

Andrew

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec				cheque Bal Fwd					7011		
				12/11/18 Adv from 12-04/11/18 to 12-30/18/11/18							
				2 dep 73 total 3 dep pay 5056 27/11/18		3960			3051		
					3960						

A 3 M. FORM REN'D. EFFECT 1/19  
 DISCHARGED TO Canada DATE 3/2/18  
 PAY BOOK VERIFIED 2/2/18  
 CR BAL 7011 I.P.C. REN'D. 2/2/18  
 AUTHORITY CFCRR 2523% Disposal  
 Checked by [signature]

PSB sent 7/1/18 39.60  
 cover Bal or 3051 HPS

to St Canada 12/12/18 20 305 23/12/18 HPS