

NAME **AUSTIN ELWOOD WALTER**

REGT. NO. **726012**

UNIT **#3 M.W.**

H. Q. FILE NO.

**S**

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
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*to A.D.B. 50091*

*...*

*cas card*

*...*

*...*

*20*  
*28 79*

**M**

0 7531

**H**

DEATH

Category

DISCHARGE

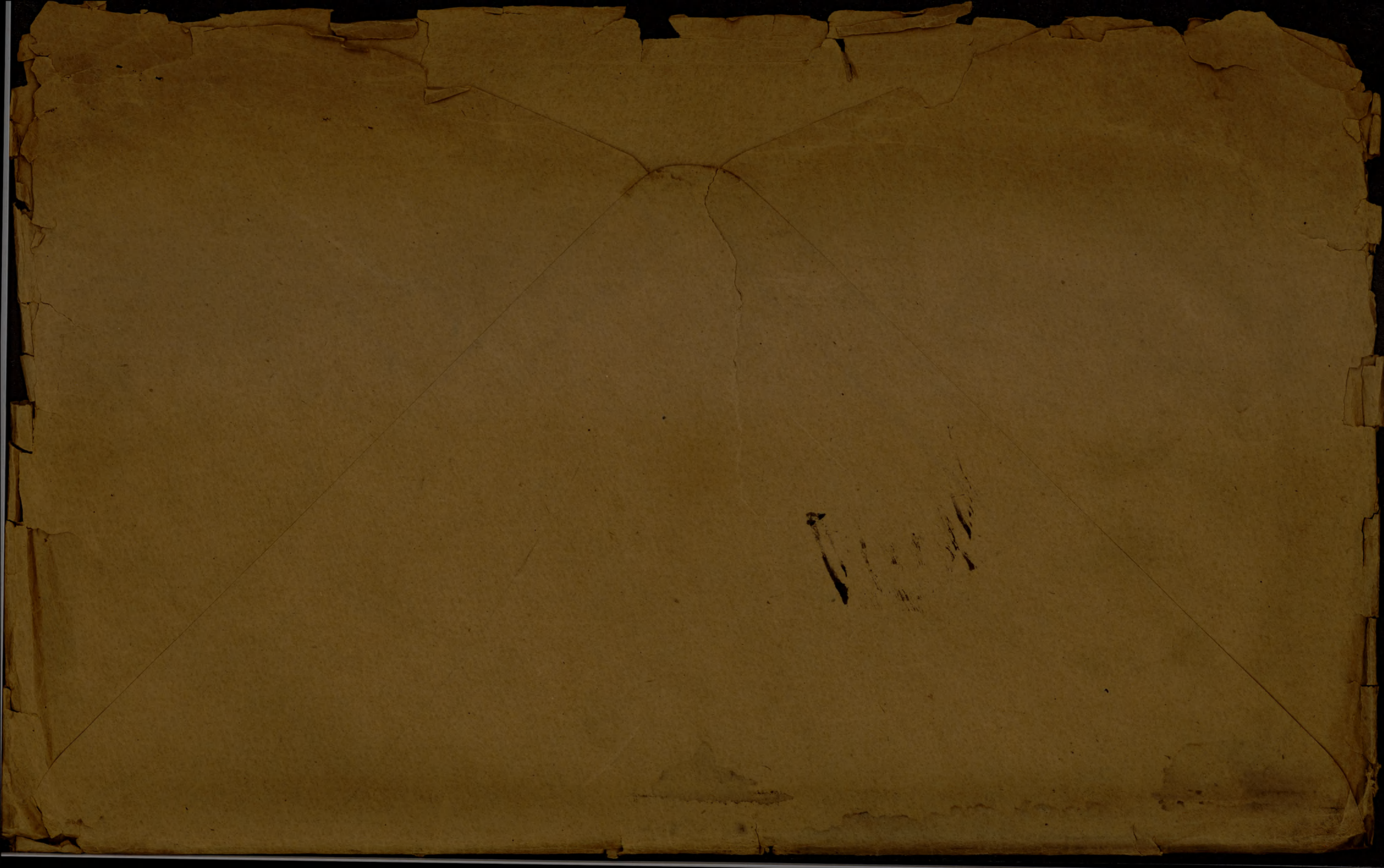
Category

*Med Deficit*

DESERTION

*2 11*  
*22 11*  
*31 12*  
*2*

*402206*



ATTESTATION PAPER.

10<sup>th</sup> Coy.  
No. 426012  
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Austin*
- 1a. What are your Christian names?..... *Edward Walter*
- 1b. What is your present address?..... *Haliburton Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Haliburton Ont. Canada*
- 3. What is the name of your next-of-kin?..... *Harry Austin*
- 4. What is the address of your next-of-kin?..... *Haliburton Ont. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *December 11 1896*
- 6. What is your Trade or Calling?..... *Clerk*
- 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?..... *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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Edward Walter Austin*, 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.

*Edward W. Austin* (Signature of Recruit)  
Date *November 30<sup>th</sup>* 1915 *J. H. Bissonnette* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Edward Walter Austin*, 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.

*Edward W. Austin* (Signature of Recruit)  
Date *November 30<sup>th</sup>* 1915 *J. H. Bissonnette* (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 *Haliburton* this *30<sup>th</sup>* day of *Dec* 1915.  
*J. H. Potts* (Signature of Justice)

# Description of *Clwood Walter Austin* on Enlistment.

Apparent Age.....*19*.....years .....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. *8*<sup>*3*</sup>/<sub>*4*</sub> ins.

Chest measurement. { Girth when fully expanded.....*35*<sup>*1*</sup>/<sub>*2*</sub> ins.  
 Range of expansion.....*3*<sup>*1*</sup>/<sub>*2*</sub> ins.

Complexion.....*Dark*

Eyes.....*Blue*

Hair.....*Black*

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

*Small scar on forehead.*

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....*Dec 7*.....191*5*;

Place.....*Lindsay*.....

*J. M. Culloch*.....Capt.  
 Medical Officer.  
**109th Overseas Battalion, C. E. F.**

\*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.

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

*[Signature]*.....Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

Date.....**JAN 12 1916**.....191

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 726012 (Rank) Private

Name (in full) Austin Elwood Walter enlisted in

the 109th Battalion

CANADIAN EXPEDITIONARY FORCE at Halibutton Ont on the 30th

day of November 1915

HE served in Canada England France

and is now discharged from the service by reason of Med unfit Demob R.O. 1420

3DD-3-A-238 D/ 24-2-19

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

Age 22yrs 2 months

Height 5ft 8<sup>3</sup> ins

Complexion Dark

Eyes Blue

Hair Black

X E. W. Austin

Signature of Soldier

Marks or Scars

small scar on forehead

Date of Discharge 26-2-19

R. P. Apple  
 Issuing Officer Lieut.  
 O. O. Discharge Section  
 No. 3 District Depot  
 Rank

Appointment

Signed at Kingston Ont this 26th day of February 19 19

in Military District No. 3

File Reference No. 3DD-3-A-238

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 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.

P. 878.

Extract D.O. No. *9*  
~~SAILING LIST~~

Unit.- *Sen. Op.*

Date:-

Reg. No.

Ra

Name

Struck off Strength of *OMF* of C.  
on transfer to C.E.F. Canada *CHD 3*

*4260 12*

*Pte Austine E.  
Canada*

*24. 1. 19*

Acted on

Ledger Ck.

**CONFIDENTIAL INFORMATION  
CATEGORY**

<b>Report No.</b>	<b>AUSTIN E.W.</b>	No. of M. H. C. File	No. of Local File	No. of H. Q. File
<b>Unit</b>	Surname Permanent Address <b>Haliburton, Ont.</b>	Christian Name	MAY 17 1920	
<b>M.D. No.</b> <b>5</b>				

No.\* **726012** Rank **Pte.** Original Unit **20th** Service Unit\*

Age\* **25** Height ft. ins. Complexion Eyes Hair Conduct

Date of enlistment Where enlisted Where seen service\*

Ship returned by **Crampian** Date of arrival **2-2-19** Port of arrival **St. John**

Birthplace\* Religion **M**

Present disease or disability Cause or origin

Condition in detail which prevents the soldier from earning a full livelihood

- E. 1. Discharge, no pensionable disability.
- E. 2. Waiting Reclassification.
- E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued

Members of Board

Place

Date

19

**INFORMATION TO BE FURNISHED BY SOLDIER**

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3	<b>Single.</b>				
4					
5					

Name and address next of kin

Notification of return to be sent to

Occupation prior to enlistment

**Salesman**

And for how long followed

Regular trade or occupation

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment

Any other income

Name and address of last employer

Rent per month

If owner of or purchasing property, amount due and annual payment \$

\$

Taxes

If Homestead or Farm, where located

If carrying life or accident insurance, annual premium \$

Name of Society

If work should not be available at old occupation, name preference.

**Farmer.**

I declare that the above statement is correct.

References

Witness

Date

**2-2-19**

Place

**St. John**

Signature.....

**E.W. Austin.**

Remarks by Interviewer :

Last Pay Cert. Cr., \$

Dr., \$

Amount paid at Depot H.Q., \$

L.P.C. leaving Depot, \$

Amount forwarded to H.Q. Unit, \$

Credit Clothing allowances, \$

PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....

First payment d.....

- A. General Service.
- B. Service abroad, not general.
- C. Service in Canada.
- D. Treatment.



*3*

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) *Austin E.W.*  
REGIMENT *EP* RANK *Pfc* No. *726012*

Date of Examination in England *23/1/19* 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*Failed to report crown dentures*

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

Signature of Dental Officer

6



WIDE

WIDE

WIDE

WIDE

WIDE

WIDE

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No. 726012 Rank Pte Name Austin EW  
(Surname first)  
Unit 20 Sin who was\* Dischgd  
On Feb 26 1919, to Feb 1 1919  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb 1 to Feb 26 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		304.7
Regimental Pay <u>26</u> days at \$ <u>1</u> c.....		26
Field Allowance <u>26</u> days at \$ <u>10</u> c.....		260
Separation Allowance.....		35-
Clothing Allowance.....		
Post Discharge Pay.....		
*Other Credits.....		
Advances.....		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges.....		
Balance on transfer or on discharge, cheque No. <u>5415</u> .....	94.07	
Total.....	94.07	9.407

\*Give particulars.

A monthly stoppage of \$ 15- (†) has..... (‡) been paid on account of  
Assigned Pay for the month of Feb 1919..... } (to) Assignee Mr H Austin  
and Separation Allee. for month of..... 191..... } Haliburton Ont-  
(Address).....  
(†) 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:—

State (1) date of enlistment..... married or single.....  
(2) Separation Allowance, entitled or not no..... (3) Reason for discharge.....  
(4) Authority for discharge or transfer..... DD-3-a-238

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 25: 2: 19.....

Place Kingston.....

W Peters Captain,  
OFFICER I/C DEMOBILIZATION PAY DIV.  
MILITARY DISTRICT No. 3.  
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.

COMPILED BY FRS  
CHECKED BY H.V.W.

CR 5415 = 94 <sup>07</sup>/<sub>100</sub> Attached

# CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

*[Handwritten notes and signatures in blue ink, including "1142", "19-25", "BCA", and "C. J. ..."]*

0623-E-19

107

*Handwritten initials/signature*

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

A-138

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 *Elwood W.* 2. Surname *Austin*
3. Rank *Pte.* 4. Original Unit *109th Bn.* 5. Reg. No. *426912.*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*Haliburton*
7. Date of enlistment in the C.E.F. *Nov 29th 1915* *Ontario*
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 appl.*
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:—  
*109th Bn. in Bramshott Camp  
Aug 1st 1916 - till - Oct 6/1916*
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? *no*
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 *Canada Nov 29/1915  
to Eng Aug 1/1916 - to 109th Bn - to France Oct 6/1916  
to 109th Bn - till - Aug 30/1918 to Eng to Canada Jan 2/19*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
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. *no*
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. *no*
20. Have you been issued with a War Service Badge? If so, what class? *Class A.F.B.*
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. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*  
 (b) If so, was such reversion in consequence of misconduct or inefficiency? *no*
24. Are you now serving in the C.E.F. *no* If not, give:—(a) Date of discharge *Feb 26th 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. *no*
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. *Unit in France with the B.M. Det 6/1916 - till - Aug 30/1918*
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: *E. W. Bushin*  
 Place of Residence: *Haberton Putnam*  
 Declared before me at: *Hungston*  
 This *26th* day of *Feb.* 19*19*.

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

POST DISCHARGE PAY.			War Service Gratuity	Net amount due
Date paid	Paid Soldier	Paid Dependenc	<i>183 days.</i>	<i>425.00</i>
Certified Correct.				
District Paymaster.				

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... "D" COY, 109th OVERSEAS BN., C.E.F.

(2) Regimental Number..... 726012

(3) Full Name of Soldier..... Elwood Walter Austin

(4) Place of Birth..... Haliburton Ont Canada

(5) Are you married, or not?.....

(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? Yes  
If so, state name and address Henry Johnston Austin Haliburton  
Ont Canada

(10) Is your Mother alive? Yes  
If so, state name and address Alma Austin Haliburton ont  
Canada

(11) If your Mother is a widow No  
Are you her sole support, or not? —

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

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

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

15) Are you insured? Yes  
If so, in what Company? Independent Order of Foresters  
Have you made arrangements for payment of your Insurance premium Yes

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

Date JUL 11 1916

[Signature] Lt. Col.  
C. C. 109th Overseas Battalion, C.E.F.



MEDICAL CASE SHEET.\*

Regimental No.	Rank.	Surname.	Christian Name.	
726012	Pfc	Quisten	E. W.	
Unit.	Age.	Service.		
20 <sup>th</sup> Can Bn 2 <sup>d</sup> E. Div.	21	2 years		

61330  
Year  
5-12-17

2/1st Southern General Hospital  
Station and Date.

Disease  
Reported <sup>sick</sup> 14-11-17.

2/1st Southern Gen.  
Dudley Rd.  
5/12/17

3 abscess on on lower surface of  
R<sup>l</sup> foot. 2 on inner side, 1 R<sup>l</sup> heel  
all opened  
Richard.

5/17/17  
Trauff & Corp No 2  
Richard

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
Wt. W 6604/M 2870-1,500,000-8/17-H. & Sp. (10933). Forms/I. 1237/12. (E239) [P.T.O.]

Station  
and Date.

Book

CLINICAL CHART.

Army Form B. 181

Corps 20 Can. Bn 2 Div.

(To be attached to Case Sheet.)

Military Hospital Duvalley Rd 13<sup>th</sup> hem

No. 726012

Rank and Name Pvt Austin E. W.

Age 21

Service 2 years

Disease \_\_\_\_\_ Date of admission 4-12-17

Date of discharge 19 DEC 1917

Result \_\_\_\_\_

Dates of Observation	Days of Disease																													
	4	5	6	7	8	9	10	11	12																					
Temperature Fahrenheit	Time																													
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																														
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103°																														
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101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 hours																														

On Admission  
 A.T.S. 7:50 - 10-11-17  
 3 infans.  
 A.T.S. 5:00 - 6:00



France

Forms  
I. 1237  
12

Army Form I. 1237.

MEDICAL CASE SHEET.\*

Dist III

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
Station and Date.	Disease			
15-10-18	G.S.W. Rt. Thigh (flesh) wound almost healed - no disability Pts + .77.			
M. S. Hospital 2 room	Geo. Austin Capt 64th Me.			
16-10-18	Wound healed no apparent disability. Fil. B.			
20-10-18	TAS 2. A. Mump Capt 64th Me.			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures. (6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station  
and Date.

2/20

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

M.F.B. 405,  
150M. -1-18,  
1772-39-850.

NAME OF SOLDIER

*Quinton B. M.*

REGIMENT

*10.10*

RANK

*Pte*

No.

*726012*



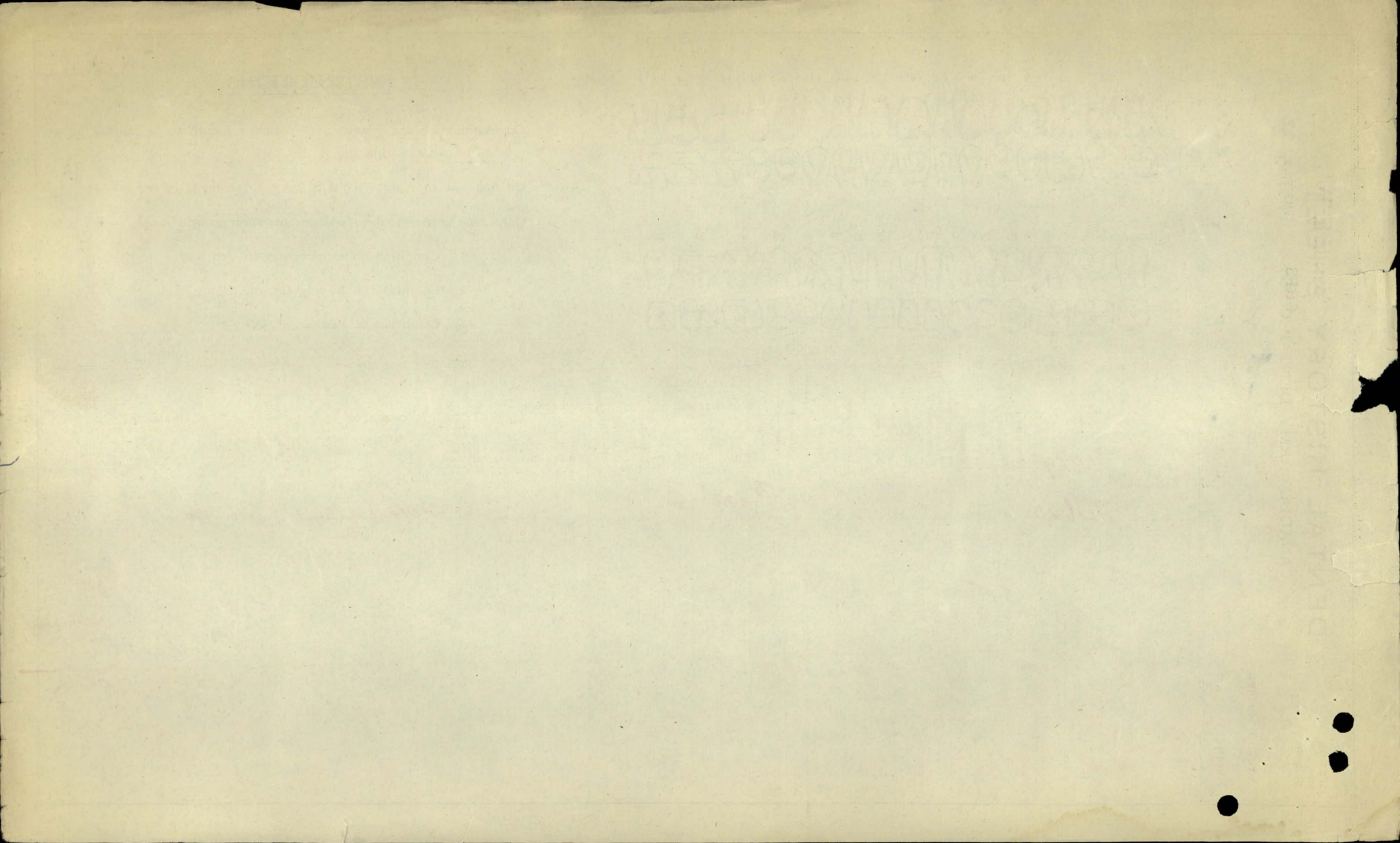
## INSTRUCTIONS

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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1919 Feb 20</i>										<i>3 2,19,30</i>									<i>D. J. Massey Capt. 3</i>		<i>3 can # 3914</i>
																						<i>Refused treatment E. W. Auster 20/2/19</i>





# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER

*Quinton, E. Walter*

REGIMENT

*109th Bn.*

RANK

*Pte*

No. *726012*



## 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.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) (G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoce	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1920</i>																					
	<i>Mar 3</i>																			<i>R.H. Aeljaer</i>	<i>3</i>	<i>3.9.14.</i>
	<i>3</i>	<i>1/3</i>								<i>1/9</i>	<i>1/14</i>									<i>R.H. Aeljaer</i>	<i>3</i>	<i>Completed.</i>

# INSTRUCTIONS

1. A preliminary test will be given to determine the level of preparation of the candidates.

2. Only such entries as are found to be correct on this test will be allowed to take part in the final examination.

3. Candidates who are not successful in the preliminary test will be permitted to re-enter the examination at a later date.

4. Candidates who have passed the preliminary test will be invited to attend the final examination.

5. Candidates who are successful in the final examination will be awarded a certificate of proficiency.

REMARKS

EXAMINER

DATE

MARKS

QUESTIONS

ANSWERS

REMARKS

DATE

MARKS

QUESTIONS

ANSWERS

REMARKS

DATE

MARKS

QUESTIONS

ANSWERS

REMARKS

DATE

MARKS

DEPARTMENT OF EDUCATION  
CANADA  
MINISTER OF EDUCATION  
OTTAWA  
K1N 8N9

# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 3

NAME OF SOLDIER Austin, E.W.

Pte.

REGIMENT RANK

No. 726018



## 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	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
20/2/19																					

*D. Wilson 9 Refused treatment*

150078

44

150078

3

ORIGINAL MEDICAL HISTORY SHEET

ORIGINAL A 68 2250

Surname Austin Christian Name Elwood Walker

Examined on 7th day of December 1915 at Haliburton Ont. Birthplace Haliburton Ontario

Approved by J. McCulloch Capt. Medical Officer Rank 109th Overseas Battalion, C. EMFO.

Apparent age 19 Trade or occupation Clerk Height 5 Feet 8 3/4 Inches Weight 148 Lbs. Chest measurement Minimum 32 inches Maximum expansion 35 1/2 inches Physical development good Small-Pox Marks none Vaccination Marks Arm Right none Left One Number One When Vaccinated last Feb. 10th 1916

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Includes entries for 15.10.15, 7-DEC 1917, 3-SEP 1918, 20.10.16.

(a) Marks indicating congenital peculiarities or previous disease none

VACCINATIONS table with columns: Date, Result. Includes entry for 10.2.16, 2/2/18.

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

ANTI-TYPHOID INOCULATIONS, ETC. table with columns: Date, Result. Includes entries for 26.4.16, 3.5.16, 9.5.16, 22.9.16.

Enlisted on 30th day of November 1915 at Haliburton Ont.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entries for 109th Batt., C.E.F., 21st Bn, 12th Plo, 20th Plo, 16/4/18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entries for 1st C.E.D. St. Martin's Plains, Little Camp, Barriefield.

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

184

D1



To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

Surname

*Quinton*

Christian Name

*W*

TABLE I.—General Table.

Birthplace { Parish... County... }

Examined { on... day of... 191... at... }

Declared Age ... years... days.

Trade or Occupation

Height... feet... inches

Weight ... lbs.

Chest Measurement { Girth when fully Expanded... Range of Expansion... }

Physical Development

Vaccination Marks { Arm... RIGHT... LEFT... Number... }

When Vaccinated

Vision { R.E.—V = ... L.E.—V = ... }

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by

Rank

Medical Officer.

Enlisted { at... on... day of... 191... }

Joined on enlistment Corps Regl. No. *20 Canadian 726013*

Transferred to

Became non-effective by

on... day of... 191...

(Signature)

(Rank)

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

Table with 2 columns: Date, Brief Details and Signature. Includes a red stamp: TETANUS ANTITOXIN INOCULATED Date June 26/1916

TABLE IV.—Service Table.

Table with 3 columns: Station or Troopship, Date of arrival or embarkation, Date of departure or disembarkation.





726012

DUPLICATE MEDICAL HISTORY SHEET

DUPLICATE

Surname Austin Christian Name Elwood Walker

3-14/12/18 Buxton

Examined { on 7<sup>th</sup> day of December 1915  
at Haliburton. Ont  
Birthplace { City or Town Haliburton  
County Ontario

Approved by J. McCulloch Capt.  
Medical Officer  
Rank 109th Overseas Battalion, C. E. F.

Apparent age 19  
Trade or occupation Clerk  
Height 5 Feet 8 <sup>3</sup>/<sub>4</sub> Inches.  
Weight 148 Lbs.  
Chest measurement { Minimum 32 inches.  
Maximum expansion 35 <sup>1</sup>/<sub>2</sub> inches.  
Physical development Good  
Small-Pox Marks None

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

Vaccination Marks { Arm Right None Left One  
Number One  
When Vaccinated last Feb. 10<sup>E</sup> 1916

Date	Result	VACCINATIONS,
<u>10.2.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2.6.4.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>3.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>9.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>22/9/16</u>	<u>JAB</u>	

Enlisted on 30<sup>th</sup> day of November 1915 at Haliburton. Ont

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Battalion</u>	<u>726012.</u>		
Transferred to.. ..	<u>C.C.F.</u>			
	<u>21st. Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Beverly</u>	<u>22-2-19</u>	<u>sequela</u> <u>S.S.W Rt thigh.</u>	<u>Ci E. Board cap</u> <u>pres. - medical board.</u>

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.

Surname.....

*Austria*

Christian Name.....

*Edward Waller*

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 Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				

4

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

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

# Casualty Form—Active Service.

250M.—1-16,  
H. Q. 1772-39-920.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 26012 Rank Private Name Austin Elwood Walter

Enlisted (a) 30 11 15 Terms of Service (a) C. E. F. Service reckons from (a) 30 11 15

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) Clerk.

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	24.7.16	
	Disembarked England		Liverpool	31.7.16	
	Transferred for Overseas Service with 20th Battalion		Halifax	5 OCT 1916	<u>D. O. Pt. 11. no 279</u> Capt. ADJUTANT
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 0's 55d 11/10/16
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Joined	do	27/10/16	B215
17-3-17	6 C.F.A.	i.c.t. post left	adm 6 C.F.A.	16-3-17	ADM 6 C.F.A.
18-3-17	2 F.A.		adm 17/3/17	17-3-17	ADM 2 F.A.
31-3-17	6 C.F.A.		adm 14/3/17	28-3-17	ADM 6 C.F.A.
31-3-17	13		adm 28/3/17	29-3-17	ADM 13
31-3-17	7 Can Gen		adm 1 Can Gen	31-3-17	ADM 7 Can Gen
—	6 C.A.		adm 18 A.S.	30-3-17	ADM 6 C.A.
25-4-17	9 Can Gen		adm 9 Can Gen	25-4-17	ADM 9 Can Gen
28-4-17	C.B. Dep	W. from Hospital	adm C.B. Dep	28-4-17	ADM C.B. Dep
17-5-17				17-5-17	
16-6-17	20th			5-6-17	301d 25-6-17
24-9-17		Trans to	C.B.C.	24-9-17	
24-11-17		Sick to Hosp.		18-11-17	
2-12-17	1 C. Gen	Det. post R. sent from to Hosp.		2-12-17	B9946
4-12-17	do	Inv (Sick) & posted to 1st Centl Ont Regl Depot, Sho ncliffe per AT Prin Eliz		4-12-17	W3083 - 4517. Pt 2 90d/14-12-17.

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

Whogau Major for Lt. Col. A. A. G. Canadian Section, C. N. U. 3rd Echelon C. E. F.

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				
11-12-17	160 RD	Y.O.S. from 20 Bn	Sandring	5-12-17	PT II 277 adid 10 <sup>th</sup> BOARD Pt II 24 d/24-1-18
24-1-16		Admitted to 1st G.O.D. from Spoon D.O. Pt. II. No. 23		18-1-18	Colonel R. Hooper i/c Records 12 <sup>th</sup> Res Bn D.O. No. 83 - D. 76. 7. 18 Adjutant Canadian Command Depot
26-3-18	12th. Bn.	T.O.S. 12th. Res. Bn.	Witley.	26-3-18	Part II 74. <i>E. S. Hoag</i>
16-4-18	do.	S.O.S. to 20th. Bn.	do.	15-4-18	Part II 91. <i>E. S. Hoag</i> Lieut. i/c Records, 12th. Res. Bn.
17 AVR 18	2 G.I.E.D.	Arrived & T.O.S. 20th Bn.		17 AVR 18	NR. Part II Ord. 35. d
19 AVR 18	2 G.I.E.D.	Left for C.C. Rel. C.		19 AVR 18	"
20 AVR 18	C.C. Rel. C.	Arrived.		20 AVR 18	"
11 AOU 18	—	Left for Unit	Field	11 AOU 18	"
17 AOU 18	20th Bn.	Arrived	Field	17 AOU 18	B213.
27.8.18	8 C.F.P.	Y. Lt. R. Hugh Admt. CCA.		26.8.18	B36
—	4 Gen	Adm 4 Gen		27.8.18	14.2.311.
31.8.18	do	So England.		31.8.18	N. 14775.
31-8-18	do	Inv (Wad) & posted to 1st Centl Ont. Regl Depot, Witley per AT Newhaven		31-8-18	W3083 - 5894. Pt 2 No. 82d/11-9-18
			<i>Whogau</i> Major	for Lt.-Col., A.A.G. Canadian Section, G.H.C. 3rd Echelon B.E.F.	

CERTIFIED CORRECT  
 26 APR. 1918  
 CAN. RECORDS, LONDON.

*Sheet no 2*

**Casualty Form—Active Service.**

Regiment or Corps *189 Bn*

Rank *Private* Surname *Austin* Christian Name *Edward Walter*

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

Enlisted (a) *30/1/15* Terms of Service (a) *10 yrs* Service reckons from (a) *30/1/15*

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

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

Occupation ..... Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
<i>7-9-18</i>	<i>1st Bn</i>	<i>T.O.S. from 20 Bn</i>	<i>Sto Witley</i>	<i>1-9-18</i>	<i>PL 248 70</i>
					<i>LIEUT:</i>
					<i>FOR LT: COL: I/C RECORDS, C.O.M.F.</i>
<i>6-12-18.</i>	<i>Ceases to be attached on proceeding to Reg Dep Group</i>				<i>D.O. No. 337 D/6-12-18.</i>
					<i>Lt. Keil</i>
					<i>Adjutant,</i>
					<i>Canadian Command Det 61</i>
<i>7-12-18</i>	<i>2nd Bn</i>	<i>Ad to Depot Coy</i>	<i>Witley</i>	<i>6-12-18</i>	<i>D.O. 339</i>
<i>14-12-18</i>	<i>50</i>	<i>"ON COMMAND" 1st G.D.D., BUXTON.</i>	<i>50</i>	<i>13-12-18</i>	<i>D.O. 346</i>
					<i>T.F. Edwards</i>
					<i>Lieut. i/c Records.</i>

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) Signaller, Shoeing-Smith, &c

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A.36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				

14-12-18 Attached C.D.D. Buxton for return to Canada, Part II Order No. 291  
 Ceases to be attached C.D.D. Buxton on embarkation for Canada.

*J.W. Koch*  
 Lt. for Lt. Col.  
 Commanding Canadian Discharge Depot.

24-1-19 Embarked Liverpool R. M. S. *St. Lawrence*  
*W. H. Halliday*  
*Capt. ady*  
 #16295 Staff

T.O.S. Casualty Company No. 3 District Depot,  
 for Disposal, Part Two D.O. #38 Kingston 4-2-19

*J. M. Williams*  
 Capt.

26-2-19 808 Discharged Kingston 26-2-19 #358  
*J. M. Williams*  
 Capt.

A.G.R. Rank Name AUSTIN, Elwood Walter Reg'l No. 726012

Unit 109th Bn. If in perm. Corps, } Married or Single Single.  
 What Unit? }  
 Haliburton, }

Place and Date of Enlistment 30th Novr., 1915. Place of Birth Haliburton, Ont., Canada.

Name and Address, Next-of-Kin Harry Austin, Relationship Father.  
 Haliburton, Ont., Canada.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character *Best as*

N/E. R.B. No 18922  
 File R.L.  
 Category *Canada*

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.				
<i>C</i> Arrived in England per H. M. T. 2810 31-7-16					
5-10-16	109th Bn	S.O.S. to 20th Bn	Bramsholl	5-10-16	Pt II. 150-279 <i>Sw. C.</i>
11-10-16	20th Bn	T.O.S. from 109th Bn	Field	6-10-16	" #55.
31-3-17		adm No. 6. Fld. Amb.		16-3-17	DC L A. 474 <i>I.C.T.L. foot</i>
12-4-17	20th Bn	roy Can Gen Hospital	Etaples.	31-3-17	Ch-a482.
7-5-17	20th Bn	Disch to Base details	no	25-4-17	Ch a 503
21-11-17		23 Cas. Clear Stat.	Field	17-11-17	Ch 669. <i>I.C.T.L. foot</i>
3-12-17	16th Coy	20th Bn Field Amb.		24-11-17	Ch a 79.
7-12-17	"	1st South Sea Hosp	Bham	5-12-17	Ch B 53-1
11-12-17	1st COR.	T.O.S. from 20th Bn.	Pt. W. King	5.12.17	Pt II 0-277 <i>20 Bn Pt 100 904/14 17</i>

A.F.B. 103 CHECKED  
16 OCT 1916

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.				
24-2-17	1607 20 Ban Gen Hoop		N Epsom	20-2-17	G.L. B973 26/1/17
24-1-18	180 RD att to 1660.		Plt Sandring	18-1-18	Plt 24 1-66 DPT-10 23d/24-1-18
27-3-18	12 Plt J.O.S. from 1607		Plt Wittey	26-3-18	Plt 74 (1007 DPT-10) 87d/30-3-18
16-4-18	✓ S.O.S. to 20 Bn ops. Plt		Plt	15-4-18	Plt 91 (20 Bn Plt 10) 35d/20-4-18
3-9-18	20 Bn Wounded		Plt Field	27-8-18	G.L. C309
7-9-18	160 RD J.O.S. from 20 Bn.		Wittey	1-9-18	Plt 248 20 Bn Plt 10 82d/11-9-18
26-10-18	" In command 1660		"	23-10-18	Plt 297
9-12-18	" Ceases on Com. 1 C.C.R.		"	6-12-18	- 341
14-12-18	" on Com. CDD. Buxton		"	13-12-18	- 346
14-2-19	✓ Ceases on Com. CDD + SOS to Canada MD3		-	24-1-19	- 36

F.B. 103 CHECKED  
 APR 1918



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

Sheet No. 2.

L. L. Job 4503.-Req. 6837.

*Mrs Harry Austin* PAYMENTS.

*Austin & W*  
 Pte. *Elwood W. A.*  
 Name of Soldier  
*726012.* *109th Bn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>P 29909</i>	<i>30</i>	
Dec.		<i>N 35550</i>	<i>15</i>	
Jan.	1917	<i>Q 35189</i>	<i>15</i>	
Feb.		<i>Q 41521</i>	<i>15</i>	<i>15</i>
March		<i>P 48970</i>	<i>15</i>	<i>15 L</i>
April		<i>H 375</i>	<i>15</i>	<i>15 E</i>
May		<i>R 6111</i>	<i>15</i>	
June		<i>S 13312</i>	<i>15</i>	<i>15 Cu</i>
July		<i>S 20214</i>	<i>15</i>	<i>B</i>
Aug.		<del><i>T 27207</i></del>	<i>15</i>	<i>2</i>
Sept.		<i>S 34120</i>	<i>15</i>	<i>2 18000</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*\$ 15<sup>00</sup> Oct 1/16*

*(JW)*

*ay*

*✓*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs. Harry Austin*  
 Address *Haliburton*  
*Ont*

By Whom Assigned *Austin & W.*  
~~*Edward W. A.*~~  
 Regtl. No. *726012*  
 Rank *Pte.*  
 Corps *109th Bn.*

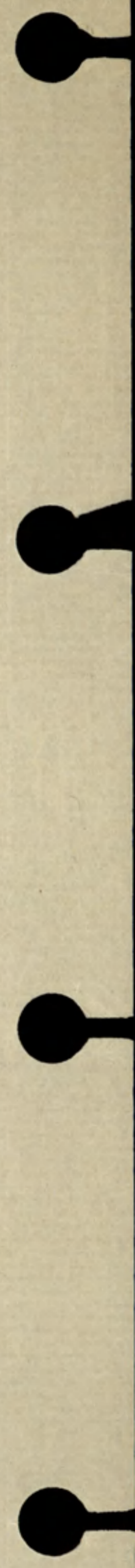
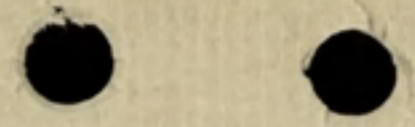
Rate *\$ 15<sup>00</sup> Oct 1/16*

*2 M 10<sup>10</sup>/<sub>16</sub> W B 28<sup>11</sup>/<sub>16</sub>*

**PAYMENTS**

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





127 127  
127 127  
127 127  
127 127

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# A

# 5068

*Oct. 1, 1916.*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15.</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *126012*  
 Rank *Pte.* Promoted Reverted Discharge  
 Soldier's Name *E. W. Austin*  
 Battalion *109 Battn.*  
 Beneficiary  
 Relationship  
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Harry Austin*  
 Address *Haliburton, Ont.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Sept-30-17</i>			<i>180</i>	<i>180</i>
<i>Oct</i>	<i>D51577</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>53363 C</i>		<i>15</i>	<i>15</i>
<i>Dec</i>	<i>59372 B</i>		<i>15</i>	<i>15</i>
<i>1918 Jan 18</i>	<i>60675 F</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>94780 B</i>		<i>15</i>	<i>15</i>
<i>March</i>	<i>91119 A</i>		<i>15</i>	<i>15</i>
<i>April</i>	<i>7859 I</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>9226 C</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>17609 B</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>30624 Y</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>33198 Q</i>		<i>15</i>	<i>15</i>
<i>SEP</i>	<i>40036 Q</i>		<i>15</i>	<i>15</i>
<i>OCT</i>	<i>46662 A</i>		<i>15</i>	<i>15</i>
<i>NOV</i>	<i>54748 A</i>		<i>15</i>	<i>15</i>
<i>Dec</i>	<i>65651 B</i>		<i>15</i>	<i>15</i>
<i>Jan</i>	<i>73852 B</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>80622 A</i>		<i>15</i>	<i>15</i>

0623-E-19 REMARKS

*M.R.O. = 69573 = 5/2/19*

*M.D.#*

M. F. W. 128  
 400M. - 6-17-1772-39-1141  
 L. L. 22220 - M. & D. 7593.

*28/2/19*  
 ..... A/c Closed  
 Ret'd per *Grampian*  
 Date *2/2/19* E. X. *5/2/19*  
 Clerk *J. Brown*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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### PARTICULARS OF SEPARATION ALLOWANCE

### PARTICULARS OF ASSIGNMENT

No.				
Rank	Promoted	Reverted	Discharge	
Soldier's Name				
Battalion				
Beneficiary				
Relationship				
Address				

Name	
Address	
	Change of Address
	1
	2
	3
	4

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

M. F. W. 128  
 400M-6-17-1772-89-1141  
 L. L. 23320-M. & D. 7583.

AUSTIN, E.W.

Pte.

726012

D.D.3.

20th Bn.

Add. on discharge- Haliburton Ont,

T.O.S.

24-1-19. Posted to Cas. Co. 4-2-19. Leave to 18-2-19.

37a.

26-2-19 DISCHARGED M.U. R.O.1420b.

58a.





Surname *Austin* Christian Name or Names *E. W.* Reg. No. *726012*  
 Rank *Pte* Unit *20th Batt.* Co. *1 Co.* Troop Batty  
 Hospital Date of Admission

Transferred *6 Can. Fld. Amb.* Hosp. *16-3-17*  
*W 4 Can Gen Hosp Etaples* Hosp. *31-3-19*  
*23. Cas. Cbg. Str.* Hosp. *17-11-17.*  
*1 Can Gen Etaples* Hosp. *24-11-17.*  
 Diagnosis *G.C.I. L. Foot & Thigh*  
 (1) *G.C.I. R. Foot & Thigh*  
 Later Diagnosis (if changed) *G.S.W. R. Thigh*  
 (2)  
 (3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*A 474*  
*C.L. 31-3-17*  
*Ch. 12-4-19 @ 482*  
*- 7-5-17 @ 503*  
*" 22-11-17 a. 69 (4)*  
*4-12-17 A 79-(2)*  
*8-12-17 B 83-1*  
*27-12-17 B 97-3*  
*24. 1. 18 B 121 (3)*  
*3-9-18 a 309 (3)*  
*4. 9. 18 B 310*  
*13. 10. 18 B 348-3.*  
*30. 10. 18 B 358-5.*

*Dis to Base Details 25.4.17*

REMARKS

*hisc 18.1.18.*  
*" 23.10.18*

**A.M.D. 2 DEF.**  
**Sch. of D.G.M.S. O.M.F.C. LONDON**

*P. J. O*

*Rw*

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm
1.	1. S. Gen Hosp Dud. B'ham	5-12-17
2.	Mil. Conv. Epsom	20-12-17
	4 G. H. Camiers	27-8-18
3.	3. W. G. Cardiff	31-8-18
4.	6. G. Epsom	15-10-18
5.	also	
6.		
7.		

✓  
Number 726012.

Rank

✓ Pte  
✓

Surname AUSTIN ✓

Christian Name Edward Walter ✓

Units 20 Bn Infantry ✓ Theatre of War France ✓

Date of Service 6-10-16 ✓

Remarks

Latest Address Haliburton B.P. ✓  
Aust ✓

Roll No. B. Page 209/2

10m.-8-21.

DESP

MAR 3 1923

REGN

NC GA 1220

SURNAME. *Austin*

*3* CARD NO. ✓

CHRISTIAN NAMES *Elwood, Walter*

*SOS DRS M. U. 26-2-19*  
FOLL.  
*No 58. 27-2-19-3*

REGL. No. *726012* RANK *Pte.*

UNIT *109<sup>th</sup>* Batt.

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Austin, Harry*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Haliburton, Ont.*

COUNTRY OF BIRTH *Canada, Haliburton, Ont.* DATE *Dec 11<sup>th</sup> 1896.*

PLACE OF ATTESTATION *Haliburton, Ont.* DATE *Dec. 7<sup>th</sup> 1915.*

*Sailed from Halifax 23/7/16 per S.S. "Olympic"*

**MARRIED**

**SINGLE**

Yes

**WIDOWER**

**TRADE OR CALLING**

Clerk.

**RELIGION**

Methodist

**DESCRIPTION.**

**APPARENT AGE**

19 YEARS

MONTHS

**HEIGHT**

5 FEET

8  $\frac{3}{4}$  INCHES

**CHEST MEASUREMENT**

35  $\frac{1}{2}$  INCHES

**EXPANSION**

3  $\frac{1}{2}$  INCHES

**COMPLEXION**

Dark

**EYES**

Blue

**HAIR**

Black

**DISTINGUISHING MARKS**

Small scar on forehead.

**MEDICAL EXAMINATION.**

**PLACE**

Lindsay, Ont.

**DATE**

Dec. 7<sup>th</sup> 1915.

NAME

Austin

REGT'L NO

726012

RANK AND CORPS

Pte.

Edwood Walter

H. Q. FILE NO. 649-

FOLLOWS

No.

Bn

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

N.K. Harry Austin (father) Haliburton Ont.

Q 500: 18-7  
49-18

Adm. 4 Gen. H. Camiers

Aug 27<sup>th</sup> / 18. Gsw. R. High

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS (1st Gen Out Reg)
A 474	No. 6 C. I. A.	16-3-17	I.C.I. d Foot.
A 482.	to # 7 Can Gen. Etaples	31-3-17	" " " " "
A 503.	Nis. to Base Details	25-4-17	" " " " "
A 694	No 23 Gas Bldg Sta.	17-11-17	" " " " "
A 79 <sup>a</sup>	No 1 Canachon Gen Etaples	24-11-17	" " " R. Foot.
B 83'	1st Southern Gen Dudley Ad. Birmingham.	5-12-17	I.C.I. R. Foot & Thigh
B 97	Milbon. Epsom	20-12-17	I.C.I. R. Foot & Thigh
B 120.	" " " Nis.	18-1-18.	" " " " " " "
A 309.	4 Gen: Camiers	27-8-18.	Gsw. Rt. Thigh
B 310.	3rd West Gen, Cardiff	31-8-18	" " " " "
B 348.	Mil Coy. West Epsom	15-10-18	" " " " "
B 358(5)	Discharged	23 <sup>10</sup> / <sub>18</sub>	Gsw. Rt. Thigh



*Elwood*

*Walter*

*14*

Name *Austin*

Rank

*Pte*

Reg. No. *726012*

Unit

*20th BN*

Next of Kin

*Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>						
<i>17-11</i>	<i>No 23 C.C. Str</i>	<i>ICT R Foot</i>		<i>A69</i>		<i>8326</i>
<i>24-11</i>	<i>No 1 Can G.H. Staffs</i>		<i>do</i>	<i>A110</i>		<i>16712</i>
<i>5-12</i>	<i>4th S. G. H. Dudley &amp; B'ham</i>		<i>do &amp; Thigh</i>	<i>B185</i>		<i>7652</i>
<i>20-12</i>	<i>Full Contro</i>		<i>do</i>	<i>B27</i>		<i>1800</i>
<i>18-1/18</i>	<i>Discharged</i>		<i>do</i>	<i>B130</i>		<i>2658</i>
<i>27-8</i>	<i>4 G.H. Camers</i>	<i>GSWR Thigh</i>		<i>A2079</i>	<i>500</i>	<i>3432/4</i>
<i>31-8</i>	<i>3rd G.H. Cardiff</i>		<i>do</i>	<i>B310</i>		<i>25471</i>
<i>15-10</i>	<i>Full Contro</i>		<i>do</i>	<i>B348</i>		<i>29113</i>
<i>23-10</i>	<i>Discharged</i>		<i>do</i>	<i>B333</i>		<i>7980</i>
	<i>4/11</i>	<i>W.C.S. Mill</i>				<i>1114</i>







No. 726012 RANK Pfc

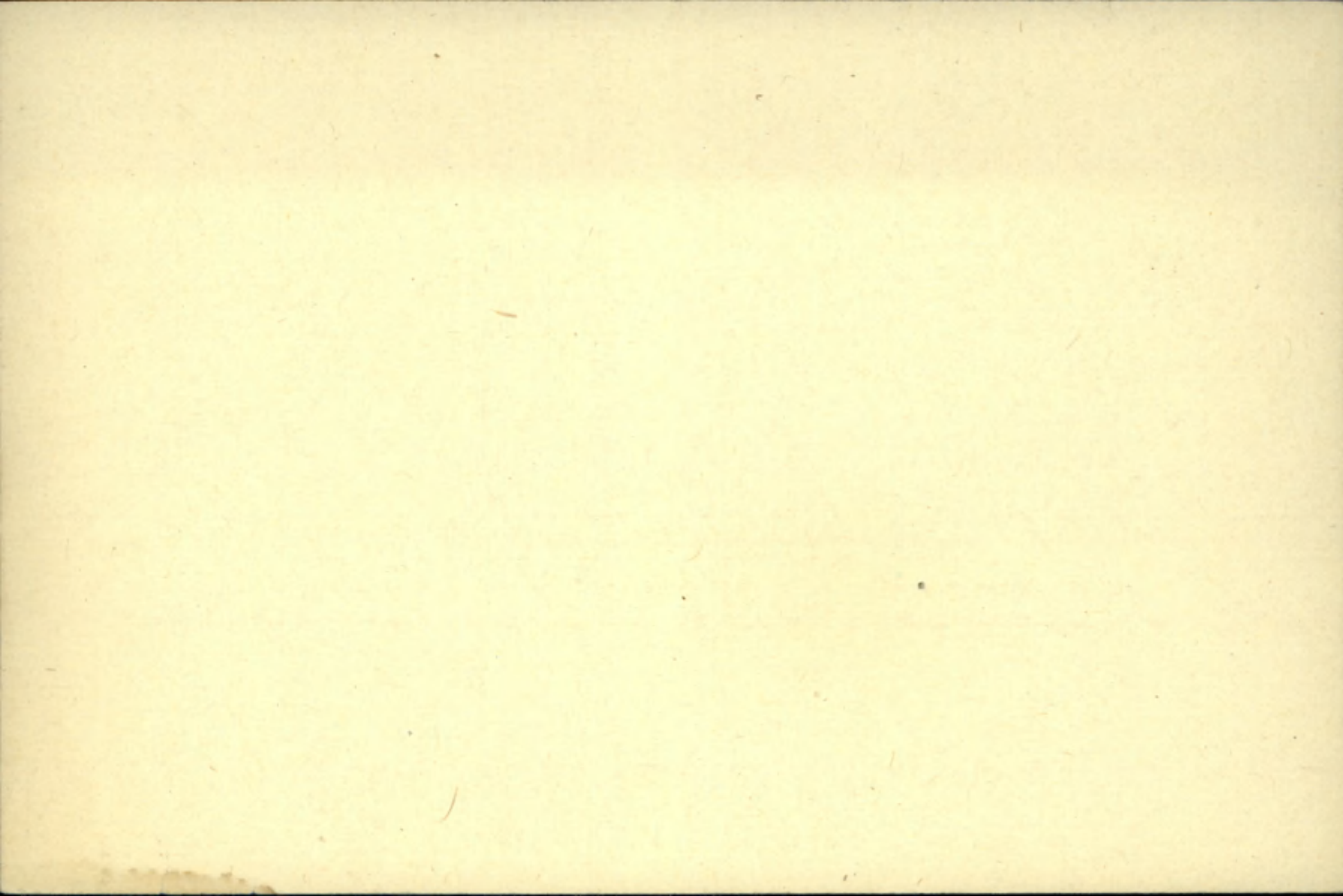
NAME Austin Clewood W.

T. O. S. 30-11-15. UNIT 109th. Battalion.  
A. O. 16. 8-12-15.

M. D. 3.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 30	1915. Dec. 31	✓		
1916 Jan.	1916	✓		
	Feb.	✓		
	Mar.			
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED  
JUL 23 1916



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.)

War Service Badge  
 class A 90332  
 class B 55120  
 issued

1. No.	726012	<b>M</b>
2. Rank.	Pte	
3. Name.	Austin Elwood Walter	
4. Unit.	No 3 District Depot	
5. Date of Discharge	26-2-19	Place Kingston Ont
6. Reason for Discharge	Med unfit R.O. 1420	
7. Authority.	3DD-3-A-238 D/ 24-2-19	
8. Proposed Residence after Discharge	Haliburton Ont	
9.	<p style="text-align: center;">CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W.? 39</p> <p style="text-align: right;"><i>A. W. Walter</i> Signature of Soldier.</p>	
10.	<p style="text-align: center;">CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place Kingston Ont</p> <p>Date 26-2-19</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p style="text-align: center;">Medical Documents Forwarded to S.C.R. or B.P.C. on Date MAR 11 1919</p> </div> <p style="text-align: right;">Signature <i>P. P. Ross</i> Lieut. (O. C. Discharging Unit.) No. 3 District Depot</p>	

55  
 20/2/19  
 23/3

OPINION OF THE MEDICAL BOARD

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

Yes.

19. Is the invalid fit for

- (a) General service, (Category A)  Yes or No.)
- (b) Service abroad, not general service, ( " B)  Yes or No.)
- (c) Home service (Canada only), ( " C)  Yes or  No. Cl.
- (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

~~Does not 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.)

Some disability due to service

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 Barriefield. (SGD) E.S. Bissell. Capt. AMC President.  
 (SGD) B.H. Thompson. Capt. AMC. Members  
 DATE 22-2-19.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President.

PLACE..... Members

APPROVED BY (SGD) E.M. McCoy. Lieut. APPROVED BY M.H.#3.  
 for. Assistant Director of Medical Services. Director-General of Medical Services.

DATE 22-2-19.

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 initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Barriefield. DATE 19-2-19.

1. 1 (a) Unit #3 C.C.D.D. (b) Regimental No. 726012. (c) Rank Pte.  
 (d) Surname Austin. (e) Christian name Edward Walter.  
 (f) Home address Haliburton, Ont.  
 (g) Next of Kin A. Austin. (h) Relationship Mother.  
 (i) Address of Next of Kin Haliburton.  
 2. Age last birthday 23. Date of birth 11-12-1894.  
 3. Enlistment, or Appointment (if an Officer) (a) Place Haliburton. (b) Date 29-11-15  
 4. Personal description:  
 (a) Height 5' 11". (b) Weight 145. (c) Complexion Dark.  
 (d) Colour of hair Dark. (e) Colour of eyes Blue. (f) Identification marks, Scars, etc. G.S.W.  
right thigh.  
Salesman.

5. Former trade or occupation.....

	PERIODS	
	From	To
Canada	29-11-15.	20-7-16.
England	20-7-16.	7-10-16.
France or other theatres of War	7-10-16.	30-8-18.
	Eng. 30-8-18.	24-1-19.
	Can. 2-2-19.	Date.

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). 3 years. 3 mon.

7. Original disease, or injury.....  
G.S.W. right thigh.

(a) Date of origin 26-8-18. (b) Place of origin France.  
 (c) Cause Shrapnel.



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

Sequelae G.S.W. right thigh.

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.)

Small depressed scar about the size of a shilling in the middle third of the right thigh, and in the medial third of the anterior surface. Scar is well healed leaving practically no disability. Shrapnel was removed at about junction of upper and middle thirds of thigh in the medial third posteriorly. There is good flexion abduction and adduction of thigh and movements are normal. Subjective - Man says if he walks a few miles this leg becomes painful, and tires out easily. Says after taking a walk that the pain in this leg keeps him awake at nights.

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

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

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

Was wounded by shrapnel 26-8-18 France. Shrapnel was removed as stated 9 (a) above on 31-8-18 at Fourth Gen. Hosp. France.

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).)

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

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.)

N/A.

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 months.

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

Surgical treatment for removal of Foreign body Physical Training at Command Depots.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

No.

16. Can the former trade or occupation be resumed? (If not, briefly state why) Man says because of walking he cannot at present.

17. Recommendations

For Medical Board, Cl.

(SGD). W.S. Lloyd. 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..... 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.....

(SGD). F.W. Austin. Rank. Signature of invalid examined.

**Statement of the Soldier**

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

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

.....  
Signature of Soldier examined.

**Instructions to Medical Officers**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**ENTRIES OF RECATEGORY**

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

Reserved for M.H.C.

Regt. No. 726012 Rank PTE Surname AUSTIN Christian Name ELWOOD, W  
 Unit or Corps—(a) Overseas from United Kingdom 20th BATT (b) in United Kingdom PCOR.D  
 Born at—Town HALBURTON County or Province ONT Country CANADA  
 Date of Birth—Day 11th Month DEC Year 1894 Age 23 yrs. 11 months.  
 Joined at HALBURTON ONT Date 30th NOV 1915  
 Former trade or occupation CLERK  
 Permanent Marks or any peculiarity that will serve for future identification:—

Height—feet 5 inches 8 3/4 Colour of eyes BLUE  
 Signature of Soldier (for identification purposes) E. W. Austin

**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)	<u>PAINFUL SCAR THIGH R.</u>
	Disabilities Group (b)	_____
	Disabilities Group (c)	_____

**2. CAUSE OF DISABILITY**

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>G. S. W. THIGH R.</u>	<u>France.</u>	<u>Aug. 18</u>
(ii.) As to Group (b) above.	_____	_____	_____
(iii.) As to Group (c) above.	_____	_____	_____

**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? u.a.
- (ii.) As to Group (b) above? u.a. If yes, has Active Service aggravated it? u.a.
- (iii.) As to Group (c) above? u.a. If yes, has Active Service aggravated it? u.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? u.a.
- (iii.) As to Group (c) above? u.a.

5. MEDICAL HISTORY.

~~Examination~~ No Casualty form available.

M. H. S. shows. enlisted 30/11/15.  
3rd Western Gen Hosp. Cardiff 31/8/18 - 14/10/18.  
S. A. W. Hosp. M. C. H. Epsom 14/10/18 - 23/10/18. Wounds  
healed. no apparent disability.

Man states that original wound was in front of  
thigh, and shrapnel was taken out of back of thigh  
at M. C. Gen Hosp. Camiers. That wound healed fairly  
rapidly. was in bed for five weeks.

6. PRESENT CONDITION.

Complains of pain in knees on walking  
& stiffness in right thigh, difficulty in flexion.

Examination shows: round depressed scars adherent  
through fascia to muscles, one on inner surface  
of thigh R. middle third and the other back of thigh  
at a slightly higher level: the shrapnel having passed  
deeply through adductor muscles. Some tenderness in  
scars. difficulty in flexing thigh beyond a right angle  
& pain on knee flexion. Cardiovascular system: some  
tachy cardiac pulse 90 after heat periods. no cardiac murmurs or enlargement  
of the heart.

7. OPERATION. (i.) Was one performed? Yes. (ii.) If so, state what. Shrapnel removed.  
(iii.) Was one advised and declined? No (man's statement).

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

8. (i.) Is there loss or decay of teeth attributable to Active Service? No  
(ii.) If so, describe. n.a.

9. DO YOU RECOMMEND:—

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

(b) Invalid to Canada? No

(c) Discharge from the Service as permanently unfit? No.

Date of Report Nov 28 1918

Station Witley Surrey

Signed [Signature] Officer in medical charge of case.

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

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

Dated at [Signature] Station, on Nov 28 1918

\*Delete if inapplicable.

Not in Hospital

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? Aggravated? }

No

(b) Misconduct of the Soldier { Caused? Aggravated? }

n/a

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.)

Five %

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.)

All

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)?

12 Mos.

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

n/a

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS:—

Auth 49083 11-11-18

19. RECOMMENDATION:—

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

(b) Invalid to Canada? No

(c) Discharge from Service as permanently unfit? n/a

Date of Board 28-11-18

Station Witley Camp Surrey

Approved [Signature]

Dated at [Signature]

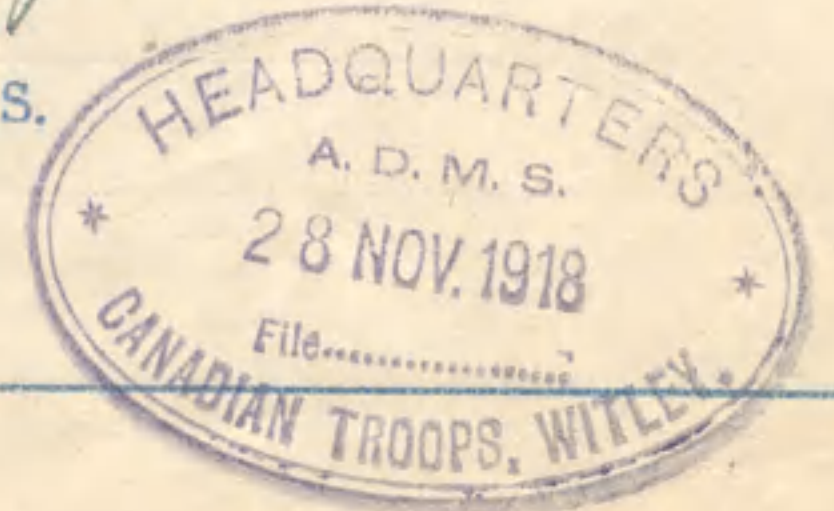
Signatures of the Board

[Signature] President.

[Signature] A.D.M.S.

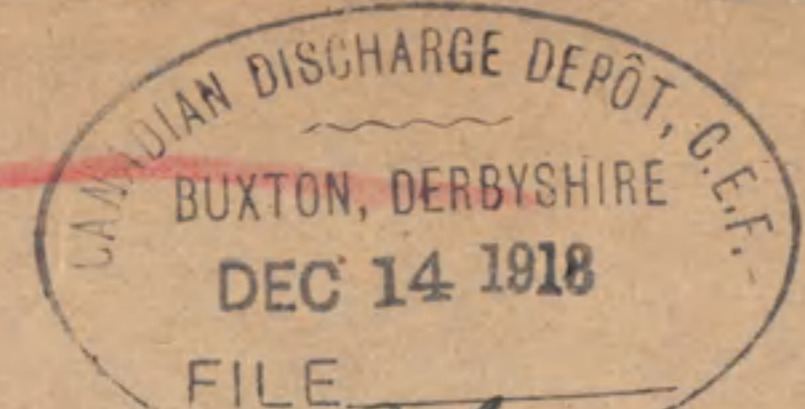
A.D.M.S.

Station



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



Regtl. No. 126012 Rank Plt Military District 23

Name Austin Elwin W  
(Christian Names in full) (Surname)

Unit G.D. Regt. 20 or th Corps B.M.

Category ..... Next of Kin Wife

Reason For Return

Returned to Canada in accordance with instructions under Paras. 7 & 9 of A.G.5-1-22 of April 5th, 1918.

Category MT

Intended place of Residence Lindsay Ont

Trade Farmer Occupational Group 1

**COVER**  
**FOR**  
**DISCHARGE DOCUMENTS.**

Campaigns Medals and Decorations 24 Mrs Freno

Sailed Liverpool 24-1-19  
Disembarked St John N.S. 2 FEB 1919

AUDITOR *J.M.* PAYMASTER *J.P.*

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

M. OR S.

REGT. No. *726012* RANK *Pte* NAME (IN FULL) *Austin E.W.*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					<i>20 Rein</i>		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE		<i>1 1/100</i>		PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP	<i>Pte. Austin, Elwood, W, Haliburton, Ont.</i>			DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY, \$	DATE EFFECTIVE	
					<i>15-</i>	<i>1-3-19</i>	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Mr. Harry Austin</i>		
					ADDRESS		
					<i>Haliburton Ont.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
					<i>Kingslon 20-2-19</i>		

*A-138*

MONTH	NO. OF DAYS	PAY AND F. A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
		AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
		\$ C.	\$ C.			NO. DATE	NO. DATE	NO. DATE	\$ C.	\$ C.	\$ C.				\$ C.	\$ C.	\$ C.	\$ C.	
					<i>123 68</i>													<i>123 68</i>	
<i>Dec</i>									<i>29 20</i>	<i>19 46</i>	<i>50 2</i>				<i>128 58</i>	<i>14 85</i>			<i>Austin Do Post-Office, 10/27</i>
<i>Jan/19</i>	<i>31</i>	<i>1 1/100</i>	<i>34 10</i>	<i>11 20</i>	<i>45 20</i>													<i>30 45</i>	<i>Do 27 Subs 10/27</i>
<i>Feb</i>	<i>26</i>	<i>1 1/100</i>	<i>28 60</i>	<i>35</i>	<i>63 60</i>				<i>94 07</i>						<i>94 07</i>	<i>02</i>			<i>Disch'd 10/27 10/27</i>
					<i>02</i>										<i>232 60</i>				
					<i>2 32 60</i>													<i>02 Dn</i>	
<i>War Service Gratuity.</i>																			
				<i>W.S.G.S.a.</i>															<i>YMFW. 2595 Rec'd</i>
				<i>183 days @ minimum 420 00 - - 420 00.</i>															<i>267171 Feb. 26/19.</i>
																			<i># 315357 Mar 27/19</i>
																			<i>all 7/19 # 320746</i>
																			<i>27/5/17 # 333939</i>
																			<i>24/6/19 # 935455</i>
																			<i>23/7/19 # 949406</i>

*2 cents overpaid on above*

W.S.G.S.a.		W.S.G.S.a.	
<i>70 00</i>	<i>70 00</i>	<i>350 00</i>	
<i>70</i>	<i>140</i>	<i>280</i>	
<i>70</i>	<i>210</i>	<i>210</i>	
<i>70</i>	<i>280</i>	<i>140</i>	
<i>70</i>	<i>350</i>	<i>70</i>	
<i>70</i>	<i>420</i>		



\* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE: <u>1/16</u>		EFFECTIVE DATE: -	
AMOUNT: <u>1500</u>		AMOUNT: -	

NAME: AUSTIN Elwood Walter

NUMBER: 726012

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.

M<sup>r</sup> Harry Austin  
Halsburton Ontario  
Mother

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<u>Pl<sup>2</sup></u>

UNIT AND TRANSFERS

ORIGINAL UNIT: 109 BN

DATE ACCOUNT FIRST OPENED: 1<sup>st</sup> Aug 1916

AUTHORITY	DATE EFFECTIVE	DATE LOGGER SHEET T S F D	UNIT TRANSFERRED TO
<u>10024</u>	<u>24/1/18</u>	<u>1 2.18</u>	<u>1 COALW</u>
<u>BU 35</u>	<u>1.5.18</u>		<u>20 BN A</u>

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<u>29/11</u>	<u>6517</u>	<u>1<sup>st</sup> C.C.P.</u>	<u>4867</u>	<u>1.1.19</u>	<u>678</u>	<u>L.F.C. 678</u>	<u>12368</u>
						<u>Hedger &amp; R.C. Bal. a. 75<sup>02</sup>/<sub>100</sub></u>	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<u>100</u>	<u>10</u>		

PARTICULARS OF RENDERING NON-EFFECTIVE: Such to Jan. 31/12/18. n/r. 34 6/12/18 Disposal

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<u>March</u>	<u>Balance forward</u>								<u>15907</u>		
<u>April</u>	<u>PP</u>	<u>33</u>		<u>CA PAR 26 5/4/18 12 P/A</u>	<u>3407</u>			<u>15</u>			
				<u>Quos 70197 1 CCR 21/3/18</u>	<u>36</u>						
				<u>AR 96 15.4.18 10 Res</u>	<u>24 33</u>				<u>118 31</u>		
				<u>can a pay</u>	<u>58 76</u>			<u>15</u>			
<u>May</u>	<u>do</u>	<u>33</u>	<u>3410</u>	<u>AR 344. 9/5. 2 CCR C.</u>	<u>446</u>			<u>15</u>	<u>13295</u>		
<u>June</u>	<u>do</u>	<u>33</u>	<u>3410</u>	<u>bal</u>	<u>426</u>			<u>15</u>			
				<u>AR 6819. 22/5. 10 A. M. C.</u>	<u>357</u>						
				<u>615. 6/6. 2 CCR C.</u>	<u>357</u>						
				<u>841. 19/6. do.</u>	<u>446</u>			<u>15</u>	<u>13935</u>		
<u>July</u>	<u>do.</u>	<u>33</u>	<u>3410</u>	<u>bal</u>	<u>1160</u>			<u>15</u>	<u>15845</u>		
				<u>AR 1309. 16/7. 2 CCR C.</u>	<u>357</u>						
				<u>1069. 4/7. do</u>	<u>446</u>			<u>15</u>	<u>15042</u>		
<u>Aug</u>	<u>do</u>	<u>33</u>	<u>3410</u>	<u>bal</u>	<u>803</u>			<u>15</u>	<u>16952</u>		
				<u>AR 1557. 3/8. 2 CCR C.</u>	<u>357</u>				<u>16595</u>		
				<u>705. 20/8. 4 B.D.B.</u>	<u>357</u>			<u>15</u>	<u>16238</u>		
<u>Sept.</u>	<u>do.</u>	<u>33</u>	<u>3410</u>	<u>bal</u>	<u>714</u>			<u>15</u>	<u>18038</u>		
				<u>AR 36205. 23/9.</u>	<u>973</u>			<u>15</u>	<u>17065</u>		
<u>Oct</u>	<u>Pay.</u>	<u>33</u>	<u>3410</u>	<u>bal.</u>	<u>973</u>			<u>15</u>			
				<u>AR 2807. 15/10/18. Woodcock Pk.</u>	<u>487</u>						
				<u>AR 6708. 23/10/18. do.</u>	<u>24 33</u>						
				<u>AR 5767. 23/10/18. London</u>	<u>24 33</u>						
					<u>53 53</u>			<u>15</u>	<u>13622</u>		
<u>Nov</u>	<u>S.F. 23/10/18 - 4/11/18. 12 days (Epo. Ann. 2034 3/18)</u>	<u>33</u>	<u>876</u>	<u>AR 5505 15/11/18. 1<sup>st</sup> C.C.P.</u>	<u>973</u>						
<u>Dec</u>	<u>000</u>	<u>33</u>	<u>3410</u>	<u>AR for Nov &amp; Dec</u>				<u>30</u>			
				<u>AR 6517. 27/11/18. 1<sup>st</sup> C.C.P.</u>	<u>4867</u>						
				<u>AR 5280. 17/12/18. B.D.P. Punter.</u>	<u>973</u>				<u>11395</u>		
					<u>6813</u>			<u>30</u>			

NUMBER 426012

RANK

*Ate*

NAME

AUSTIN.

E. T.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									113 95		
				CR 9549 14/1/19 C.D. Fund 29 20							
				- 7189 31/1/17 L.P. C. Ind. 9 73							
				38.45 L.P. C. Ind. 38 93					75 02		



MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Haliburton Ont*

NAME AND ADDRESS OF NEXT OF KIN *Harry Austin  
Haliburton Ont.*

RELATIONSHIP OF NEXT OF KIN *Father*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L. No. *726012* RANK *Private* NAME *Austin Edward Walter*

IF IN PERM. CORPS WHAT UNIT UNIT *109<sup>th</sup> Bn* TRANSFERRED TO *20<sup>th</sup> Bn* DATE *7/10/16* AUTHORITY *80279*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *16000* DATE *1.2.18* AUTHORITY *P.O. 24-24/18*

PLACE OF ATTESTATION *Haliburton Ont* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Nov 30<sup>th</sup> 1916* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *15<sup>00</sup> 71<sup>10</sup>* DATE EFFECTIVE *Oct. 1<sup>st</sup> 1916*

PAYABLE TO *Mr Harry Austin* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *Haliburton Ont.*

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ADMISSIONS TO HOSPITAL, &c.

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

Checked *W.P. Hill*

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT											
			\$	c.			\$	c.			\$	c.																											
<i>July 31</i>																																							
<i>Aug 31</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>310</i>				<i>3</i>				<i>33</i>	<i>58</i>											<i>974</i>	<i>43</i>			<i>1870</i>	<i>1870</i>							
<i>Sep 30</i>	<i>30</i>	<i>30</i>					<i>3</i>								<i>33</i>	<i>58</i>											<i>730</i>	<i>730</i>											
<i>Oct 1-5</i>	<i>5</i>						<i>50</i>								<i>550</i>																								
<i>Oct 6-31</i>	<i>26</i>	<i>10</i>	<i>26</i>	<i>10</i>	<i>26</i>	<i>10</i>	<i>260</i>								<i>2860</i>																								
<i>Nov 30</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>10</i>	<i>300</i>								<i>33</i>	<i>1334</i>											<i>15</i>												
<i>Dec 31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>310</i>								<i>34</i>	<i>101387</i>											<i>15</i>												
<i>1917</i>							<i>1530</i>																																
<i>Jan 31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>											<i>34</i>	<i>10</i>											<i>15</i>												
<i>Feb 28</i>	<i>28</i>	<i>10</i>	<i>28</i>	<i>10</i>											<i>30</i>	<i>80</i>											<i>15</i>												
<i>Mar 27</i>	<i>27</i>	<i>10</i>	<i>27</i>	<i>10</i>											<i>24</i>	<i>10</i>											<i>15</i>												
<i>Apr 30</i>	<i>30</i>	<i>10</i>	<i>30</i>	<i>10</i>											<i>33</i>												<i>15</i>												
<i>May 31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>											<i>34</i>	<i>10</i>											<i>15</i>												
							<i>334</i>	<i>40</i>							<i>1870</i>	<i>353</i>											<i>120</i>												

208

