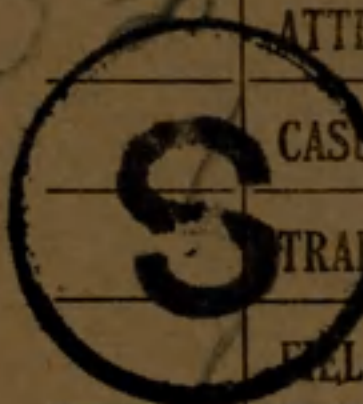
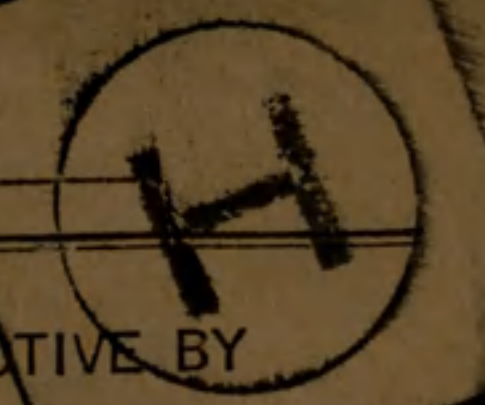


REGIMENTAL DOCUMENTS

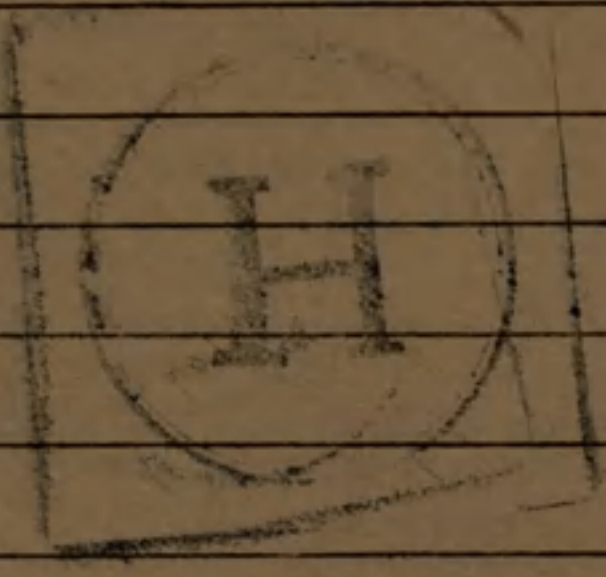
26606

NAME *Bole Clarence Edward* REGT. NO. *30599621* UNIT _____

H. Q. FILE NO. _____



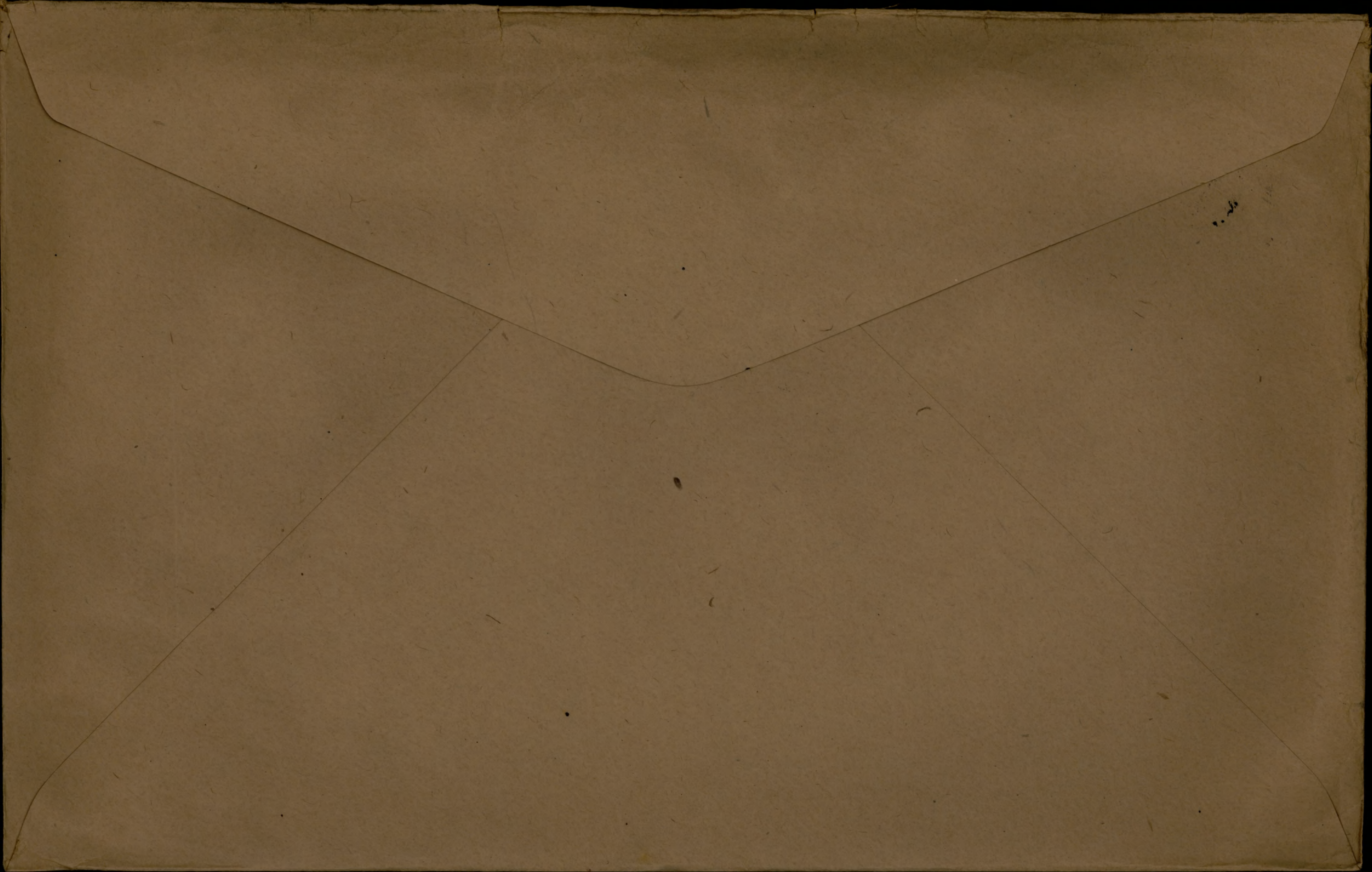
March 8 '50



MIX 8 1/20

*14-29
24-30
30-30*

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>Pass card</i>					
<i>AT 1237</i>					
<i>Original</i>					
<i>R/R 2</i>					
<i>M.O.</i>					



Died, 14-10-18 EOR.

No. 3

ORIGINAL

Depot Battalion 1st Depot Bn., E.O. Regt., C.E.F. Regiment
Regtl. No. 3059962

Mar. 3¹/₄

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class..... 1st.....)

1. Surname..... **Bole**

2. Christian name..... **Clarence Howard**

3. Present address..... **Woodville, Ont. R.R.2**

4. Military Service Act letter and number..... **PC 929427**

5. Date of birth..... **Feb. 11th, 1895.**

6. Place of birth..... **Woodville, Ont.**
(town, township or county and country)

7. Married, widower or single..... **Single**

8. Religion..... **Presbyterian**

9. Trade or calling..... **Farmer**

10. Name of next-of-kin..... **James Bole**

11. Relationship of next-of-kin..... **Father**

12. Address of next-of-kin..... **Woodville, Ont. R.R.2**

13. Whether at present a member of the Active Militia..... **No**

14. Particulars of previous military or naval service, if any..... **None**

15. Medical Examination under Military Service Act:—
(a) Place..... **Lindsay, Ont.** (b) Date..... **Oct. 31st, 1917** (c) Category..... **A2**

DECLARATION OF RECRUIT

I, **Clarence Howard Bole**, do solemnly declare that the above particulars refer to me, and are true.

(Sgd.) **Clarence H. Bole** (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....	23 yrs.....	mths.....	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. None Weight 150 lbs.
Height.....	5 ft.....	10 ins.....	
Chest measurement } fully expanded.....	ins.....		
	range of expansion.....	ins.....	
Complexion.....	Fair		
Eyes.....	Grey		
Hair.....	Light		

⇒ Certified True Copy ⇒

[Signature]
Capt. & Adjt.
1st Depot Bn., E.O. Regt., C.E.F.

(Sgd.) **R.W. SMART** Lt. Col.
O. C. 1st Depot Bn., E.O. Regt., C.E.F.
O. C. Depot Bn. Regt.

Place **Barriefield, Ont.** Date **May 17th, 1918.**

Spec. Form 258
Died 14/10/18

No. 3 M. D. 1st. Depot Battalion E.O. Regime

Regtl. No. 3059962.

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

1. Surname Bole,
2. Christian name Clarence Howard.
3. Present address Woodville, Ont. R. R. No. 2
4. Military Service Act letter and number P. C. 929427
(If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension. or surrender)
5. Date of birth 11-2-95.
6. Place of birth Woodville, Ont.
(town, township or county and country)
7. Married, widower or single Single.
8. Religion Presbyterian.
9. Trade or calling Farmer.
10. Name of next-of-kin James Bole.
11. Relationship of next-of-kin Father.
12. Address of next-of-kin Woodville, Ont. R.R. No. 2
13. Whether at present a member of the Active Militia No.
14. Particulars of previous military or naval service, if any No
15. Medical Examination under Military Service Act :—
(a) Place Lindsay, Ont. (b) Date Oct. 30th, 1917 (c) Category "A2" A

DECLARATION OF RECRUIT

I, Clarence Howard Bole, do solemnly declare that the above particulars refer to me, and are true.

(Sgd.) CLarence H. Bole. (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age	<u>23</u>	yrs.	<u>3</u>	mths.	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height	<u>5</u>	ft.	<u>9$\frac{3}{4}$</u>	ins.	
Chest measurement	} fully expanded		<u>37</u>	ins.	
		range of expansion	<u>4</u>	ins.	
Complexion	<u>Fair</u>				
Eyes	<u>Grey</u>				
Hair	<u>Brown.</u>				

(sgd.) D. Green, Major for Lt. Col.

O. C. 1st. Depot Btin.
E.O. Regt.

Place Barriefield, Ont. Date May 17th, 1918.

M. F. W. 133. Certified true copy; original lost in wreck of "City of Vienna."
500M.—5-18.
1772—39—1158

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

Class _____

1. Surname _____

2. Christian name _____

3. Present address _____

4. Military service (if any) _____

5. State of birth _____

6. Place of birth _____

7. Married, widower or single _____

8. Religion _____

9. Trade, profession, occupation _____

10. Name of employer _____

11. Relationship of next of kin _____

12. Address of next of kin _____

13. Whether subject of the Military Service Act, 1917 _____

14. Particulars of previous military or naval service (if any) _____

15. Medical examination under Military Service Act, 1917 _____

DECLARATION OF RECRUIT

I, the undersigned, do hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Particulars	Remarks
Height	
Weight	
Complexion	
Build	
Age	
Education	
Occupation	
Character	
Health	
Other	

Place _____
Date _____

(Signature of Recruiting Officer)

(Signature of Recruit)

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *1st. E.O.R.*

Regimental No. *305-9962* Rank *Private* Name *Clarence H. Bole*

Enlisted (a) *5/17/18* Terms of Service (a) *C. E. F. Duration of* Service reckons from (a)

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) *Farmer.*

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				
<i>Oct 31-1918</i>		<i>20th Ent Co. Sect. 6th Div Depot.</i>	<i>Halifax N.S. 18-7-18</i>	<i>26-9-18</i>	<i>MAHudson Embarked Quebec Arrived Devonport by 12-10-18 Suntrend</i>
		<i>Died in Military Hospital Devonport. S.O.S. with effect 14-10-18 - Pt. 11. B.O. 258 31-10-18-</i>		<i>Oct 31/18</i>	

Lieut
O. C. Embarkation Casualty Section No. 6 Dis Dpt

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Casualty Form Active Service

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				

INSTRUCTIONS

1. An applicant on the application must be a resident of the State of New York.
2. The first name must be given in full, and the last name in full.
3. Only such entries as are made on the form as will show the following conditions are eligible for admission to the State of New York.
4. Condition of Residence.
5. Condition of Age.
6. Condition of Education.

THE STATE OF NEW YORK
 DEPARTMENT OF EDUCATION
 ALBANY, N. Y.

THE STATE OF NEW YORK
 DEPARTMENT OF EDUCATION
 ALBANY, N. Y.

THE STATE OF NEW YORK
 DEPARTMENT OF EDUCATION
 ALBANY, N. Y.

175
MILITARY SERVICE ACT, 1917.
MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname Bole Christian name Clarence Howard
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
 4. Address (including street and number, if any).....

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 17th day of May 1917, by the undersigned medical board sitting at Barriefield Ont.

5. Age as stated..... Years..... Months.....
 6. Apparent age 23 Years 3 Months
 7. Height 5 Feet 9 3/4 Inches.....
 8. Weight..... Pounds.....

9. Chest measurement { Minimum..... Ins.
 Maximum 37 Ins.
 10. Complexion Fair { Eyes Gray
 Hair Brown

11. Physical development..... { Good
 Fair
 Poor
 12. Smallpox marks.....

13. Number of vaccination marks { Right arm.....
 Left arm.....
 14. When vaccinated last.....

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

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism
 Tuberculosis
 Syphilis
 (Strike out disease admitted or suspected.)
 We find no evidence of past { Rheumatism
 Tuberculosis
 Syphilis

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category av.
 17. (a) Vision R..... L.....
 (b) Hearing. R..... L.....

Signature of Man Clarence H. Bole

R2B2

..... President.
 Member.
 Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 17th day of May 1918 at Barriefield, Ont.

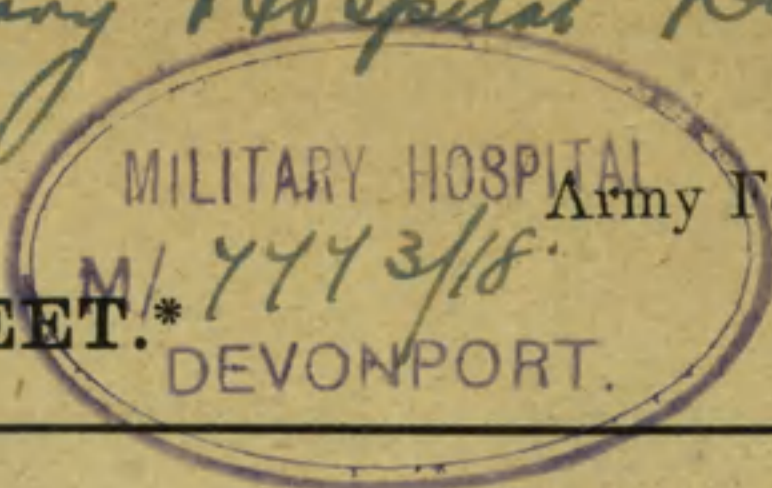
	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st. C.O.R.</u>	<u>3059962.</u>		
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Central Hospital, Military Hospital Devonport.
 Ad. 11.10.18

Forms
 I. 1237
 14



MEDICAL CASE SHEET.

H. K. Dow.

No. in Admission and Discharge Book T. 140- Year 1918	Regimental No.	Rank.	Surname.	Christian Name.
	30599621.	Pte	Bole.	N.
	Unit.	Age.	Service.	
	Canadian. 1 st Depot. G.O. Regt.	23.	4 19.	

Station and Date.
 Devonport
 Oct-11th 1918
 m.c.v. = 0.25 cc.

Disease ① Influenza ② Pneumonia
 very cyanosed on admission; well nourished man - unable to expectorate. Very little relief from oxygen and practically no cardiac response to stimulants.
 gradually became weaker & unconscious.

14.10.18

Died.

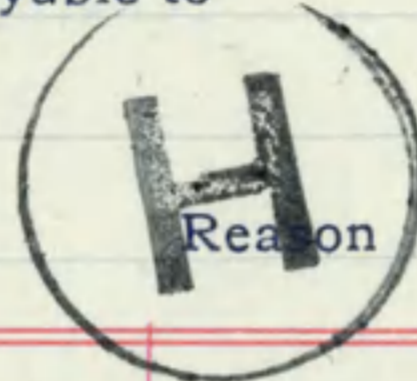
W. H. Gilroy. Capt.
 Ranc.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Rank *Draft Halifax Casualty* Name **BOLE, Clarence Howard** Reg'l No. **3059962**
 Unit *to C.O.R.* If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Barriefield, Ont. May 17/18* Place of Birth *Woodville, Ont.*
 Name and Address, Next-of-Kin *James Bole*
RR #2 Woodville, Ont., Canada Relationship *Father.*

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No *8301*
 File R.L. *25 B6351*
 Category *Dead*



Discharge, Date and Place Reason Character

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>24-10-18</i>	<i>6th Res B</i>	<i>T.O.S. from Canada</i>	<i>12 10 18</i>	<i>S S Huntsend</i>	
<i>28-10-18</i>	<i>C.O.R.</i>	<i>"Died"</i>	<i>Seaforth</i>	<i>14-10-18</i>	<i>Pt. II D/O 252 + 2684/14-18</i>
<i>31-10-18</i>	<i>6th Res</i>	<i>Having Died in Mil. Hosp. Devonport is S.O.S.</i>	<i>Seaforth</i>	<i>14-10-18</i>	<i>Pt. II D/O 258</i>

140

Surname

Christian Name or Names

Reg. No.

Bolt.
Rank

C.P.
Unit

300-9962

pte

E.O.B.R.

Cas. List.

27-10-18 C 346

Devonport Med reports

Died.

24-10-18

Pneumonia

R

A.M.D. 2 DEPT.

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

~~No~~ Number *3059962*

Rank *pt. B*

Surname *BOLE*

Christian Name *Clarence Howard*

Units *C. O. R.* Theatre of War *England*

Date of Service *12-10-18*

Remarks *(M) Mrs. Isabella M. Bole,*

Latest Address *R. R. #2,
Woodville, Ont.*

Roll No. *A Page 4263*

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. NO.

SCHEDULE NO.

LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DESP. MAR 29 1893
REGN. NO. 1503
67.27.5

M

649-B- 29806

W. H. ...

BOLE, Pte.

*Lawrence
Howard*
C. H.

#3059962

to Rec Bn. 14916

not elig. for 14/15 Star.

Med & Dec.

(Mother)

Mrs. Isabella M. Bole,
R. R. No. 2
Woodville, Ont.

P & S

(Father)

Mr. James Bole,
R.R. No. 2
Woodville, Ont.

(Serial no. 760531.)

Mem Cross

(Mother)

See above

not on list.
Resp. JUL 16 1920 (M.) C. 15338.

Scroll Desp. **DEC 13 1920** Reqn. No. 74758

Plaque Desp. **MAY 19 1922** Reqn. No. P88236

483

VI

REGT'L. No. 315-9962
H. Q. FILE No. 649

NAME Bale, Clarence H.

RANK AND CORPS Pte. E. O. R. 11ps.

FOLLOWS
No. _____
FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
<u>n. of K:- Q. 646 10-7.</u>	<u>19-10-18</u>	<u>C. James Bale. (father) R. R. No 2. Woodville, Ont. D. of Pneumonia. Mil. H. Leiponsport, Oct 14th/18.</u>

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

E.O.B.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
339	Mil. Newport. Med.	14-10-18	Pneumonia as per H.L. (2)
346-1	Mil. Newport	14-10-18	Pneumonia

C 343

A.L. 15. B. 6351

Clarence Howard

Name *Bole*

Rank *Pte.*

Reg. No. *3059962*

Unit *1st Dep. Ottawa Regt. C.C.S.*

6th Co Bu

Next of Kin *James Bole. R.R. 102 Woodville. Ont. Can*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918 11-10</i>	<i>mil H. Deserpt rept:</i>					
	<i><u>Died</u></i>	<i>Pneumonia</i>	<i>C 346</i>	<i>P 46</i>	<i>3137.</i>	
					<i>A/Q notified 19-10-18.</i>	

N/E

No. 3059962 RANK

Pte

NAME

Bole C.

26.

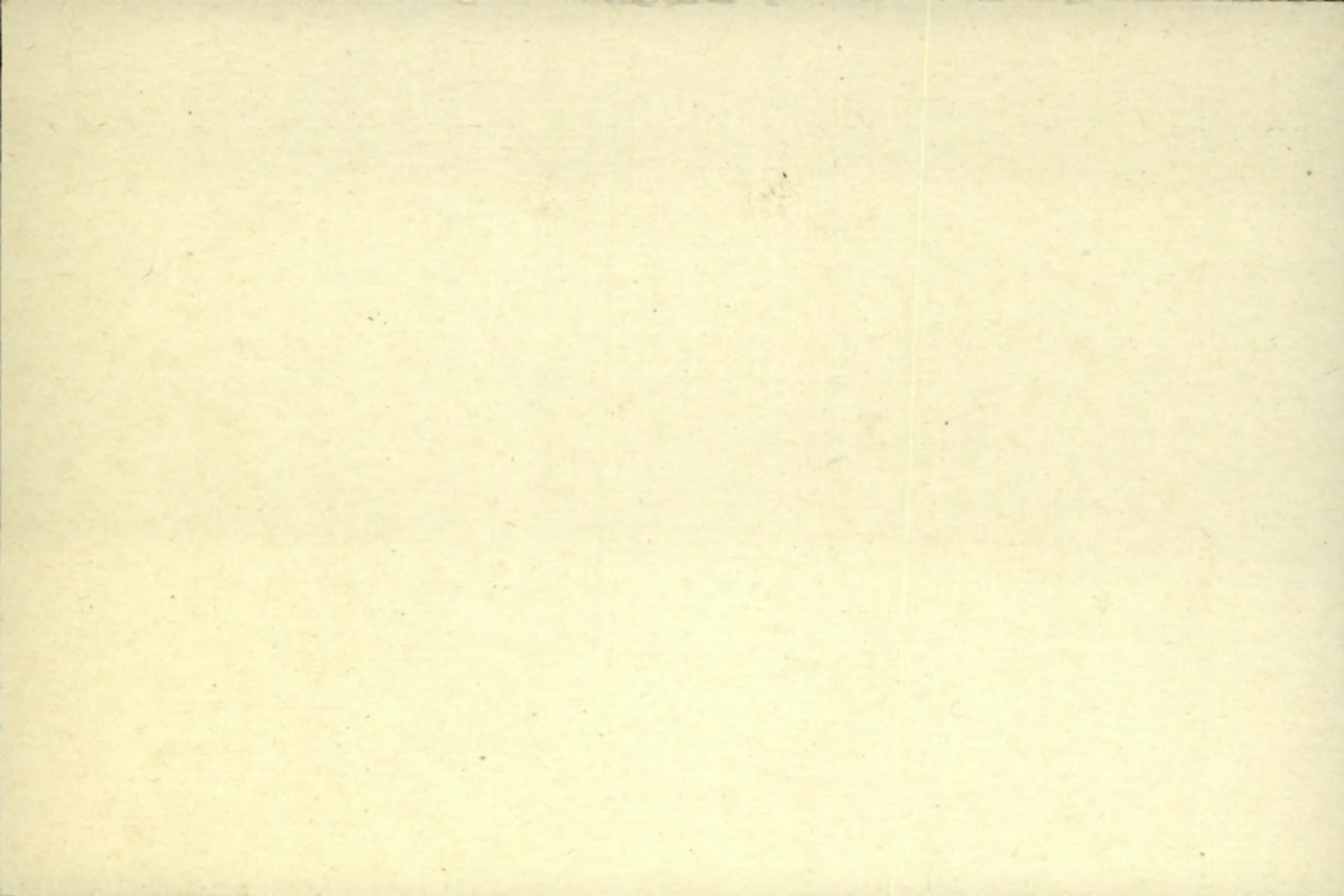
T. O. S. 17-5-18. UNIT

DO. 136. 16.5-18.

1st. Depot. Co. Ed. Regt.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 May 17	1918. May 17.	<i>w</i>	Leave from 18.5-18	DO 138. 18.5-18.
June		<i>w</i>		



Date of Enlistment *17-5-18*

MILITIA AND DEFENCE

B

Date of Assignment

Separation and Assigned Pay Branch

17116

July 1st 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20.00</i>			
--------------	--	--	--

Σ

PARTICULARS OF SEPARATION ALLOWANCE

No. *305962*

Rank *Plt.* Promoted Reverted Discharge

Soldier's Name *Clarence Howard Bole*

Battalion *1st Dep. Br. E.O. Regt. 47 Inf.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name	Address	Change of Address
1	MRS. ISABELLA BOLE R.R.#2	
2	WOODVILLE ONT.	20 20.00
3	% 305962 PTE CLARENCE HOWARD BOLE	
4	TWENTY DOLLARS	

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

<i>July</i>	<i>X 32555</i>	<i>0</i>	<i>20</i>	<i>20</i>
<i>Aug.</i>			<i>20</i>	<i>20</i>

closed

REMARKS

1792-b-8

m.R.O. 1441 issued 29-7-18

Close A.P. retained at Halifax P.M. Letter 18th, file

J.A.R. 1 cad. file 6.42 N.Z. V.S. P. Beaudoin 29 218

Refund Reg. no 1464 to rec. July A.P. 20th issued

Recovered 15th A.P. overpd for July by m.O. 6 auth Letter 26th 18.

Credit slip 1729 issued 4-10-18 for 15th

Final 5th recovered by m.O. 6 auth Letter 8-10-18.

Credit slip 1789 issued 16th 18 for 5th



M. F. W. 128.
4004. 6-7-17-172-30-1141
L. L. 22220-M. & D. 7993.

AUTHORITY *h R Ind 3 B 7*
FOR *M. Gurski*
NEW 1007 *5-7-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 4004. 6-17-1772-39-1141
 L. L. 22330-M. & D. 1993.

Date of Enlistment 17-5-18

MILITIA AND DEFENCE B-20039

Date of Assignment

Separation and Assigned Pay Branch

1st Oct. 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20.00			
-------	--	--	--

1129 B13
WAK

PARTICULARS OF SEPARATION ALLOWANCE

No. 3059962.
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *Clarence Howard Bole*
 Battalion *No. 6. Casualty Unit.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name
 Address
 Change of Address
 1 MRS. ISABELLA BOLE,
 R.R.#2,
 2 WOODVILLE, ONT. 20 20.00
 % 3059962 PTE CLARENCE HOWARD BOLE
 3 TWENTY DOLLARS
 4

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

Oct.	B 47855	0	20	20 £	
------	---------	---	----	------	--

See also ledger sheet in stop ledger.

Clarence

KILLED IN ACTION }
 DIED OF WOUNDS } DATE 14-10-18
pneumonia
 C. L. No. 341 Bole 6 DATE 24-10-18
 M. R. O. 17183 TO DESTROY RENDERED 29-10-18
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
 OCT 29 1918
 CLERK *Bole* DATE OCT 29 1918

M. F. W. 128.
400M. 5-17-1772 30-1141
L. L. 22820-M. & D. 7993.

AUTHORITY FOR NEW ACCT. }
 M. W. 6-B-5
 8/10/18
 E. Wash

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 400M-6-17-1773 89-1141
 L. L. 2320-M. & D. 7993.

KINM PARK

AUTHORITY
A.P. NOM. ROLL

Strike out whichever inapplicable

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/10/18	EFFECTIVE DATE:-	
AMOUNT:-	20 ⁰⁰	AMOUNT:-	

NAME:- *BOLE Clarence Howard*

NUMBER:- *3059967*

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Mrs Isabella Bole (Mother)
R.R. # 2
Woodville
Ont

Stopped Eff. 1-11-18

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>L.P.C. from Canada</i>	<i>1/10/18</i>	<i>Pte</i>

UNIT AND TRANSFERS

ORIGINAL UNIT - *Casualty 6* *1/10/18* *1st EOR.*

DATE ACCOUNT FIRST OPENED:- *1/10/18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P O	UNIT TRANSFERRED TO
			<i>6 Res Bn</i>

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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
<i>L.P.C. from Canada</i>	<i>1-</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE *Aid pneumonia 14-10-18* *626346 28-10-18*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>30/9/18</i>	<i>Bal. from Canada</i>								<i>18 30</i>		
<i>Oct</i>	<i>31 P.P.</i>		<i>34 10</i>	<i>C.A.P.</i>				<i>20</i>	<i>32 40</i>		
			<i>20 10</i>					<i>20</i>			

Completed 11/3/19
626346

NON EFFIC