

725056
I.D. number
No. d'identification

CATLEUGH
Surname
Nom de famille
Décédé - 2-4-50

William James
Given names
Prénoms

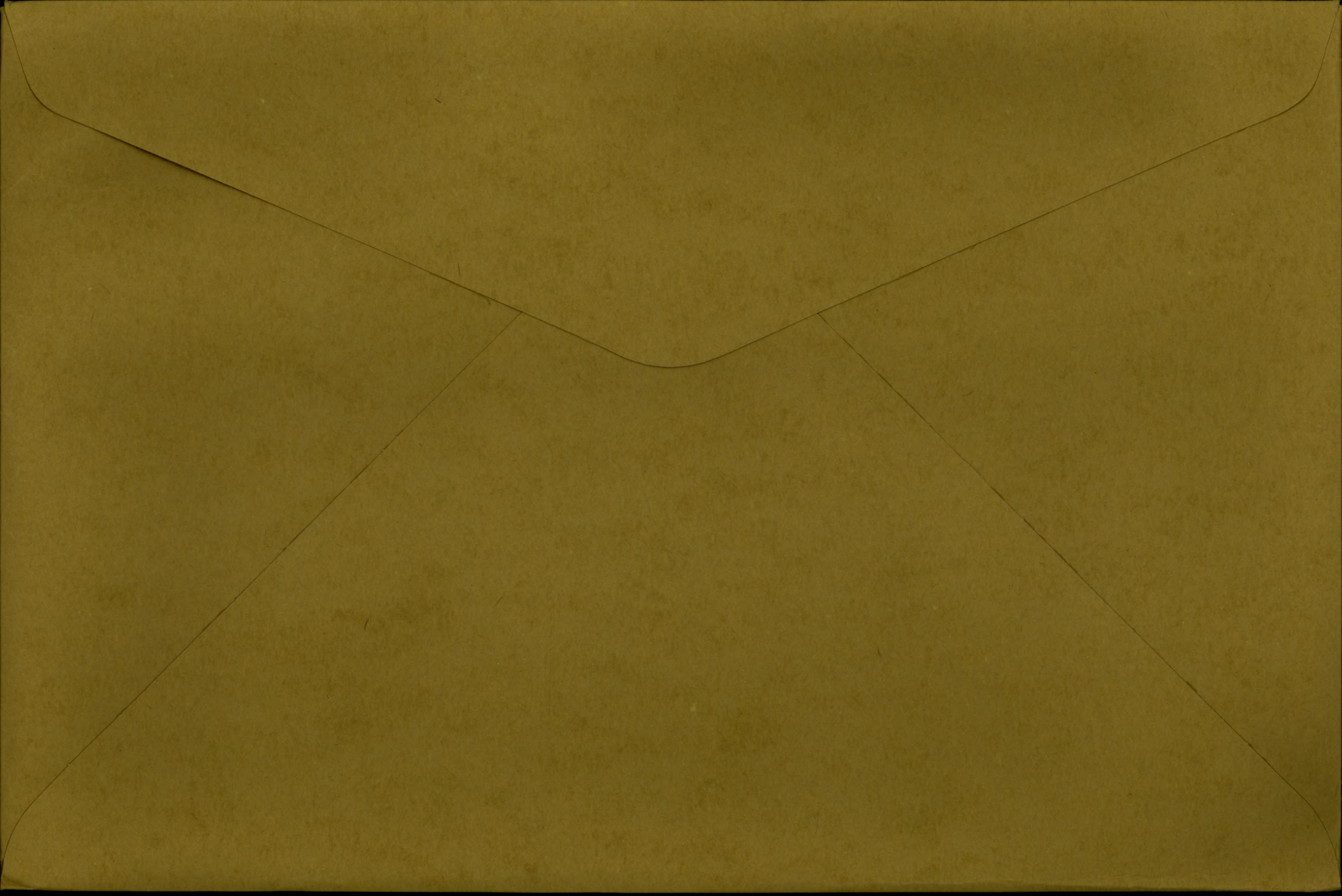
**NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location
Lieu

1578

**« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »**



ATTESTATION PAPER.

No. 725056

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

Folio:



QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Batleigh*
- 1a. What are your Christian names?..... *William James*
- 1b. What is your present address?..... *Keady Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Glasgow Scotland*
- 3. What is the name of your next-of-kin?..... *Nancy Batleigh*
- 4. What is the address of your next-of-kin?..... *P.O. Keady Ont. Canada.*
- 4a. What is the relationship of your next-of-kin?..... *wife*
- 5. What is the date of your birth?..... *21st Oct 1873*
- 6. What is your Trade or Calling?..... *Salesman*
- 7. Are you married?..... *yes*
- 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, *William James Batleigh* 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.

Date..... *Dec 22nd 1915* *William James Batleigh* (Signature of Recruit)
Wm H Campbell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William James Batleigh*, 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.

Date..... *Dec 22nd 1915* *William James Batleigh* (Signature of Recruit)
Wm H Campbell (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 *Lindsay* this *29* day of *January* 1916.

(Signature of Justice)

6
1916

Description of *William James Catlugh* on Enlistment.

Apparent Age *42* years *2* 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. *6* ins.

Tattoo marks on both arms
Scars on legs

Chest measurement { Girth when fully expanded *36* ins.
 Range of expansion *3* ins.

Complexion *Dark*

Eyes *Blue*

Hair *Black*

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



CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date *December 22nd* 191*5*.

Place *Tinsdorp*

W. McCulloch Capt.
W. H. H. H. H. 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.

William J. Catlugh 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.

J. H. Hill Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date *JAN 20 1916* 191*6*.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **725056** (Rank) **Pte.**

Name (in full) **CATLEUGH WILLIAM JAMES.** enlisted in
the **109th Bn.**

CANADIAN EXPEDITIONARY FORCE at **Lindsay Ont.** on the **22nd.**
day of **Dec.** 19 **15.**

HE served in **England & France**

and is now discharged from the service by reason of **"Medically Unfit".**

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

Age 48	Marks or Scars Vacc. scars on left arm.
Height 5' 6".	
Complexion Dark.	
Eyes Blue.	
Hair Black	

W. J. Catleugh
Signature of Soldier

W. J. Catleugh
Issuing Officer

Date of Discharge **March 3rd 1919**

Signed at **Toronto Ont.** this **3rd.** day of **March** 19 **19**

in Military District No. **No. 2**

File Reference No. **MAR 3 1919**
DISTRICT DEPOT

For **O.C. No. 2** Rank **District Depot.**
Appointment

M.B.

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

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

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

O.P.S.C.R. 2

DEPARTMENT OF MILITIA AND DEFENCE.

DISCHARGED

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

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

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

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

1. Christian names *Wm Jas* 2. Surname *Catleugh*

3. Rank *Pte* 4. Original Unit *109 Bn* 5. Reg. No. *725056*

6. Address, in full, to which future payments of gratuity are to be forwarded
Chesley, Ont.

7. Date of enlistment in the C.E.F. *Dec 22, 1915*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
Mrs Nancy Catleugh

9. Relationship of such dependent *wife*

10. Address, in full, of such dependent
Parlow House, Upwell, Wisbech, England

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*

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:
109 Bn. Aug 1916 - Nov 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
3 yrs 2 mo
109 Bn. 38 Bn. 4 Div. Employment Coy

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department
No

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

20-1-16 to 3-3-19
3yrs 1 month 11 days

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? *no*
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?
24. Are you now serving in the C.E.F.? *no* If not, give:—(a) Date of discharge *3-3-19*
 (b) Reason for discharge *Medically unfit to take further out patient treatment with Dept. of Soldiers' Civil Re-est.*
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
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 *Yes*
38 Bn. Nov. 1916 - March 1918
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
 (b) If so, are you in receipt of full pay and allowances from that Department?

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: *M J G. Ashurst*
 Place of Residence: *Toronto*
 Declared before me at: *Toronto*
 This *25* day of *February* 19*19*

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

Quadroney A.

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

Certified Correct.
 District Paymaster.

MILITARY HOSP
BRAMSHOTT, HANTS

7

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <u>1757</u> Year <u>1916.</u>	Regimental No.	Rank.	Surname.	Christian Name.
	<u>725056.</u>	<u>Pte.</u>	<u>Callaghan</u>	<u>A.</u>
	Unit.	Age.	Service.	
	<u>109 Canadians.</u>	<u>42</u>	<u>1/12.</u>	

Station and Date. <u>M. H. B.</u> <u>Oct 23 - 16</u>	Disease <u>Influenza.</u>
	<u>admitted NW 23/16 - Pain in head and joints in joints and muscles - chills & fever - temp about 100 for three or four days then became normal. put on tonic treatment when trouble had subsided and is doing well.</u>
	<u>Urinalysis - negative</u>

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DEMIAIYI HIELLOISA SHEFI

725056

ORIGINAL ORIGINAL
MEDICAL HISTORY SHEET.

CATTLEUGH

Surname Cattleugh Christian Name Wm. James

Examined { on 22nd day of December 1915
 at Lindsay
 Birthplace { City or Town Glasgow
 County Scotland

Approved by J. McCulloch Capt.
J. McCulloch Medical Officer
 Rank 109th Overseas Battalion, M.O. F.

Apparent age 42 years
 Trade or occupation Salesman
 Height 5 Feet 6 Inches.
 Weight 132 Lbs.
 Chest measurement { Minimum 34 inches.
 Maximum expansion 36 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.
		M.O.

Vaccination Marks { Arm Right One Left Three
 Number Three

Date	Result	VACCINATIONS.
25-1-16	Nil	<u>J. McCulloch</u> M.O.
3-3-16	Good	<u>J. McCulloch</u> M.O.
		M.O.

When Vaccinated last Jan. 25th 1916
 (a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
18-4-16	Good	<u>J. McCulloch</u> M.O.
25-4-16	Good	<u>J. McCulloch</u> M.O.
2-5-16	Good	<u>J. McCulloch</u> M.O.

Enlisted on 20th day of December 1915 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Batt C.O.F.</u>	<u>725056.</u>		<u>20-12-15.</u>
Transferred to.. ..	<u>88th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley</u>	<u>19/10/18</u>	<u>Myopic, debility</u>	<u>2nd Lt. transferred</u>
<u>Ex Camp Lonsdale</u>	<u>Feb 26th 19.</u>	<u>Bronchitis</u>	<u>2nd Lt. 20 Dec 1915</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.

CATLEUGH. William James.

Sitting. Standing. After 10 exercises. After 1 minute.

Pulse	78	82	96	84
Respiration	24	26	30	28

History Has had tendency to winter cough. M.H.S. shows severe attack of Influenza in Oct..1916. States he has Bronchitis in December.1917.

Subjective:- Suffers from cough continually, worse in morning, raising thick yellowish sputum amounting to 2 - 3 ounces a day. Has had recently sharp stabbing pains in both sides of chest. Pains worse on coughing. Cough awakes him in morning. Has lost no weight. Appetite fairly good. No night sweats, Complains of shortness of breath on least exertion ever since attack of Bronchitis. Dec. 1917.

Chest is flattened anteriorly, but prominent posteriorly. Emphysemateous in type. Expansion poor. $34\frac{1}{2}$ " $35\frac{1}{2}$ " 1". No lagging of ^{left} other side.

The clavicles are prominent and Supra-clavicular fossae quite marked.

Resonance is unimpaired over both apices and hyper-resonant over remainder of chest.

Vocal Resonance is increased over apices.

The Respiratory murmur is high pitched broncho-vesicular over entire chest.

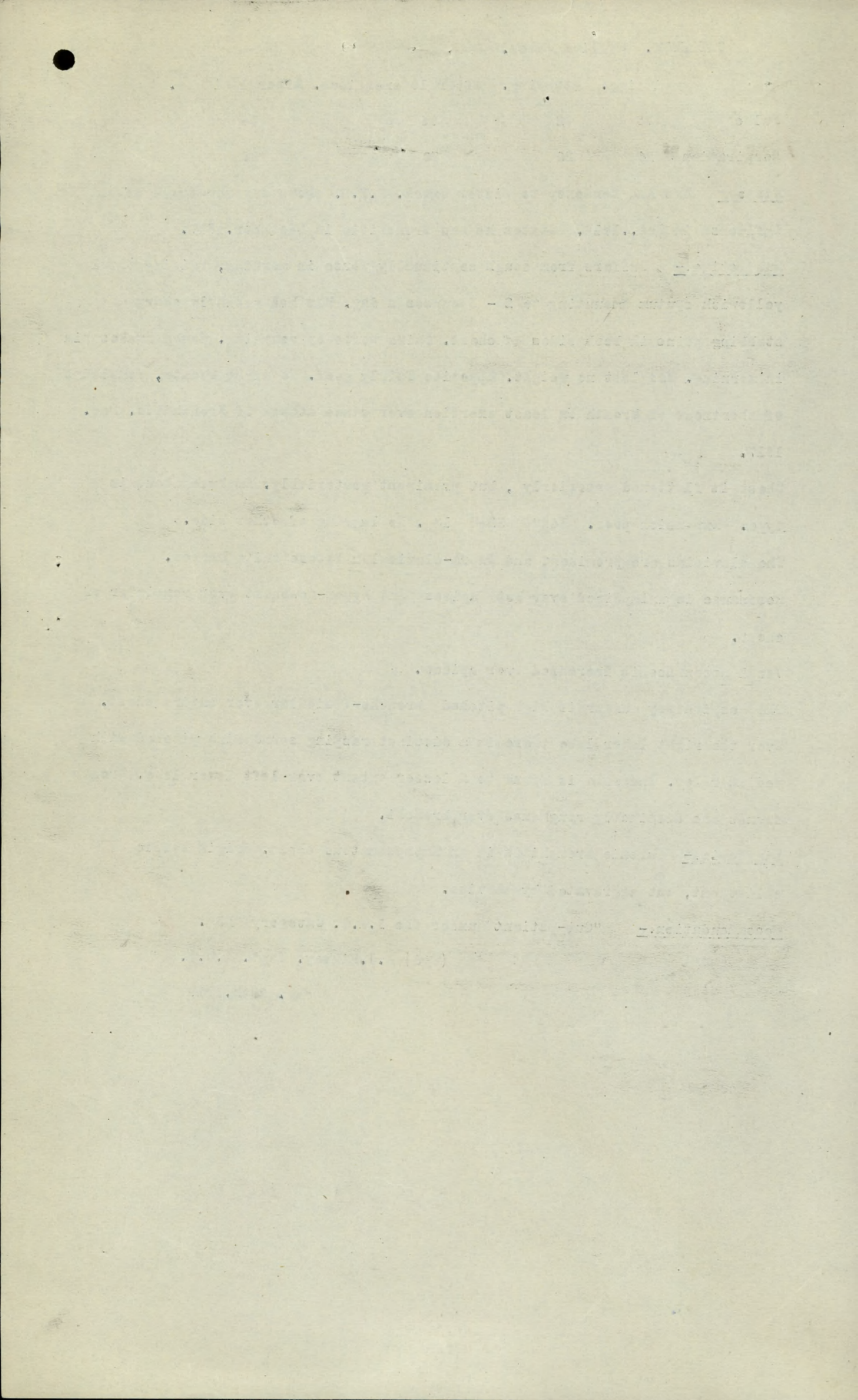
Over the right lower lobe there is a distinct rasping sound high pitched with median rates. The same is found to a lesser extent over left lower lobe. Breath sounds are distinctly roughened over ^{larger} bronchi.

Diagnosis:- Chronic Bronchitis in an Emphysemateous chest. Origin before enlistment, but aggravated by service.

Recommendation:- "Out-patient" under the I.S.C. Category "D3".

(Sgd) H.J.Kinsey. Capt. A.M.C.

Feb. 26th.1919



a

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

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.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725056**.....

(3) Full Name of Soldier **William James Catleugh.**.....

(4) Place of Birth **Glasgow, Scotland.**.....

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

(6) If married, state,
(a) Full name of your wife **Nancy Beechie Catleugh**.....

(b) Present Postal Address **Lindsay, Ont.**.....

(7) Are you a widower? **No.**.....

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

If so, give number of boys and girls **Three Girls.**.....

Also their names and ages **Ethel Marian Catleugh Age 21 yrs.**

Avery Gladys Catleugh age 19 yrs.

Dorothy Elsie Catleugh Age 16 yrs.

(9) Is your Father alive?..... **No.**
If so, state name and address..... **Nil.**

(10) Is your Mother alive?..... **No.**
If so, state name and address..... **Nil.**

(11) If your Mother is a widow..... **Nil.**
Are you her sole support, or not..... **Nil.**

(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.
..... **Nil.**

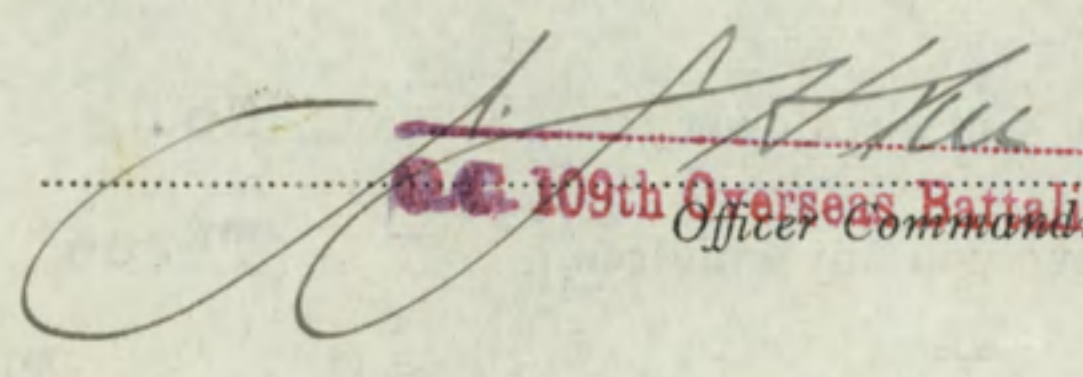
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
..... **Nil.**

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

(15) Are you insured?..... **No.**
If so, in what Company?..... **Nil.**
Have you made arrangements for payment of your Insurance premium..... **Nil.**

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

Date..... **June 30th. 1916.**

..... **Lt. Col.**
C. E. F.
Officer Commanding. **C. E. F.**

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No. 725056 Rank Pte Name Collough W. J.
 Unit No. 2 District Depot who was DISCHARGED
 On MAR 3 1919 191... to Sub - Outpatient
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Sub to MAR 3 1919 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	41 36	
Regimental Pay <u>31</u> days at \$ <u>1</u> c <u>10</u>		31 00
Field Allowance <u>31</u> days at \$ <u>1</u> c <u>10</u>		31 00
Separation Allowance		3 00
Clothing Allowance		7 00
Post Discharge Pay <u>Sub</u>		1 20
*Other Credits		
Advances <u>70 764</u>	70 -	
Separation Allowance and Assigned Pay Cheque No. <u>ad Sub mch</u>	40 -	
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>70 764</u>	49 74	
Total	<u>151 10</u>	<u>151 10</u>

*Give particulars.

A monthly stoppage of \$ 70 - (†) has chgd (‡) been paid on account of
 Assigned Pay for the month of March 191 9 }
 and Separation Allee. for month of 191 } (to) Assignee Mrs W Collough
 (Address) 7. Mrs J Brown Harlow Home Upwell
 (†) 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 Yes (3) Reason for discharge.....
 (4) Authority for discharge or transfer A059

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 MAR 1 1919

Place TORONTO, ONT

Halcom J G Krumm CAPT.
 PAYMASTER, No. 2 DISTRICT DEPOT

- 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 purpose 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 Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D.2

NAME OF SOLDIER (Block Letters) CATLEUGH, WILLIAM, JAMES
REGIMENT 4th DIV. EMPLOY. CORP. RANK PTE No. 725056

Date of Examination in England _____ Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

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

J. J.

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 *Yes*
- (b) In England
- (c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer *W. R. ...*

1873

WILLIAM H. WATSON

100 N. 3rd St. St. Louis, Mo.

1873

1873

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103-1,
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP 1150 IM 5/18 G.W.P.Co.(3490)

(1)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christain Names (6) Army Form, number of, Attestation) Form or Record of Service paper) (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)
--	---

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Greup No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate
---	---

(Signature of
Posting Officer)

(22) Extended { (23) Re-engaged {

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

725086 *Pl* Catherugh *H f*

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

7-12-18	<i>Recd Report</i>	<i>291</i>	<i>10/ from 4th DW Imp Coy</i>	<i>8/18/18</i>	<i>4-12-18</i>	
---------	--------------------	------------	---	----------------	----------------	--

Major
for ~~Colonel~~ *i/c* Records, *SMFC*
Lieut.

3-1-19.		<i>202</i>	<i>On Com. Rhy l.</i>	<i>"</i>	<i>31-12/18</i>	
---------	--	------------	-----------------------	----------	-----------------	--

Nothing to be written in this margin.

ASBm

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. 725056 Rank Private Name Catleugh William James

Enlisted (a) 20.12.15 Terms of Service (a) D of W. Service reckons from (a) 20.12.15

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) Salesman

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				

		<u>Embarked Canada</u>	<u>Halifax</u>	<u>24.7.16</u>	
		<u>Disembarked England</u>	<u>Liverpool</u>	<u>31.7.16</u>	

W. T. Selton
 ADJUTANT
 109th Overseas Battalion, O. E. F.

<u>1</u>	<u>16</u>	<u>O.C. 109th.</u>	<u>Proceeded overseas for service with 38th.Btn.</u>	<u>Witley</u>	<u>4-12-16</u>	<u>D.O.Pt.11 339</u>
----------	-----------	--------------------	--	---------------	----------------	----------------------

W. T. Selton
 ADJUTANT
 109th Overseas Battalion, C. E. F.

CERTIFIED CORRECT.
 12 DEC. 1916
 CAN. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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				
6 12 16	C.B.D.	TAKEN on STRENGTH 30 th Novre		12 16	N. R. P. 10.242 - 13.12.16
4 12 16	"	Left for Unit	FIELD	12 16	N. R.
16 12 16	Unit	Joined Unit	FIELD	9.12.16	B. 213. DCS. 69 - 31.12.16
14.7.17.	38th	ATTACHED FOR DUTY WITH STRENGTH OFF STRENGTH ON TRANSFER TO 4th CANO EMPLOYMENT COY.	FIELD	25.6.17.	AG-C-177-2 d-25.6.17. KA 12771 B213, 14.7.17. Pt.2.0.74, d-28.7.17.
21.7.17	Y.M.C.A.	Doing duty with Y.M.C.A.		14.7.17	B213.
22.9.17	4 th C.D. & Coy	10 days leave		19.9.17	B213 P. 0.94 d. 25 OCT 17
6.10.17.	"	Rejoined from leave.		2.10.17.	B213.
23.12.17	11 C.F.A.	Bronchitis	11 C.F.A.	22.12.17	A 5001.
24.12.17	"	"	to 12 "	23.12.17	" 5098.
23.12.17	12 "	"	12 "	"	" 5004.
2.1.18	"	"	to duty	2.1.18	" 5613.
5.1.18	4 th C.D. & Coy	Rejoined 4 th Div. Emp. Coy.		2.1.18	B213.
26.1.18	"	Orders to be attached on being transferred to 4 th Div Employment Coy and S.O.S. 38 th Bn accordingly. B2.		12.1.18	" a.s.g.-148 22923/2 a 13.148. do. 9 d 2.2.18.
"	"	S.O.S. 4 th C.D. & Coy		13.1.18	B213 Pl. 2 5 6.2.18
21.9.18	"	Granted 14 days leave		22.9.18	" do, 5H 5.10.18
12.10.18	"	Rejd. from leave		7.10.18	"
3-12-18	a.s.g. Cdn Sec	2fd to England posted to Cdn Gen Depot Witley		3-12-18	KR 36343/1 Pl. 2 ord 64

291

At Christie

Capt
for Lt-Col., A. A. G.

1-3-16

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Nancy Catbough

Wife
PAYMENTS.

Name of Soldier

Catbough, Wm J.
725056

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	21807	20	20
May		25327	20	20 <i>of 5327 cancelled rewrite</i>
June		2556	20	20
		8758	20	
July		E 7344	20	20
Aug.				<i>Duplicate sent to Eng for payments.</i>
Sept.				
Oct.				
Nov.				
Dec.				JUL 25 1916
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

1-3-16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

234

E. J.
Name *Nancy Catleugh*
Address ~~*The Mansie*~~
105 Lindsey Street Lindsey
Co Miss Janet Brown Raddy
Harlow House
Upwell, Wisbech Out
England
Relation to Soldier } *Wife*
wife, child or mother }

Name of Soldier *Catleugh, Wm J*
Regtl. No. *725056*
Rank *Pte.*
Corps *109th Bn*
To what Corps belonging }
when called out }

PAYMENTS

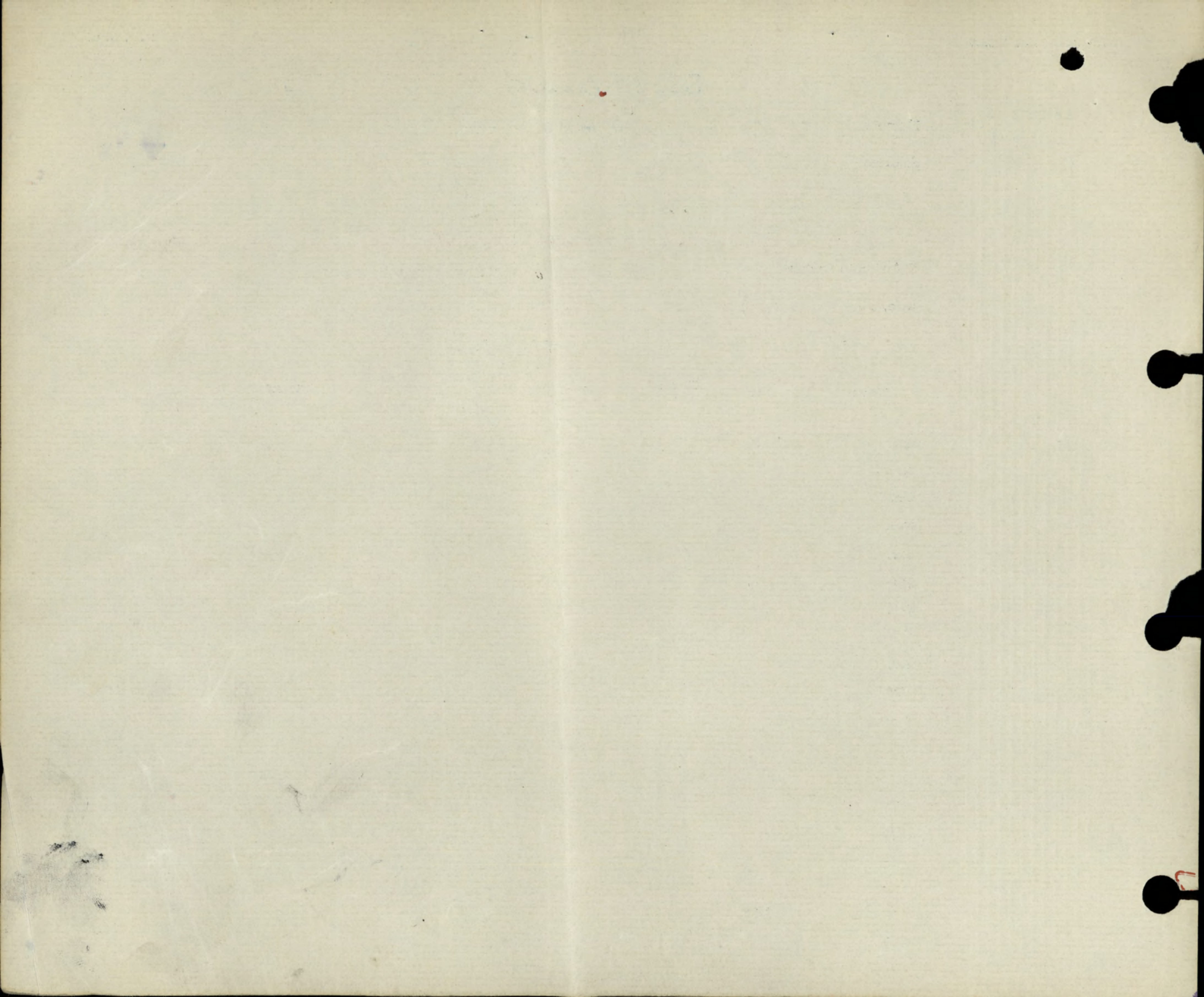
ENGLISH

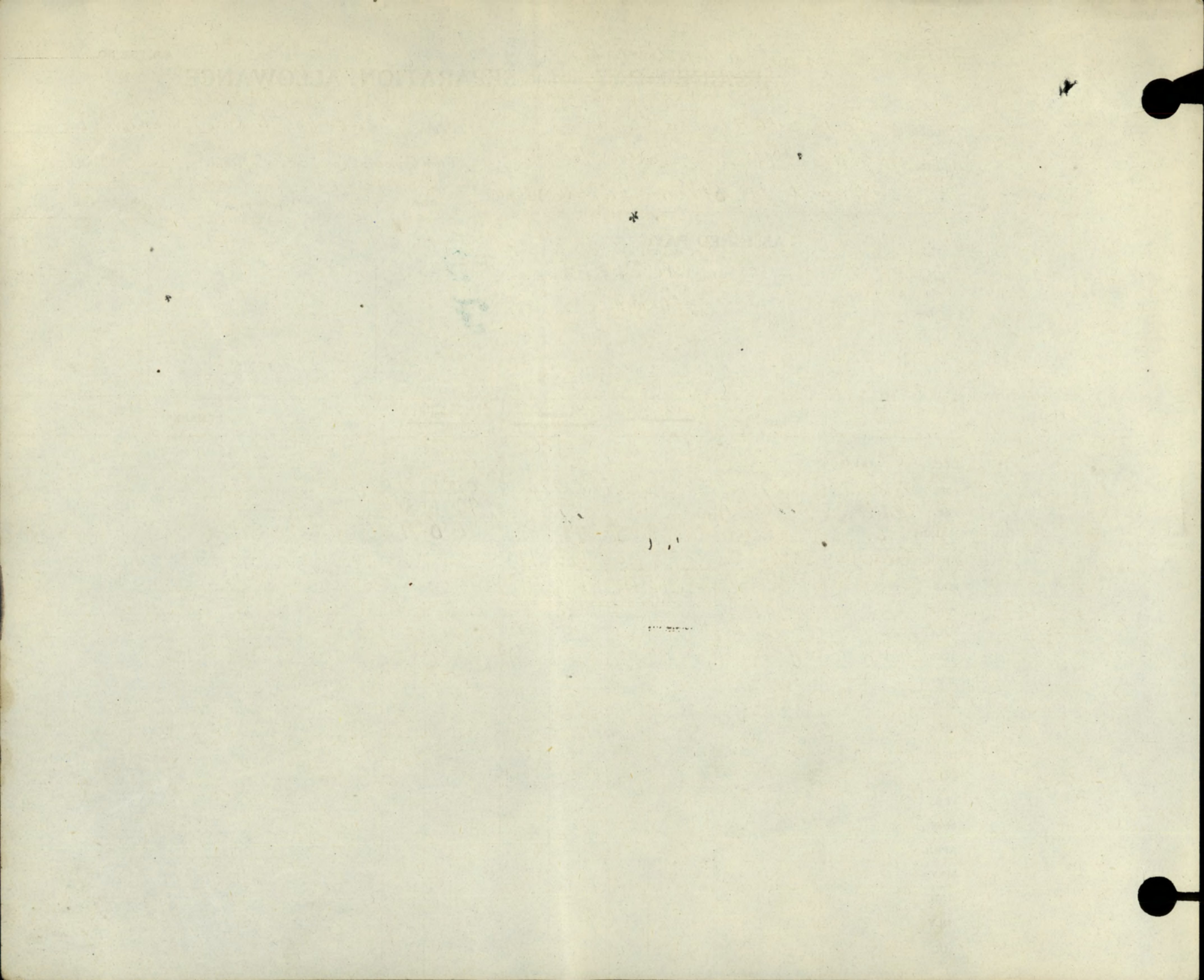
Month	Year	Cheque No.	Amt.
Aug.	1914		
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1915		
Feb.			
March			
Apl.			
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1916		
Feb.			
March			

Duplicate sent to Eng.
for payments.
JUL 25 1916

024048 90.

20





ASSIGNED PAY and/or SEPARATION ALLOWANCE

Payable to *Mrs. N. Castleugh*
 Address *Miss J. Brown*
Harlow House, Upwell, Wisbeck
Coamps.

Name *CASTLEUGH W.*
 From Canada: *N. 24056* Rank *Pte* Unit *E Co*

Rank	Authority	Unit

ASSIGNED PAY AND SEPARATION ALLOWANCE
 BEING NOTED ON H. P. 6
 FROM OTTAWA OF DISCHARGE OF SOLDIER
 NAMED HEREIN.

ASSIGNED PAY

Authority	Dol.	Effect
ASSIGNED PAY	20	1. 2. 19
SEPARATION ALLOWANCE	30	

Month	Cheque No.	Assigned Pay	Amount Separation Allee.	Total A.P. and S.A.	REMARKS
DEC. 191					DISCHARGED TO CANADA.
JAN.					<i>Ag 3rd - 3095</i>
FEB.	<i>751284</i>	<i>20</i>	<i>30</i>		
MARCH	<i>431788</i>	<i>20</i>	<i>30</i>		
APRIL		<i>Stop Disc 3/3/19</i>			
MAY		<i>Auth cable 2486 17/3/19</i>			
JUNE					
JULY					
AUG.					
SEPT.					
OCT.					
NOV.					
DEC.					
JAN.					
FEB.					
MAR.					
APRIL					
MAY					
JUNE					
JULY					
AUG.					

SEPARATION ALLOWANCE



Name Nancy Lattough Name of Soldier Lattough W^m Jas.
 Address Miss Janet Brown Regtl. No. 425056
Harlow House Rank Pte
Upwell, Wisbech. Corps 109th Bn.
 Relation to Soldier } Wife Eng To what Corps belonging }
 wife, child or mother } when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			W.W. Again 27.9.16.
Sept.				7 ¹⁰
Oct.				Marriage Certificate Produced
Nov.				23 OCT. 1916
Dec.				Mar 15.8.1889. <i>Jan</i>
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		029048	20	

2/1
Ans

FILE

SEPARATION ALLOWANCE.

Name of Dependant Nancy Catleugh
 Relation to Soldier Wife
 1 1/0 Mrs Janet Brown
Harlow House
 P.O. Upwell P.O.
 2 Wisbech Eng.
Wisbech
 P.O. P.O.

Name of Soldier Catleugh Wm J.
 Regtl. No. 725056
 Rank Pl^e
 Corps 109th Bn
 To what Corps belonging }
 when called out }

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount.		Date.	REMARKS.		
			£	s. d.		£	s.	d.
		Brought Forward ...	20					
Apl.	1916	A 807	20					
May		J 5327	20					J 5327 Cancelled
June		J 8758	20					
July		B 7344	20					
Aug.								20
Sept.								
Oct.		A 11828	60					60. £12.6.7 Aug Sept + Oct. etc.
Nov.		B 5455	20					
Dec.		B 54758	20					
Jan.	1917	B 97302	20					
Feb.			220	00				Total Separation Allowance paid to end of January, 1917
Mar.								
Apl.								
May								
June								
July								
Aug.								
Sept.								
		Carried Forward ...						

TRANSFERRED TO ASSIGNED PAY LEDGER.

ENTERED S.P.C. CHECKED HH

33618

MILITIA AND DEFENCE
ASSIGNED PAY.

Ref. No. N/Roll
J.J.

To whom Mrs Nancy Catlough,
To Miss Janet Brown, Harlow Home, Upwell
Address Wisbeck, Cambs.

By whom assigned Catlough W, J.

Regtl. No. 724056

Rank Pte

Corps, &c. 109th Btn.

Rate \$15.00

Date to Commence 1st August, 1916.

PAYMENTS.

COMPULSORY.

Month.	Year.	Cheque No.	ASSIGNED Amt.	SEP. ALLOWANCE	Pay Sheet Deduction.	REMARKS.
Jan.	1916					
Feb.						
March						
April						
May						
June						
July						
Aug.		149861	15	X		
Sept.		160261	15	X		
Oct.		194053	15	X		
Nov.		60 ⁰⁰ ✓ 237076	15	X		
Dec.		274600	15	X		
Jan.	1917	316635	15	X	220	
Feb.		353851	15	X	20	
March		389659	15	X	20	
April			120			
May						
June						
July						
Aug.						

RECEIVING SEPARATION ALLOWANCE \$ 20
EFFECTIVE March 1916
RELATIONSHIP wife

TOTAL SEP. ALL. PAID TO 31 JAN 1917.
FROM SEP. ALL. LEDGER.

Checked & found correct
J. J. [Signature]

ASSIGNED PAY.

By whom assigned

Battough, W. J.

Regtl. No.

724056

Pte 109th Bn

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

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Nancy Catlough *Wife*

Name of Soldier

Catlough W. J.



Sheet No. 2.
L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	807	20	
May		5327	20	<i>J 5327 cancelled.</i>
June		6256	20	
July		8758	20	
Aug.		7344	20	
Sept.				20
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Passed for pay 23/10/16
1918/16

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

*Name L CATLEUGH. William James Rank Pte. Regtl. No. 725056
 Origin unit 109th Bn Present unit 109th Bn M. or S. Age 45 Religion Pres Fyle Depot 24 Ca 422
 Port, ship, and date of arrival Halifax Boltic 6-2-19 Ref. H.Q.
 Next of kin Wife Nancy Catleugh. Keady Ont.
Same
 Address on leave
 Address on discharge Chesley, Ont.
 Transportation issued Yes No Date Character on discharge
 Previous occupation Salesman Date and place of enlistment Lindsay Jan 20-16
 Diagnosis Bronchitis Date of Medical Boards 25-2-19

Date.	Remarks	Pt. 2 Order No.
<u>TOS 29-1-19</u>	<u>Posted to Gas Co Ex Camp 6-2-19</u>	
	<u>leave with subs from 9-2-19 to 23-2-19</u>	<u>42.</u>
<u>3-3-19</u>	<u>SOS DISCHARGED "MED. UNFIT" entitled to 183 days WSG to take OUT-Pat. treat't with Dept. of S.C.R.</u>	<u>59</u>

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

Surname

Christian Name or Names

Reg. No.

Catleugh.

W. J.

725,056

Rank

Unit

Co.

Troop

Batty

Pte.

109th.

Battn.

38 Bn. 60 Reg.

Hospital

Date of Admission

Mildmay Hosp. Bramshott.

24.10.16.

Transferred *12. base. I. Amb.*

Hosp. *23.12.17.*

Hosp.

Hosp.

Hosp.

Diagnosis

n y n a. Influenza.

(1) Later Diagnosis (if changed)

Branchitis

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.I. 3. 11. 16 #28

Disch 23.11.16

" 28.11.16 #38

REMARKS

Dis 2.1.18.

31.12.17. A 100.

9.1.18. @108.

A.M.D. 2 DEPT.

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

Rw

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.

No. 725056 RANK

NAME Catlough W. J.

T. O. S.

UNIT 109th Battalion

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
			see Catlough W. J.	



No 725056

RANK

Pte

NAME

Catlaugh, W.
Catlaugh.

J.

T. O. S.

20-12-15.

UNIT

109th Battalion.

D.O. 28. 22-12-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 20	1915 Dec 31	✓		
1916 Jan.	1916	✓		
	Feb.	✓		
	Mar.	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED
JUL 23 1916



LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

28.	Mil. Bramshott.	24-10-16	N. Y. D.
38	Diso	23-11-16	Influenza
A 150.	# 12 Can. Fild. Amb.	23-12-17	Bronchitis. (East Out Dept)
A 108.	Discharged.	2-1-18.	" (" ")

H. Q. FILE No. 649-

REGT'L. No. 725156

NAME *Coatlough, W. J.*
RANK AND CORPS *Pte. 109th Bn.*

CABLE

NO.

DATE

NATURE OF CASUALTY

Number 725056

Rank Pte

Surname CATLEUGH

Christian name William James

Units 38th Bn C Inf Theatre of War France

Date of Service 6.12.16

Remarks

Latest Address Chesley, Ont

Roll No. B. Page 18474

200m.-6-21.

End

B

(This form to be filled in by all ranks on voyage to Canada.)

D.....

R	RANK	SURNAME	INITIALS	UNIT
.....

al address.....
 (Street) (City or Town) (Province)

one person to be notified of arrival.....

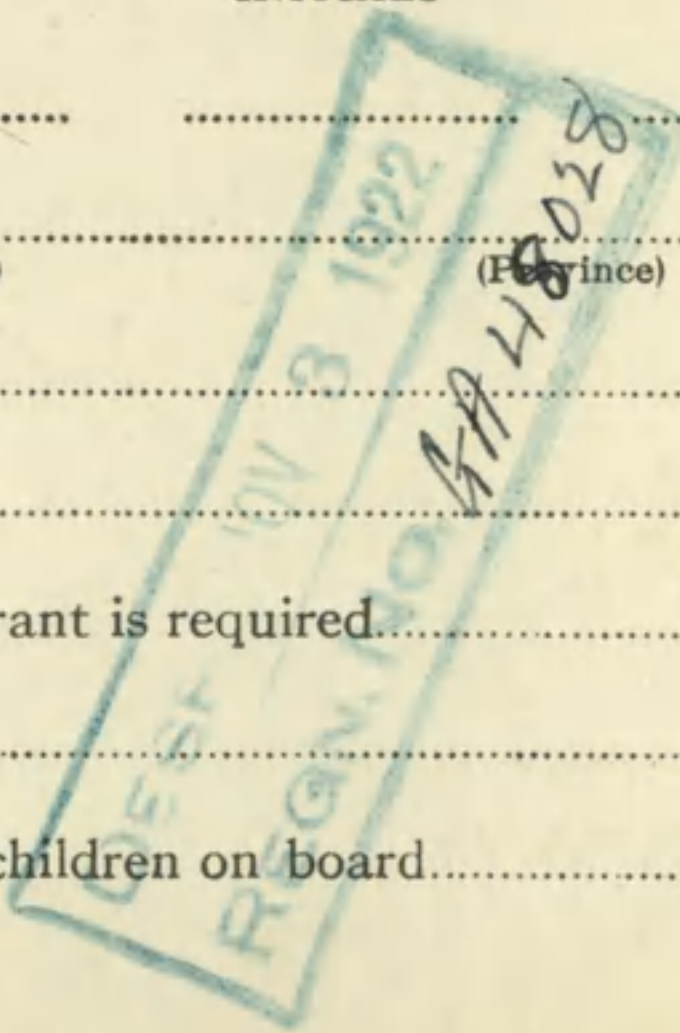
Station in Military District to which a furlough warrant is required.....

Railway.....

d, is your wife on board..... Number of children on board.....

stination.....

(Sgd.).....



A.G.R. Rank Name **CATLEUGH, William James** ✓ Reg'l No. **725056** ✓
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? } **Married or Single** **Married** ✓
 Place and Date of Enlistment **Lindsay, 22nd Decr., 1915.** ✓ Place of Birth **Glasgow, Scotland.** ✓
 Name and Address, Next-of-Kin **Nancy Catleugh,** ✓
P.O., Keady, Ont., Canada. ✓ Relationship **Wife.** ✓

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character **OR Can**

H. W. & V., Ld.—7165-16.

N/E. R.B. No. 10928
File P.L.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		Arrived in England per H. M. T. 2810		31-7-16	
24.10.16	109 th Bn	Adm'd to B.M. Hospital Bramshott	Bramshott	23-10-16	Pt II. D.O. 298. C. 28
24.11.16	"	Disch from B.M. Hospital Witley	Witley	23.11.16	Influenza 329 P.L. 38.
4.12.16	"	S.O.S. on tfr to 38 th Bn.		4.12.16	Pt II D.O. 339.
13.12.16	38th Bn	T-O-S on tfr from 109th	Field.	6.12.16	Pt II D O 242.
28.7.17	✓	Att. for duty with 4 th Employ Coy	✓	25.6.17	Pt II 74 9 H.C.D.E. Coy Pt II 5 d 3-8-17
29.12.17	E.O.R.	Adm. No. 12 Can. Hd. Amb.	Field	23.12.17	C.P.A. 100 Bronchitis
2.2.18	38 th Bn.	S.O.S. to 4 th Div. Emp. Coy	✓	12.1.18.	Pt II 9 H.C.D.E. Pt II D.O. 505 1/6. 7/18
		ceases to be att'd to that unit			

EP

Lat

A.E.B. 793 CHECKED
9 DEC 1916

ON HIS MAJESTY'S SERVICE.

NATIONAL ECONOMY.

FASTEN Envelope by gumming this Label across I
OPEN by cutting Label instead of tearing Envelope

W. L. 12850/109. 1.384.000. 618. P. & S. L. (E 3387.)

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.				
					4 C D E Coy DO 64 d/18-12-18
7-12-18	Gen Dep	TO S from 4 C D E Coy	Pte Witley	4-12-18	DO 291
2-1-19	Gen Dep M D 2 Com Wing	Attached	Minne Park	2-1-19	2. DO 29/3-1-19
11. 2. 19	Gen Dep	leaves on board MD 2 Seg Camp Rly.			GRD-23-6 Vd-218 d/7-2-19
		4 SOS to OMT in Canada.	Pte Witley	29. 1. 19	DO 34

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron Battery Company	} Conduct Sheet, " B. 263a	or	Particulars of Recruit " W. 133
or		Field Conduct Sheet " W. 178	Proceedings on Discharge " B. 218
Copies of Convictions, by C. P. in MS.		In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Med. Hist. Sheet,	Militia form B. 313	(a) Proceedings on Discharge	
Casualty Form	" W. 54	(b) Attestation.	
Medical Report for Invalid§	" B. 227	(c) Medical History Sheet.	
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers

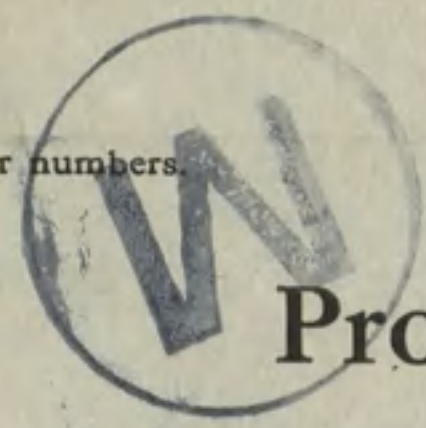
Proceedings on Discharge.

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

M.B.

War Service Badge.
 Class 89783
 No. 103 Issued
 War Service Badge.
 Class 3869
 No. 103 Issued

21-5 4-7-36



No.	725056	
Rank	Pte.	
Surname	CATLEUGH WILLIAM JAMES.	
Christian name		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	109th Bn. (#2 D.D.).	
Date of discharge	March 3rd 1919	
Place of discharge	TORONTO, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
	Age <u>48</u> years months. Height <u>5</u> feet <u>6</u> inches. Complexion <u>Dark</u> . Eyes <u>Blue</u> . Hair <u>Black</u> . Trade <u>Salesman</u> . Intended place of residence } <u>Chesley Ont.</u> <small>(To be given as fully as practicable.)</small>	Descriptive marks <u>Vacc. scars on left arm.</u>
2. The above-named man is discharged in consequence of		
HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE. Authority for discharge <u>D.O. D.D. #2 Pt11 #59.</u>		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

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

M. F. B. 218.
200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) TORONTO, ONT.

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

8. Certificate to be signed by the Soldier on Discharge

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

(Place) TORONTO, ONT. *William James Campbell* (Signature of Soldier.)

(Date) March 3rd 1919 *H. Sergeant* (Signature of Witness.)

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

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

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

..... (Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) TORONTO, ONT.

(Date) March 3rd 1919. *[Signature]* (Signature)

Reservations referred to at Para. 8.

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

List of Discharge Documents

Table with multiple columns and rows, mostly blank or faintly visible text.

Discharge's Booklet No. 2 Discharge Docs

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.

no concur

19. Is the invalid fit for

- | | | | |
|--|--------------|--------------|------------|
| (a) General service, | (Category A) | (Yes or No.) | <i>no</i> |
| (b) Service abroad, not general service, | (" B) | (Yes or No.) | <i>no</i> |
| (c) Home service (Canada only), | (" C) | (Yes or No.) | <i>no</i> |
| (d) Temporarily unfit. | (" D) | (Yes or No.) | <i>yes</i> |
| (e) Unfit for service in Categories A, B and C | (" E) | (Yes or No.) | <i>no</i> |

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

3 months for Bronchitis. Medical and observation, etc.

(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.)

Category "DS" under the I.S.C. for treatment as an "out-patient".

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Exhibition Camp, TORONTO*

DATE *Feb. 26th. 1919*

W. J. ... President.

Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

PLACE..... President.

DATE..... Members

APPROVED BY

APPROVED BY

APPROVED
Assistant Director of Medical Services.

Director-General of Medical Services.

DATE *FEB 27 1919*

DATE

W. J. ... CAPT.
FOR A. S. M. S. M. D. 2

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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 *Exhibition Camp, Toronto* DATE *Feb. 25th. 1919*

1. 1 (a) Unit *22 District Depot* (b) Regimental No. *725056* (c) Rank *Pte*

(d) Surname *GATLEUGH* (e) Christian name *William James.*

(f) Home address *Cheesley Ont.*

(g) Next of Kin *Mrs. Nancy Gatleugh.* (h) Relationship *Wife.*

(i) Address of Next of Kin *Cheesley, Ontario*

2. Age last birthday *48* Date of birth *21-16 1870*

3. Enlistment, or Appointment (if an Officer) (a) Place *Lindsay* (b) Date *22-12-15*

4. Personal description:

(a) Height *5' 6"* (b) Weight *132* (c) Complexion *Dark*
(stripped)

(d) Colour of hair *Black* (e) Colour of eyes *Blue* (f) Identification marks, Scars, etc.

Tattoo marks on both arms.

5. Former trade or occupation *SILSMAN*

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).

	PERIODS	
	Years	Days
	<i>3</i>	<i>67</i>

	PERIODS	
	From	To
Canada	<i>Dec. 22nd. 1915</i>	<i>Aug. 1st. 1916</i>
England	<i>Aug. 1st. 1916</i>	<i>Nov. 1916</i>
France or other theatres of War	<i>Nov. 1916</i>	<i>Dec. 1916</i>
<i>England and Canada</i>	<i>Dec. 1916</i>	<i>To date</i>

7. Original disease, or injury *Bronchitis*

(a) Date of origin *Pre-enlistment* (b) Place of origin *England*

(c) Cause *Infection.*

M. F. B. 227.

300M.—8-18.
1772-39-117.

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

Partial loss of function of the Respiratory System.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective:— See specialist's report

Subjective:— See specialist's report

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

Nervous System... no Cardio-Vascular System... yes Genito-Urinary System... no
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

Urine negative for albumen and sugar

No hernia, varicocele, goitre, or haemorrhoids. Moderate varicose veins both legs below knee pre-existing service. No aggravation.

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

See special report.

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).)

Myalgia, Dec. 1917. No present disability. Operation varicose veins in both legs. Dec. 1915. No aggravation.

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

No wounds or scars.

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

(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.)

Yes. 75%. On enlistment had no history of any particular chest condition except winter cough.

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? Permanent

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

6 weeks Hospital treatment

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)

Yes. Out-patient. I. S.C.

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

Category "D3"

17. Recommendations.

W. J. Catlough 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).

W.J. Catlough.

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

W.J. Catlough Pte 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 RECATEGORIZATION

Table with 8 columns: Date, Station, Category, Signature of M. O., Date, Station, Category, Signature of M. O.

Reserved for M.H.C.

Regt. No. 725076. Rank Pte. Surname Catleugh. Christian Name Wm James. Unit or Corps—(a) Overseas from United Kingdom 4th Div. Engrs (b) in United Kingdom Gen. Dep. Born at—Town Glasgow County or Province Lanarkshire Country Scotland. Date of Birth—Day 21st Month Oct Year 1870 Age 48 yrs 2 months. Joined at Lindsay Ont Date 22nd Dec 1915. Former trade or occupation Salesman. Permanent Marks or any peculiarity that will serve for future identification:—

Height—feet 5 inches 6. Colour of eyes Grey. Signature of Soldier (for identification purposes) Wm Catleugh

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)

MYALGIA (GENERAL)

Disabilities Group (b)

BRONCHITIS (CHR)

Disabilities Group (c)

2. CAUSE OF DISABILITY.

Table with 3 columns: (i) As to Group (a) above, (ii) As to Group (b) above, (iii) As to Group (c) above. Includes handwritten entries: Active Service, C.E.F. France 1917, C.E.F. ENGLAND 1916.

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?
(ii) As to Group (b) above? NO. If yes, has Active Service aggravated it? N.A.
(iii) As to Group (c) above? N.A. If yes, has Active Service aggravated it?

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? YES
(iii) As to Group (c) above? N.A.

5. MEDICAL HISTORY.

Enlisted Dec. 1915 to France CEF Dec 1916. Contracted influenza
Strawberry 20th to 23rd 1916 - Influenza
severe. He had had cough at this time and since then
has been troubled with cough at times with occasional
spitting. Also 2 years in France: 4 mos with
measles & 20 mos with employment Coy. Med. Hdq.
A.D.C. & D. Clapton Bitt 5th 1917 for neuralgia & bronchitis
of throat before this board he began to be troubled
with pains back, leg & arms after insertion of
marching. - Med. History before enlistment
system - Always in good health! - Apparently
had gonorrhoea & had all teeth extracted 1915.

6. PRESENT CONDITION.

Man appears older than 48. This
probably is fair only. His muscular tone is not
good! - Expansion of chest is limited: V.F. & V.R.
increased. Rib cage behind - Percussion note
slightly duller at base. Breath sounds everywhere
are heard. A wheezing bronchial rhale present in front
and at base. - Snoring rhonchi at the
base - Expiratory and inspiratory. Pulses not
76 regular. No cardiac murmurs. - The radial
artery is considerably thickened. The nervous
system are normal. - The respiratory system are normal.
The man complains cough, pain in muscles
of back, leg and arms worse in damp, cold weather
and making hard work a torture. He complains of
great pain at open end of ribs of chest.

7. OPERATION.

(i) Was one performed? Yes 1915 (ii) If so, state what? Removal Varicose
veins of leg?
(iii) Was one advised and declined? No.

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

8. (i) Is there loss or decay of teeth attributable to Active Service? Yes!

(ii) If so, describe. All teeth extracted - Total upper & lower
plates supplied.

9. DO YOU RECOMMEND:—

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

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report 19/12/18

Station Witley Eng.

Signed W. J. Grant
Officer in medical charge

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

Not in hospital (Officer i/c Hospital) Strike out one
(S.M.O. Brigade) of these

Dated at Station, on 1918

*Delete if inapplicable.

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

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

Yes

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

Yes

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

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

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

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

Twenty percent

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)?

three months

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

no

17. Can the former trade or occupation be resumed?

yes

18. REMARKS:—

Authority: A.G.L. (9083) d-11/11/18

19. RECOMMENDATION:—

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

(b) Invalid to Canada?

(c) Discharge from Service as permanently unfit?

Date of Board 19/12/18

Station Witley

Signatures
of the Board

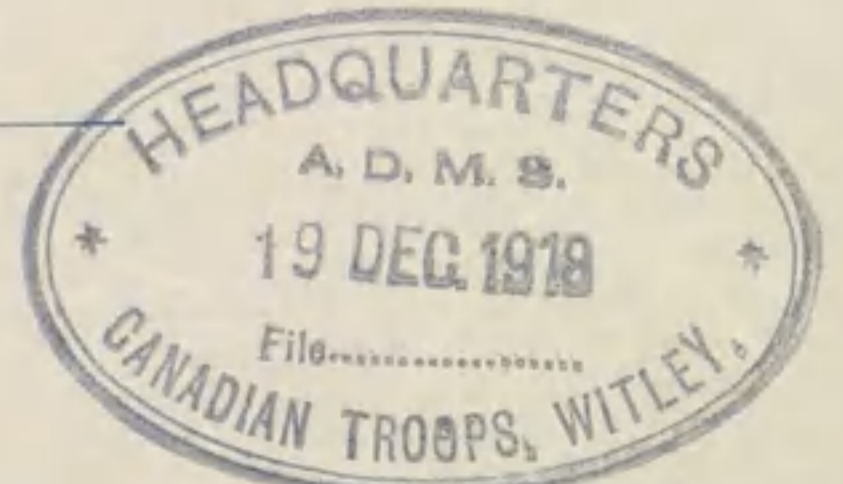
Robertson (President)
W. J. Grant

Approved

Dated at

A.D.M.S.

Station



* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-4-17		EFFECTIVE DATE:- 1-12-17	1-9-18
AMOUNT:- 20 ⁰⁰		AMOUNT:- 25 ⁰⁰	30 ⁰⁰

NAME: **CATLEUGH** *Wm Jas*
NUMBER:- 724056

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

Mrs Nancy Catleugh Same
40 Miss Janet Brown
Harlow House
Kipwell, Wisbech
Cambridgeshire
wife
Cancelled. Eff. 1/2/19.

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *109 Bn*
DATE ACCOUNT FIRST OPENED:- *1-8-16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO
			<i>40660</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
<i>19/11</i>	<i>4416</i>	<i>Field</i>	<i>1399</i>				
<i>7/12</i>	<i>4442</i>	<i>Widley</i>	<i>973</i>			<i>Large Ball</i>	<i>4410</i>
<i>9/12</i>	<i>11583</i>	<i>✓</i>	<i>1460</i>			<i>L.C.</i>	<i>900</i>
<i>20/12</i>	<i>2939</i>	<i>✓</i>	<i>1484</i>				
			<i>3316</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Disch Canada Auch A.G.P.A 3095 20/12/18*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>									<i>2690</i>		
<i>May 31</i>	<i>Bal fwd</i>										<i>25</i>
	<i>pp</i>	<i>33</i>		<i>A46344 29-4-11</i>			<i>20</i>				<i>25</i>
				<i>A4121 13/4 40 Sig</i>	<i>4461</i>						
				<i>✓ 123 16/4 124 Bn</i>	<i>3541</i>				<i>3187</i>		
		<i>33</i>			<i>803</i>		<i>20</i>				<i>25</i>
<i>May</i>	<i>pp.</i>	<i>34 10</i>		<i>A91962</i>			<i>20</i>				<i>25</i>
				<i>203 5/5 124 Bn</i>	<i>446</i>						
				<i>18/5 AR-497 40 Sig</i>	<i>357</i>				<i>3794</i>		
		<i>34 10</i>			<i>803</i>		<i>20</i>				<i>25</i>
<i>June</i>	<i>pp.</i>	<i>33</i>		<i>B23179 29-4-11</i>			<i>20</i>				<i>25</i>
				<i>208 1/6 40 Sig</i>	<i>446</i>				<i>4648</i>		<i>a/c agreed</i>
		<i>33</i>			<i>446</i>		<i>20</i>				<i>25</i>
<i>JUL 1918</i>	<i>pp.</i>	<i>34 10</i>		<i>C 8860 9-4-11</i>			<i>20</i>				<i>25</i>
				<i>466 1/7 92 Bn</i>	<i>357</i>						
				<i>703 16/7 4 cmg.</i>	<i>446</i>						
		<i>34 10</i>		<i>487 15/6 Lown M. Ambed.</i>	<i>357</i>				<i>4898</i>		
					<i>1160</i>		<i>20</i>				
<i>Aug:</i>	<i>pp.</i>	<i>34 10</i>		<i>C. 68167 29-4-11</i>			<i>20</i>				<i>25</i>
				<i>AR. 826 1/8 1 M.G. Coy.</i>	<i>357</i>						
				<i>" 1501 28/8 11 Sig. Co.</i>	<i>414</i>				<i>5237</i>		
		<i>34 10</i>			<i>1041</i>		<i>20</i>				<i>25</i>
<i>Sept</i>	<i>pp.</i>	<i>33</i>		<i>D3073</i>			<i>20</i>				<i>25</i>
				<i>" 1618 4th Div Sig Co 3-9-18</i>	<i>357</i>						
				<i>" 1132 4th M. C. 2. 9. C. 15-9-18</i>	<i>357</i>						
				<i>" 822 4 Div Sig Co 20-9-18</i>	<i>5353</i>						
				<i>" 1781 " 21-9-18</i>	<i>357</i>				<i>113</i>		
		<i>33</i>			<i>6424</i>		<i>20</i>				<i>25</i>

cd fwd

1918 NUMBER 724056 RANK

NAME CATLEUGH W.J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS'	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	Bal fwd								113	NIL	
Oct	PP	34	10	8.76238			20		1523		25
				CP40785 L.O.O. 1.00-18	487				1036		
				986 26/18 46 10 C.D	746				290		
		24	10		1233		20				25
Nov	9. 9	33		9.99489 K 126.7			20		1590		40
				E 58889. 10.5.6			20		410		30
Dec	P. P	34	10						30		
	P. P. Jany	34	10						6410		
				91081 10.5.6			20		4410		30
				DN 4416 24 1/8 Templo	1399				3011		
				11856 9.12.18 G. D	11460				1551		
				11442 5/12/18 G. D	973				578		
		101	20		3832		60				100
				3068 26.1.19. K. A. K. L. 6	213				335		
				12937 29.12.18. G. Dep 7	11484				1149		
					1721						
				lost bond 29.1.19							

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

REGT. No. 725056 RANK Pte. NAME (IN FULL) CATLEUGH, W.J.

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M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
NEXT OF KIN	314/19				4 Emp. Co.	
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	1-2-19				ASSIGNED PAY, \$	DATE EFFECTIVE
ADDRESS	RELATIONSHIP				20.00	1-2-19
	Wife				PAYABLE TO	ANY CHANGE IN ASSIGNEE OR ADDRESS
					Mrs W. Catleugh	
					40 Miss J. Brown, Harlow House	
					Upwell, Wisbeck, Cambridge Eng.	
					STOP PAYMENT FORM RENDERED, DATE	REASON
					DISCHARGED	TORONTO, ONT. MAR 3 1919

MONTH	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
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3						DEBIT	CREDIT			
31-1-19		\$1.10																			Balance from previous account	
1-2-19	31	1 ¹⁰	34 10	35-12	570	151 10	20764	5102201	20	4974											906	Balance from Engl. P.C.
183 days			WSG 420	SA 180	600				Mar 3	70											70	Due Soldier's Defend
									MAR 29	241115	70										140	1st W. S. G. Paid by #2 D. D.
									Apr 1	Trans on 36											180	Ch. mailed 31/3/19
									May 1	249003	70										390	W.S. PAID IN FULL
									" 29	655531	70										460	W. S. G. PAID IN FULL
									June 19												530	W. S. G. PAID IN FULL
									July 2	668350	70										600	W. S. G. PAID IN FULL
									July 24	981574	70										670	W. S. G. PAID IN FULL
									Aug 21	1042080	70										490	W. S. G. PAID IN FULL
																					180	W. S. G. PAID IN FULL

W.S.G. did not receive Ch. # 981574 = 70⁰⁰
 Bond of Indemnity has been signed - case is being investigated.

W.S.G. found & cancelled, taken by man 20/8/19.
 Credit to for cheque not cancelled, to adjust off.

