

109th to 20th Bn

A. B. Coy.  
No. 725072

# ATTESTATION PAPER.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

**ORIGINAL**

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your surname?..... Gilmour
- 1a. What are your Christian names?..... James
- 1b. What is your present address?..... 211 Sherbrooke St. Toronto.
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?..... ava Lilly Gilmour
4. What is the address of your next-of-kin?..... 52 Clyde St Glasgow Scotland.
- 4a. What is the relationship of your next-of-kin?..... Sister
5. What is the date of your birth?..... 22 Jan. 1882.
6. What is your Trade or Calling?..... Farmer
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... yes
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... Sutherland Highlanders  
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, James Gilmour, 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 28 1915. J. Gilmour (Signature of Recruit)  
Wm Beaupre (Signature of Witness)

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Gilmour, 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 28 1915. James Gilmour (Signature of Recruit)  
Wm Beaupre (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 13 day of January 1916.  
[Signature] (Signature of Justice)

# Description of James Gilmour on Enlistment.

Apparent Age 33 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height ..... 5 7 ft. .... ins.

*Tattooed on both arms.*

Chest measurement { Girth when fully expanded..... 39 1/2 ins.  
 Range of expansion..... 3 1/2 ins.

Complexion ..... Fair

Eyes ..... Hazel

Hair ..... Dark Brown

Religious denominations.  
 Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic..... R.C.  
 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..... Dec. 28 1915

Place..... Lindsay

*J. McCulloch* Capt.  
 Medical Officer.  
*Hoboyd* 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.

..... James Gilmour ..... 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. P. Hill* ..... Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

Date..... JAN 12 1916 1916

A. B. Coy.

ATTESTATION PAPER.

No. 725072

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Gilmour.*
- 1a. What are your Christian names?..... *James*
- 1b. What is your present address?..... *211 Sherbrooke St. Toronto.*
- 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?..... *Lilly Gilmour.*
- 4. What is the address of your next-of-kin?..... *Glasgow Scotland.*
- 4a. What is the relationship of your next-of-kin?..... *Sister*
- 5. What is the date of your birth?..... *22 Jan. 1882.*
- 6. What is your Trade or Calling?..... *Farmer.*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *Sutherland Highlanders.*  
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, *James Gilmour*, 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. 28* 1915. *James Gilmour* (Signature of Recruit)  
*Wm. Campbell* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Gilmour*, 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 28* 1915. *James Gilmour* (Signature of Recruit)  
*Wm. 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 *22* day of *January* 1916.  
*W. A. [Signature]* (Signature of Justice)

# Description of James Gilmore on Enlistment.

Apparent Age.....33 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height.....5 ft. 7 ins.

*Tattooed on both arms.*

Chest measurement { Girth when fully expanded.....39½ ins.  
 Range of expansion.....3½ ins.

Complexion.....Fair

Eyes.....Hazel

Hair.....Dr. Brown

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....  
 Roman Catholic.....R.C.  
 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.....Dec. 28 1915.

Place.....Lindsay

*James McCulloch*..... Capt.  
 Medical Officer.

109th Overseas Battalion, C. E. F.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

.....James Gilmore..... 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.

*James A. Little*..... Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

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

C.E.F.

GILMOUR JAMES

725072

109 BN

12999

MED. UNFIT

*Revised 13-1-56*





2.

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

30-11-32  
78.23/1/19.

1. No.	725072	
2. Rank.	Pte.	
3. Name.	Gilmour. James.	
4. Unit.	109th Bn. (#2 D.D.)	
5. Date of Discharge	Jan. 15th-1919.	Place TORONTO, ONT.
6. Reason for Discharge	HAVING BEEN FOUND MEDICALLY UNFIT FOR SERVICE.	
7. Authority.	D.O. D.D.#2 Pt. 11.#11	
8. Proposed Residence after Discharge	R.R. No. 1. Lindsay, Ont.	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?	
	<i>James Gilmour</i> Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Toronto, Ont. Date Jan. 15th-1919.	
	Signature (O. C. Discharging Unit.)	

UNITED STATES OF AMERICA

Department of Justice

CONFIDENTIAL

The following information is being furnished to you for your information.

(S. C. 10-10-10)

CONFIDENTIAL - SECURITY INFORMATION





LIST OF DISCHARGE DOCUMENTS.

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

Ward 19 Hospital. no 12 Can Gen  
No. of Bed 10 Date 25-6-18

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
<u>725072</u>	<u>Plt Lieutenant</u>	<u>100th Bn</u>	<u>Elbow</u>

## SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

2 Fracture of  
int. epicondyle &  
olecranon  
process

## REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 3312

Small piece of bone fractured  
from tip of olecranon process  
Possibly a small piece of  
epicondyle. Evidence of old  
lesion on internal side of  
external condyle.

Signature of M.O. [Signature]

Date \_\_\_\_\_

Signature of Radiographer [Signature]Date 26-6-18



(COPY,

CHEST REPORT

No 725072 Pte. GILMOUR, James.

January 7th, 1919.

Was gassed (Mustard) Nov. 1917 and was in hospital three months.

Severe cough more in the mornings and about 2 ozs. of green and white sputum daily.

- Shortness of breath on exertion such as going up a flight of ~~st~~ twenty steps rapidly.

Has fairly heavy night sweats, will wet an undershirt each night.

	<u>Sitting.</u>	<u>Standing.</u>	<u>Touching toes ten times.</u>	<u>After 1 min.</u>
Pulse rate	84	88	112	88
Respir. rate	18	18	25	18

Chest Measurements . Min. 36 $\frac{1}{2}$ " Max. 38" Total expansion 1 $\frac{1}{2}$ ".

A well formed chest, development is good.

No areas of dulness.

The breathing is suppressed all over the chest.

A few sticky rales are heard at the base of each lung.

Impairment of lung function due to gas-poisoning.

Discharge to I.S.C. for treatment and observation.

(Sgd.) Chas. C. Alexander,  
Capt.

B. P. C. FOLIO  
FALSE DOCKET  
3

Regtl. No. Rank and Name *725072 Pte Gilmore J.* Corps *1.c.o.d.*

Disease ..... Hospital *No 12 Ban. Gen. H.*

To Officer i/c Laboratory. Ward *19.*

Please carry out an examination of the accompanying specimen of *Urine*

with special regard to .....

Date *25-6-18.* .....

O. i/c

Ward.

### LABORATORY REPORT.

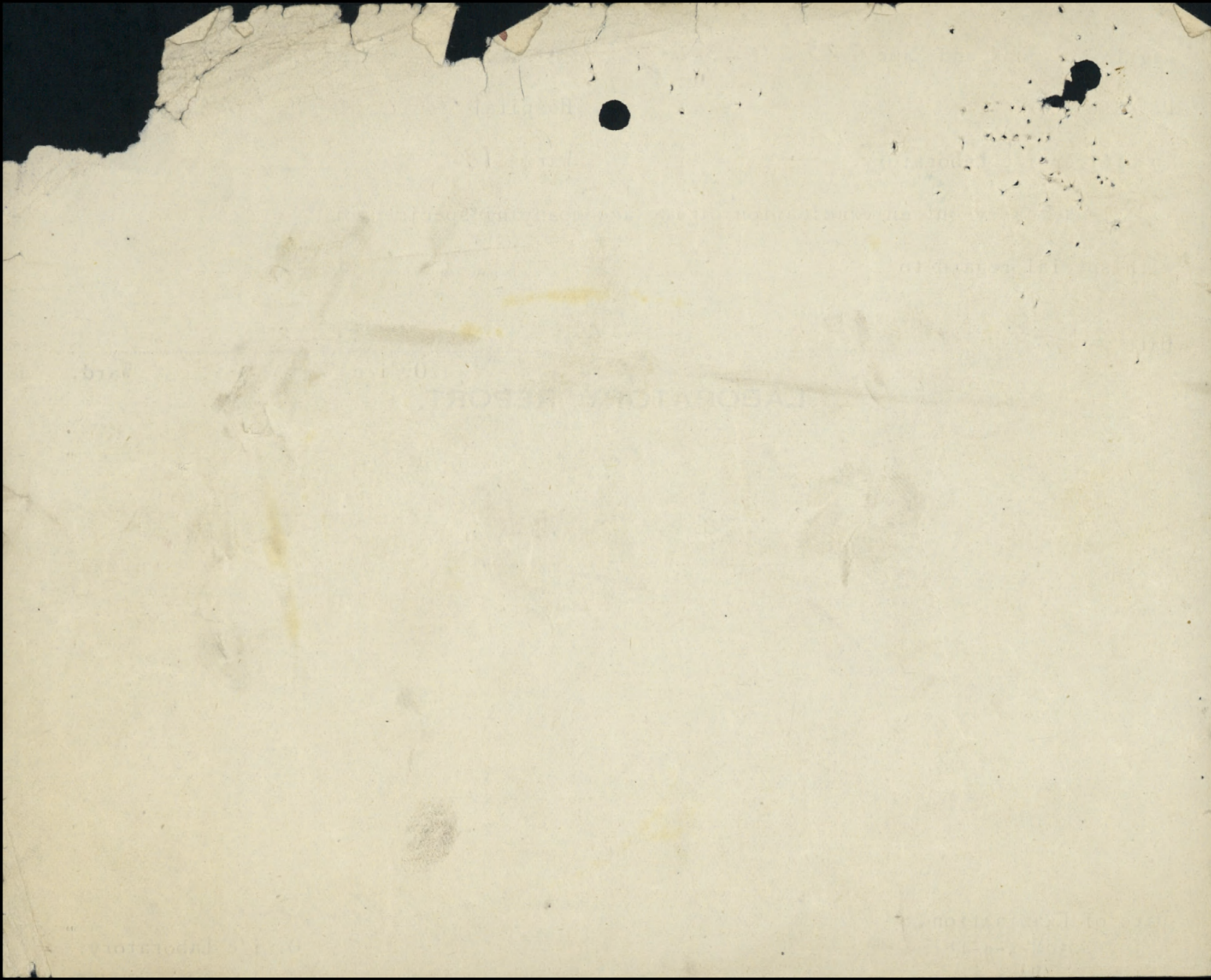
*React acid*  
*Alb neg*

*Spgr 1024*  
*Chgar neg*

Date of Examination *25/6/18* .....

W.3212. 50M-4-4-18.

*A. Montgomery Capt*  
O. i/c Laboratory.





## CANADIAN ARMY DENTAL CORPS.

## DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. 725072 \* NAME GILMOUR J. RANK pte UNIT 20th

Date of Examination	21-11-18
Present Dental Condition	Unfit
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	Yes
Has he ever declined Dental Treatment?	No
Recommendation	2 Upper Extractions 3 Lower Extractions  Bridge work on repayment

Date..... 21-11-18 .....

Station..... Witley. ....

Signature of Examining Officer..... *H R Lowrey* ..... Capt.  
C.A.D.C.

\* Name should be entered in block letters.

7

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR, FBI (100-35072) FROM SAC, NEW YORK (100-100000) DATE 11-11-51

11-11-51	NY 100-100000	NY 100-100000
NY 100-100000	NY 100-100000	NY 100-100000
NY 100-100000	NY 100-100000	NY 100-100000
NY 100-100000	NY 100-100000	NY 100-100000
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NY 100-100000	NY 100-100000	NY 100-100000
NY 100-100000	NY 100-100000	NY 100-100000

Date 11-11-51

NY 100-100000

100-100000  
100-100000

MEDICAL CASE SHEET.\*

Re

No. in Admission and Discharge Book.  UK 7459 Year 1918	Regimental No. 725072	Rank Pte.	Surname Gilman	Christian Name J.
	Unit 1 <sup>st</sup> C.O.R.D	Age 41	Service 2d/12	

Station and Date. Browd Aug 6 <sup>th</sup>	Disease Inac - rt. elbow (acc)
---	-----------------------------------

Some pain in R. Elbow, lack of pushing power of same arm. J.C. for  
M. Morgan

12-8-18 Rt elbow stiff

19-8-18 Arm quite sore

26-8-18 L.P.C.

5-9-18 Short board

11-9-18 ——— D/I

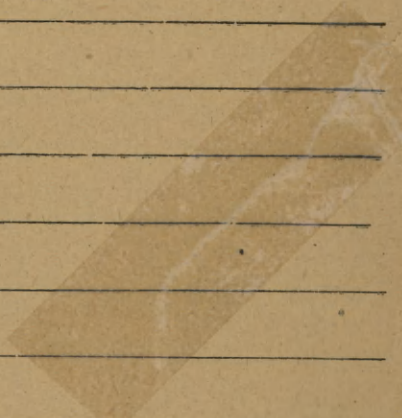
24-9-18 Discharged to 2<sup>nd</sup> C.O.D. Brampton

G.A. Morgan  
Med. Off., Canadian Convalescent Hospital,  
Bear Wood, Wokingham, Berks.

26 SEP 1918

Registrar, Canadian Convalescent Hospital,  
Bear Wood, Wokingham, Berks.

ation .  
d Date.



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at *Can: Conval: Hospital,  
Bear Wood.* *11 Sept* 1916.

No. *725072* Rank *Pte* Name *Gilmour J*

Local Unit *A 60 RD* Overseas Unit ..... Age *41*

Examination held at *Can: Conval: Hospital,  
Bear Wood.*

DISABILITY.  
Overseas—Local.  
(scratch one out)

## PRESENT CONDITION.

*Di  
Stu,*

## BOARD RECOMMENDS:—

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

## Signatures:—

Members { ..... President.  
 .....  
 .....

## APPROVED

Dated at.....1916. ....

# PROCEEDINGS OF A MEDICAL BOARD

Dated at \_\_\_\_\_  
 Name \_\_\_\_\_  
 Rank \_\_\_\_\_  
 Overseas Unit \_\_\_\_\_  
 Local Unit \_\_\_\_\_  
 Examination held at \_\_\_\_\_  
 DISABILITY:  
 Overseas—Local  
 (attach one cut)

## PRESENT CONDITION

*Diabetes*

## BOARD RECOMMENDS:

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

Signature: \_\_\_\_\_

President \_\_\_\_\_

Members \_\_\_\_\_

APPROVED

Dated at \_\_\_\_\_ 1918

## PROCEEDINGS OF A MEDICAL BOARD.

Dated at Bramshott 18/10/1918

No. 725072 Rank Pte Name Gilman J.

Local Unit ~~1st Bn~~  
2nd Bn Overseas Unit 20th Bn Age 42

Examination held at Bramshott

**DISABILITY.**  
Overseas—Local  
(scratch one out).

*Remedy  
various means legs  
Loss of lifting power Rt Elbow*

### PRESENT CONDITION.

*Enlisted 1st contingent - turned down. Re-joining claims for various reasons  
Enlisted 28/12/15. France 5/10/16 H.R.O. Backface 17/3/18. Returned  
to unit from leave 10/5/18. Shell gas 3/11/17 M.R.S. Reading Cross Staff  
16/11/17 to 14/2/18 Vomiting, dyspnoea, pulse fast & irregular.  
M.C.H. Epain 14th 27-2-18. Also D.I. after C.C.R. was on Police duty  
withy, where fractured step of olecranon (Rt) and 12 C.R.H. 24/6/18 to 6/8/18  
Beauvoir to 24/9/18 D.I. Complains of painful varicose veins  
especially Lt leg, of pain and loss of lifting ability, Rt elbow and of feeling  
too old for active service. On examination physical findings justify  
his statements. Although a powerfully built man he has lived some  
what recklessly (with no casualty form) and is physically older than  
his years. The varicose veins are large but not knotted or  
inflamed. Elbow cannot be extended to quite  
full degree (-10°) and attempt at full extension is  
painful.*

**BOARD RECOMMENDS:-**

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty B.T. permanent.....weeks.
4. Fit for Permanent Base Duty.....
5. Discharge.....

**Signatures:-**

}
 \_\_\_\_\_ President.  
 Members {  
 \_\_\_\_\_  
 \_\_\_\_\_ Capt C.A.M.C.

**APPROVED**

Dated Bramshott 18th Oct 1918 G. Sutthland Capt  
For A.D.M.S. *G*

PROCEEDINGS OF A MEDICAL BOARD

Date of Report: \_\_\_\_\_  
Name: \_\_\_\_\_  
Rank: \_\_\_\_\_  
Local Unit: \_\_\_\_\_  
Overseas Unit: \_\_\_\_\_  
Age: \_\_\_\_\_

DISABILITY  
Overseas Total  
Local Total

PRESENT ILLNESS

BOARD RECOMMENDATIONS

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

Signature

President

Members

APPROVED

Dated \_\_\_\_\_ 1917  
For A.D.M.S.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
282446. Year 1914.	725072.	Pvt	Salmow	J.
	Unit. 20th Can. Btm.		Age. 41.	Service. 31
Station and Date 20-11-17.	Disease Shell Gas No Sugar - No Alb. Vomity Eyes running. Dysphagia. Skin Nil Pulse fast + irregular General condition much improved.			
10/1/18.	Bassel 2-11-17. J. Long A. W.			
Jan 11 <del>24/1/18</del>	Intermittent In. to 74 ft to 6 pm.			
Jan 31.	Some Rhonchi over chest today. Dist 4 ft. 3/1/17. Recm. Chck. W. McCinnery			
14.2.18	Trans c.m.c.H. Epsom Surrey			

\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
 (44502) Wt. W 11203-M 1150. 1,450,000. 6/12/16. C.F.&S. Forms/I. 1237/12. (E239) P.T.O.

tion  
and Date.

Reserved for M.H.C.

Regt. No. 73-072 Rank Plt Surname GILMOUR Christian Name James  
 Unit or Corps—(a) Overseas from United Kingdom 20th Btlm (b) in United Kingdom 1st B.O.R.S.  
 Born at—Town Glasgow County or Province Scotland Country Scotland  
 Date of Birth—Day 22 Month December Year 1876 Age 42 yrs. — months.  
 Joined at Toronto Date 27-Dec-15  
 Former trade or occupation Farmer

Permanent Marks or any peculiarity that will serve for future identification:—

"J Bolton" tattooed left forearm + 3 fishes on left wrist  
 "J Thompson" on right forearm. Sailor boy back of right hand.

Height—feet 5 inches 8 1/4 Colour of eyes Gray

Signature of Soldier (for identification purposes) James Gilmore

**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)

VARICOSE VEINS

Disabilities Group (b)

DEBILITY

Disabilities Group (c)

FRACTURE Olecranon (RT)

**2. CAUSE OF DISABILITY**

		Place of origin.	Date of origin.
(i.) As to Group (a) above.	<u>Unknown</u>	<u>Canada</u>	<u>1912</u>
(ii.) As to Group (b) above.	<u>Shell Gas</u>	<u>France</u>	<u>Nov. 1917</u>
(iii.) As to Group (c) above.	<u>Fall from cycle</u>	<u>Witley Camp</u>	<u>June 1918</u>

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

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

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

(i.) As to Group (a) above? No  
 (ii.) As to Group (b) above? Yes  
 (iii.) As to Group (c) above? Yes

5. MEDICAL HISTORY. States that he has been soldiering for about 20 years. First noticed varicose veins in 1912 but had no trouble with them until a year ago. Was gassed in France Nov 1917 and has since been troubled with shortness of breath and weakness. Last June fell from cycle and broke a bone in right arm.

M.F.W. 54 shows he was in France from 6-10-16 to 16-11-17.

M.N.J. Was in Redding & Epsom from 16-11-17 to 27-2-18 with shell gas vomiting, eyes running, dysphagia, pulse fast & irregular. Chest clear P.T.

In Bramshott & Beawood 24-6-18 to 24-9-18 Fracture olecranon right Has good movement of joint F.I. for P.T.

X-Ray Report 25-6-18 Small piece of strap bone fractured from tip of olecranon process, possibly a small piece of epicondyle. Evidence of old lesion on internal side of external condyle.

Med. Board Bramshott 18-12-18. Severity, varicose veins, legs and loss of lifting power right elbow. P.T. permanent.

6. PRESENT CONDITION. Complains of shortness of breath and weakness. Inability to carry on as formerly. Has pains in legs when walking. Has loss of lifting power of right arm.

General condition good. Appears to be older than stated age.

Heart and lungs negative. Has some cough.

Legs - some enlargement of the veins in both legs but they are not knotted or suffused.

Right arm - measurement shows no atrophy of fore- or upper arm.

Both - forearms 11 1/4 in - Upper arms - 11 inches. Cannot fully extend the arm (-10°) Loss of lifting power.

Other systems - negative

7. OPERATION. (i) Was one performed? Yes

(ii) If so, state what. - Setting arm.

(iii) Was one advised and declined?

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. 2 extractions

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) P.T.

(b) Invalid to Canada?

(c) Discharge from the Service as permanently unfit?

Date of Report Nov 20th 1918

Signed G. Harofalo Capt Officer in medical charge of case.

Station Witley Camp

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

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

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 no, no disability was.

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

12. From the medical information now adduced, was the disability caused or aggravated by:—
(a) Negligence of the Soldier { Caused? No Aggravated? No
(b) Misconduct of the Soldier { Caused? No Aggravated? No

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

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.)
nine-tenths

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? No
(ii.) If not permanent, what is its probable minimum duration (in months)?
three months

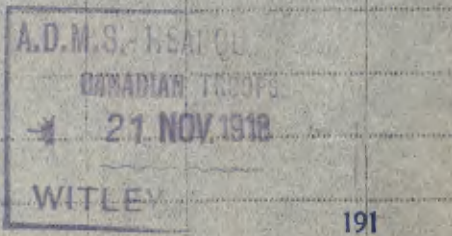
16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?
No

17. Can the former trade or occupation be resumed?
Yes

18. REMARKS:—
a.g. 119083. 11-11-18
Sup of his almost normal
He looks strong.

19. RECOMMENDATION:—
(a) Fit for duty? (state category) B I
(b) Invalid to Canada?
(c) Discharge from Service as permanently unfit?

Date of Board 20/11/18
Station Witley
Approved [Signature] MAJOR A.D.M.S.
Dated at Witley Station 191





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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION... Ex. Camp, Toronto... DATE... Jan 6, 19...

1. 1 (a) Unit # 2, D.D. (b) Regimental No. 725072 (c) Rank Pte.  
 (d) Surname Gilmour (e) Christian name James  
 (f) Home address R.R.#, Lindsay, Ont.  
 (g) Next of Kin Mary Evelyn Gilmour (h) Relationship Wife  
 (i) Address of Next of Kin R. #1, Lindsay, Ont.

2. Age last birthday 42 Date of birth Jan. 22-1875

3. Enlistment, or Appointment (if an Officer) (a) Place Toronto (b) Date Dec. 27-15

4. Personal description:

(a) Height 5.17!! (b) Weight 162 (c) Complexion Fair  
(stripped)  
 (d) Colour of hair Brown (e) Colour of eyes Hazel (f) Identification marks, Scars, etc. Two vaccination marks on left arm. Tattooed on both arms.

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	10

	PERIODS	
	From	To
20th Bn.		
Canada	Dec. 27-15	July 1916
England	July 1916	Oct. 1916
France or other theatres of War	Oct. 1917	To date
Canada & England		

7. Original disease, or injury 1. Gassed lungs. 2. Fracture Olecranon process. Right ulna. 3. Varicose Veins.

(a) Date of origin 1. Nov. 1917. 2. June 1918. (b) Place of origin France, 2. England 3. Scotland.  
 (c) Cause 1. Active service conditions gas shell. 2. Fall from a cycle. 3. Unknown.

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.)

- 1. Partial loss of function of lungs
- 2. partial loss of function fo right arm.
- 3. artial loss of function fo cardio-vascular 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.)

1. OBJECTIVE. See special report o on lungs.

2. SUBJECTIVE. He coughs at intervals of 5-10 minutes for about an hour every morning after rising from bed and there is quite copious expectoration 2-3 ounces of white frothy or yellow-colored sputum, he has a sensation of choking and his eyes and nose run water continuously. He feels short of breath if he runs 50 yds. and he has to stop and rest. He has severe headache after the coughing and gets dizzy and has to sit down. After going to bed every night he begins to sweat very markedly. This continues for about half an hour.

2. OBJECTIVE. Fracture of elbow right.
- 1. Extension- normal. Flexion 120° normal 160°
  - 3. Supination 90 normal 90 from mid joint.
  - 4. Pronation 90 normal 90 from mid joint.

POWER OF MUSCLES OF FOREARM.

- 1. Extension 70% of normal.
  - 2. Flexion 80% of normal.
  - 3. Pronation 60% of normal
  - 5. Flexion digitorum 50%
  - 6. Extension 75% normal.
- (cont. attached sheet.)

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

Nervous System.....no..... Cardio-Vascular System.....no..... Genito-Urinary System.....no.....  
 (If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)

Special Senses.....no..... Respiratory System.....no..... Integumentary System.....no.....

Disturbances of Mentality.....no..... Digestive System.....no..... Muscular System.....no.....

Osseous and Joint Systems.....no..... Any other general condition.....no.....

no hernia, no haemorrhoids, no varicocele.

U rinalysis, no albumen, no sugar.

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

He was gassed Nov 1917 and since then has had spells of coughing every morning for about an hour and has felt himself short of breath on moderate exertion. His right Olecranon process of the Ulna was fractured in June 1916, and his arm has been weak since, healing appears to nbe complete. He had varicoseveins prior to enlistment but feels they are much worse since enlistment.



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).)

tonsillitis 10 years ago made good recovery

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

Two scars left arm. scar on neck not painful and not adherent prior to enlistment. no service disability.

11.—(a) Did the disabling condition have its origin before enlistment? 1.2.no.3.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.)

1.2. Not applicable. 3. yes he never had to stop on a walk of 20 miles prior to enlistment on account of pain in his leg but now he cannot walk 3-4 miles without stopping to rest on account of pain.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? 1.2.3.a. and b.no

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. Perment. 2. 3. months. 3. Perment.

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

1. Hospital treatment for gas 16-11-17-24-1-28. 2. Hospital with fracture of olecranon process of ulna 24-6-18--6-818-. 3. No Hospital treatment for varicose veins none elastic bandages.

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

no

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

17. Recommendations

Discharged "E"

W. Warren Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Rank. Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We concur except Sec. 17 1/2 for 6 months under the I.S.C. as an out-patient.

19. Is the invalid fit for

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

20. It is certified that the invalid

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

Chest condition rest and Medicine and 6 months under the I.S.C. as an out-patient.

- (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.)

Having been found medically unfit for service. For further treatment under the I.S.C. 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.

Signature area with names R. M. Hillary Lt. Col. President and R. Sheard Capt. Members. Includes fields for PLACE (Exhibition Camp) and DATE (Jan. 7-19).

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

Signature area with fields for PLACE and DATE, and a bracketed area for Members.

APPROVED BY Assistant Director of Medical Services and APPROVED BY Director-General of Medical Services.

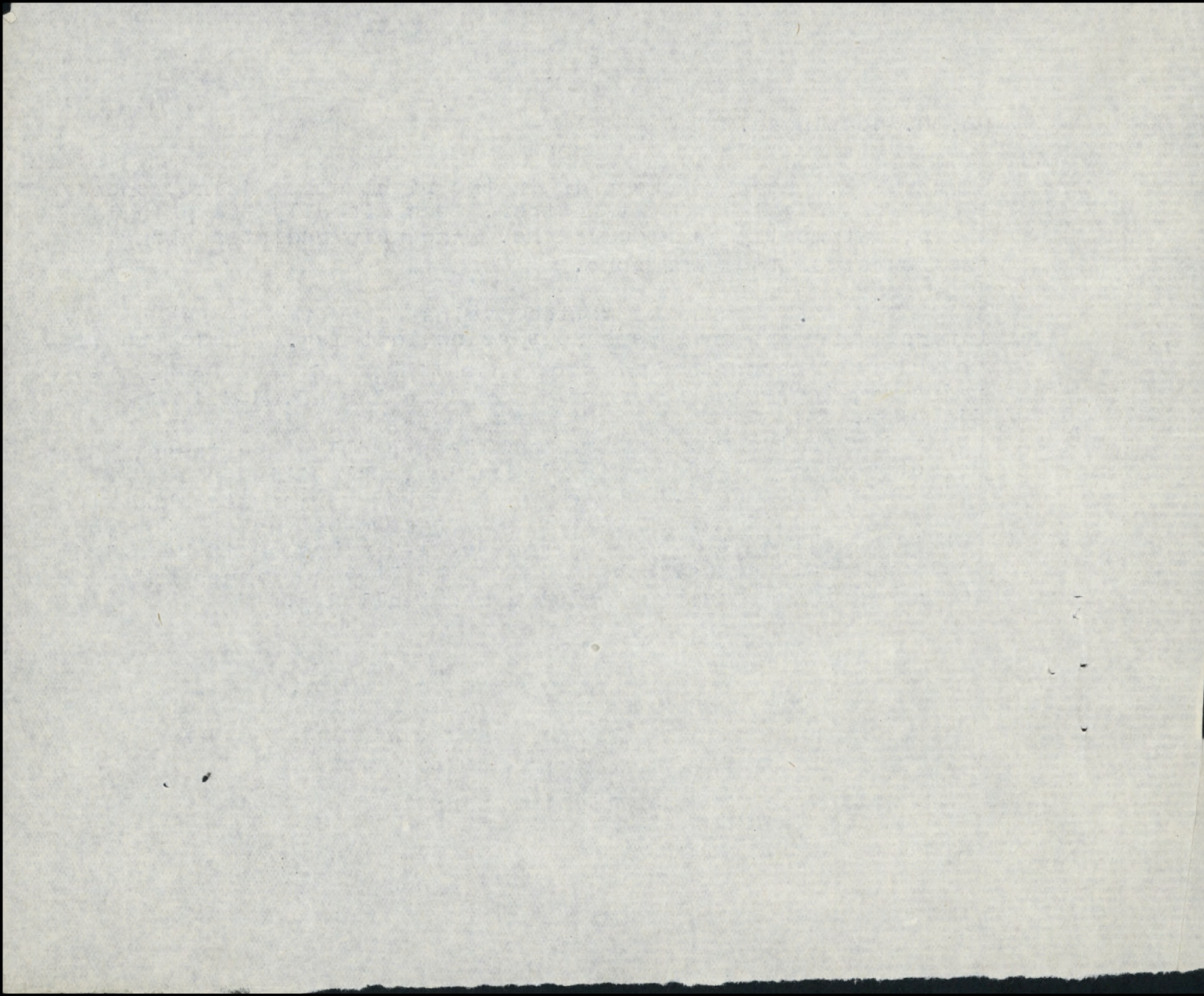
DATE fields for both Assistant Director and Director-General.

No. 9. continued.

SUBJECTIVE. he has some pain in the right elbow joint, increased increased in cold and wet weather. Occasionally the pain is sharp, but mostly is a dull ache. The pain radiates along the course of the Ulnar bone.

OBJECTIVE#3. A mass of matted veins along the course of the internal and external Saphenous veins left leg. These are no phleboliths no tendency to ulceration, and no oedema. The veins are tense and firm and markedly enlarged. 4-5 in in diameter.

The veins on the rt. leg are much less swollen and tense, They do not show any tendency to ulceration, phlebitis or thickening or oedema. There is no marked varicosity above the knee. Subjective 3. The legs get so sore he has to stop and rest if he walks at moderate rate for 1-2 miles or if he walkd quickly up 25-50 steps. The pain in the legs continues after he has gone to bed if he has been walking about all day.



Chest Report.

Jan. 7th., 1919.

#725072; Pte. James Gilmour.

Was gassed (Mustard) Nov. 1917 and was in hospital three months. Severe cough more in the mornings and about 2 ozs. of green and white sputum daily.

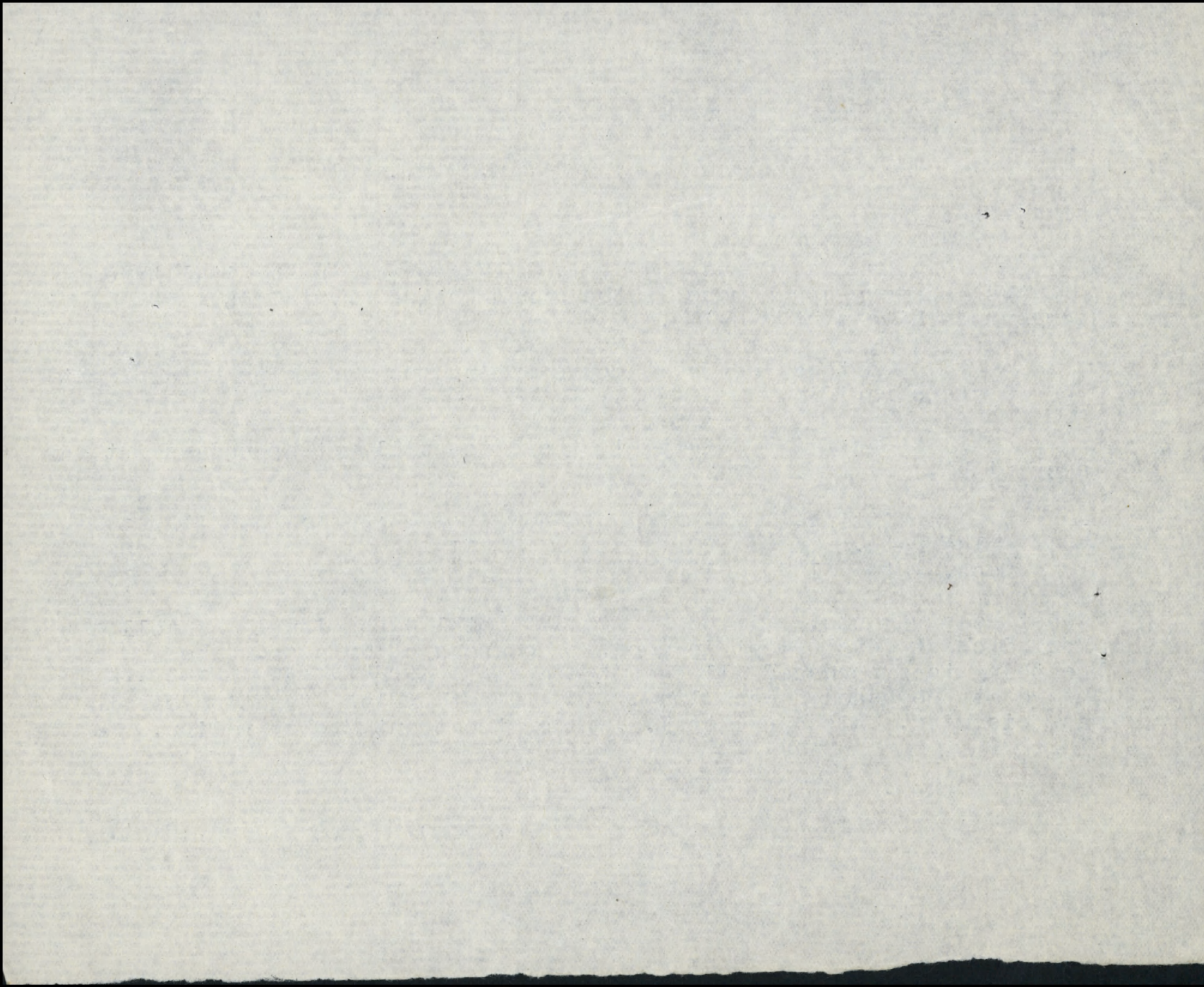
Shortness of breath on exertion such as going up a flight of 20 steps rapidly.

Has fairly heavy night sweats- will wet an undershirt each night.

	Sitting.	Standing	Touching toes ten times.	after 1 min.
Pulse rate.	84	88	112	88
Resp. rate	18	18	25	18

Chest measurements. Min  $36\frac{1}{2}$ " Max 38" Total expansion  $1\frac{1}{2}$ " A well formed chest development is good. No areas of dulness. The breathing is suppressed all over the chest. A few sticky rales are heard at the base of each lung. Impairment of lung function due to gas-poisoning. Discharge to I.S.C. for treatment & observation.

Sgd. Chas. C. Alexander, Capt.



114  
Gen. No.  
4369

# REPORT ON WOUNDS OR OTHER INJURIES RECEIVED OTHERWISE THAN IN ACTION.

## Certificate of Medical Officer.

No. 725072 Mc Gilmore J. 1st CO.R. 20 Bn.

was admitted to hospital on the 24/6/18 suffering from fracture of int condyle Rt humerus

†Here insert "trivial" or "serious."

The disability is of a † serious nature, and in all probability

‡Here insert "will" or "will not."

‡ will not interfere with his future efficiency as a soldier.

\*Here insert "claims" or "does not claim."

\*He does not claim that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time, the certificate below should be signed by him.)

Station 12 Can Gen Hospital J.R. Lewis capt

Date 25-6-18 Medical Officer in Charge.

## Certificate to be signed by Soldier.

I, J. Gilmore hereby declare that the injury sustained by me on the 24-6-18 did not occur while I was in the performance of military duty. J. Gilmore

Station 12 Can Gen Hosp. J.R. Lewis capt  
Date 25-6-18  
} Soldier's Signature.  
} Signature of Medical Officer.

## Certificate of Commanding Officer.

(This certificate will be completed only in cases of trivial injury where the soldier claims to have been injured while on duty.)

†Here insert "occurred" or "did not occur."

I certify that the injury to the above-named soldier † \_\_\_\_\_ while he was in the performance of military duty.

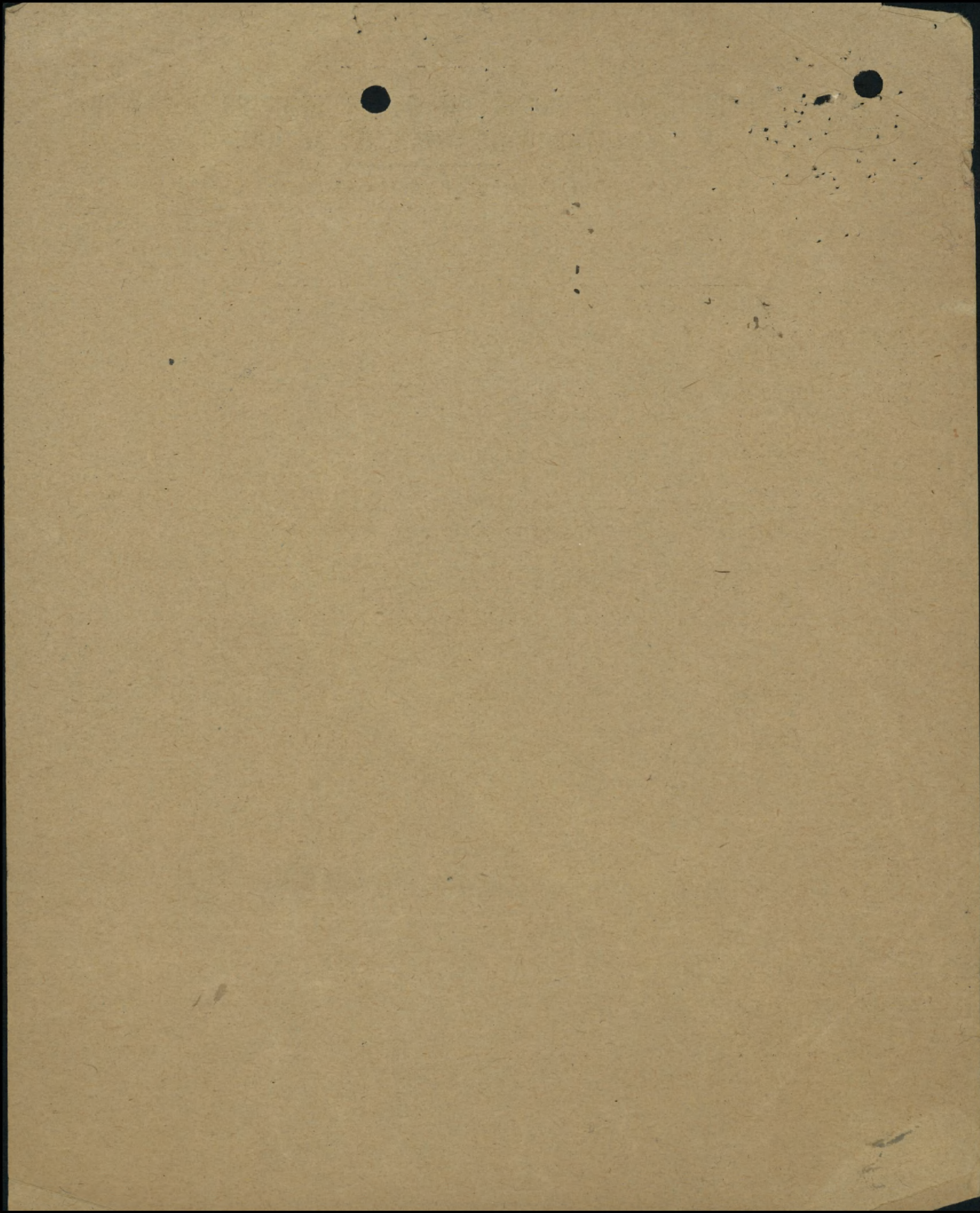
‡If on duty, state—  
(a) The date of the injury.  
(b) The place where it occurred.  
(c) The nature of the duty.  
(d) Whether the soldier was in any way to blame.

The soldier has been so informed.

Station \_\_\_\_\_

Date \_\_\_\_\_ Commanding \_\_\_\_\_

This Army Form will be attached to the Medical History Sheet, on which it will be recorded whether the soldier was on duty, and whether he was to blame.





**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Army Form B. 181.

Corps U. S. A. R. W.

Military Hospital No. 12. Camp Green

No. 725072.

Rank and Name Pvt. Gilman

Age 41

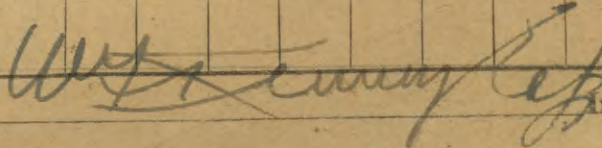
Service 3 7/12

Disease Fract. of elbow. Date of admission 24-6-18.

Date of discharge \_\_\_\_\_

Result \_\_\_\_\_

Dates of Observation	Days of Disease																																																																																						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28																																																											
Temperature, Fahrenheit	<table border="1"> <tr> <td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td><td>Time</td> </tr> <tr> <td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td><td>A.M.</td><td>P.M.</td> </tr> </table>																												Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
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A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.																																																										
Pulse per Minute	84	80	80	78	77																																																																																		
Respirations per Minute	20	20	18	18																																																																																			
Motions per Hour																																																																																							

  
 \_\_\_\_\_  
 In charge of case.

**CLINICAL CHART.**  
(To be attached to Case Sheet.)

Army Form B. 181.

Corps \_\_\_\_\_

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

Military Hospital \_\_\_\_\_

Age \_\_\_\_\_ Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation	Days of Disease	Temperature, Fahrenheit	Time																											
			A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																														
106°																														
105°																														
104°																														
103°																														
102°																														
101°																														
100°																														
99°																														
98°																														
97°																														
Pulse per Minute																														
Respirations per Minute																														
Motions per 24 Hours																														

Signature \_\_\_\_\_ In charge of case.



Corps \_\_\_\_\_

Military Hospital \_\_\_\_\_

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

Age \_\_\_\_\_ Service \_\_\_\_\_

Disease \_\_\_\_\_ Date of admission \_\_\_\_\_ Date of discharge \_\_\_\_\_ Result \_\_\_\_\_

Dates of Observation

Days of Disease

Temperature, Fahrenheit

Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	
A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.

107°

106°

105°

104°

103°

102°

101°

100°

99°

98°

97°

Pulse per Minute

Respirations per Minute

Motions per 24 Hours

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

No. 58

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 725072 Rank Pte Name Gilmour J  
 who was\* disch  
 On 15/7 1919, to 1/12 1919, the inclusive date of transfer or discharge.  
 Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/12 1919 to 15/7 1919, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month <u>PPC</u>	<u>74</u>	<u>13</u>	Balance Cr. from prev. month	<u>12</u>	<u>8.0</u>
Advances by Cheques } No. <u>45898</u>	<u>35</u>	<u>-</u>	Reg'tl. Pay <u>46</u> days at \$ <u>1</u>	<u>46</u>	
Assigned Pay and Sep'n Allee. No. <u>45898</u>	<u>14</u>	<u>55</u>	Field Allow. <u>46</u> days at \$ <u>10</u>	<u>46</u>	<u>6.0</u>
Other charges			Separation Allowances* (Monthly)	<u>14</u>	<u>3.5</u>
Payment on transfer or discharge No.			Other Allowances* <u>Chs</u>	<u>3.5</u>	
Balance Cr. (to be paid by the new unit)			Other Credits* <u>Am PPC</u>		<u>8.0</u>
<b>Total</b>	<b>123</b>	<b>68</b>	Bal. Dr. (to be deducted by new unit)	<u>9</u>	<u>9.3</u>
			<b>Total</b>	<b>143</b>	<b>75</b>

\*Give particulars. 123 68

A monthly stoppage of \$ 20<sup>00</sup> (†) has been (‡) been paid on account of Assigned Pay for the month of Dec 1918 and Sep'n Allee. for month of 15 days 1919 (to) Assignee Mr J. E. Gilmour  
 (Address) 90 Cambridge Pk

(†) 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.

Out Allowance of \$.....has been paid by Paymaster, Military District No. ....


**REMARKS:—**

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted yes
- (3) cause of discharge ..... authority Do 11
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 12/1/19  
 Place Lalor  

  
 PAYMASTER, No. ..... PAYMASTER DEPOT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

TABLE PAY CERTIFICATE

This certificate is issued to the holder in accordance with the provisions of the War Service (War) Act, 1914, and the War Service (War) Regulations, 1914, and the War Service (War) Regulations, 1915.

(where applicable, state the name of the holder)

The holder of this certificate is entitled to the amount of pay and allowances specified in the schedule hereunder, subject to the provisions of the War Service (War) Act, 1914, and the War Service (War) Regulations, 1914, and the War Service (War) Regulations, 1915.

No.	Description of Pay or Allowance	Rate
1.	Basic Pay	£100.00
2.	Dearness Allowance	£10.00
3.	Other Allowances	£5.00
4.	Other Grants	£2.00
5.	Ret. Pay in respect of new term	£1.00
Total		

ON TRANSFER OF AN OFFICER

Where an officer is transferred from one command to another, the pay and allowances payable to him in the new command shall be calculated on the basis of the pay and allowances payable to him in the old command, subject to the provisions of the War Service (War) Act, 1914, and the War Service (War) Regulations, 1914, and the War Service (War) Regulations, 1915.

The holder of this certificate is entitled to the amount of pay and allowances specified in the schedule hereunder, subject to the provisions of the War Service (War) Act, 1914, and the War Service (War) Regulations, 1914, and the War Service (War) Regulations, 1915.

£120.00

This certificate is issued to the holder in accordance with the provisions of the War Service (War) Act, 1914, and the War Service (War) Regulations, 1914, and the War Service (War) Regulations, 1915.

The holder of this certificate is entitled to the amount of pay and allowances specified in the schedule hereunder, subject to the provisions of the War Service (War) Act, 1914, and the War Service (War) Regulations, 1914, and the War Service (War) Regulations, 1915.

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

REGT. No. 725072 RANK PTE NAME (IN FULL) GILMORE JR JAMES (M.M.)

M. OR S.

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F. Cord road

IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY \$ 20.00

DATE EFFECTIVE 1-1-19

IS SEPARATION ALLOWANCE PAID? *Yes*

DATE EFFECTIVE 1-1-19

TO WHOM PAID *Yes* *Wm M. E. Gilmore* RELATIONSHIP *Wife*

ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *90 Cambrey P.O. Cambrey Ont*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

EFFECTIVE

DISCHARGED PLACE DATE 15.1.19. REASON *I.C. outpatient Med. Co.* AUTHORITY *D.O. 11* IF ENTITLED TO POST DISCHARGE PAY *yes mt*

*Doc. complete*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.		\$	C.		\$
Dec 15	46	1.10	50 60	80	12	80							35	14 55	74 13	123 68	993	993	<i>128 Cr Dec PR 70203 at LAC 587 re balance 69-60-03</i>	
Jan 15				14 55																
				35																<i>113 75</i>
6 mos	<i>Yes</i>																			<i>600 00</i>
																				<i>Jan 14 681 60 07 682 30 00 100 -</i>
																				<i>Feb 13 208231 70 - 208232 30 - 200 -</i>
																				<i>Mar 11 210972 70 - 210893 30 - 300 -</i>
																				<i>Apr 11 254003 70 - 254004 30 - 400 - 200 -</i>
																				<i>May 7 350817 70 - 350818 30 - 500 - 100 -</i>
																				<i>June 6 679465 70 - 679466 30 - 600 - 100 -</i>
																				<i>600 -</i>
																				<i>final</i>
																				<i>410 07 9 93 180 600 -</i>

FOR PAYMASTER WAR SERVICE GRATUITY





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

15-4-16

# Separation and Assigned Pay Branch

# G 3434

Jan 1, 1917

OVERSEAS CONTINGENTS

### RATE OF SEPARATION ALLOWANCE

20-	25	30	
-----	----	----	--

1-12-12. 1-9-18.  
 P.C. 2753.  
 M.R.O. 47417.

### RATE OF ASSIGNMENT

20			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. 725-072  
 Rank Cpl. Promoted Reverted Discharge  
 Soldier's Name J. Gilmour  
 Battalion 109 Batta.  
 Beneficiary Evelyn Gilmour  
 Relationship wife M. J. W. 2554. 7-8-18  
 Address Crambry, Ont. 3550-O.K. 25.11.18

### PARTICULARS OF ASSIGNMENT

Name Mr. M. E. Gilmour  
 Address B/O Crambry PO Crambry  
 Change of Address Out

1  
2  
3  
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					06946-9-2
Dec 31		410	280	690	
Jan	J 65338	30	20	50	K
Feb	S. 90057	25	20	45	c
Mar	H 90702	25	20	45	c
Apr.	H 9911	25	20	45	c.
May	S 17247	25	20	45	e.
June	M 27534	25	20	45	M
July	K 28407	25	20	45	M
Aug	O 35753	25	20	45	
Sept	J 46080	25	20	45	M
Oct	M 54058	25	20	45	M
Nov	S 56833	25	20	45	Q
Dec.	M 67213	45	20	65	
		<u>735</u>	<u>520.</u>	<u>1255</u>	

20<sup>00</sup> ap from Sept 1-1916 to Jan 1-1917  
 account closed and reopened March 1st 1917  
 56747

CANADIAN  
 ASSIGNED PAY AUDITED  
*A. J. rare*  
 AUDIT CLERK  
 DATE 15-6-19

M. F. W. 128  
 4004-617-1712-38-1141  
 L. L. 22520-M. & D. 7988.

210 Closed  
 Ret'd per. Olympic  
 Date 14.12.18 M. J. W. 187  
19.12.18  
M. Nolan



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

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion *C 2409d*

Beneficiary \_\_\_\_\_

Relationship *J 8408*

Address \_\_\_\_\_

## PARTICULARS OF ASSIGNMENT

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

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

M. F. W. 128  
 4000, 6-17-1772-89-114  
 L. L. 2320-M. & D. 1963.

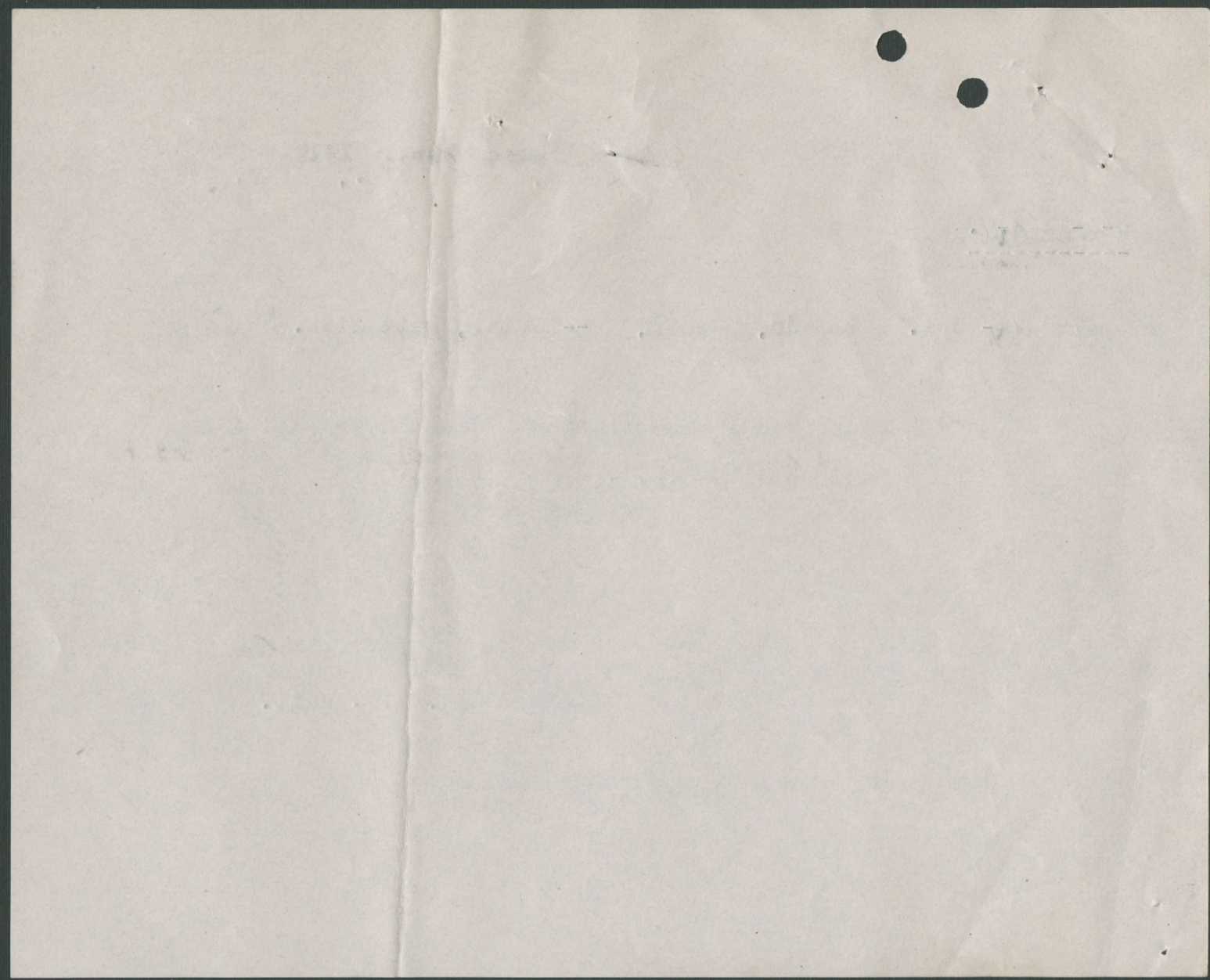
Ottawa, June 9th., 1919.

3-L-11-G-9.  
-----

#725072- Cpl. Gilmour, James, --109th., Battalion.

2 Small and 1 Consolidated Ledger Sheet pulled and  
attached by A.P.A.

*Spencer*  
Can. A.P.Audit.



**DUPLICATE**

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins 109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number 725072

(3) Full Name of Soldier James Gilmore

(4) Place of Birth Glasgow Scotland

(5) Are you married, or not? yes

(6) If married, state,  
(a) Full name of your wife Mrs M E Gilmore

(b) Present Postal Address Cambrai P.6 Cambrai

Victoria County, Ontario Canada

(7) Are you a widower? no

(8) Have you any children? no

If so, give number of boys and girls no

Also their names and ages no

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

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

(10) Is your Mother alive?..... *no*

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

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

Are you her sole support, or not?.....

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

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

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

(15) Are you insured?..... *yes*

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

Date..... *8<sup>th</sup> September 1916*

*J. J. [Signature]* Lt. Col.  
O. C. 109th Coy. [Signature] *Bracewell* Battalion *C. E. F.*

925072

# MEDICAL HISTORY SHEET.

ORIGINAL  
G 145

Surname Gilmour Christian Name James

Examined on 28 day of December 1915  
at Lindsay  
Birthplace { City or Town Glasgow  
County Scotland

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

Apparent age 33 years  
Trade or occupation Farmer  
Height 5 Feet 7 Inches.  
Weight 152 Lbs.  
Chest measurement { Minimum 36 inches.  
Maximum expansion 39 1/2 inches.  
Physical development Good  
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,	
<u>27/9/18</u>	<u>DI</u>	<u>Lu</u>	<u>22 NOV 1917</u> M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Vaccination Marks { Arm. Right None Left None  
Number None

Date	Result	VACCINATIONS.	
<u>23-11-15</u>	<u>Good</u>	<u>J. McCulloch</u>	M.O.
			M.O.
			M.O.

When Vaccinated last November 23<sup>rd</sup> 1915  
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>18-4-16</u>	<u>Good</u>	<u>J. McCulloch</u>	M.O.
<u>2-4-16</u>	<u>Good</u>	<u>J. McCulloch</u>	M.O.
<u>2-5-16</u>	<u>Good</u>	<u>J. McCulloch</u>	M.O.
<u>2-10-16</u>	<u>"</u>	<u>St. Boyd</u>	M.O.

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

Enlisted on 27 day of December 1915 at Lindsay

Joined on enlistment	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<u>109th Bn C.E.F.</u>	<u>725072</u>		<u>27-12-15</u>
Transferred to.....	<u>21st Bn</u>			

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshill</u>	<u>18/10/18</u>	<u>venity, varicella veins leg. Diminished power Rt. Elbow</u>	<u>Bii Remount W. Sutton MAJOR C.A.M.C.</u>
<u>1st CC 10 Witley</u>	<u>7-11-18</u>	<u>venity, varicella veins loss of lifting power Rt. Elbow.</u>	<u>Bii B. H. Frank</u>
<u>Witley</u>	<u>20/11/18</u>	<u>fract. rt. clavicle v. veins</u>	<u>Bii W. H. ...</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.

CANADIAN

1403 } 19-3-18  
27-2-18

Christian Name *James*

Surname *Gilman*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from: whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Reading War.</i>		16	11	17	24	1	18	<i>Shell Gas</i>	40 <del>22</del> <del>92</del>	<i>Passed 2/11/17. Vomiting, eyes runny Dysphagia. Skin Nit Pulse fast + irregular</i>	<i>Hoa Curt</i>
<i>M.C.H. Spenn</i>		14	2	18	27	FEB	1918	<i>Ditto.</i>	14	<i>Temp. normal - chest clear. Fit for training. Transfer to Depot DI</i>	<i>Matthews DIVISION. CAPT. G.A.M.</i>
<b>No 12 CAN. GENERAL HOSPITAL</b>											
		24	6	18	6	8	18	<i>Nocturnal - Obenauer.</i>	41	<i>No fracture of head of humerus and small pieces of epiphyse. No good movement of joint.</i>	<i>W.F. Dewey</i>
<i>Bearwood</i>		6	8	18	<del>24</del> 24	9	18	<i>- do -</i>	<del>50</del> 50	<i>Go good. Fit for DI</i>	<i>Pl. Morgan to</i>

50114W111111



# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT *2*

M.F.B. 465.  
200M-6-18.  
1779-90-950.

NAME OF SOLDIER *Gilmore James*

REGIMENT *Rte.*

RANK

No. *725072*



## INSTRUCTIONS

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

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

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

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<p>DISCHARGE EXAM.</p> <p>EXHIBITION CAMP</p> <p>DATE <u>JAN 7 1916</u> CERTIFICATE ISSUED FOR <i>Extraction</i> <i>Part upper denture</i></p> <p><i>W. Manning Capt</i></p>																						



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725072	Pvt	Gilman	J.
Year	Unit.	Age.	Service.	
1918	1st C. O. M. U.	41	3 6/12	
Station and Date.	Disease			
June 24. W 12 Camp	Fracture Rt humerus. While riding a bicycle on 23-6-18 he fell off on rt elbow. X Ray shows fracture of int condyle of Rt humerus.			
	Present Condition:- Can extend arm to about 80% extension of arm. Flexion, supination and pronation complete. Shin lying over internal condyle and olecranon.			
	Treatment:- Massage daily. W. H. Sweeney Capt			
6/7/18	operation			
6/8/18	transferred to Peak Wood W. H. Sweeney Capt			

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

Station  
and Date.

✓  
IV

MEDICAL CASE SHEET.\*

No. in  
Admission  
and  
Discharge  
Book.

Regimental No.

Rank.

Surname.

Christian Name.

725072 Pte Gilmour J

Unit.

Age.

Service.

Year

1918

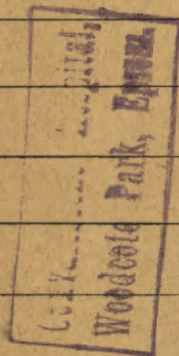
20 Can Bn

Station  
and Date.

15 FEB 1918

Disease

Shell gas poisoning



Up several weeks. feels fine -  
Chest clear. J. normal -  
PT - faint

20. J. normal - Chest clear  
looks & feels fit PT

PT 2

DI

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

Station  
and Date.

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

M. F. W. 54.  
180m. 10-15.  
H.Q. 1772-39-1920.

# Casualty Form—Active Service.

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

Regimental No. 25042 Rank Private Name Gilmour James

Enlisted (a) 28-12-15 Terms of Service (a) D of W Service reckons from (a) 28-12-15

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) 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			

Embarked Canada Halifax 13.9.16.  
Disembarked England Liverpool 23.9.16.

CERTIFIED CORRECT.  
 18 OCT. 1916  
 CASUALTY RECORDS, LONDON.

Transferred for Overseas Service with 20th Batt'n. OCT 5 1916 D.O. Pt. 11. 279

6/10/16	C B Dep	Arrd & taken on strength	20th Bn	6/10/16	NR Pt 2 O'rs 55d11/10/16
do	do	Left for	do	20/10/16	NR
27/10/16	20th Bn	Arrived	do	23/10/16	B213
21/10/16	C B Dep	14 days F.P.No.1 for:- Insolence to a N.C.O.	C B Dep	20/10/16	B2069 Pt 2 O'rs 62d28/10/16
16/12.	20th Bn	14 days F.P.No.1 for:- When on active service DRUNK.	Field	13/12.	B2069 Pt 2 O'rs 78d26/12.
10/11.	do	Att. to A.P.M. 2nd Can Div.		3/11/16	B213
22/12/16	do	Ceases to be att ditto		8/12/16	B213.
17/3/17.	18 Gen	J. S. W. Rook & four adm	18 Gen	17/3/17	W 30 34
25-3-17	42 CFA	adm 16/3/17 Insp. A.D. 12.	A.D. 12.	16-3-17	A.S.B. A.D. 282 d.u.u-17.
15-5-17	18 Gen	adm 16/3/17 Insp. 42 CFA	42 CFA	16-3-17	282d 16-4-17.
5-5-17	C B Dep	adm 16/3/17 Insp. Ban Details	Ban Details	24-7-17	Letter. File H. 16-5267/173024
10-5-17	do	A. from Stepler Adm C B D	C B D	5-5-17	NR.
19-5-17	20th Bn	Left for Arrived (4 CFA J. M. PARK)	20th Bn	10-5-17	NR B213

(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. I.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				
12-5-17	C B Dep.	Forfeits all pay for 14 days 7-5-17 for;- When on active service:- 1. Drunkenness, On that he, at Hayre, on 5-5-17 was drunk. 2. Breaking out of camp. 3 Being out of bounds.			B2069. Pt 2 37D/19-5-17.
19-5-17	20th Bn	Att to 4th T M Batty	Fld	14-5-17	B213 Pt 2 45D/25-6-17.
13-6-17	4th T M	Batty 21 days F.P.No. 1 for;- Absent without leave from 9.30p.m. 5-6-17 until 2p.m. 6-6-17 Drunk when placed under arrest. Using obscene language threatening to strike an N C O. Forfeits 1 days pay under R.W.		6-6-17	B2069. 7-6-17. Pt 2 45 D/25-6-17.
30-6-17	20 Bn.	leaves to be att 4 T.M. Batty on return to unit	20 Bn	24-6-17	B213. Pt 2. 48 d/10/17.
4-7-17	do	21 days F.P.No. 1. for;- Absent without leave from 7.45 a.m. 27-6-17 to 7.30p.m. 28-6-17. Forfeits 2 days pay by R.W.		29-6-17	B2069. Pt 2 49D/16-7-17.
12-7-17	do	Pay Withheld (Auth. Corps R.O. 804 d/14-10-16) for;- Insolence to an N C O. (Pay withheld. To receive in the Fld 10 Francs per month to 30-9-16.)		9-7-17	B2069. Pt 2 51 d/25-7-17.
29-9-17	—	Trans to	CCRC	27-9-17	B213.
3/17	667A.	Shell Gas W. adm	667A	3/17	B840.
3/17	3 Am. L.S.	to	44 CCS.	3/17	B1297.
4/17	6 Gene	to	24 AT	4/17	B2211
10/17	20th	adm	6 Genl	5/17	B213
15/11/17.	6 Gen	Gasces			
		Env. (sold found) posted to the Centre One Regt Depot, Thorncliffe per AT. Grantally Cle			W3083-4254. Pt. 2. 85 d/24/11/17.
			Whogan		Major for Lt.-Col. A.A.G.
					Canadian Section G.H.O 3rd Echelon B.E.F.
24.11.17	126000	T.O.S. from 20th Bn	Sandling.	17.11.17	D.O. 260

For Colonel 1/6 Recd  
 Hooper  
 1917



Casualty Form—Active Service.

Regiment or Corps 20th Bn. Regimental Number 725072

Rank Pte Surname Gilmour Christian Name James

Religion \_\_\_\_\_ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.

Enlisted (a) \_\_\_\_\_ Terms of Service (a) \_\_\_\_\_ Service reckons from (a) \_\_\_\_\_

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

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

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ... Disembarked...			
		Admitted to 1st C.C.D. from <i>From</i> D.O. Pt. II. No. <i>64 2 of 3:18</i>			
<i>18: 3:18</i>		Ceases to be attached on proceeding to <i>2nd C.C.D.</i> D.O. No. <i>45 2 18: 3:18</i>			<i>G. B. Blumley</i> Adjutant, Canadian Command Depot
<i>19: 3:18</i>	<i>2 C.C.D.</i>	attached to <i>2 C.C.D.</i> D.O. No. <i>18: 3:18 Pt 2 69.</i>			
		Awarded the Military Medal London Gazette 30389 dated 19/11/17			
<i>23/5/18</i>	<i>2nd. C. C. D.</i>	Ceases to be attached to <i>2nd. C. C. D.</i> on proceeding to <i>Wandsworth Det. Barracks.</i>	<i>Branshott.</i>	<i>2/5/18</i>	<i>Pt. 2. D.O. #122</i> <i>D. Gilmour</i> for OC. 2nd. CCD

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) Signaller, Shoering-smith, &c.

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
27.5.18	1st CORD	Ceases to be att. to 2 <sup>nd</sup> C.C.D. & shown in Wandswoth Det. Bk.	Witley	19.4.18	DO. 145
5.6.18	do	Ceases to be shown in Wandswoth Det. Bk.	Witley	4.6.18	DO 154
30.9.18	1st CORD	On Com to 2 <sup>nd</sup> C.C.D.	Witley	24.9.18	R. E. DO 271 Am Jackson LIEUT. i/c RECORDS, 1st C.O.R.D.,
25-9-18	2nd C.C.D.	attached to 2nd C.C.D.	Bramshott	24-9-18	Pt. II No. 227
23 OCT 1918	OG. 2nd C.C.D.	Ceases to be attached to 2nd C.C.D. on return to Res. Bn.	Bramshott	23 OCT 1918	Pt. 2 D.O. No. <del>251</del> 251 Main 2 for OG. 2nd C.C.D.
20-11-18		Ceases to be attached on proceeding to Reg Depot Group		321	20-11-18 for Adjutant Canadian Command Depot
21/11/18	1st CORD	Att'd Depot Coy. Stables		21/11/18	DO. 323
9/12-18	1st CORD	So S C CEF Canada		30-11-18	DO. 341
7/12/18		Sailed for Canada			Lieut. i/c Records, 1st C.O.R. Depot.

Sheet 3

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

# Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 725072 Rank pte Name Gilmour James  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

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				
DEC 7 1918	O/S	T.O.S. No. 2 District Depot, Part II, D.O. No. <u>250</u>			<p><i>[Signature]</i> Lieut. For O.C. No. 2 District Depot</p> <p><i>[Signature]</i> O. C. Discharge Sections, No. 2 District Depot</p>
		Dis. #2 D.D. Jan. 15th-1919. Pt. 11.#11			

(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.

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				

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 725072 (Rank) Pte.

Name (in full) GILMOUR, JAMES. (Military Medal) enlisted in  
the 10th Bn.

CANADIAN EXPEDITIONARY FORCE at Lindsay, Ont. on the 28th.  
day of December 1915

HE served in England and France.

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

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

Age 42  
Height 5' 7"  
Complexion Fair  
Eyes Hazel  
Hair Brown

Marks or Scars  
Vacc. Scars on Left Arm.  
G.S.W. Back & Face (17-3-17)

James Gilmour  
Signature of Soldier

W. H. Hart  
Issuing Officer

Date of Discharge Jan. 15th-1919. For O.C. No. 2 District Depot. Rank Appointment

Signed at Toronto, Ont. this 15th day of Jan. 1919

in Military District No. 3 No. 2

File Reference No. JAN 15 1919  
DISTRICT DEPOT

REM.

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.....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

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

Ottawa, June 9th., 1919.

3-L-11-G-9.  
-----

#725072- Cpl. Gilmour, James, --109th., Battalion.

2 Small and 1 Consolidated Ledger Sheet pulled and  
attached by A.P.A.

*Spullin*  
Can. A.P. Audit.



-----  
-----



ET Rank Name GILMOUR, James ✓ Reg'l No. 725072. ✓  
 Unit 109th Battn. If in perm. Corps, }  
 What Unit? } Married or Single Single. ✓  
 Place and Date of Enlistment Lindsay. Dec 28th 1915. ✓ Place of Birth Glasgow. ~~Scotland~~  
 Scotland. ✓  
 Name and Address, Next-of-Kin Lilly Gilmour. ✓  
 Glasgow. Scotland. ✓ Relationship Sister. ✓  
 Assigned Pay Monthly \$ Payable to (wife) Mary Evelyn Gilmour  
 Relationship Bamby, Ont. Canada.  
 Separation Allowance \$ Payable to R.L. 29 7/12/17.  
 Relationship

## Discharge, Date and Place

## Reason

## Character

H. W. &amp; V., Ld.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	Character
Date.	From whom received.				
26-9-16	109 <sup>th</sup> Bn	I.O.S. on arrival in England	Bramsholl	9-9-16	PT II. D.O. 270.
5-10-16	do	I.O.S. to 20 <sup>th</sup> Bn	do	5-10-16	PT II. D.O. 279
11-10-16	20 <sup>th</sup> Bn	I.O.S. from 109 <sup>th</sup> Bn	Field	6-10-16	" V 55.
27-3-17	"	*18 General Hospital	Caunes Camiers	17-3-17	b.L. 2470 4.S.W. Back face N.K. 1 ser.
11-5-17	do	Dis to Base Details		2-5-17	Gas Rept A507 do
25-6-17	do	Att. to 4th T.M. Batty.	Field	14-5-17	PT I.D.O. 45
10-7-17	do	Ceases to be Att. 4th T.M. Batty	✓	24-6-17	— 48
8-11-17	1st CORD(20)	6 Can. Field Amb.		3-11-17	b.L. A58 (Shell Gas)
14-11-17	✓	No. 6 Gen. Hosp.	Rowen	4-11-17	b.L. A63 ✓
21-11-17	✓	Adm. Reading Wood Hosp.	Reading	17-11-17	b.L. B69 ✓

N/E. R.B. No 16056.

File R.L.

Category  
REMARKS

Taken from Official Documents.

CAN OR

P. 103  
16056A.F.B. 103  
16056

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
24-11-17	1st CORD	T.O.S. from 20th Bn.	Pte. W. Sling	17-11-17	RE II D.O. 260 (20th Bn. D.O. 85 (2) 7.11.17)
8-1-18	20th Bn.	Awarded the Military Medal for bravery in the field	Pte. Field		RE II D.O. 2 (L.F. 30589 (19.11.17))
7-3-18	1st CORD	On Com. 1st CCO	Witley	27-2-18	- 64
26-3-18	✓	Ceases on Com. 1st CCO	✓	18-3-18	- 83
25-4-18	2 66D	W.O.A.S. A.W.P. from 5-4-18 till 7-4-18. (2) concluded to be in possession of a real genuine pass & having come to absent himself. Guilty sentenced to 56 days detention forfeit 3 days pay. Total forfeiture 70 days. confirmed by Brig Gen. Meighan 23-4-18.	✓	19-4-18	Pte 2096
2-5-18	✓	Proc to Wandsworth Det Bks	Pte ✓	19-4-18	Pte 010471134/27-5-18 16 CORD
5-6-18	✓	beases to be in Detention at Wandsworth	✓	4-6-18	Pte 0154
30-9-18	16 CORD	on Com 2 CCO	Pte. —	24-9-18	Pte. 271
28-10-18	16 CORD	beases on Com 2 CCO on Com 1 CCO	✓	23-10-18	Pte 299 (2 CCO 25) 23-10-18
21-11-18	✓	Ceases on Com. 1st CCO	✓	20-11-18	- 323
9-12-18	ICORD	SOS TO CANADA	Pte WITLEY	7-12-18	DO 841

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

0

*Em  
Ab*

Name *Gilmour J.*  
Surname

Christian Name

Regimental Number *725072*

Rank *Pte.*

Address (in full) *90 Cambray P.O.*

Unit *2.D.D.*

*Cambray, Ont.*

Original Unit

District where paid *M.D.2.*

Date of Discharge *15-1-19.*

P. D. P. Filing Number

Rates:—Regimental pay \$                      per diem: Field Allowance \$                      per diem. Separation Allowance \$                      per month.

L. L. 46038—M. & D. 9245

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: *Account opened Jan 14th 1919.*

M. F. W. 127.  
 25M-8-18.  
 1772-38-1140.

File No. ....

# WAR SERVICE GRATUITY.

Register No. ....

Reg. No. .... Dependent .....

Name ..... Address .....

Address .....

Dec'n No ..... S. A. File No .....

Award ... days at \$ ..... per day \$ .....

S. A. .... months at \$ ..... per mo. \$ .....

Less further debit balance \$ .....

Net due paid as below \$ .....

Less further Dr. Bal. or overpayment. ....

Net .....

TO SOLDIER		TO DEPENDENT	
Ag. No	Ch. No	Ag. No	Ch. No
0			
1			
2			
3			
4			
5			

Pay Soldier \$ ..... Pay Dependent \$ .....

Clerk .....

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR

Posting checked by

.....

Date.....

Name Pte Gilmore J

M. F. W. 41  
100M-1-18.  
1772-39-889.

*EAM*

Regimental No. 725072

Name and address of next-of-kin

Unit

Date of enlistment

Place of "

Married (yes or no)

Date and place discharged

Amount of pay assigned monthly \$

Reason for discharge

To whom payable

Character on discharge

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.					
								12.80							<i>To Sepas Cas 14/12 DO 250</i> <i>out 19-12-31 DO 250</i>

TRANSFER



*clerk*

a.p. 06946-1-2  
English L.P.C. No. 9485

M. F. W. 41a.  
120m. 1-18  
1772-39-1213

Name Gilmour J.

Regt'l No. 725072 Rank Pte File Numbers { Pm 25-90

Former Units 160 RD Original Unit 109 R

Date of arrival in Canada 14-12-18 Boat Olympic Port of Disembarkation Halifax

Rates of Pay:—Regt'l 1.00 Field 1.0 Date of arrival in M.D. 2

Separation Allowance. Date paid to 31-12-18 Rate 30.00 If continued by Chief Paymaster, England no

Assigned Pay. Date paid to 31-12-18 Rate 20.00 If continued by Chief Paymaster, England no

Name and address of Beneficiary { Mrs M.E. Gilmour wife  
90 Cambrey P.O. Cambrey Ont.

Pay claimed on English L.P.C. to 30-11-18 to be paid by new Unit from 1-12-18

Name of new Unit No 2 district depot Date L.P.C. forwarded to new Unit 30/12/18  
a.p. charged on English L.P.C. to 30-11-18

L.L. 34682—M. & D. 864.

Credit Balance shown on English L.P.C.		OTHER CREDITS DUE		TOTAL CREDITS		Charges to be made on account of advances since English L.P.C. made out				OTHER CHARGES		TOTAL DEBITS		BALANCE TO NEW UNIT				REMARKS
						On Boat		At Cl. Depot &c.						Credit		Debit		
\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	\$	c.	
																		26-12-18 7A. RPS 27/12/18 Debit Bal. on Engl L.P.C. on Boat on Boat Halifax December 1918
						5.00												
						5.00												
						30.00												
								20.00										
																		1413
																		7413
																		7413
																		7413
																		7413

Debit Balance 7413  
7413





15—4—16

MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-16.

H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Evelyn Gilmour*Name of Soldier *Gilmour, J.*

Address

*Gambray  
Ont*Regtl. No. *725072*Rank *Corp.*Corps *109th Batt*

Relation to Soldier

wife, child or mother

} *Wife*

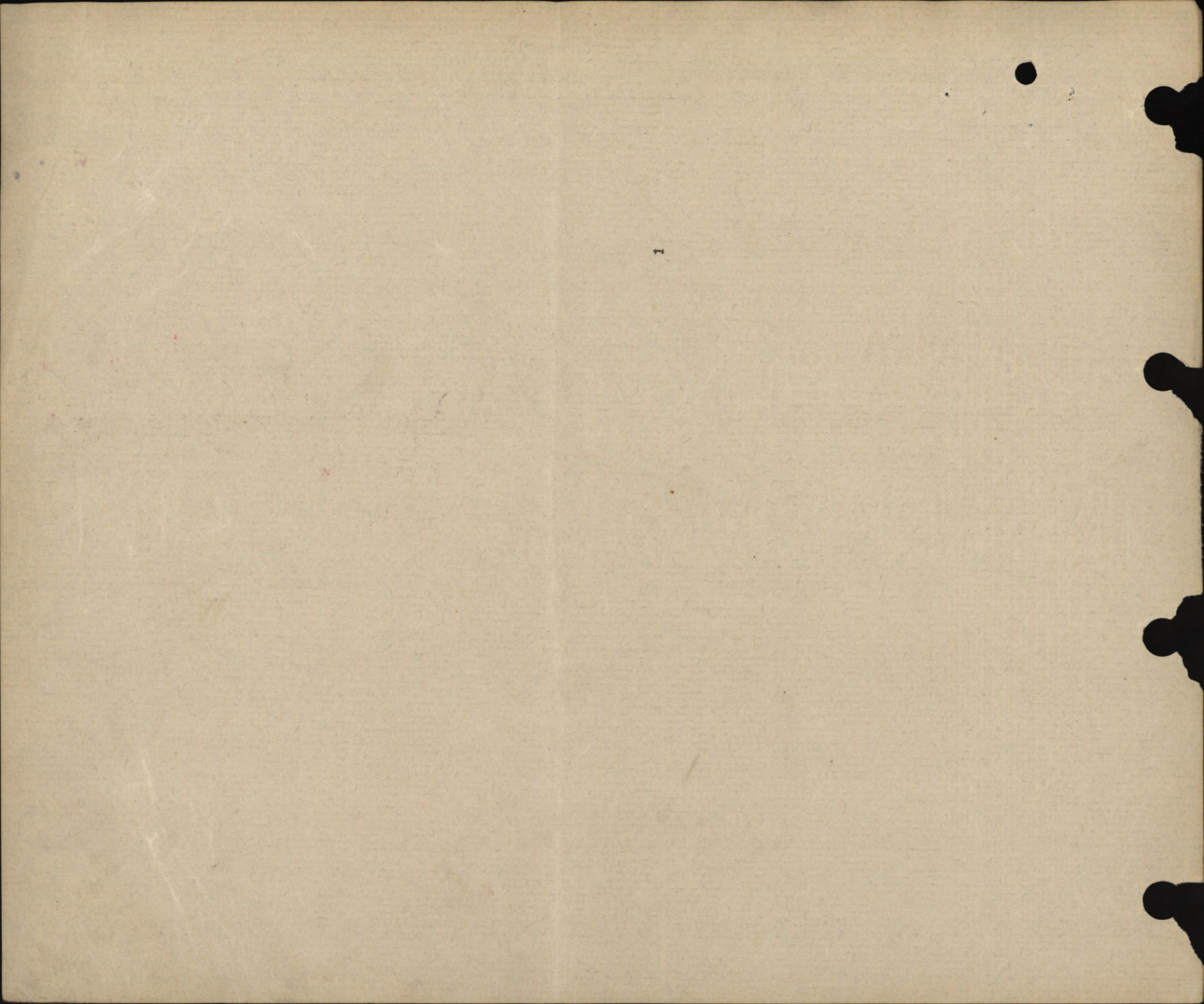
To what Corps belonging

when called out

## PAYMENTS

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

**ACCOUNT CLOSED**  
 DATE..... PER *W-*



15-4-16

MILITIA AND DEFENCE  
SEPARATION ALLOWANCE  
OVERSEAS CONTINGENTS

M. F. W. 11a.  
50m.-4-16.  
1772-39-818.

Sheet No. 2.

L. L. Job 310.—Req. 6374.

*Evelyn Gilmour*

*Wife*  
PAYMENTS.

Name of Soldier *Gilmour J. Corp. etc*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		<i>W 2427</i>	<i>30</i>	<i>30</i>
June		<i>4167</i>	<i>20 -</i>	<i>20</i>
July		<i>681-6</i>	<i>20</i>	<i>20 J 13143 Cancelled</i>
Aug.		<del><i>J 13143</i></del>	<del><i>20</i></del>	<del><i>20</i></del>
Sept.				<i>Discharged 20/7/16 (PMS 20/7/16)</i>
Oct.				<i>Return of \$6 overpaid requested</i>
Nov.				<i>Not discharged 17/8/16</i>
Dec.				<i>Authority A.P. Rolley</i>
Jan.	1917			<i>Classified 20/1/20</i>
Feb.				<i>Super</i>
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

**ACCOUNT CLOSED**  
DATE.....PER.....*W-*

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.				

15/4/16  
SEPARATION ALLOWANCE

Name Evelyn Gilman

Name of Soldier Gilman, J.

Address ~~Highway, Ont.~~

Regtl. No. 725072

~~Cambay Cambay, Ont.~~

Rank Corp.

?? ~~Cambay ?? out.~~

Corps 109th Batta'n.

Relation to Soldier

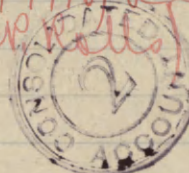
To what Corps belonging

wife, child or mother

} Wife

when called out

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			06946-7-5 This soldier was discharged (RM 20/7/16) and reinstated (auth. by [unclear]) 
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

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1199  
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## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 310.-Req. 6574.

*Evelyn Gilman (Wife)*  
**PAYMENTS.**

Name of Soldier

*Gilmour J. Corp*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		W 2427	30	
June		D 4167	20	
July		D 6816	20	
Aug.		<del>J 13143</del>	<del>20</del>	<del>J 13143 Cancelled</del>
Sept.		Q 16230	40	40 - mailed 22/9/16.
Oct.		T 19463	20	20
Nov.		X 22332	20	20
Dec.		X 25345	20	20
Jan.	1917	Z 28737	20	20
Feb.		Z 31666	20	20
March		Z 34609	20	20
April		Z 3930	20	20
May		O 3874	20	20
June		O 8480	20	20
July		E 11526	20	20 E 11526. Remailed Cambay 20.8.17
Aug.		K 14371	20	20
Sept.		J 17341	20	20
Oct.		O 19901	20	20
Nov.		F 24011	20	20
Dec.		H 27230	20	20
Jan.	1918		<u>410</u>	
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.				



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

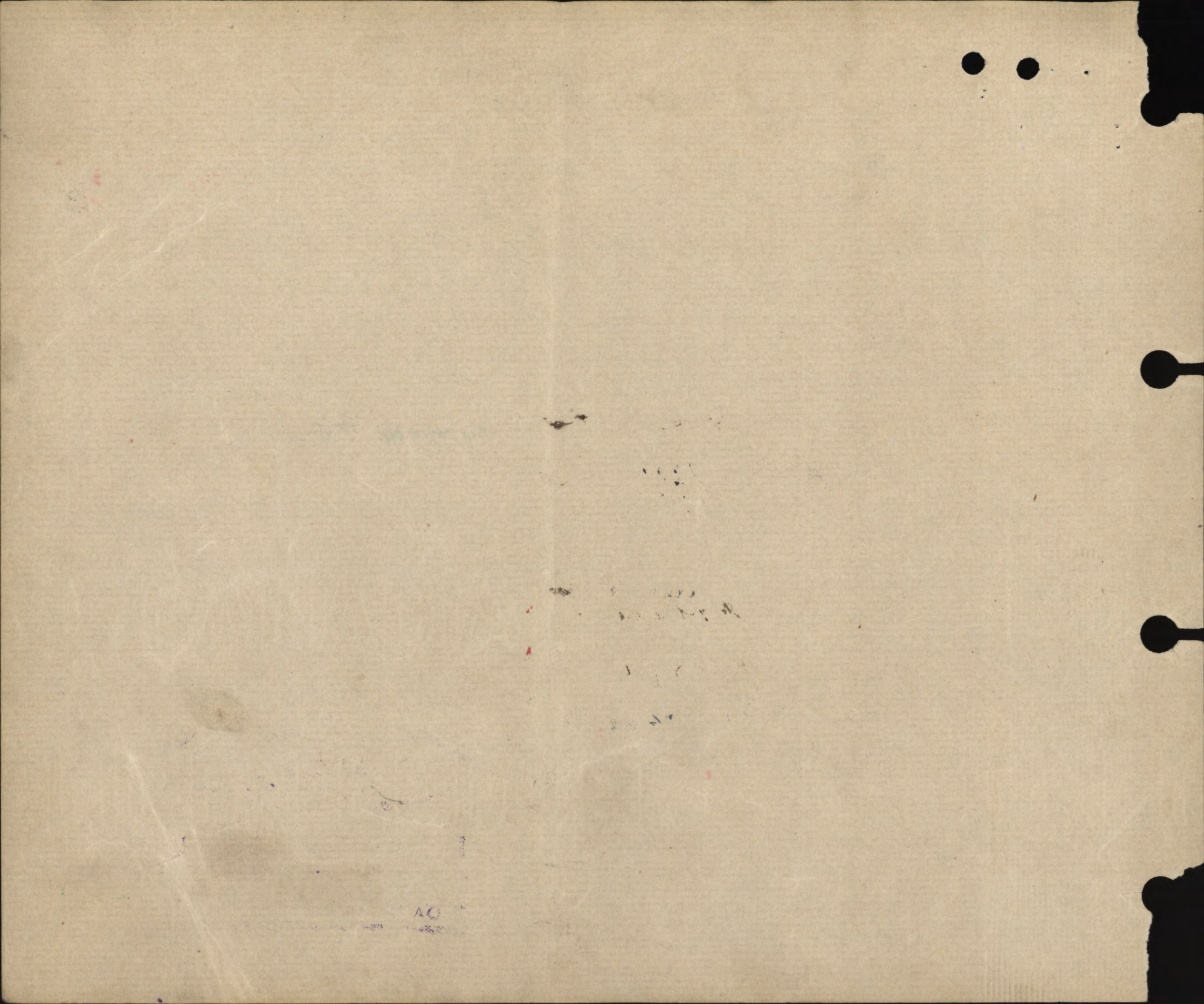
M. F. W. 12  
50m.—7-16  
H. Q. 1772-39-819

To Whom *Wife*  
*Mrs. M. E. Gilmore* By Whom Assigned *Gilmore James*  
Address *40 Cambrey P.O.* Regtl. No. *725072*  
*Cambrey* Rank *bpl*  
*Ont.* Corps *109 Pm.*  
Rate *20<sup>00</sup>* *March 17* *SEP 1 1916*  
*SEP 11 1916*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Stop payments</i> <i>Jan. 1/17</i> <i>"Debit Balance"</i> <i>3m 11/17 23456/17</i> <i>Re opened per</i> <i>2m 12 3/17 2045 21/4/17</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs. M. E. Gilman*

PAYMENTS.

Name of Soldier

*Cpl. Gilman James*  
*109th* *725072*

L. L. Job 310.-Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>Y 21342</i>	<i>40</i>	<i>40 Sp Reg 18-10-16</i>
Nov.		<i>Y 26128</i>	<i>30</i>	<i>Nov. 1916 eq. J 26128 is for \$30.00</i>
Dec.		<i>Y 33008</i>	<i>20</i>	<i>Acct closed Jan. 17 1917</i>
Jan.	1917	<i>U 37827</i>	<i>20</i>	<i>37827 late to Jan. 17 1917</i>
Feb.				
March				<i>(No cheque March to recover overpayment Jan)</i>
April			<i>20</i>	<i>(10.00 April to recover over payment. Nov 1916)</i>
May		<i>U 10037</i>	<i>30</i>	<i>30.00 May to adjust</i>
June		<i>M 19463</i>	<i>20</i>	<i>20.00 Future Au</i>
July		<i>R 21610</i>	<i>20</i>	<i>B</i>
Aug.		<i>R 28730</i>	<i>20</i>	<i>U</i>
Sept.		<i>Y 35343</i>	<i>20</i>	<i>D</i>
Oct.		<i>J 42448</i>	<i>20</i>	
Nov.		<i>H 49359</i>	<i>20</i>	
Dec.		<i>A 48080</i>	<i>20</i>	
Jan.	1918		<i>280</i>	
Feb.				
March				
April				
May				
June				
July				

*o.k. sm3*

*adft. noted*

*M.E.*

*20<sup>00</sup> 1916*

*SEP 1 - 1916*

**CANADIAN  
ASSIGNED PAY AUDITED**  
*H.B. [Signature]*  
AUDIT CLERK  
DATE *18-6-19*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

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

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.				

REG'T L NO 725072  
H. Q. FILE NO. 649-

NAME Gilmour James  
RANK AND CORPS Pte. 20th Bu. From 109th Bn.

FOLLOWS

War.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

S. & C.

m 739. 26-3-17

Adm. 'no. 18 Gen. Hosp. (Arrived March 17th 1917 (Gsw's back, face, sev.) ✓

<sup>42-5</sup>  
m 6324 11-11-17

Adm. no 6 Fld. Amb. Depot  
Nov. 3rd (Shell Gas.) ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
			1st Lt 60 Regt
a 470	No 18 Gen Dannes Camers	17-3-17	Y.W. Back & Face sev.
a-507	Discharged to base details.	2-5-17	S.S.W. Back & Face
a 582	6 lan. Hld Amst.	3-11-17	Shell Gas.
a 635	#6 Gen. Rouen	4-11-17	Shell Gas. (1st Gen. Out Regt) 9/12/17
B 69	Reading War Reading	17-11-17	" "
B 142	Mil. bond. Epsom	15-2-18	Shell Gas (1st Gen. Out Regt)
B 155(2)	ex " " "	27-2-18	" " (disch)
b 253 1/2	2 Can Gen, Bramshott	25-6-18	Frac R. Elbow
c 28 1/2	Can Gen. New Wood.	7-8-18	Frac R. Elbow acc
b 335	Discharged	24-9-18	" " " "

NAME

*Gilmour, James*

RANK & No.

*Cpl.*

CORPS

*109<sup>th</sup>*

ENLISTMENT, PLACE

*Lindsay, Ont.*

DATE

*Jan. 12<sup>th</sup>, 1916. S.*

FORMER CORPS

*Sutherland Hdreg.*

COUNTRY OF BIRTH

*Scotland, Glasgow*

NEXT OF KIN

*Gilmour, Miss Lilly (Sister)*

ADDRESS OF NEXT OF KIN

*Glasgow, Scot.*

DISCHARGE, PLACE

DATE

*Also Notify, Mrs Mary Evelyn Gilmour (Wife)  
(auth H. Q 54-21-38-1-28-2-97) Cambray, Ont,*

*0/823-7-16  $\frac{488}{14}$*

*R/C. 14-12-18  $\frac{232}{31}$  M. F. W. 22. 100 m.-9-15.*

*S. O. P. D. 15-1-19 M. U. 2  
M. M. 2  
(Arch. L. S. N. 30389)  
200  
725-072.  
Batt.*





Remedial Treatment Gymnasium,  
Canadian Hospitals and  
Command Depots.

LEAVE THIS  
BLANK.

Place: Beaumont b. b. H. - - -

Regt. No. 725072 Rank Pt Name Gilmour P. B.

Unit 202b Age 41 (Adm. 7-8-18)

Division 202b Hut          Date of (Disch. 11/18)

DISABILITY. Fractured Elbow Rt.

Date.         

CLASS.         

Hours of  
Attendance,  
a.m.

MACHINES. weight machine

p.m.

REMARKS. Triceps very weak.  
otherwise normal.

7

LEAVE THIS  
BLANK.

PROGRESS, Notes. 16-8-18. Very little  
improvement.

14 days L.P.T.  
Carrying on well.

DISPOSITION

J. McDonald ..... Capt.  
Officer i/c Gymnasium.

Convalescent Hospital.

A. & D.  
CARD

Woodcote Park, Epsom.

AT.....  
 A. & D. No. *1395* PL. OF ACTION.....  
 RANK *Pte* REG. No. *725072* UNIT *20 Bn.* SICK OR WOUNDED.....  
 NAME *Silmon G.* AGE *41* RELIGION *Ch.*  
 PLACE IN HOSPITAL.....  
 DIAGNOSIS *Sil Gas Poisoning*  
 ADMITTED *14.2.18* FROM *Reading War.*  
 DISCHARGED *27.3.18* TO *1000. Amc. Hqs.*  
 TRANSFERRED.....  
 SERVICE AT HOME *3 yrs.* IN FIELD *1 1/2*  
 RESULTS.....

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

15.2.18 <sup>1/2</sup> several weeks feels fine Chest clear

Temp. normal.

20.2.18 <sup>1/2</sup> Temp. normal. Chest clear looks & feels fit.

27

L. P. Williams  
apt.

Can: Conval: Hospital,  
 Bear Wood, HOSPITAL.

A. & D.  
 CARD

AT

A. & D. No. *116 1 7459* PL. OF ACTION

RANK *Lt* REG. No. *225072* UNIT *1st C. O Reg Dep* SICK OR WOUNDED

NAME *Gilmour J.* AGE *41* RELIGION *M.C.*

PLACE IN HOSPITAL *2020 J Hut II Detention*

DIAGNOSIS *Lac Rt Elbow acc*

ADMITTED *6 - AUG 1918* FROM *1012 Bramshott*

DISCHARGED *24 SEP 1918* TO *2 C.C.H Bramshott*

TRANSFERRED

SERVICE AT HOME *36/12* IN FIELD

RESULTS

*y b good 61*

(See Document Card for M.H. Sheet and other Documents.)



A. & D.  
CARD

OK. 12. 6 an Gen HOSPITAL.

AT.....

A. &amp; D. No. 4847 PL. OF ACTION.....

RANK. 1st REG. NO. 425072 UNIT. 1st Co. O.P.D. (20th Reg.) SICK OR WOUNDED

NAME. Gilmour J. AGE. 41 RELIGION. T. C.

PLACE IN HOSPITAL. Ward 19.

DIAGNOSIS. Fractured Rt Elbow

ADMITTED. 24. 6. 18 FROM.....

DISCHARGED..... TO.....

TRANSFERRED. AUG 6 1918 Bearwood

SERVICE AT HOME.  $\frac{36}{12}$  IN FIELD.....RESULTS.....  $\frac{3}{52}$ 

(See Document Card for M.H. Sheet and other Documents.)

REMARKS.

A series of horizontal dotted lines for writing remarks.







Name *GILMOUR* Rank *Pte.*Unit ~~*20th Batt*~~ *1st Coy*Next of Kin *Canada*Reg. No. *725072**wd*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>3-11-17</i>	<i>66 FeT</i>		<i>Shell Gas</i>	<i>A58</i>	<i>M1374</i>	<i>7246</i>
<i>4-11-17</i>	<i>63rd Bover</i>		<i>- do</i>	<i>A63</i>		<i>16039</i>
<i>17-11-17</i>	<i>Reading W of Reading</i>		<i>- do</i>	<i>B69</i>		<i>6246</i>
<i>15-2-18</i>	<i>mil C. A. Epsom</i>		<i>do</i>	<i>B142</i>		<del><i>162</i></del> <i>12621</i>
<i>27-2-18</i>	<i>Discharged:-</i>		<i>do</i>	<i>B155</i>		<i>3492</i>
<i>25-6-18</i>	<i>N. 12. Can. Gen. H. Brams cott.</i>		<i>Frac R<sup>e</sup> Elbow</i>	<i>B253</i>		<i>20347</i>
<i>7-8</i>	<i>66 Hosp. Bearwood</i>		<i>do</i>	<i>all lost</i>		<i>23533</i>
<i>7-9</i>	<i>Discharged</i>		<i>do</i>	<i>B335</i>		<i>8316</i>



No. 725072 RANK *Pte*

NAME *Belmour, James.*

T. O. S. 27-12-15. UNIT 109th. Battalion  
 D.O. 22-28-12-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Dec 27</i>	<i>1915 Dec 31</i>	<i>✓</i>	<i>Cpl. Jan. 1. 1916.</i>	<i>D.O. 45. 12-1-16.</i>
<i>1916 Jan. 1916</i>	<i>Feb.</i>	<i>✓</i>	<i>Reduced Feb. 2. 1916.</i>	<i>D.O. 63. 2-2-16.</i>
<i>Mar</i>	<i>April</i>	<i>✓</i>	<i>Prom. Sept. 1-4-16</i>	<i>D.O. 109. 27-3-16.</i>
<i>May</i>	<i>June</i>	<i>✓</i>		
<i>July 1</i>	<i>July 20</i>	<i>✓</i>	<i>Dischd.</i>	<i>S.O. 210.</i>

UNIT SAILED  
 JUL 23 1916

*Yc closed by charges. H.*



No. 725072 RANK

*Cpl*

NAME

*Gilmour, J*

T. O. S.

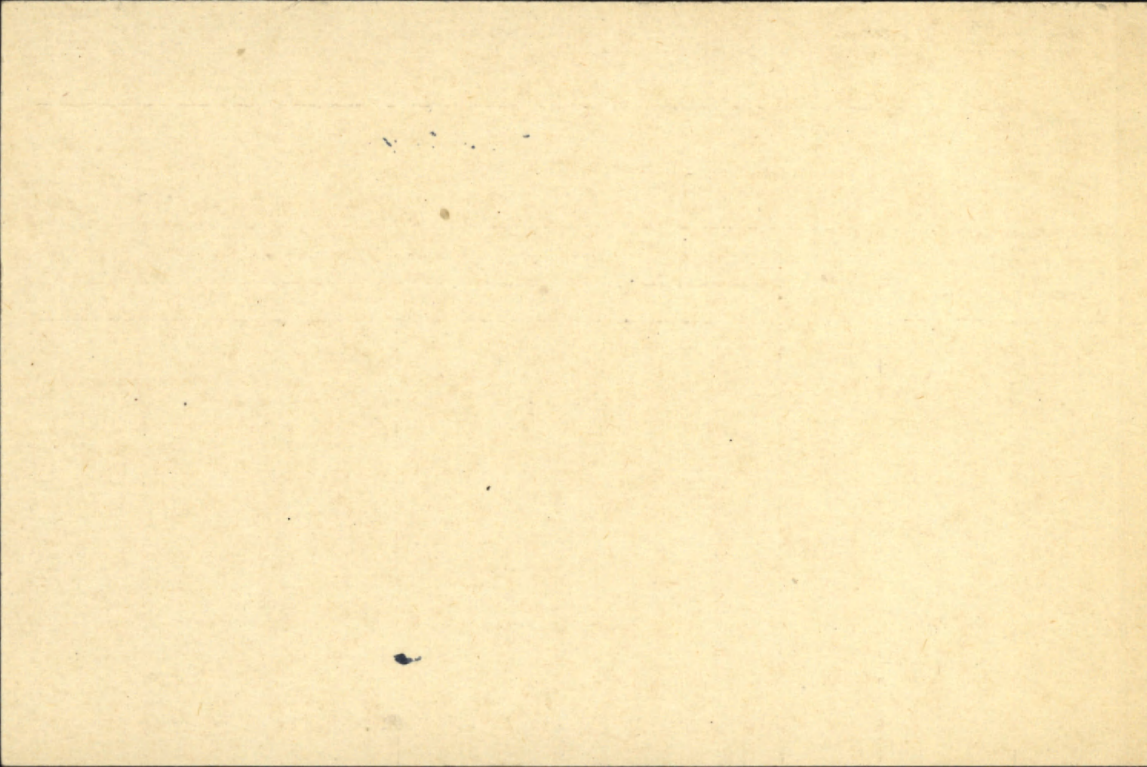
UNIT

*Special Service Battalion  
#34604*

M. D.

*3*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 Sept</i>	<i>1916 Sept</i>			





Can: Conval: Hospital,  
Bear Wood.

**DOCUMENT  
CARD**

HOSPITAL

A. & D. No. 71.16.7459 AT .....

ADMITTED 6 - AUG 1918 DISCHARGED..... WARD No.....

REGTL. No. 125072 RANK Pte NAME Bilmore J.

UNIT 16 Old Reg Dep. TRANSF'D FROM M. H. Bshoff.

DIAGNOSIS..... DIAGNOSIS  
CHANGED.....

M.H.S. WRITTEN FOR		M.H.S. RECEIVED		FINAL DISPOSAL OF M.H.S.	
DATE	To	DATE	To	DATE	TO WHOM SENT.
		<u>6-8-18</u>	<u>Bshoff.</u>	<u>24-9-18</u>	<u>2<sup>nd</sup> E.C.D.</u>

M.H.S. IN HOSPITAL.

SENT TO M.O. 1/c..... FLOOR..... WARD..... ON..... 191.....

RECEIVED FROM M.O. COMPLETE..... 191.....

[P.T.O.]

REMARKS.

OTHER DOCUMENTS (Board Papers, Charge Sheets, etc.)

26  
Cott

Number 725072

Rank Ste

Surname GILMOUR

Christian Name James

Units 203rd Central Theatre of War France

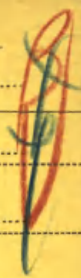
Date of Service 6/10/16

Remarks 95 Durham St W.

Latest Address ~~RR # 1~~ Lindsay  
Ont

Roll No.

200m.-2-21. vol. Page 17467



Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

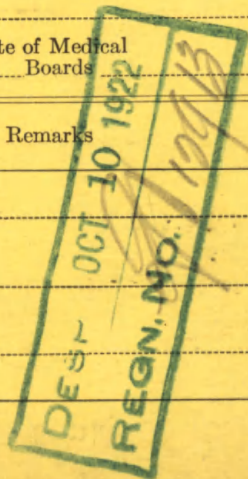
Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date	Remarks

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



Surname *Gilmour* Christian Name or Names *J.* Reg. No. *725072*  
 Rank *Pl* Unit *20 Bn* Co. *1st Cont.* Troop *Depot.* Batty  
 Hospital *18 Gen Carriers.* Date of Admission *17.3.17*  
 Transferred *6 bands a mt* Hosp. *3.11.17.*  
*6 Genl. Ponon* Hosp. *4.11.17*  
*War. Hosp. Reading.* Hosp. *17.11.17.*  
*Mil Consl. Epsom.* Hosp. *15.2.18.*  
 Diagnosis *Blw Back & Face les.*  
 (1) *Shell gas.*  
 Later Diagnosis (if changed) *Frac R. Elbow. R. (acc)*  
 (2)  
 (3)  
 Additional Diagnosis: if more than one state present

DISPOSITION

*27.3.17 H 470*  
*12.5.17 A 57.*  
*9.11.17 A 88*  
*15.11.17 @ 6367*  
*22.11.17 B 69 (2)*  
*18.2.18 B 142 (2)*  
*5.3.18 B 156 (2)*  
*29.6.18 B 253*  
*9-8-18 B 2870*  
*3.10.18 B 335*

*Dis B. D. 25.17* Date  
*Dis. 27.2.18.*  
 REMARKS  
*Dis 24.9.18*

A.M.D. 2 Dept

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

*R. G. Y. Beamscott.*  
*Can Conval Bearwood.*

*25.6.18.*

*7 8 18*

2.

3.

4.

5.

6.

7.

\*Name..... L. GILMOUR, James ..... Rank..... Pte ..... Regtl. No..... 725072.....

Original unit..... 1st ..... Present unit..... 109th Bn ..... M. or S. Age..... 38 ..... Religion..... PC ..... Fyle Depot..... Ref. H.Q.....

Port, ship, and date of arrival..... Olympic Halifax 14-12-18.....

Next of kin..... Sister Lilly Gilmour, Glasgow Scotland.,.....

Address on leave..... same.....

Address on discharge..... R.R. #1 Lindsay, Ont. ....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation..... Farmer ..... Date and place of enlistment..... Lindsay Dec. 28-15.....

Diagnosis..... Varicose Veins ..... Date of Medical Boards..... 6-1-19.....

Date.	Remarks	Pt. 2 Order No.
t.O.S		
7-12-18	Posted to Cas.Co. Ex.Camp 14-12-18	
	Leave from 19-12-18 to 4-1-19	
	Subs. from " " "	250
15-1-19	S.O.S. DISCHARGED "MED.UNFIT"(91 days PDP. & clo' all'ce) 11 to take further OUT-pat't treat't with the IS C	

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

(over)

Date.

Remarks.

Pt. 2  r No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.



Strike out whichever inapplicable

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>GILK</b>
EFFECTIVE DATE:-	<del>13/17</del> 1/1/18	EFFECTIVE DATE:-		NUMBER:-
AMOUNT:-	30 <sup>00</sup> - 20 <sup>00</sup> <del>MM/18</del>	AMOUNT:-		PARTICULARS
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. M.E. Gilmour (wife) Cambray Ont. <del>Shut for 1/1/18 - 1/1/18</del> <del>Debit 1/1/18</del>		Renewed eff 1/1/18 aut. Pay Investigator Stopped Eff. 1/12/18		

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1
1918					
Mar 31	Bal. Forw.				
Apr.	P Pay	33		6530 B 13 179 3 1/2 b. d. AR 311 8/6 3 <sup>rd</sup> Fed. 226	226
May	P Pay	34 10			326
June	P Pay	33			243
July	P P	34 10		AR 1931 8/7/18 12 C.G. Hoop AR 2478 29/7	487 487 974
Aug	PP	34 10		CAP for July - Aug AR 4301 7/8/18 70/12 C.G. Hoop	487 487
Sept	P Paid	33		CAP AR 5109 8/9/18 C.G. Hoop AR 4803 28/9/18 2 C.G.	487 487 974
Oct	✓ CANADIAN ASSIGNED PAY AUDITED	34 10		6 ar Extract 23 20 272 11/18 1-60 RD 8 day pay RW 20 days P 2 aut 9.30 pm 12/9/18 640 20/9/18 awarded 23.9.18 AR 4823 7/10/18 2 bld ✓ 5185 29/10/18 1 bld	243 243 486
Nov	P P	33		CAP	

J. 70.4

CANADIAN ASSIGNED PAY AUDITED  
 ✓  
 AUDIT CLERK  
 DATE 18-6-19

ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA. NAME: GILMOUR James. NUMBER: 725072

EFFECTIVE DATE: AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

RELATIONSHIP & AUTHORITY: WIFE (wife). AUTHORITY: DATE EFFECTIVE: RANK OR APPOINTMENT: Lt.

UNIT AND TRANSFERS: ORIGINAL UNIT: 109 Bn. DATE ACCOUNT FIRST OPENED: 19/16. UNIT TRANSFERRED TO: 160 RD.

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: 1 - - 10

ORDERING NON-EFFECTIVE: Dis. to Canada 30/11/18. Rest pay gmg. dcm 19/4/18 - Borw 3/5/18. 210 21/11/18 Debt Balance 14/12/18. Rest pay 58/1/18 - Borw 24/3/18 1000

PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
								4083		
	33		Over 6530 B 13 1/2 b b. D. 226							
	33		AW 3/4 - 7/1/18 Conduct & expenditure of private & milk & biscuits & fuel & provisions for 10 days. 19/1/18 to 28/1/18. 210 21/11/18 Debt Balance 14/12/18		97			8709		
	34	10		226	77			5299		
	34	10								
	33		AR 311 8/6 3 <sup>rd</sup> Red.	243				2742		
	33			243						
	34	10	AR 1931 27/1/18 12 C.G. Hosp.	487						
	34	10	AR 2478 29/1/18 "	487				194		
	34	10		974						
	34	10	C.A.P. for July - Aug.				40			
	34	10	AR 4301 7/8/18 70/12 C.G. Hosp.	487						
	34	10		487			40	883		
	33		C.A.P.				20			
	34	10	AR 5109 2/9/18 C.A. Work	487						
	33		AR 4803 25/9/18 2 C.A.	487				590		
	33			974			20	587		
	34	10	C.A.P.				20			
	34	10	Extract 23 20 272 11/1/18 160 RD 8 day pay RW 20 days P 2 20/1 9-80 pm 12/9/18 & 6-40 20/9/18 awarded 23.9.18			3080				
	34	10	AR 4823 7/10/18 2 b b. D.	243						
	34	10	✓ 5185 29/10/18 1 b b. D.	243				2713		
	34	10		486	3080		20			
	33		C.A.P.				20	2413		
	33						20	1413		

CANADIAN SIGNED PAY AUDITED

AUDIT CLERK

DATE 18-6-19





MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHORITY

Awarded Military Medal for  
bravery in the Field

B.O. 2. 9  
20 B. 11

Constructive Pay 2 mos  
Aust Camp

22 3/8

B.O. 81 24/8

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

PAY

FIELD ALLOWANCE

WORKING OR SPECIAL PAY

ASSIGNED PAY CREDITS

OTHER CREDITS

TOTAL CREDITS

ACQUITTANCE ROLLS

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT \$	C.	NO. OF DAYS	RATE				AMOUNT \$	C.	1 No.	1 DATE	2 No.	2 DATE
1916															
Sept 9	30	1.00	22		10	2.20			24.20						
Oct 1	5		5			50			5.50						
6/31	26	1.26	26		26	10	260		28.60					7332	9/10/16
Nov 30	1	30	30		30	10	300		33.00					537	15/1/16
Dec 31	1	31	31		31	10	310		34.10					566	20/1/16
1917			11	40		11	40								
Jan 31	1	34	34			10	340		34.10					1583	6/2/16
Feb 28	1	30	30			80	3080		30.80					1652	24/1 1714
			190	30			19030		190.30						
Mar 31			34	10			3410	20	20	54.10				1837	7/3
Apr 30	1	33	33				33		33						
May 31			34	10			3410		34.10						
June 30			33				33		33					133	21/5
July 31			34	10			3410		34.10						
			358	60			35860	20	20	378.60					

Checked

Newton

7332 9/10/16

537 15/1/16

566 20/1/16

34.10 1583 6/2/16

30.80 1652 24/1 1714 7/2

54.10 1837 7/3

133 21/5 743 11/5 CBA

MOTIONS, &c.

EFFECTIVE DATE	AUTHORITY
60.5. 5/18 20 Bn.	
22 3/18	Bo. 81 24/1/18

REG'L. No. 725072 RANK Pte NAME Gilmour James

IF IN PERMT. CORPS WHAT UNIT 109 Bn TRANSFERRED TO 20th Bn DATE 6/10/16 AUTHORITY 80279

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 1st BORD. DATE 1/1/18 AUTHORITY BO.260.24 1/18

PLACE OF ATTESTATION Lindsay Ont TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION Dec 28/1915 TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY MONTHLY \$ 20.00 DATE EFFECTIVE Sept 1/1916 *By Ar. Ren 12/3/17* *Account now in Cr Ar. Ren 1/3/17*

PAYABLE TO Mrs M.E. Gilmour Cambridge Ont RELATIONSHIP Wife

ASSIGNED PAY MONTHLY \$ 20.00 DATE EFFECTIVE 1/3/17 *account now in Cr Ar. Ren 1/3/17*

PAYABLE TO Mrs M.E. Gilmour, Cambridge, Ont "RELATIONSHIP" "Wife"

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 30/12/16 EFFECTIVE 4/1/1917 REASON Debit Balance \$37.14

DISCHARGE DATE AND PLACE \_\_\_\_\_ REASON AND AUTHORITY \_\_\_\_\_

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) \_\_\_\_\_

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) \_\_\_\_\_

ACQUITTANCE ROLLS

ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	1	2	3	4	CREDIT				DEBIT				
No.	DATE	No.	DATE	No.	DATE	No.	DATE								
								20	34 10	54 10		29 90			80270 Taken on strength 9/9/16
								20		20		44 40			80272 - 28 days 702. } 34.10 3 - awk }
										13 76					80279 Trans 20th Bn 5/10/16
										58 16		29 56			A.A. W # 108819 Montreal to Halifax
								20	15 40	40 63		27 19			14 days # 17.P.B.062 28/1/16
								20		33 96		37 05			
										71 15					
										18 02					14 days P.P. # B.078 26/12/16
										15 40		20 97			Q.B.M. Form rendered eff 1/1/17
								20		25 24		15 41			all chgs for July in Encl
								20		64 90					
								20		27 85	10 84				
								20		20	23 84				
								20	15 40	35 40	22 54				Forfeits 14 days P.A. 7/15/17.
								20	24 20	54 01	153				Bo. 37-19/15/17.
								20	25 30	45 30	9 67				21 days 3A 20.1. Forfeits 1 day P.A.
								20		129 80	388 27	153			Bo. 55-25/16/17
															Pay restricted to 10/10 per mtg 9/17
															Bo. 51-25-7-17.
															Bo. 49-16-7-17
															21 Day 7 P.P. 1.2 forfeits 2 Days Pay. P.A.

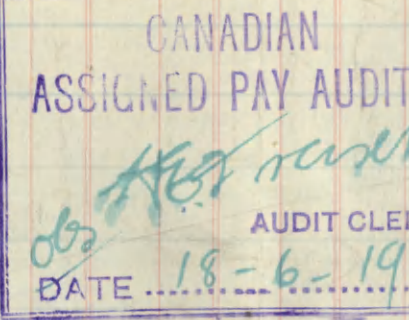
725072

H. Gilmour, Jr.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS						
	NO. OF DAYS	RATE	NO. OF DAYS	RATE	NO. OF DAYS	RATE				1		2		3		4				
										AMOUNT \$	C.	AMOUNT \$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.
Aug 31		100					20		378 60						10 53	13 09	23 70	11		
Sept 30	33		425	70			20	445 70	412 30/7	541 30/8	516 14/8									
Aug 31		70						34 10						5 35						
Sept 30	33		425	70			20	445 70	412 30/7	541 30/8	516 14/8									
Aug 31		100					20	378 60						10 53	13 09	23 70	11			

1917	MONTH PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLGE. ENG.	MONTH	PARTICULARS	CR. 1	CR. 2
		Sept 30 Balance								9 41					
	Oct P. Pay		34 10					20	23 51						
	Nov P. Pay		33					20							
	Dec P. Pay		34 10					20							
	1918		67 10					20	27 66						
	Jan P. Pay		34 10					20							
	Feb		34 10					20	21 97						
	Mar P. Pay		30 80					20							
	Apr		30 80					20							
	May		34 10					20							
	June		34 10					20							
	July		34 10					20							
	Aug		34 10					20							
	Sept		34 10					20							
	Oct		34 10					20							
	Nov		34 10					20							
	Dec		34 10					20							
	1919														
	Jan														
	Feb														
	Mar														
	Apr														
	May														
	June														
	July														
	Aug														
	Sept														
	Oct														
	Nov														
	Dec														



SH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
09	23	70	11 15	200	129 80	388 27					
				20	<del>55 35</del>	25 35		92			
				20		23 59	941				
87	23	70	11 15	200	129 80	437 21					

RS CR.1 CR.2 PARTICULARS CR.1 CR.2 CR.3 DR.4 BALANCE DEFER. SER. RED. ALLOC. PAY ENB.

CANADIAN  
 UNEMPLOYED PAY AUDITED  
*[Signature]*  
 AUDIT CLERK  
 18-6-19

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