

card  
A.L.F.

109th <sup>11th</sup> A. B. Coy

1801

# ATTESTATION PAPER

No. 724525

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio.

**DUPLICATE**

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Arthur Jackson
2. In what Town, Township, or Parish, and in what Country were you born? Manchester Ont
3. What is the name of your next-of-kin? Mother, Eliza Jackson
4. What is the address of your next-of-kin? Aspley, Ont
5. What is the date of your birth? 15th January 1886
6. What is your trade or calling? Farmer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? or inoculated Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

Arthur Jackson (Signature of Man.)  
A. R. O'Keefe (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur Jackson, do solemnly declare that the above answers made by me to the above questions 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 Nov 22nd 1914 Arthur Jackson (Signature of Recruit.)  
A. R. O'Keefe (Signature of Witness.)

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

I, Arthur Jackson, 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 Nov 22nd 1914 Arthur Jackson (Signature of Recruit.)  
A. R. O'Keefe (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 22nd day of November 1914

[Signature] (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

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

DESCRIPTION OF Arthur Jackson ON ENLISTMENT.

Apparent Age 29 years 9 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. 3 ins.

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

*Scar on right side of abdomen  
 Top of left index finger missing*

Complexion Fair

Eyes Blue

Hair Brown

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

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 November 22 1915

Place Cudsay

*J. McCulloch*  
 Medical Officer. <sup>Capt.</sup>  
 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

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

Date DEC 29 1915

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 4-2-3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet..... 1

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate.....

A.F.B 122-1

1 bar Card

a 79 1257-2

m. f. w. 67-1

# DISCHARGE DOCUMENTS

Name

Jackson Arthur



Regt. No.

724525

Rank

Cpl

Corps

109th Bn C.S.F. 6606.

Invalided to Canada

~~120829-5-20~~

120829-1-20

Mr. Scott  
2-9-20

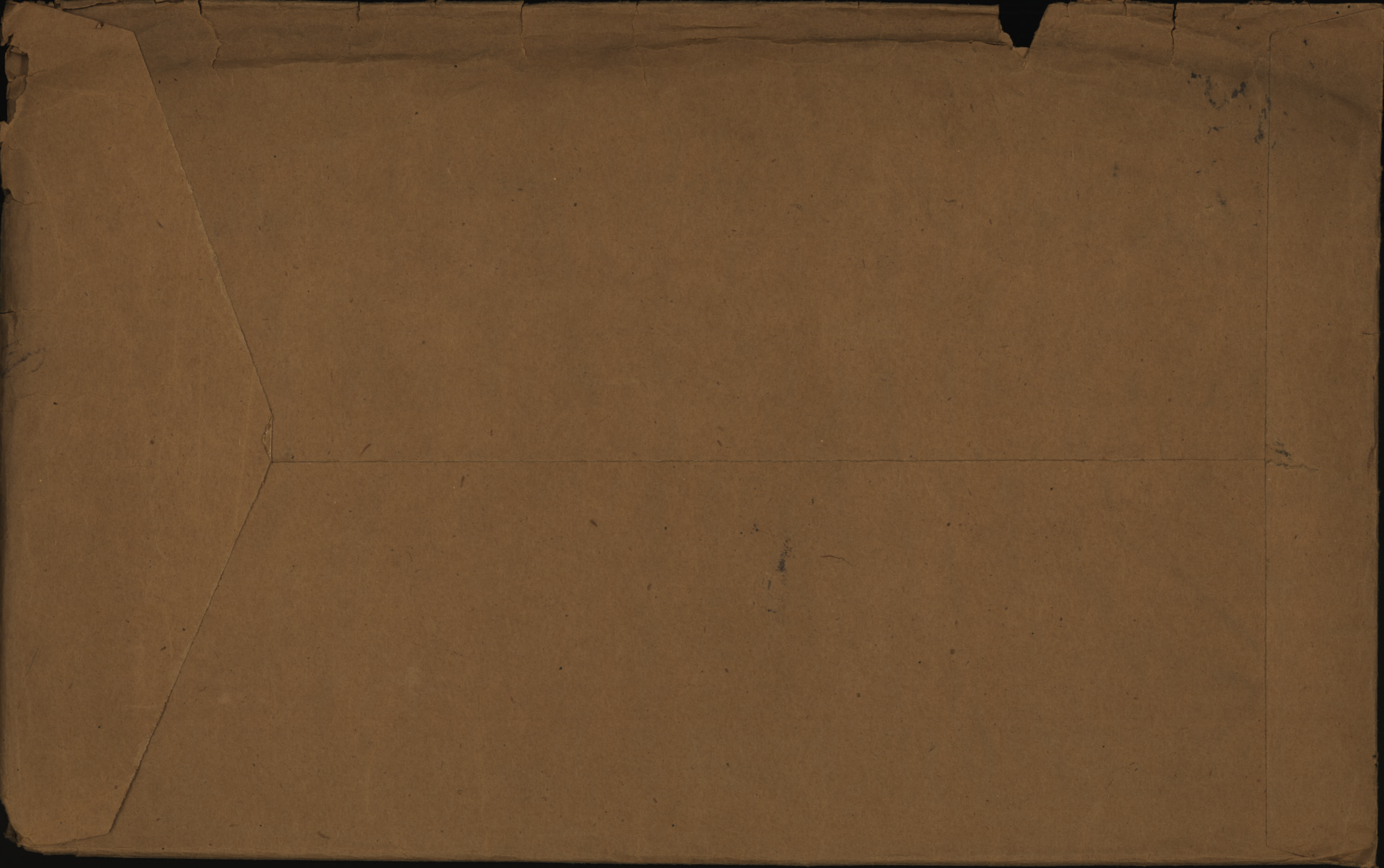
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payc-1

2-10

2-10



R. & O. 6034.

REGTL. NO.

24525

RANK

Pte  
12

NAME

Jackson Arthur.

COY

C.

FOLIO

TAKEN ON FROM

Lindsay Oak

DATE

23-11-15

PARTICULARS

Single.

PROMOTIONS OR APPOINTMENTS

aj Cpl.

AUTHORITY

D.O. 218

DATE

5-8-16.

ON COMMAND

HOSPITAL

ADMITTED

BY ORDER

DISCHARGED

BY ORDER

EMPLOYED AS

INOCULATIONS

QUALIFICATIONS

VACCINATION

DRAFTED TO

REMARKS

STRUCK OFF

LEAVE

FROM

TO

NEXT OF KIN

(Mother) Eliza Jackson.

Argyle Ontario

REMARKS

No. 724525. RANK

Pte  
S. Corp.

NAME

Jackson A.

T. O. S. 23-11-15. UNIT

109th. Battalion.

D. O. S. 23-11-15.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov. 23	1915 Nov. 20	✓		
	Dec.	✓		
1916.	Jan. 1916	✓		
	Feb.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		
			Pro. S. Corp. 10-6-16.	S.O. 175 of 12-6-16.
				UNIT SAILED JUL 23 1916





REGT'L NO 724.525

NAME Jackson

H. Q. FILE NO. 649-

RANK AND CORPS Cpl.

a 109th Bn.

FOLLOWS  
No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

9309

16 1-17

Sailed from Liverpool for Canada per the S S Northland Jan 13<sup>th</sup> 1917 (Asthma)

LIST NO	HOSPITAL	DATE OF ADMISSION	REMARKS
9.	Mil. Bramshott	24-8-16	N. Y. D. "C"
10.	Con. Aldershot	31-8-16	N. Y. D. "C"
14	Connaught "	15-9-16	Bronchitis + Asthma
18	Mil. Bramshott	29-9-16	N. Y. D. "C"
57	Mil. Bramshott	13-1-17	Disch Asthma

Name *Jackson* Rank *Arthur Cpl.* Reg. No. *724525*  
 Unit *109 Battalion*  
 Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1916</i>						
<i>24 8</i>	<i>Mill Bramshott</i>	<i>Hy D</i>		<i>9</i>		
<i>31 8</i>	<i>Comnaught</i>			<i>10</i>		
<i>15.9.16</i>	<i>Discharged</i>		<i>Bronchitis &amp; Asthma</i>	<i>14</i>		
<i>29.9.16</i>	<i>Mill Bramshott</i>		<i>H of D</i>	<i>18</i>		
<i>13.1.17</i>	<i>Dis.</i>	<i>u</i>	<i>Asthma</i>	<i>57</i>		



No. 724 525 RANK

Cpl.

NAME

Jackson. A.

T. O. S.

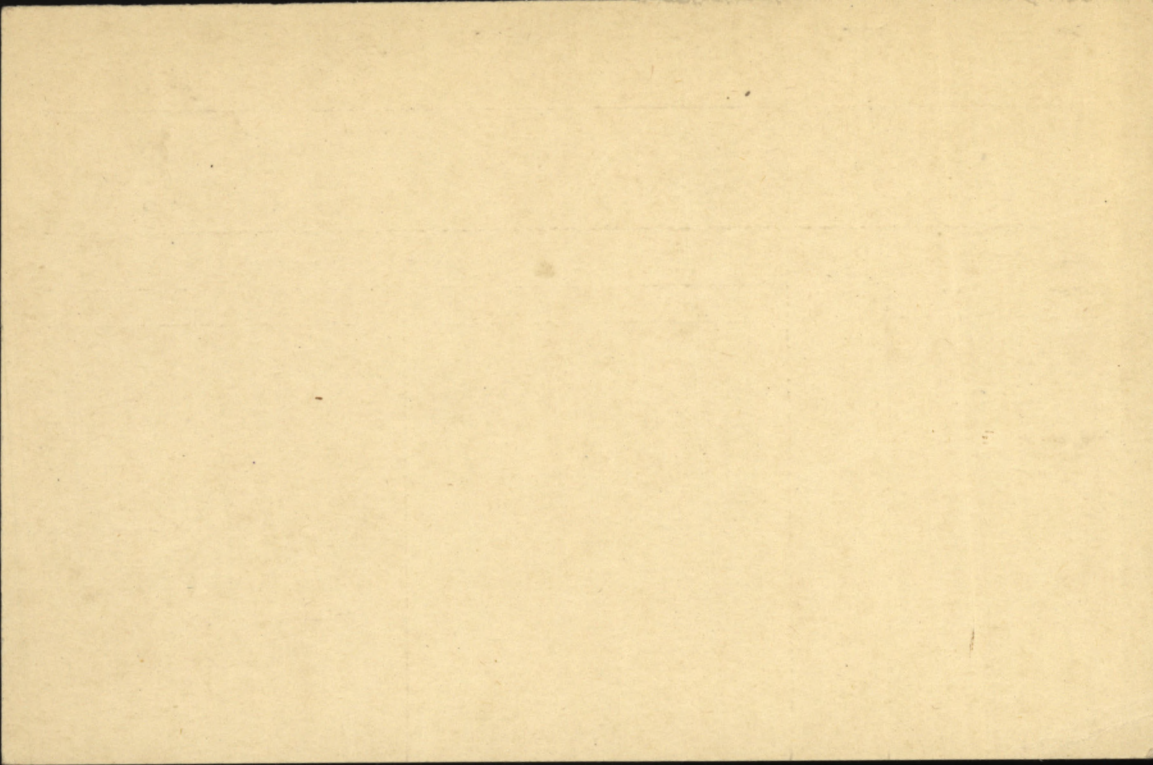
UNIT

Discharge Depot. Quebec

M. D.

✓

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan 3	1917 Mar 2	✓	109th Bn	



Number

724 525.

Rank

a/cpl.

~~1~~

Surname

JACKSON.

Christian Name

Arthur

Units

109 Bn. Gen. Inf. Theatre of War England.

Date of Service

31-7-16.

Remarks

Latest Address

Box 54. Bala. P.O.  
Ont.

Roll No.

A. Page 5-156.

10m.-8-21.

DESP. MAY 23 1923  
REGN. NO. 357



724525  
Bramshott  
ORIGINAL  
6  
MEDICAL HISTORY SHEET.

Surname Jackson Christian Name Arthur

Examined	on <u>15<sup>th</sup></u> day of <u>November</u> 191 <u>5</u>	Approved by	<u>J. McCulloch</u> Capt. Medical Officer M.O.
	at <u>Ludsey</u>	Rank	<u>109th Overseas Battalion, C. F. F.</u>
Birthplace	City or Town <u>Manchester</u>		
	County <u>Ontario</u>		
Apparent age	<u>29 years</u>		
Trade or occupation	<u>Farmer</u>		
Height	<u>5</u> Feet <u>3</u> Inches.		
Weight	<u>140</u> Lbs.		
Chest measurement	Minimum <u>36</u> inches.		
	Maximum expansion <u>39</u> inches.		
Physical development	<u>Good</u>		
Small-Pox Marks	<u>None</u>		
Vaccination Marks	Arm Right <u>None</u> Left <u>One</u>		
	Number <u>One</u>		
When Vaccinated last	<u>Feb. 21<sup>st</sup> 1916</u>	Date	<u>21-2-16</u> Result <u>Good</u> Vaccinations <u>once</u>
(a) Marks indicating congenital peculiarities or previous disease	<u>None</u>		<u>J. McCulloch</u> M.O.
(b) Slight defects but not sufficient to cause rejection	<u>None</u>	Date	Result
		<u>9.5.16</u>	<u>Good</u> <u>J. McCulloch</u> M.O.
		<u>18.5.16</u>	<u>"</u> <u>J. McCulloch</u> M.O.
		<u>25.5.16</u>	<u>"</u> <u>J. McCulloch</u> M.O.

Enlisted on 22<sup>nd</sup> day of November 1915 at Ludsey

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Batt C.F.F.</u>	<u>724525</u>		<u>22/11/15</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u>	<u>12 DEC. 1916</u>	<u>Bronchial Asthma</u>	<u>Invalided to Canada</u>
<b>APPROVED</b>	<u>D. A. D. M. S. for A. D. M. S., Canadian Troops, Bramshott Camp</u>		<u>George H. King</u> PRESIDENT, MEDICAL BOARD, BRAMSHOTT.

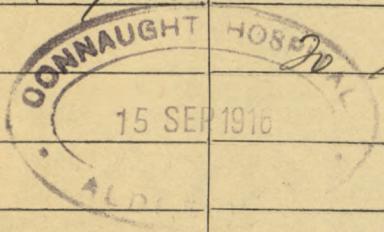
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <u>T 196</u> Year <u>1916.</u>	Regimental No.	Rank.	Surname.	Christian Name.
	<u>724525</u>	<u>CPL</u>	<u>Jackson</u>	<u>A.</u>
	Unit.	Age.	Service.	
	<u>C.S.F.</u>	<u>29</u>	<u>1712</u>	

Station and Date.	Disease
<u>Connaught.</u>	<u>Pneumonia</u>
<u>29-8-16.</u>	<u>went to Bonmahon Hospital on 25-8-16</u> <u>was transferred here on 29-8-16.</u> <u>on admission</u>
	<u>Complains of tightness of the chest</u> <u>nothing else. No sputum.</u>
<u>14-9-16</u>	<u>Has occasional asthmatic attacks</u> <u>return to duty 15-9-16</u>
	<u>C.F. Strange</u> <u>Capt name</u>



\*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(J 3521.) Wt. W 5606-2621. 2,000,000. 7/15. D & S. P.T.O.

Station  
and Date.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	724 525	Cpl.	Jackson	A
		Unit.	Age.	Service.
	109	Canada.	29	10/12
Station and Date.	Disease <u>As Thms.</u>			
	Entered Nov. 23/15 at Lud. ay Ont.			
	Arrived in Eng. July 30/16			
	<u>Complains</u> Pain in arm, and asthmatic attacks.			
	<u>History.</u>			
	Unmarried, 29 yrs. old, father and mother alive, mother has asthma.			
	One sister subject to asthma also.			
	First attack commenced Aug. 1915, following measles & slight cold. Attacks became more and more intervals. Has an attack every day or night since his arrival here. Has had great improvement since coming in.			
	<u>pre. Exam.</u> Heart negative.			
	Has some rales particularly during attacks. slight cough, well developed, good appetite, gen. condition splendid.			
Dec 31,	Discharged.			

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

Station  
and Date.

# Medical Report on an Invalid.

Station Bramshott Camp

Date Nov 6th 1916

MINISTRY OF DEFENCE  
H.Q. 679- J-2789  
CANADA

1. Unit. 109th Canadians  
2. Regimental No. 724525  
3. Rank corporal  
4. Name Jackson. A

5. Age last birthday 29  
6. Enlisted { on Nov 23 1915  
at Lindsay Ont.  
7. Former Trade {  
or Occupation {

### 8. Disability.

Bronchial Asthma

### Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability. August 15th 1916

10. Place of origin of disability. Bramshott England

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Had attack of measles and slight cold on Aug 15th and was seized with acute asthmatic attack following it. never had attack before family history positive. Had considerable pain in left shoulder and down arm. Greatly improved. Has asthmatic attack everyday and night since admission

BOARD OF PENSION COMMISSIONERS  
FOR CANADA.  
MAR 8 1917  
CONSIDERED FOR PENSION.

12. (a) Give your opinion as to the causation of the disability.

Bronchial infection following measles and cold.

(b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).

1 no  
2 yes

*Handwritten signature and initials in red ink.*

13. What is his present condition? *Feels perfectly fit otherwise than he has daily attacks of acute asthma. Hypo of morphine and atropia given in severe attacks with relief. General condition good. Appetite splendid. Bowels regular Temp. O.K.*

*Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.*

14. If the disability is an injury, was caused

(a) In action? *not applicable*

(b) On field service? *"*

(c) On duty? *"*

(d) Off duty? *"*

15. Was a Court of Inquiry held on the injury?

If so—(a) When? *} not applicable*

(b) Where? *}*

(c) Opinion? *}*

16. Was an operation performed? If so, what? *not applicable*

17. If not, was an operation advised and declined?

18. *In case of loss or decay of teeth.* Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service? *not applicable*

19. Do you recommend

(a) Fit for duty? *no*

(b) Fit for light duty? *no*

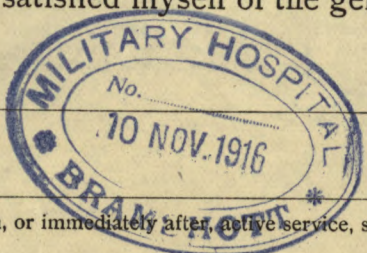
(c) Invalided to Canada? *no*

(d) Discharge as permanently unfit? *yes*

*D. A. LeBBETTE, Capt. <sup>Case</sup>*  
 Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, *except†*

Station \_\_\_\_\_  
 Date \_\_\_\_\_



*H. G. Kendall Major*  
 Officer in charge of Hospital.

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.  
 † Delete this word if no exceptions are to be made.



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

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

# Casualty Form—Active Service.

250M.—1-16,  
H. Q. 1772-39-920.

Unit, Regiment or Corps

109th OVERSEAS BATTALION, C. E. F.

Regimental No. 24525 Rank Private Name Jackson Arthur

Enlisted (a) 23-11-16 Terms of Service (a) C.E.F. Service reckons from (a) 23-11-15

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

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

Date	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.
	From whom received					
		Embarked Canada		Halifax	24.7.16	
		Disembarked England		Liverpool	31.7.16	
		appointed A/c.pl.		Quincy	5.8.16	Part II Order 216.
8-12-16	OC109 <sup>th</sup>	Transferred to 124 <sup>th</sup> Bn		Witley	8-12-16	<p><u>Capt.</u>  <u>ADJUTANT</u>  <u>109th Overseas Battalion, C. E. F.</u>  <u>#43</u>  <u>3</u></p>
		Embarked for Canada			12-1-17	
		Dis Depot	SOS med. Unfit	Quebec	2-3-17	<p><u>Capt.</u>  <u>ADJUTANT</u>  <u>109th Overseas Battalion, C. E. F.</u>  <u>auth March paylists</u></p> <p><u>P. Guthrie</u></p> <p><u>capt for post</u></p>

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



Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number Rank Name and Corps of disabled soldier.

A 724525. *Capt.* Jackson, Arthur. 109<sup>th</sup> Batt

Previous Civilian Occupation.

*Farmer.*

Cause of disability - *Amputation distal portion phalange index finger left hand.*  
*Asthma due to service.*

DEPT  
MILITARY & DEFENCE  
649-13 1917-789  
CANADA

Condition in detail which prevent the soldier earning a Full livelihood:-

*Patent complaint of mechanical dyspnoea.*

*Exam: - Lungs show very little signs of any asthma at present but history is complete as regards the attacks. Used to have these attacks every night. The only medication that would relieve him was atropine & morphine. Has not had any attacks since he got on board the boat. Other systems normal.*

*Distal phalange index finger, <sup>left hand</sup> amputated several years ago at distal phalangeal joint. His disability would. Does not require further treatment.*

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

*15-70 } 37% finger not due to service  
10% asthma.*

Probable duration of incapacity:-

*Permanent.*

Does it render him permanently unfit for Military Service? *Yes.*

Would operation, special treatment or the use of appliances, etc., lessen incapacity? *No.*

Signature.

*E A Robertson Capt* President.  
*M J Caglon Capt* Members.  
*W D Phelps Capt*

Station. *Quebec*

Date *Jan 27, 1917.*

BOARD OF PENSION COMMISSIONERS FOR CANADA.  
MAR 8 1917  
CONSIDERED FOR PENSION.

Approved.

Date *Jan 27/17*

*W M Carrick Major*  
Assistant Director Medical Service.

Date *28.2.17*

*W C Arnold Capt*  
Director General Medical Service.

*Carded 5-2-17 J.S.*

Form to be used instead of blank space on Army Form 179

Proceedings of Medical Board at Discharge Depot.

Number \_\_\_\_\_ Rank \_\_\_\_\_ Name and Corps of disabled soldier.

Previous Civilian Occupation.

Cause of disability -

Condition in detail which prevent the soldier earning a Full Livelihood:-

Opinion of the Board.

Degree of incapacity (Please state in fractions.)

Probable duration of incapacity:-

Does it render him permanently unfit for Military Service?

Would operation, special treatment or the use of appliances, etc., lessen incapacity?

Signature. \_\_\_\_\_ President.

Members. \_\_\_\_\_

Station. \_\_\_\_\_

Date \_\_\_\_\_

Approved. \_\_\_\_\_

Date \_\_\_\_\_

Assistant Director Medical Service. \_\_\_\_\_

Director General Medical Service. \_\_\_\_\_ Date \_\_\_\_\_

**DUPLICATE**

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....

**109th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number **724525**.....

(3) Full Name of Soldier **Arthur Harold Jackson**.....

(4) Place of Birth **Manchester, Ontario, Canada**.....

(5) Are you married, or not? **No**.....

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

(b) Present Postal Address **Nil**.....

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

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

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

Also their names and ages **Nil**.....

(9) Is your Father alive?.....Yes.....

If so, state name and address...Ben. Jackson, Argyle, Ontario, Canada.....

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

If so, state name and address.....Eliza Jackson, Argyle, Ontario, Canada.....

(11) If your Mother is a widow.....No.....

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

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

Nil

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

Nil

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

Nil

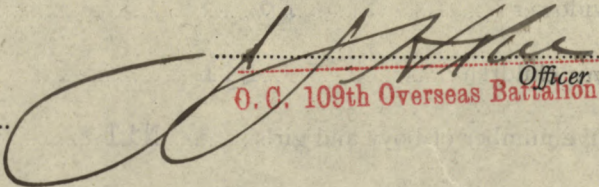
(15) Are you insured?.....No.....

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

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

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

Date.....6th July 1916.....

  
.....Lt. Col......  
.....Officer Commanding......  
.....O. C. 109th Overseas Battalion, C. I. F......

A.C. Rank *Sergeant* Name **JACKSON, Arthur.** ✓ Reg'l No. **724525** ✓  
 Unit **103rd. Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.** ✓  
 Place and Date of Enlistment **Lindsay, Nov. 22nd. 1915.** ✓ Place of Birth **Manchester,** ✓  
**Ontario.**  
 Name and Address, Next-of-Kin **Eliza Jackson.** ✓

**Argyle, Ontario.** Relationship **Mother.** ✓ *6606*

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

N/E. R.B. No. *6687*  
 File No. *6687*  
 Category *375000000*  
*6-5*  
*47-34*  
*PC365*

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
5. 8. 16	<i>OC 109<sup>th</sup></i>	<i>App'd Prov. Cpl</i>	<i>Oxney</i>	5-8-16	<i>Pt. II D.O. 218 ✓ H.D.O. 285</i>
22. 8. 16	✓	<i>Admitted to Hoopl</i>	<i>Bramshott D.M. Hut #3</i>	21. 8. 16	<i>Pt. II D.O. 235 x C.L. #9 x</i>
1. 9. 16	✓	<i>Transf'd Conyngh's Hoopl.</i>	<i>Bramshott Aldersholt</i>	30. 8. 16	<i>Pt. II D.O. 245 x C.L. #10 x</i>
16-9-16	<i>do</i>	<i>Dis from Con Hospital</i>	<i>Bramshott</i>	15. 9. 16	<i>Pt. II D.O. 260 x C.L. 14</i>
29-9-16	<i>do</i>	<i>Adm'd to B.M. Hospital</i>	<i>do</i>	28-9-16	<i>Part II D.O. 273 C.L. 18</i>
20-11-16	<i>do</i>	<i>Reverts to Rank to meet Establishment</i>	<i>Witley</i>	16-10-16	<i>Pt. II D.O. 325</i>
8. 12. 16	<i>do</i>	<i>Sgt on leave to 124<sup>th</sup> Bn.</i>	<i>Witley</i>	8-12-16	<i>343</i>
11. 12. 16	<i>OC 121<sup>st</sup></i>	<i>Sgt " " of 109<sup>th</sup></i>	"	"	<i>267</i>
20. 1. 17	"	<i>Sgt " " to 103<sup>rd</sup> Bn</i>	"	20-1-17	<i>20 Pt. II D.O. 26</i>

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.				
24.1.17	ccac	from 109 <sup>th</sup> Genl Dis	Hastings	13.12.16	Pt 15, DO 41
1.2.17	109th Bn	Dis to the Hosp B. Chitt	Witley	13.1.17	C. L. 57 Asthma
" 1.17	ccac	Being put in Hosp is TOS	Hastings	2.1.17	44, DO 18
22.1.17	ccac	was taken for Disg SOS	Hastings	13.1.17	44, DO 36
8.3.17	of 124 <sup>th</sup>	S.O.S. of CCAC.	Witley	2.1.17	67
✓	discharge deport.	Awaiting P & C Board Decision	✓	23.1.17	N. L. 178. Argyle, Cant. Cen.



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

09391-A-5

Name **Jackson, Arthur**  
Surname Christian Name

Regimental Number **724525** Rank **Cpl.**

Address (in full) **Argyle, Ont.**

Unit **C.C.A.C.**

Original Unit

District where paid **Ottawa**

Date of Discharge **2/3/17**

P. D. P. Filing Number **19J5**

Rates:—Regimental pay \$ **1.10** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L. L. 22573—M. & D. 8009.

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		
10920	3624	29/8/17	36 00	3526	28/9/17	36 00	3505	27/0/17	3720		10920

**M. F. W. 127.**  
50M-617.  
1772 39-1140.

Remarks:

File No. 09391-a-138

**WAR SERVICE GRATUITY.**

Register No. J 741

Reg. No. 23181.9  
724525

Dependent Wil

Name Jackson, A. H. File No. W. S. G.  
Address Ala. days at \$ . . . per day \$  
S. A. . . . months at \$ . . . per mo. \$  
Muskoka  
Less P. D. P. Credited  
Less further debit balance  
Net due paid as below

Pay Soldier \$ 170.80 TO SOLDIER TO DEPENDENT Pay Dependent \$ ✓

0	Ag. No	Ch No	Amount	Dr. No	Ch No	Amount
1						
2						
3						
4						
5						
			Total			

Days 172 Rate 7.00 Due 280.00  
Less P.D.P. credited 109.20  
Less further Dr. Bal. ✓  
or overpayment.  
Net 170.80

R. W 102  
2/10/19

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
19-9-19	18426	514670	140.00		1			
2					2			
3/5-9-19	22815	517934	30.80		3			
4					4			
5					5			
6			170.80		6			

GEN'L AUDITOR  
Posting checked by  
[Signature]  
Date 6/9/19



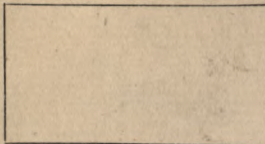






This space to be left blank for the Chelsea Number.

Army Form B. 268.



Northland  
23/1/17  
M  
Proceedings on Discharge.

27/12/33  
90

(When forwarded for confirmation the documents named on page 4 should be enclosed.)

No. 724525 Army Rank Corporal

Name Jackson Arthur.

(The name must agree strictly with that on enlistment, unless changed subsequently by authority.)

Corps 109th. Battalion, C.E.F.

Battalion, Battery, Company, Depot, &c. C.C.A.C.

(If attached to the Regular Establishment of the Special Reserve or Permanent Staff of the Territorial Force, &c., or to General Staff of the Army, it should be so stated.)

Date of discharge 2.3.17

Place of discharge Invalided to Canada by authority of Medical Board.

1. Description at the time of discharge.

Age \_\_\_\_\_ years \_\_\_\_\_ months

Height \_\_\_\_\_ feet \_\_\_\_\_ inches

Chest measurement { girth when fully expanded \_\_\_\_\_ ins.

{ range of expansion \_\_\_\_\_ ins.

Complexion \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Trade \_\_\_\_\_

Intended place of residence \_\_\_\_\_

(To be given as fully as practicable)

Descriptive marks.

amputation distal phalanx index  
fungus left hand previous  
ulcerated

J. G. N.

(The measurements and description should be carefully taken on the day the man leaves his unit, but in the case of men sent home from abroad for discharge, the age and intended place of residence should be left blank to be filled in by the Officer who confirms the discharge at home.)

2. The above-named man is discharged in consequence of \_\_\_\_\_

(The cause of discharge must be worded as prescribed in the King's Regulations and be identical with that on the discharge certificate. If discharged by superior authority, the No. and date of the letter to be quoted.)

3. Military character:— *Good* *J. G. N.* LIEUT

for O/C Discharge Depot, Quebec

4. Character awarded in accordance with King's Regulations:—

To be filled in on the soldier quitting the Colours.

C.C.D. 29 120 26

Certified that the above is an accurate copy of the character given by me on Army Form B. 2067\* and that Army Form D. 489 was awarded in this case.

Initials of Commanding Officer.

Army Form B. 2088 has been issued to\*

*Handwritten notes in red ink:*  
22  
8-2-14  
J.G.N.

5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_ Commanding \_\_\_\_\_ Battn. \_\_\_\_\_ Regiment \_\_\_\_\_

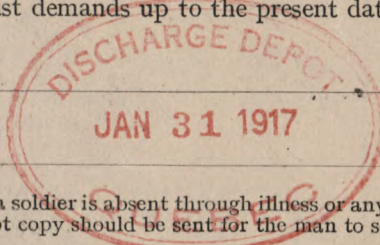
8. Certificate to be signed by the soldier on discharge.

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (Signature of Witness.)

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



a. Jickson
J. Luthbert

9. Additional certificate in the case of a soldier who takes his discharge at his own request.

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

(Signature of Soldier.)

10. Statement of service.

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " "

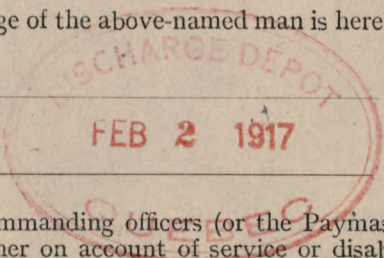
Total ... .. " "

11. Confirmation of discharge.

The discharge of the above-named man is hereby confirmed for 2. 3. 17 (date)

(Place) \_\_\_\_\_

(Date) \_\_\_\_\_



Signature W. Marriot Major
Comd'g. Discharge Depot Quebec.

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.



RESERVATIONS REFERRED TO AT PARA. 8.

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

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None.

A Jackson

LIST OF DISCHARGE  
DOCUMENTS.

1. Proceedings on discharge.  
(Army Form B. 268.)
2. Proceedings on transfer to reserve (if any).  
(Army Form B. 2056.)
3. Duplicate attestation.
4. Army Form B. 97 (if any).
5. Declaration of change of name (if any).
6. Re-engagement paper (if any).  
(Army Form B. 136.)
7. Authority for continuance, or extension, of service (if any).  
(Army Form B. 221.)
8. Court of Inquiry on an injury (if any)  
(Army Form A. 2.)
9. Regimental conduct sheet.  
(Army Form B. 120.)
10. Company conduct sheet.  
(Army Form B. 121.)
11. Copies of convictions by Civil Power (if any).
12. Medical history sheet.  
(Army Form B. 178.)
13. Medical report on invalid (if any).  
(Army Form B. 179.)
14. Copy of receipt for purchase money (if any).
15. Attestation of fraudulently enlisted man for corps in which he has not been held to serve (if any).
16. Detailed statement of former service allowed to reckon towards pension (if any).
17. Copy of 3rd page attestation (in the case of men from abroad entitled to deferred pay who go to Netley or the discharge depôt for discharge).
18. Descriptive return (Army Form D. 400), where required. See section 11 on second page.
19. Active service casualty form.  
(Army Form B. 103.)
20. Employment sheet.  
(Army Form B. 2066.)

In the case of recruits who are rejected before, or on, final approval, the discharge documents will consist of—

1. Duplicate attestation.  
(On third page the date and cause of discharge will be entered and signed by the competent military authority.)
2. Medical history sheet (if any).  
(Army Form B. 178.)

Instructions as to the preparation, despatch,  
and custody, of discharge documents.

1. When a soldier is to be discharged, the documents retained with the duplicate attestation will be placed inside this form. Should any of the documents be missing, an explanation of the deficiency, signed by the commanding officer, must be substituted for the missing document. The officer in charge of records will then extract from the original attestation, any documents required to complete the list of discharge documents enumerated in the margin, which will then be placed in this form in the sequence given.

2. When men are discharged from the colours at home as medically unfit, or with claims to pension, Army Form B. 268 will be sent confirmed, together with the duplicate attestation and documents retained therein to the officer in charge of records 10 days in advance of the date for discharge in the case of invalids, and 14 days in other cases. This officer will then extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them in this form, and after carefully checking the duplicate attestation with the original forward the whole to the Secretary, Royal Hospital, Chelsea. When such men are discharged abroad, the same procedure will be adopted as above, with the exception that the discharge documents will be sent to the officer in charge of records immediately after discharge takes place (except in the case of men who are granted gratuities on discharge from local battalions or companies, Royal Artillery).

3. When soldiers are sent home from abroad for discharge, the documents retained with the duplicate attestation will be placed inside this form and sent home with the men for transmission to the officer who carries out the discharge, together with the following additional forms:—

- (a) Discharge certificate (Army Form B. 2079 or Army Form B. 264).
- (b) Character certificate (Army Form B. 2067) if entitled.
- (c) Copy company conduct sheet (Army Form B. 121) when required under King's Regulations.

The duplicate attestation and documents retained therein will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin and place them in this form.

4. The discharge documents of re-enlisted pensioners, on re-discharge, will be sent to the officer in charge of records, who will extract from the original attestation any documents required to complete the list of discharge documents enumerated in the margin, place them inside this form, and forward the whole to the Secretary, Royal Hospital, Chelsea, irrespective of the cause of discharge.

5. The original and duplicate attestations of recruits who are rejected before, or on, final approval will be retained by the approving officer for one year, when they will be destroyed.

6. In all other cases the discharge documents will be sent, directly the discharge is carried out, to the officer in charge of records of the unit concerned.

7. Postage need not be paid, and receipts are not required, in the case of documents sent to Chelsea or to the War Office.

8. When the discharge documents of men not entitled to pension are sent to the officer who will have final charge of them, they are to be accompanied by Army Form B. 279, and that officer will, if they are found to be correct, sign and return Army Form B. 279. Should any document be missing, he must at once apply for it.

9. The officers having final charge of the discharge documents will arrange them according to regimental numbers, and enter the names in the alphabetical index, Army Book No. 129.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

*No*  
*The Claims M.*

(b) If due to one of these causes, to what specific condition do the Board attribute it?

*Climatic conditions in England aggravating an underlying sensibility*

21. Has the disability been aggravated by

(a) Intemperance?

*No.*

(b) Misconduct?

*No.*

22. Is the disability permanent?

*No. will improve in Canada.*

23. If not permanent, what is its probable minimum duration?

*Three months*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*One quarter compared to capacity in England.*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

*Not applicable.*

26. Do the Board recommend

(a) Fit for duty?

(b) Fit for light duty?

(c) Invalided to Canada? — *Yes*

(d) Discharge as permanently-unfit?

Signatures:—

*C. E. Cooper M.D. Major* President.

Station Bramshott.

*H. J. Jackson Capt*  
*H. Tracham Capt* } Members.

Date 12 DEC 1916

Approved.

Station Bramshott.

*C. E. Cooper Major*  
For G.O.C. & Administrative Medical Officer.  
Canadian Troops, Bramshott Camp

Date 12 DEC 1916

14-2-17  
I-169  
Q-25-2  
14/2/17

PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at Folkestone, Kent, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.  
LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,  
*Legal Adviser.*

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked

\_\_\_\_\_  
*President.*  
Lt.-Col. Major.  
\_\_\_\_\_  
Lt.-Col. Major.

724525 Cpl. Jackson A. H. 109th Bn C.E.F.  
Formerly 126th Bn C.E.F.

Will removed by Regt. Paymaster

76377

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

- 20 -

perforated sheet for Will from Pay Book of Reg.

No. 724525

Name Arthur Harold Jackson

Unit C. Co 109 Bn Can Inf

Military Will.

I hereby give and bequeath  
all my personal belongings  
and effects to my mother  
Mrs. Eliza Jackson, Argyle  
Ontario Canada.

*W. H. Hall*  
Witness

Signature Arthur H Jackson

Rank and Regt. Cpl 109 Bn C.E.F.

Date October 21st 1916

100 100 100  
100 100 100  
100 100 100

MEMORANDUM

From

From

To

To

ANSWER

.....19

.....19

Report No. 4460

Class III

No. of M. H. C. File No. of Local File No. of H. Q. File

Jackson Arthur  
Argyle  
Victoria B.C. Ont.

FEB 13 1917  
CANADA

No. 724525 Rank Corporal. Original Unit 109<sup>th</sup> Bn: Present Unit 124<sup>th</sup> Res.  
Age 29-9 Height 5 ft. 3 ins. Complexion Fair Eyes Blue Hair Brown Character N.R.  
Date of enlistment 23-11-15 Where enlisted Lindsay, Ont. Where seen service England  
Ship returned by Netherlands Date of arrival 23/1/17 Port of arrival Halifax  
Birthplace Canada Religion Meth.

Name and address next of kin  
Mother above address  
Cause of disability  
Asthma due to Amputation distal portion phalynx index finger left hand  
Condition which prevents the soldier from earning a full livelihood

Class 3.—Men having a permanent disability which would not be benefited by further medical treatment, (such disability due to or aggravated by service) and whose cases will immediately be considered by the Pensions Board with a view to pension.

Class 2.—Men whose condition may be benefited by further medical treatment or rest in a Convalescent Home, Hospital or Sanatorium. If deemed advisable, in some cases the medical officer in charge of the Convalescent Home, Hospital or Sanatorium may grant these men leave to return to their own homes and families for a definite period.

Class 1.—Men for immediate discharge without a pension.  
(a) Unit for overseas service but capable to take up their previous civilian occupation.  
(b) Disability not the result of service or involving claim as the result of or aggravation by service.

Degree of incapacity (Please state in fractions) Eng. Board  $\frac{1}{4}$  compared to capacity on enlistment. Canadian Board 15% 50% finger not due to service. 10% Asthama.  
Probable duration of incapacity Permanent.  
Is final disability likely to prevent return to previous occupation?  
Recommendation of Canadian Board  
Destination to which transportation issued Argyle, Ont.  
Members of Board

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	/				
Children 1					
2					
3					
4					
5					

Occupation prior to enlistment Farmer  
Regular trade or profession Good living  
Average earnings previous to enlistment Mother's farm Any other income  
Name and address of last employer  
Rent per month If purchasing property amount due and annual payment, \$  
Taxes 65.00 If Homestead, when is patent due?  
If carrying life or accident insurance, annual premium  
If in receipt of sick benefits or other insurance—name of society Amt. per mo. \$  
If unable to follow previous occupation, name preference  
At what age soldier left school? What grade, standard, &c., was he in?  
Has he taken any Technical or Continuation classes, if so what?  
Whether given Vocational Training while in Hospital in England. If so, what subjects?  
References \$ not necessary  
Witness I declare that the above statement is correct.  
Date 27/1/17 Signature A. Jackson

Recommendation by Interviewer as to classes likely to be of use, and general remarks:

Last Pay Cert. Cr., \$ Dr., \$ Amount paid at Depot H. Q., \$ L. P. C. leaving Depot, \$  
Amount forwarded to H. Q. Unit, \$ Credit Clothing allowances, \$  
Transf'd to Unit—Date Transf'd Class 1—Date Transf'd Class 3—Date  
PENSION—Class..... Amount per year, \$..... Period granted for..... Dating from.....  
First payment date.....

Noted  
8-2-17  
A. J.

Form No. 64  
 Date of birth: 1898  
 Class: III  
 No. of dependents: 3

Name: John J. [unclear]  
 Rank: Private  
 Branch: 1st [unclear]  
 Date of enlistment: 1917  
 Date of discharge: 1919  
 Port of arrival: [unclear]  
 Religion: [unclear]

Address at discharge: [unclear]  
 Name and address next of kin: [unclear]  
 Cause of disability: [unclear]  
 Condition which prevents the soldier from earning a full livelihood: [unclear]

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHETHER EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children					

Members of Board: [unclear]  
 Destination to which transportation issued: [unclear]  
 Formulation of Canadian Board: [unclear]  
 Is soldier capable of performing his previous occupation? [unclear]  
 Probable duration of incapacity: [unclear]  
 Degree of incapacity (Please state in fractions) from Board: [unclear]  
 Canadian Board for Rating of Disabilities: [unclear]  
 Name and address of last employer: [unclear]  
 Average earnings previous to enlistment: [unclear]  
 Regular trade or profession: [unclear]  
 Occupation prior to enlistment: [unclear]

At what age soldier left school? [unclear]  
 Was he taken any technical or Commercial classes? [unclear]  
 Whether given Vocational Training while in Hospital in England? [unclear]  
 I believe that the above statement is correct.  
 Signature: [unclear]  
 Date: [unclear]  
 Recommendation by interviewer as to class likely to be of use and general remarks: [unclear]  
 Pension Class: [unclear]  
 Amount per year: [unclear]  
 Period granted for: [unclear]  
 Transferred to: [unclear]  
 Unit: [unclear]  
 Date: [unclear]  
 Transferred from: [unclear]  
 Date: [unclear]  
 Amount forwarded to H. O. Unit: [unclear]  
 Credit Clothing Allowance? [unclear]  
 Amount paid to Dept. H. O.: [unclear]  
 Last Pay Cert. No.: [unclear]  
 Dr. [unclear]  
 Amount paid to Dept. H. O.: [unclear]  
 Last Pay Cert. No.: [unclear]  
 Dr. [unclear]  
 Amount paid to Dept. H. O.: [unclear]  
 Last Pay Cert. No.: [unclear]  
 Dr. [unclear]