ATTESTATION PAPER.

No. 72-5-5-74

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Mitchell
1a. What are your Christian names? ..... William Henry
1b. What is your present address? ..... Fenelon Falls Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Rochester New York State
3. What is the name of your next-of kin? ..... Mrs. M. A. Scott
4. What is the address of your next-of-kin? ..... Parry Sound Ont Can
4a. What is the relationship of your next-of-kin? ..... Sister
5. What is the date of your birth? ..... 14 Feb 1871
6. What is your Trade or Calling? ..... Labourer
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? If so, state particulars of former Service. ..... No.
11. Do you understand the nature and terms of your engagement? ..... Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? ..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Henry Mitchell, 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.

William Henry Mitchell (Signature of Recruit)

Date 27th Dec. 1915. H. A. Cross Lt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Henry Mitchell 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.

William Henry Mitchell (Signature of Recruit)

Date 27th Dec. 1915. H. A. Cross Lt (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 Fenelon Falls this 28th day of December 1915.

Wm McArthur (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of William Henry Mitchell on Enlistment.

Apparent Age 44 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 4 ins.

Chest measurement: Girth when fully expanded 35 ins.; Range of expansion 6 ins.

Complexion Fair

Eyes Lt Brown

Hair turning Grey

Religious denominations:
- Church of England C of E
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

Mole on right breast near collar bone

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 Fenelon Falls

J. McCullock Capt.
H. Boyd Medical Officer.
Medical Officer.
109th Overseas Battalion, C. E. F.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Henry Mitchell 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.

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

Date JAN 15 1916 191

MITCHELL WILLIAM HENRY 725574 109TH BN. 26009

MED. UNFIT

Number. 125574 Rank. Pte.

Surname. MITCHELL

Christian Name. William Henry

Units 21st Can Inf. Theatre of War. France

Date of Service. 6-10-16

Remarks. Mr Joseph H. Scott Nephew
Box # 735

Latest Address. ~~Gen Del James Bay Jct~~
Parry Sound Ont.

R 3/12/42

Roll No. "B" Page 7770.

No. Rank Name

T. O. S. Unit

M. D.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, Etc.	
			Particulars	Authority

CARD No.

FOLL.

SURNAME. Mitchell.

CHRISTIAN NAMES William Henry.

REGL. No. 725574 RANK Pte.

UNIT 109th Batt.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Scott, Mrs. M. A.

RELATIONSHIP TO SOLDIER Sister.

ADDRESS Parry Sound, Ont.

COUNTRY OF BIRTH U. S. A., Rochester, N.Y. DATE Feb. 14th 1871.

PLACE OF ATTESTATION Fenelon Falls, Ont. DATE Dec 28th/1915.

Sailed from Halifax Per. S.S. "Olympic" 23-7-16. 488/25

R.C. 14/11/17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Labourer. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 44 YEARS ——— MONTHS

HEIGHT 5 FEET 4 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3. INCHES

COMPLEXION Fair. EYES Lt. Brown. HAIR Turning Grey

DISTINGUISHING MARKS Mole on right breast near collar bone.

MEDICAL EXAMINATION. PLACE Fenelon Falls, Ont. DATE Dec. 28th. 1915.

No. 725574 RANK Pte NAME Mitchell W. 98.

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

D. O. S. 12-1-16

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1916			
Dec 27	Jan 31	✓		
Feb.		✓		
Mar.		✓		
April		✓		
May.		✓		
June.		✓		
July.		✓		
				UNIT SAILED JUL 23 1916

41304

REG. NO. 725574 NAME (SURNAME FIRST) Mitchell W. H

RANK Pte CORPS 21st

AGE 48 SERVICE C 11/12 Eng 7/12 F 12/12

NAME OF HOSPITAL Queens Military PLACE Kingston

DATE OF ADMISSION 4-12-17

DISEASE D. A. H

DISCHARGE

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO Dis. from O.M.S. 27-3-18

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

Queens Mil Kingston 19-12-17 Varicocele Haemorrhoids

Dis from HMS 27-3-18

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

M. 143.

012929-W-9.

Name Mitchell, William H.
Surname Christian Name

Regimental Number 725574 Rank Pte.

Unit 109th Bn. C.E.F.

Original Unit

District where paid M.D. 3.

Date of Discharge 19-3-18.

P. D. P. Filing Number 9-90-3.

Address (in full) James Bay, Junction, Ontario.

Rates:—Regimental pay $ 1.00 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					
100	10	1781	27-3-18	33	00	1743	27-4-18	33	00	1642	27-5-18	34	10			100	10

Remarks:

M. F. W. 127.
60M—6 17.
1772 39-1140.

File No. 01[illegible]79-W-54

WAR SERVICE GRATUITY.

passed to Inw. W.71. 24/9/19.

Register No. M 1487

Reg. No. 725574 Pte 109th Bn

Name Mitchell W. H.

Address Cobourg Ont

Dependent

Address

Less P, D. P. Credited

Less further debit balance

Net due paid as below

Pay Soldier $

Pay Dependent $

Comp Check

W. H. Smith

W. C. Haydon

D R Kendrey

Clerk

Days 105.8 Rate 70.00 Due 350.00

Less P.D.P. credited 100.10

Less further Dr. Bal. or overpayment.

Net 249.90

R. W.134 23.10.19.

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1 29/9/19	32289	527888	249.90	1/10/19	1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
Date 29/9/19

Pte Name Mitchell Wm Henry

M. F. W. 41
1 0M—7-16
1772-39 889.

M.2534

Regimental No. 72577

Unit 109 Bn.

Date of enlistment 28.12.15

Place of " Fenelon Falls.

Married (yes or no)

Amount of pay assigned monthly $ 15.00 1/16 8 to 30 11/17

To whom payable James Birchell

Name and address of next-of-kin Mrs M. A Scott
Parry Sound
Ont.

M.B. Quebec 1.12.17
St. Mil.

Date and place discharged

$240.00

Reason for discharge

Character on discharge

Cat. "D". H. Q. 649-M-27834.

Olympic 14.11.17 Fenelon Falls Ont

Form 5351—M. & D. 6880.

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
	30 10/17							186 23								Eng L.P.C.
31 10/17	30 11/17	31	1.00	31 00	31	.10	3 10		190 33					100 00		C.W. Quebec
														9 73		AR. ~~872~~ 38
													15 00		124 73	Nov. 1917
												Cr Balance			65 60	L.P.C. rend. 19 12/17
									190 33						190 33	Ac. adj. to 30-11-17
																Afd to "C" unit.
								65 60						1.78		*AR. 802 ALPC. 21-2-18
									65 60			Cr Bal.		63 82	65 60	Supp. Sent C. Unit 21/2/18

Afd 15.12.17

A.P. chgd in Eng L.P.C 1.8.16–31.10.17 = $225.00

M. F. W. 41
1 0M—-16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

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.	Date					

L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

To Whom James. Birchell.
Address Fenelon. Falls.
Ont.

Rate 15.00 AUG 7 1916

By Whom Assigned Mitchell. W. H.
Regtl. No. 125574
Rank Pte.
Corps 109th Batt.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			CONSOLIDATED 2 ACCOUNT
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2. James. Birchell.

L. L. Job 310.—Req. 6574.

Name of Soldier. Mitchell. W. H.
#125574 Pte. 109th

15.00

AUG 7 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		7 15948	15	
Sept.		~~R 19854~~	~~15~~	Retd o ~~Remailed~~ Cancelled 20/10/16 wow
Oct.		~~RL 4750~~	~~15~~	$30 to adj. → Sp Reg 21-10-16.
		→ Y21394	30.	
Nov.		R. 28988	15 15	
Dec.		R30886	15	
Jan.	1917	N 40476	15	
Feb.		N 46936	15	
March		G 5 1998	15	15 Co
April		63565	15	15 Ch
May		C 9802	15	15 T.
June		B 18483	15	Mc
July		C 23285	15	Co
Aug.		P 36907	15	
Sept.		P 37675	15	Co
Oct.		E 44377	15	
Nov.		P 50702	15	
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

C.B.

Cancelled

A/c Closed 30/11/17
$240
Ret'd per Olympia
Date 6/11/17. F. 28/11/17
Clerk E. Huson

MILITIA AND DEFENCE

ASSIGNED PAY.

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

To be made out in duplicate.

H.Q. 54-21-23-53

DUPLICATE

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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

(2) Regimental Number 7-5574

(3) Full Name of Soldier William Henry Mitchell

(4) Place of Birth Rochester, New York State, U.S.A

(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

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address Nil

(10) Is your Mother alive? No

If so, state name and address Nil

(11) If your Mother is a widow Nil

Are you her sole support, or not? Nil

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

Nil

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

Mrs. M. A. Scott,
Parry Sound,
Sister Ontario, Canada

(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.E.F.

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

M. F. W. 54. (A. F. B. 10[illegible]) 12R

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

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

Regimental No. 72557/4 Rank Private Name Mitchell William Henry

Enlisted (a) 27.12.15 Terms of Service (a) D of W. C. E. F. Service reckons from (a) 27.12.15

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) Laborer

Report Date	Report From whom received	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.
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
		Transferred for Overseas Service with 21st. Batt'n		OCT 5 1916	G.O. Pt. 11. No. 279
	C.B.D.	Arrived & Taken on Strength	C.B.D.	6/10.	Pt. II. O. 58. 9/9-10-16
	Do.	Classified "P.B." and attached Can. Corps. H.Q. for duty	C.B.D.	2/1	N.R. 2/1. aaly Can Sec No. 68 Pt. II O. 5 16/11/17.
	2CIB.D.	D.O.S. from Details "J.B."	2C.D.B.D.	30/5	N.R. Letter 30-5-17.
	29 D.B.D. Rouen.	arrived Left for	29 D.B.D. C.B.D.	26/5 28/5	
4/6	2CD.B.D. Can. Corps Comp. Co.	Classified "P.B." by Medical Board Cases to be attached Can. Corps Comp. Co. on return to Base	2C.D.B.D. C.B.D.	4/6/17. 28-5-17	W.3339. B.213 Pt. II O. 65 d/25-6-17.
	2C.D.B.D.	Classified "unfit for further service in France" and posted to Eastern Ont. Regtl. Depot,	2C.D.B.D. Seaford	20/9 8-10-17	W.3339. Pt. II O. 90. d/13-10-17.

Capt.
ADJUTANT
109th Overseas Battalion, C. E. F.

CAPTAIN,
ADJUTANT,
109TH BATTALION CAN. INFANTRY.

CERTIFIED CORRECT.
2 OCT. 1916
CAN. RECORDS, LONDON.

J W Hogan Major for Lt.-Col., A.A.G.

(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.

Canadian Section, G. H. Q. 3rd Echelon, B. E. F. [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				
13-10-17	E.O.R.D.	Posted from 21st Bn.	Seaford.	11-10-17	Pt. II O.O. 215 [illegible] LIEUT.
30-10-17	O.C., E.O.R.D.	On command from E.O.R.D. to Can Disch. Depot, Buxton	Seaford	30-10-17	Pt. II O.O. 232 FOR LT: COL: I/C RECORDS, C.C.M.F. H. Chamberlain Lt & Asst. Adjt. for O.C., E.O.R.D.
30 OCT 1917	TAKEN ON STRENGTH C.D.D, BUXTON Pt. 11 ORDER No. 257.				Wine Lt. Lieut.-Col. Commanding Canadian Discharge Depôt.
6/11/17	EMBARKED FOR CANADA FROM LIVERPOOL				Wine Lt. Lieut.-Col. Commanding Canadian Discharge Depôt.

R—122

J.P.

Rank Pte Name MITCHELL, William Henry Reg'l No. 725574.

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

Place and Date of Enlistment Fenelon Falls. 27th Dec.1915. Place of Birth Rochester. New York State U.S.A.

Name and Address, Next-of-Kin Mrs. M. A. Scott. Parry Sound. Ont. Canada. Relationship Sister.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

N/E. R.B. No. 5736 File R.L. Category Can. O.R.

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received	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.
		Arrived in England per H.M.T 2810 31-7-16			
5-10-16	109th Bn	S.O.S. to 21st Bn	Bramshott	5-10-16	Pt II. DO 279
9-10-16	21st B'n	Taken on strength.	Field	6-10-16	" II 58.
16-1-17	"	Classified P.B. and attch C.C. Hqrs.	do	5-1-17	PTO 5.
22-1-17	CAC.Hqrs	do	do	5-1-17	" 9.
25-6-17	21st Bttn.	on return to Base. Ceases to be att'd to Can. Comp. Corps.	"	28-5-17	Pt II 065, CACHQ Pt II O. 57 d 22-6-17
13-10-17	E.O.R.D.	Posted from 21st Bttn.	Cte Seaford.	11-10-17.	Pt II 0215 + 21st 90 d/13-10-17.
30-10-17	"	to Canada. On Com'd C.D.D. Buxton pending discharge	Cte "	29-10-17.	Pt II 0232.
20-11-17.	"	Ceases on Com'd 100 O.S. to Canada for disposal of O.G.	Cte "	6-11-17.	Pt II 0253

A.F.B. 103 CHECKED 10 OCT. 1916 W.R.

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.				
		Conv. Home.	M.D.3. Kingston	14-11-17	H. R. 1401

TRIPLICATE

CANADIAN CONTINGENT [illegible]

LAST PAY CERTIFICATE.

This form to be used for all ranks (Vide Articles 122, 130 and ~~124, Financial Instructions,~~ 25715c, C.E.F., 1916).

Regimental No. 725574 Rank Pte. Name Mitchell, W.H.
Corps 109th Battalion who was Discharged
On March 19th 1918 to Class A, Medically unfit
Insert "discharged" or "transferred".

The following is a statement of the account of the above named from March 1st 1918 to March 19th 1918 the inclusive date of transfer or discharge.

Dr.		Cr	
Bal. Dr. from prev. month		Bal. Cr. from prev. month	
Advances (No.		Serv. 19 days 1	19 00
by		Field Allow. 19 days 10	1 90
Cheques (No.		Separation Allow. (monthly)	
Assigned Pay [illegible] 9250	7 50	Other Allowances Clothing	13 00
Other Charges H.Q. 649-M-27854	1 78	Other Credits	
Payment on transf. Mar. 5th			
discharge 9231	24 62	Bal. Dr. (to be deducted by new unit)	
Balance Cr. (to be paid by the new unit)			
Total	33 90	Total	33 90

Give particulars

A monthly storage of $15.00 has pro rata been paid on account of [illegible] for the month of March 1918 (No.) issued. Jas. Birchall,
and Sep. Allow. for month of 191.
Address Fenelon Falls, Ont.

Insert amount to be paid, if the [illegible] if [illegible].
Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of ..... has been paid by Pay Office, Military District No.

State (1) date of enlistment 27th Dec, 1915
(2) if married and if Separation Allowance Card has been issued No
(3) cause of discharge. authority 3MD 88-M-374
(4) authority for transfer

Note :- Separation Allowance and Assigned Pay Card and Index Card (C.E.F. 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 March 19th, 1918

Place Kingston, Ont.

[illegible] Capt.
Paymaster, "O" Unit M.H.C.C.
Paymaster.

cheque #9231 attached

This space to be for numbers.

Proceedings on Discharge.

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

No. 725574

Rank Private

Name Mitchell Jas

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 189th Bn

Date of Discharge 19-3-15

Place of Discharge Kempton Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 48 years months.

Height 5 feet 6 inches.

Complexion Fresh

Eyes Brown

Hair Grey

Trade Farmer

Intended place of residence (To be given as fully as practicable.) James Burg Jct PO Ont

Descriptive Marks Portmanteau mark on left side of leg

Deceased 22-9-42 649-NC-27834

2. The above-named man is discharged in consequence of Being medically unfit for further service owing from sickness

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

3. Conduct and character while in the service have been, according to the records, etc.

Good. ~~Good~~

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

K. Cd 29.3.15

M. F. B. 218.
25m.—11-15.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place) Kingston ..... F. W. Birdsall Major

(Date) 19-2-18 ..... *Commanding* O. C. "C" Unit, M. H. C. C.

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Kingston Ont. W. H. Mitchell ..... *(Signature of Soldier.)*

(Date) March 27/18 H. G. Griffin ..... *(Signature of Witness.)*

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

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

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

..... *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 18 days.

Total 2 years 18 days.

11. **Confirmation of Discharge.**

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

(Place) Kingston

(Date) 19-3-18 *(Signature)* F. W. Birdsall Major O. C. "C" Unit, M. H. C. C.

ing Officer on to the parchment Discharge Certificate.

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days.

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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.)

Paid up to date Feb 28th/18.
W. H. Mitchell

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Aug 1-16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 725574

Rank Pte Promoted Reverted Discharge

Soldier's Name W. H. Mitchell

Battalion 109th. Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name James J Birchell

Address Fenelon Falls Ont.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 3/17			240	240		

acct closed 30/11/17. ret'd "Olympia" 6/11/17 F.Y. 28/11/17 last ch. Nov/17 Jfh

$15.00 overpaid Nov. 17 - recovered by Cas. as per file 012929-W-54 Feb-6-18 - RWB 8-2-18.

CANADIAN
ASSIGNED PAY AUDITED

H. Mitt
AUDIT CLERK

DATE 20-5-19

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

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

Beneficiary

Relationship

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
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7593.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

ORIGINAL

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN

MEDICAL HISTORY OF AN INVALID

STATION Kingston DATE March 1/18.

1. (a) Unit 21st Battalion (b) Regimental No. 725574 (c) Rank Pte.

(d) Surname Mitchell (e) Christian name Wm. H.

2. Age last birthday 48 Date of birth Feb. 14/70

3. Enlisted at Fenelon Falls on Dec. 28/15

4. Personal description :—

(a) Height 5 ft 6" (b) Weight 140 (stripped) (c) Complexion fresh

(d) Colour of hair grey (e) Colour of eyes brown (f) Identification marks

Port wine mark inside lower part of left leg.

5. Address after discharge (for the use of the Board of Pension Commissioners)

James Bay Junction P.O. Parry Sound District.

6. Former trade or occupation Farmer.

7. (a) Service — Years — Days

	Periods From	Periods To
109th Battalion	Dec. 28/15	Sept. 1916
21st "	Sept. 1916	date.

(b) Has he been overseas? Yes 12 months in France.

8. Present disease or disability (use authorized nomenclature if possible) 1. Haemorrhoids. 2. Disordered action of heart. 3. Overage.

(a) Date of origin 1 before enlistment. 2. Oct./16. 3. Not applicable. (b) Place of origin Canada. France. 3. Not (app.)

(c) Cause* *(Here include original disease or injury)

(1) Unknown (2) Exposure to wet and cold. (3) Not applicable.

If further space is needed for this or other answer, use page 4

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

(1) Man states he had haemorrhoids 20 years ago, and he had some haemorrhage. He does not think condition has been aggravated by service.

Examination. No evidences of haemorrhoids on examination.

(2) Man complains of shortness of breath on exertion and pain between the shoulder and in back, and over heart. This is noticed especially if he has any weight on his shoulders or if he is exposed to wet and cold. Man says he can walk about a couple of miles at his own gait without difficulty

Examination. There is no tenderness on pressure over the shoulders or back Man has no swelling of the joints. There is some varicouty of the superficial veins of the legs. Heart is not enlarged but is quite irregular and shows muscular contractions frequently. Pulse 82 after running up stairs - pulse 110, coming back to normal in 5 minutes. (P.T.O.)

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (a) weakness, (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

75M.-12-17.
1772-39-117.

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Left for France Oct. 6/16. Was in France for 12 months and was bothered with pains around heart and in back most of this time. Was returned to England Oct. 7/17. Man says he never had any trouble with his chest or heart before enlistment.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

(1) No disability due to service. (2) 20% D.D.S. (3) Not applicable.

12. Did the disability arise on or off duty? (1) Before enlistment. (2) On duty. (3) Not (app.)

13. Was a Court of Inquiry held? NO

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? 1 no. 2 & 3, not app.

If the answer is in the affirmative, state in percentages, *to what extent the soldier is incapacitated by that aggravation.*

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1 & 2, No. 3, Not applicable.

(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.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 1. permanent. 2. one year. 3. not applicable.

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

Convalescent camp in France & England.
Queen's Military Hospital, Dec. 4/17.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

NO

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

20. Recommendations That this man be discharged from the service, as medically unfit.

H Langrow Capt AMC

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

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

W. H. Mitchell

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

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

Yes.

22. Is the soldier 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). Yes.

23. It is certified that the soldier

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

(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control~~.
(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Wm Gibson Capt AMC — President
E B D Macdonald Capt AMC
L. Armstrong Captain, C. — Members.

STATION Kingston.

DATE March 5/18.

APPROVED BY

DATE MAR 8 - 1918

W. Crang Captain A.M.S.
Assistant Director of Medical Services.
For A. D. M. S. Mil. District No. 3.

APPROVED BY

DATE

Director-General of Medical Services.

B.P.S. - 135. D - 96. Urine S.G. - 1008 R-acid A-nil S-nil.

(3) Man gives his age as 48 and looks that age.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, W.H. Mitchell. 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 soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier'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 soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 14. Please read the questions carefully. All questions must be answered.
5. The nomenclature of diseases to be followed is that 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 and Sons.

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1/3/08

QUEEN'S MILITARY HOSPITAL—REPORT ON ADMISSION.

Date 4 Dec / 17

No. 125574 Rank Pte Name Mitchell W.H.

Corps 21st.

Address Fenelon Falls.

Next of Kin Sister - Mrs M.A. Scott Parry Sound.

Occupation Farming

Age 48

Enlisted 28 Dec. 1915.

Examined by Dr J McCullough

Height 5 - 4 -

Chest 32 - 35.

Complexion Dark

Hair Grey

Eyes Dark

Religion Church of England.

D A

History:— went to England in Aug 1916 - went to France 6th Oct 1916. at base till Jan 17. then to guard to Prisoners of War till May 17. then back to base. was complaining of pain shoulders. & pain - heart. was sent back to England on 17 Oct 1917. From various homes till landed in Hobart off Olympic on 14th. 17 to Queen Hospital 4 Dec 17.

Observation:—

Man is rather thin & older looking than 48. Complains of pain in legs hips & stomach. also some precordial pain at times. gets short of breath. Varicose veins in legs & also haemorrhoids at times. The veins are below at present. not marked. No cardiac condition except slight irregularity

Diss, Haemorrhoids. not DDS. perm

Pay On Boat 2 Disordered Action Heart 20/DDS. 1/4

At Quebec 3 Lumbago. not DDS. NA.

Cheque leave

Received 25

Discharged from H.M.S. Mar 27-18

Reviewed Capt.

Adjutant & Registrar Queen's Military Hospital.

B/41304

Form D.A.S. 1394
50M-11478-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at SEAFORD October 22nd 1917.

No. 1/255/4 Rank PTE Name MITCHELL WILLIAM. H.

Local Unit E.O.R.D. Overseas Unit 21st Bn Age 48

Examination held at SEAFORD. E.O.R.D.

DISABILITY. TACHYCARDIA.
Overseas-~~Local~~
(SCRATCH ONE OUT).

PRESENT CONDITION.

12 mos. in France. Returned 7.10.17 as unfit for service there
complains of "precordial pain referred to shoulder.
shortness of breath & weakness.
Exam 1/ Pulse rate 120 without exertion
2/ No murmurs but heart sounds poor in quality.
3/ His age is 48 but he looks about 55, emaciated
& weak in appearance
not likely to improve in 6 mos

BOARD RECOMMENDS:-

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

Signatures:-

T. J. Graham Capt. President.

Members J. Gillies capt

Geo. F. Lewis Capt.

APPROVED

Dated Seaford. 29. x. 1917. James C. Fyfe Maj.

For A.D.M.S.

Form [illegible] 304
30M-[illegible] 12-1917.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1917.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas — [redacted]
(SERATCH ONE OUT).

PRESENT CONDITION

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:—

President.

Members

APPROVED

Dated ..... 1917.

For A.D.M.S.

4/12/72

T

725-574.

DUPLICATE. 88-M-374

MEDICAL HISTORY SHEET.

DUPLICATE

Surname Mitchell Christian Name William Henry

Examined on 28 day of December 1915 at Fenelon Falls

Birthplace City or Town Rochester County Norfolk (state)

Apparent age 44

Trade or occupation Labourer

Height 5 Feet 4 Inches.

Weight 125 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 35 inches.

Physical development good

Small-Pox Marks none.

Vaccination Marks Arm Right. none Left. One Number One

When Vaccinated last March 29th 1916.

(a) Marks indicating congenital peculiarities or previous disease none.

(b) Slight defects but not sufficient to cause rejection none.

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

Date	Fit or Unfit	Examined for Re-engagement,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
29.3.16.	good.	J. McCulloch M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
27/4/16	good	J. McCulloch M.O.
8/5/16	good	J. McCulloch M.O.
16/5/16	good	J. McCulloch M.O.
23/5/16	Fals	H. Boyd

Enlisted on 28 day of December 1915 at Fenelon Falls.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	109th Batt.	725 574		28.12.15
Transferred to..	C.E.F. 21st Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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.

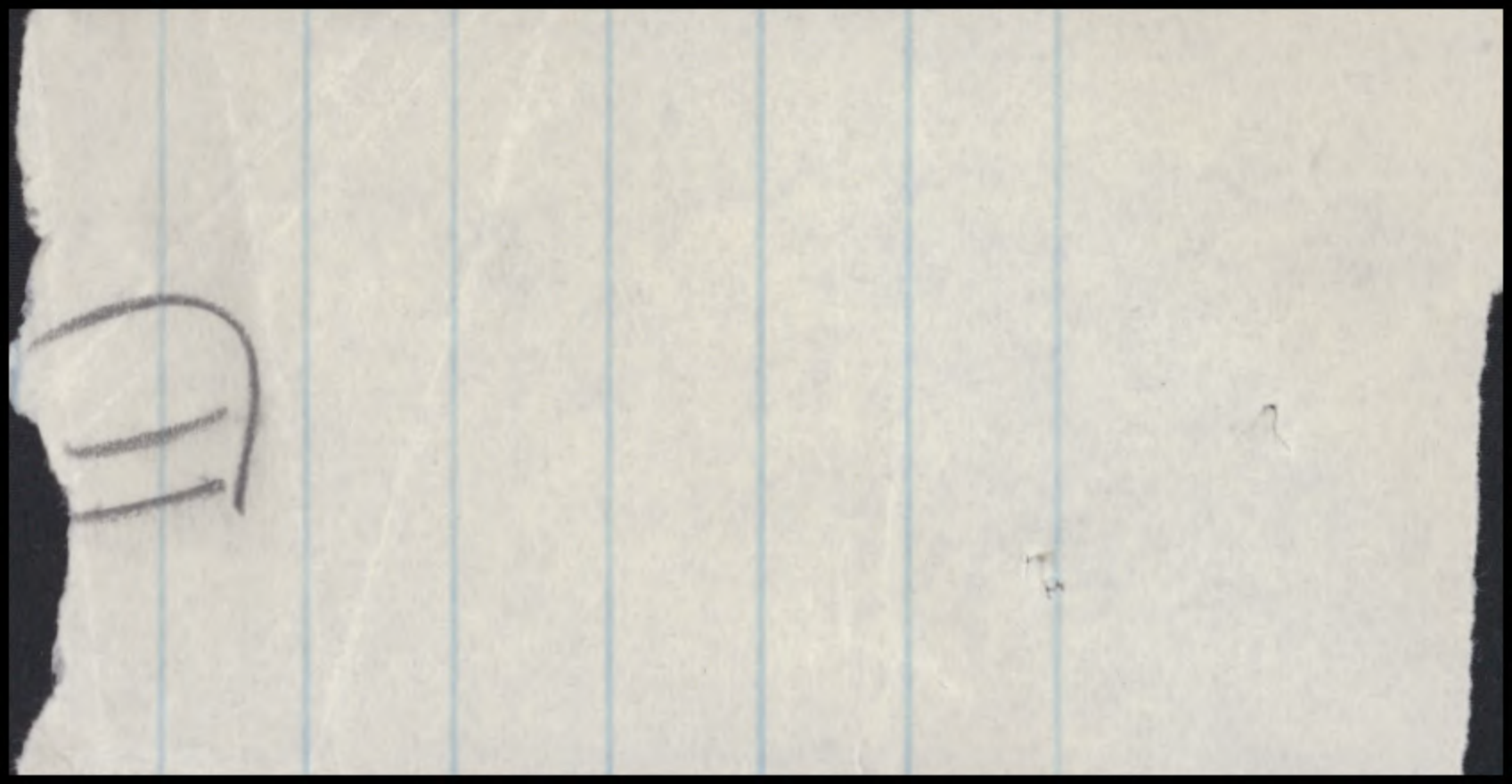
M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Mutchell Christian Name William Henry

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

1394



EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
4.3.17	20005	10			1	94			
21.3	2[illegible]98	10			1	74			
15.5	3435	10			1	78			
14.6	100	25			4	46			
28.6	166	25			4	46			
12.7	244	25			4	46			
26.7	[illegible]	25			4	46			
9.8	383	25			4	46			
23.8	[illegible]	25			4	46			
7.9	[illegible]	25			4	46			
21.9	605	25			4	46			
					40	94			

NUMBER OF RATIONS REQUIRED									

HEAVY DRAFT HORSES.

	HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROC
TOTAL RATIONS AUTHORISED AS ABOVE ...								
DEDUCT:—NUMBER OF RATIONS ON HAND ...								
NUMBER OF RATIONS REQUIRED								

LIGHT DRAFT, RIDING HORSES AND MULES.

	HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROC
TOTAL RATIONS AUTHORISED AS ABOVE ...								
DEDUCT:—NUMBER OF RATIONS ON HAND ...								
NUMBER OF RATIONS REQUIRED								

* These issues are only Equivalents in lieu of Oats if demanded by Units.

PLEASE DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....

CERTIFIED CORRECT

APPROVED

.....

QUARTER MASTER

—THIS INDENT MUST BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS.

Date of Payment.	No. of Acq. Roll	AMOUNT Francs	£	S.	$	¢	Place of Payment.	Name of Paymaster.	Remarks.
					40	44			
5.10	~~764~~	25			~~446~~				
7.10	~~602~~	10			178				
15.10	~~210~~		1	10	~~730~~		Seaford	J C Brown	
26.10	~~224~~		2		~~973~~		✓	✓	
					64	21			

NUMBER OF RATIONS REQUIRED									

HEAVY DRAFT HORSES.

	HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROC
TOTAL RATIONS AUTHORISED AS ABOVE ...								
DEDUCT:—NUMBER OF RATIONS ON HAND ...								
NUMBER OF RATIONS REQUIRED								

LIGHT DRAFT, RIDING HORSES AND MULES.

	HAY	STRAW	OATS	MAIZE	* BRAN	* LINSEED	* CORN	* ROC
TOTAL RATIONS AUTHORISED AS ABOVE ...								
DEDUCT:—NUMBER OF RATIONS ON HAND ...								
NUMBER OF RATIONS REQUIRED								

* These issues are only Equivalents in lieu of Oats if demanded by Units.

PLEASE DELIVER THE ABOVE RATIONS ON.....DAY, THE.....DAY OF.....

CERTIFIED CORRECT

APPROVED

.....

QUARTER MASTER

NOTE.—THIS INDENT MUST BE DELIVERED TO THE O. I/C. SUPPLIES, ACCOMPANIED BY DAILY PARADE STATE, NOT LATER THAN 10 A.M. DAILY FOR DELIVERIES

P. 559

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Rochester N.Y.S. USA

NAME AND ADDRESS OF NEXT OF KIN: Mrs. M.A. Scott, Parry Sound Ont.

RELATIONSHIP OF NEXT OF KIN: Sister

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. 725574 RANK Pte NAME Mitchell William Henry

IF IN PERMT. CORPS WHAT UNIT | UNIT 109th Bn TRANSFERRED TO 21st Bn DATE 6/10/16 AUTHORITY 20279

PERMANENT FORCE ALLOWANCES TRANSFERRED TO Can Corps Composite Coy DATE 8/12/17 AUTHORITY B.O.9 24/11/17

PLACE OF ATTESTATION Fenelon Falls Ont TRANSFERRED TO "L.P.C" Dis to Canada DATE 31/10/17 AUTHORITY AB 2-1-29 19/6/17

DATE OF ATTESTATION Dec. 27-1915 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15 00/100 DATE EFFECTIVE Aug 1st/1916

PAYABLE TO Jas. Birchell Fenelon Falls Ont RELATIONSHIP B

18 SEP 1918

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1. 11. 17 REASON Discharged

DISCHARGE DATE AND PLACE 30.10.17 Canada REASON AND AUTHORITY Disposal AG. 2-1-29. 19/6/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	E. 69	Remarks
July 31													Balance from Canada																		1910					
														1910	1910																					
Aug 1-31	31	1.00	31		31	10	310								341 10	23	9/9/16							973.				15		2473	2847					
Sept.	30		30		30		3								33	55	31/8/16	87	15/10/16					730.	730.			15		2960	3187					
Oct 1-5	5		2		5		50								550													15		15	2237					20279 Trans to 21st Bn 6/10/16
															9170															6973						
"	26		26		26		260								2860											436.				1409	5688					
1/30 11 to 11	30		30		30		3								33											943.				1935	5053					
1/31 12 to 12	31		31		31		310								2410											435.		15		2372	6091					
			1530				1530																			436.										
1917																										436.										
Jan	31	1.10	341	10											341 10													15		15	8001					
Feb	28		3080												3080											697.		15		2197	8884					
Mar	15		1650												1650													15			9034					Transfd. to Can Corps Comp. Coy.
" 16/31	16		1760												1760											88. 1752				263	10531					
Apl.	30		33.												33.											1744		15		1674	12157					
			30030											19.10	319.40									14.03	730	38.50		135		197.83	121.57					

Check Plenty.

S.L. No 49 Cr Bal $156.23

725574 Pte Mitchell W H a/S. 15.00

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
1917			300	30										19	10	319	40								17 03	7 30	28 50		135 -		197 83	121 57				
May	31	1.10	34	10												34	10											15 -		15	140 67				
June	30		33													~~33~~				155	74	0SB				1 74		15		16 74	156 93				
July	31		34	10												34	10											15		15	176 03				
Aug.	31		34	10												34	10			5	2-5-17					7 13		15		22 13	188 00				
																				17146	18/4					1 78									
																				2159	2-5	P.S.B.				1 78									
Sept	30		33	—												33	-									1 78		18 56		202 44					
			468	60										19	10	487	70								17 03	7 30	50 93		210 -		285 26					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PER. PAY	SER. ALLCE. ENB.
	Bal @ 31/7	~~202 44~~							202 44		
Oct	P.P. 30 days	33 00							15 220 44		
									60 21		
									156 23		
				AR 311 28/7 2 D Depot	4 46						
				" 244 - 14/4/17 "	4 46						
				" 166 - 29/6/17 "	4 46						
				1854 - 25/8 "	4 46						
				" 883 4/9/17 "	4 46						
				561 8/9/17 "	4 46				193 68		
		33			27 46				15		
Nov				DrAR 100 2 C 9 B D 16/4/17	4 46						
"				" 20005 C.C.S. 7/3/17	1 75						
"				" 802 2nd 9 B.D. 13/10/17	1 78						
"				" 234 6 D R.D. 27/10/17	9 73						
"				" 655 2 C 9 B.D. 22/9/17	4 46						
"				" 764 do. 6/10/17	4 46						
"				" 229 8 O R.D. 15/10/17	7 30				159 74		
					63 94						
April				DrAR 3435. 16/5/14 O.S.B.	1 78						
				" 21495. 21/3/17 "	1 74				156 22		
					3 52						
June				Dr Bal to Can	156 22						
					156 22						

Cash Payments 1	2	3	4
17 03	7 30	28 50	
		1 74	
		7 13	
		1 78	
		1 78	
17 03	7 30	50 93	

CANADIAN
ASSIGNED PAY AUDITED
To 30/6/17
AUDIT CLERK
DATE 20/5/19

A.F.
A.F.M. FORM 1044 EFFECT. 1.11.17
DISCHARGED TO Can. DATE 30.10
PAYBOOK VERIFIED 31.10.17
Cr Bal 156.23 L.P.C. RENT 31.10
AUTHY. A.F. 2-1-34 19.6.17

Disposal.

Checked H. D. Williams
L.P.C.

Appt PC 11/1/18 (AR 802)
Cr Bal. 154.45 ?

4074
156.23
197.17