

FEB 20 1916

D.

"D"

ATTESTATION PAPER.

No. 724153.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Penrose*
- 1a. What are your Christian names?..... *Richard*
- 1b. What is your present address?..... *Minden Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Minden Sp. Haliburton Co.*
- 3. What is the name of your next-of-kin?..... *Henry Penrose*
- 4. What is the address of your next-of-kin?..... *Minden Ontario, Canada*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *Jan'y 20. 1897.*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
- 9. Do you now belong to the Active Militia?..... *no*
- 10. Have you ever served in any Military Force?..... *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? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Richard Penrose*, 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.

*Richard Penrose* (Signature of Recruit)

Date *FEB 20 1916* 191*6*. *George Jilly* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Richard Penrose*, 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.

*Richard Penrose* (Signature of Recruit)

Date *FEB 20 1916* 191*6*. *George Jilly* (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 *Minden* this *20th* day of *March* 191*6*.

*R.H. Baker* (Signature of Justice)



Description of Richard Penrose on Enlistment.

Apparent Age.....19.....years.....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height.....5 ft..11 ins.

*Scald on right breast*

Chest measurement { Girth when fully expanded.....37 ins.  
 Range of expansion.....3 1/2 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Dark Brown

Religious denominations. { Church of England.....No

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....  
 (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....MAR 20 1916.....191

*J. McCusker*

Place.....Minden

Medical Officer.

\*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.

.....Richard Penrose.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

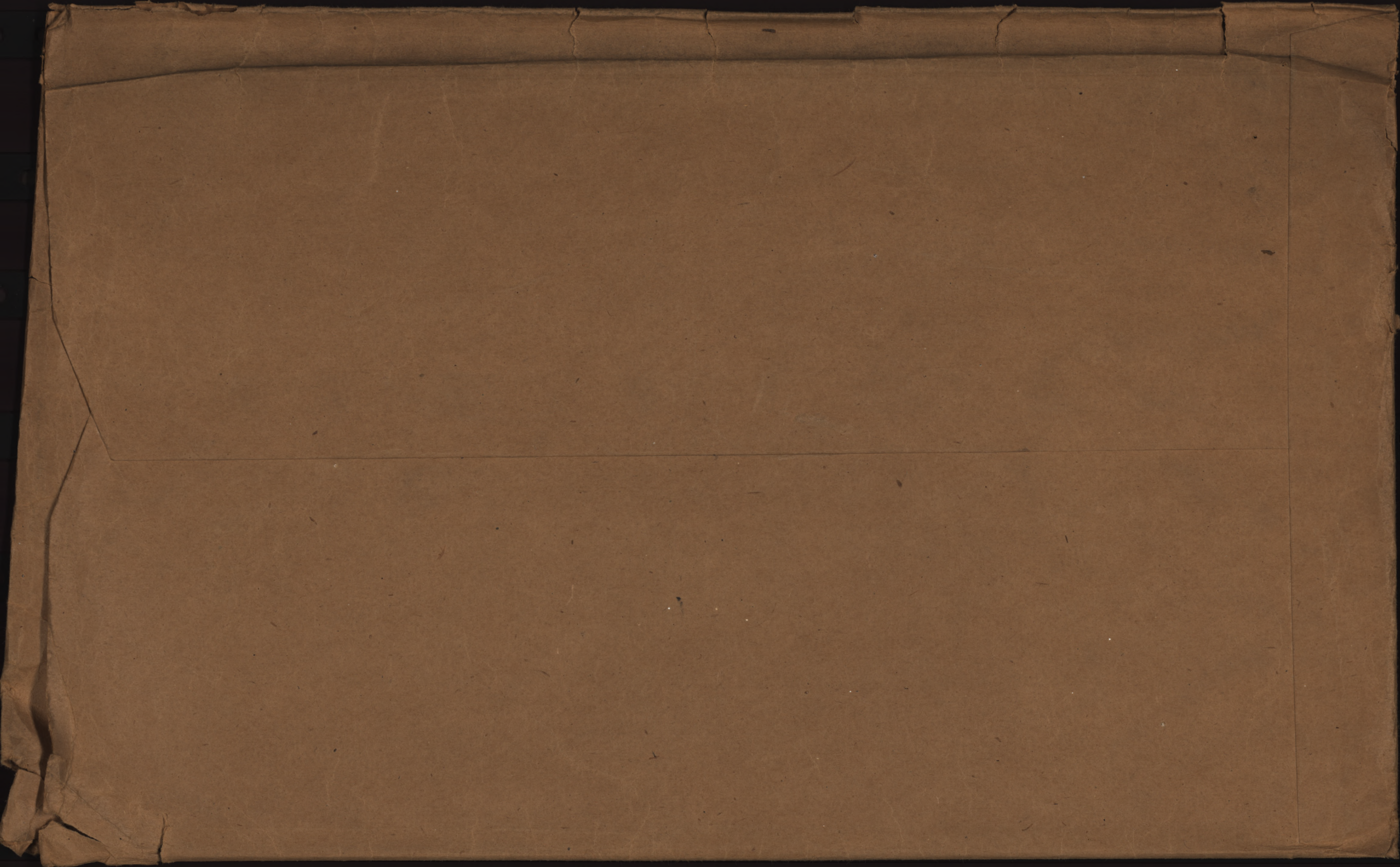
.....*J. H. Mc...*..... Lt. Col. (Signature of Officer)  
 O. C. 109th Overseas Battalion, C. E. F.

Date.....MAR 20 1916.....191











Surname Perrose H. Q. 649-P-5092  
Christian names Richard M. D. No. 2  
Regtl. No. 72415-3 Rank Pte T. O. S. \_\_\_\_\_ 19\_\_\_\_  
Unit 109th Bn. D. O. Pt. II \_\_\_\_\_ of \_\_\_\_\_  
S. O. S. 31-1- 1918  
Reason \_\_\_\_\_  
Auth. \_\_\_\_\_

Next of kin Henry Perrose Relationship father

Address Minden Also notify: \_\_\_\_\_  
498 Cedar St.,  
Peterborough  
Ont.

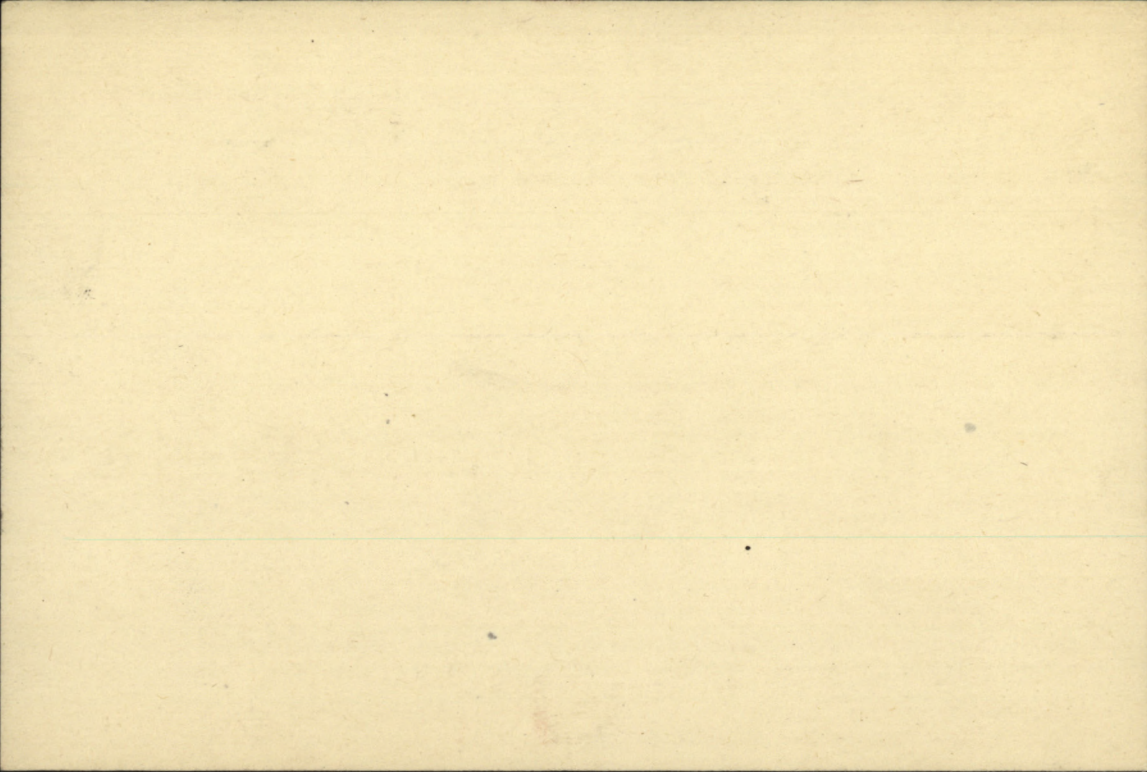
L. 21-3-17.

BORN—Place Minden Sup. Haliburton Date Jan 20th 1897.

ATTESTED—Place Minden Date March 20th 1916.

O/S 23-7-16 488 R/C 2-8-17.







M 22 HQ.

REGT'L NO 724153

NAME Penrose Richard

H. Q. FILE NO. 649-

RANK AND CORPS Plt 21st Bn (Form 109th Bn)

FOLLOWS NO.

CABLE

NATURE OF CASUALTY

FOLLOWS

No. DATE

C.

No.	DATE	NATURE OF CASUALTY
09716	3-3-17	Reported wounded Feb 16 <sup>th</sup> 1917. Nature of wounds not reported yet.
M 1449	12-4-17	M 18 Gen. Hosp. carriers Wounded left hand ampt. w. S. M.
M 2484	24-4-17	Gen. Hosp Chatham W. S. M.
M 2464	25-4-17	W left hand ampt. Trans to England. Not ser. ill w. S. M.
M 2492	26-4-17	Wounds nearly healed doing very well. w. S. M.
344	26-7-17	Sailed from Liverpool for Canada per the H. S. Letitia on July 21st 1917

Amp. L. Arm







1859-30m-27/11/16.

Granville Can. Spl. Hospital,

Ramsgate. HOSPITAL.

*9 to e  
26-6-17*

 A. & D. No. T 6524 Ward ca
Unit 21. Bn. Sick or Wounded.Regtl. No. 724153 Pl. of Act'n \_\_\_\_\_Rank Pti Name Penrose R.Age 20 Religion PresService Compl'd 12/12 Time with Field Force 5/12.Diagnosis gsw h. arm - Amp.Admitted 12 JUN 1917 Discharged 40 days 20 JUL 1917

Transferred \_\_\_\_\_



I to b  
31-7-17



Name **PENROSE Richard** Rank **Private**Reg. No. **724153**Unit **21st Battalion**Next of Kin **Canada***EOR non eff*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
16-2-17	Rept From Base to field ambulance		WOUNDED	A454	0.9716	5-3
17-2-17	Do 2/1st W.R. Cas	Cleg Stat	GSW Lt Hand	A461		
6-3-17	Do Special Hosp	Busnes	Do.	A465		
14-3-17	Do. 18. Gen Hosp	D. Camiers	GSW Lt Hand Ampt Sev (Self Inflicted)	A469.		
8-4-17	Mili Hosp	Chatham	Do.	B324.		
13-6	Granville, Ramsgate.		do.	B373		
21-7-17.	<i>Discharged</i>		do	<i>B43</i>		<i>2609.</i>
	<i>John</i>					







*MVF  
CMI*

*✓*

Number... *0124153* ... Rank... *PTE*...

Surname... *PENROSE* ...

Christian Name... *Richard* ...

Units... *21st Bu Coy* Theatre of war... *France*...

Date of Service... *6-10-16* ...

*21497*

Remarks... *Gen del Toronto PFC* ...

Latest Address... ~~*Minden Ont*~~ ...

Roll No. *B. Page 7727.*



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

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

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

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

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

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

Date	Remarks

*AD*  
DISP. FEB 25 1925  
REGN. NO. 10947

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



No. 724153 RANK Pte

NAME Purchase R.

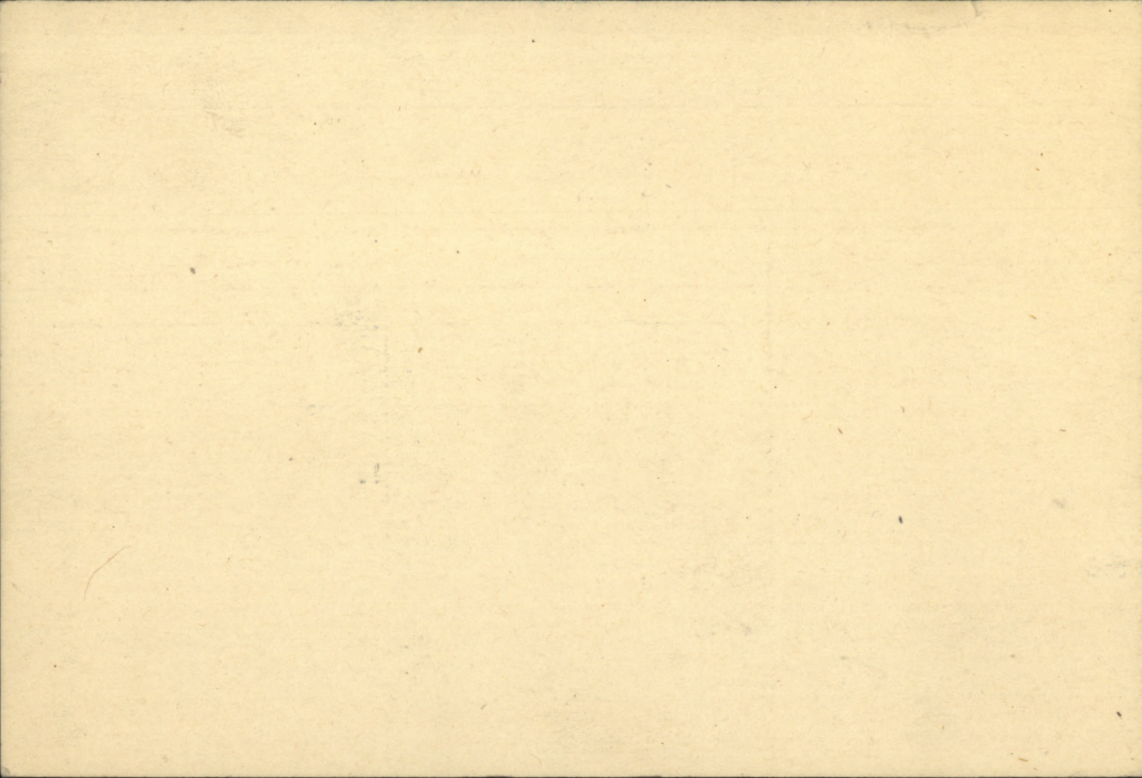
T. O. S. 20-2-16. UNIT 109th Battalion.  
D.O. 111 29-3-16

M. D. 13

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

UNIT SAILED  
JUL 23 1916







Name **PENROSE R.** Rank **Pte.** Regt. No. **724153** Unit **"D"**  
 Battn. **21st** Camp or O. S. **O.** File M. H. C. C. H. Q. File **649-P-5092**  
 Next of kin **Mr. H. Penrose, Minden Haliburton Co., Ont.**  
 Discharged to Class **3** D. of D. **60%** Conduct **Fair**  
 Pension awarded **360.00** Date of first payment **1-2-18**  
 Address on discharge **Minden, Ontario.**  
 Diagnosis **Ampt. L. Forearm.** Date boarded **14-8-17**

DATE	CLASS	REMARKS	Part 2 Order
17-8-17	2	N. Toronto Outpatient	#234
28-8-17	2	N. Toronto	#241
<del>2-11-17</del> 2-11-17	2	A.W.L.	#309
4-11-17		A.W.L. Ffts. 3 days pay. 3 days UCB.	#311
7-11-17		A.W.L.	#314
7-11-17			
31-11-17		A.W.L. Ffts. 15 days' pay & 168 hrs. Deten.	#327
31-1-18	3	DISCHARGED	#11







Surname **Penrose** Christian Name or Names **R<sup>g</sup>** Reg. No. **724153**  
 Rank \_\_\_\_\_ Unit \_\_\_\_\_ Co. \_\_\_\_\_ Troop \_\_\_\_\_ Batty. \_\_\_\_\_

**Pte. 21st Bn.**

Hospital \_\_\_\_\_ Date of Admission \_\_\_\_\_

*2/12<sup>th</sup> West Riding Gen. Hq. Stm.* 17. 2. 17

Transferred *Spec. Hosp. Busnes.* Hosp. *6-3-17.*

*18 Gen. Camiers* Hosp. *14. 3. 17*

*Mil. Hq. Chatham* Hosp. *8-4-14*

*Gransville Can Spec. Ramsgate* Hosp. *13. 6. 17*

Diagnosis *nyp*

*G. S. W. St. Hand.*

(1) Later Diagnosis (if changed)

*(St. Hand Amptd. "Self. Inf.")*

(2)

(3)

Additional Diagnosis: if more than one state present

**A.M.D. 2 DEPT.**

**Bch. of D.O.M.S. O.M.F.C. London**

DISPOSITION

Date

**C.L. 5-3-17 A454**

REMARKS

*13. 3. 17 A461.*

*R.F.B.Wd. 16-2-17.*

*17. 3-17. A465-2*

*Dio 21. 7. 17*

*23. 3. 17 A469.*

*18-4-14 B324 T.T.E.*

*18. 6. 17 B373 To Canada*

*20. 12. 17. B93 Sailing per Hosp. Ship*

*"Letitia" 21-7-17*

*R*



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



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

WR

M. F. W. 54.  
150M, 10-15.  
H.Q. 1772-30-920.

# Casualty Form—Active Service.

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

Regimental No. 424153 Rank Pte Name Leurose Richard

Enlisted (a) 20.2.16 Terms of Service (a) D of W. Service reckons from (a) 20.2.16.

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

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

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

Report Date	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 <u>21st Batt'n</u> <u>OCT 5 1916</u>			<u>Capt.</u>
	<u>C.B.D.</u>	Arrived & Taken on Strength			<u>D.C. Pt. 11. No. 279</u>
	<u>Do.</u>	Left for unit.	<u>C.B.D.</u>	<u>6/10.</u>	<u>109th Overseas Battalion, C. E. F.</u>
			<u>en route.</u>	<u>20/10.</u>	<u>Pt. II. O. 58. 9-10-16.</u>
					<u>N.R. 20-10-16</u>
					<u>Adjutant</u>
					<u>CAPTAIN,</u>
					<u>ADJUTANT,</u>
					<u>109th BATTALION CAN. INFANTRY.</u>
	<u>21st BATTALION</u>	<u>Joined unit.</u>	<u>21st BATTALION</u>	<u>22/10.</u>	<u>B. 213. 27/10.</u>
	<u>Do.</u>	<u>To Bombing Course.</u>	<u>Field.</u>	<u>17/12/16,</u>	<u>" 22-12-16.</u>
	<u>Do.</u>	<u>at Duty from Do Do.</u>	<u>Do</u>	<u>25/12/16.</u>	<u>" 29/12/16.</u>
	<u>Do.</u>	<u>Wounded to FLD AMB.</u>	<u>Do.</u>	<u>16/1/17</u>	<u>" 17/1/17. D.C.S.</u>
	<u>2 1/2 W.R.</u>	<u>G.S.W. left hand adm</u>	<u>2 1/2 W.R. C.C.S.</u>	<u>17-2-17</u>	<u>A 36 1/2. D.C.S.</u>
	<u>C.C.S.</u>		<u>to 7 1/2 W.R. C.C.S.</u>	<u>24-2-17</u>	<u>A 36 2 1/2. D.C.S.</u>
	<u>Do special Hospital</u>				<u>273 1/2/17.</u>

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



724153

PENROSE, R.

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				
	C.F.A.	G.S.W. bullet l hand (acc) adm	6 C.F.A.	16-2-17	{ a 36 1/2 }
	Do	Transferred to	Spl. Hosp. Buenos	17-2-17	{ D.C.S. } 27 (13/3/17)
	2/1 <sup>st</sup> W.R. CCS.	Admitted	2/1 <sup>st</sup> W.R. CCS.	24-2-17	{ a 36 1/3 }
	Do	Transferred to	Spl. Hosp. Buenos	6-3-17	{ D.C.S. }
	18 Genl Hosp.	to l hand (Amp) (S.I.)	18 Genl Hosp.	14/3/17	W. 3034. 14/3/17.
	21 <sup>st</sup> Bn.	In confinement awaiting trial tried and convicted by F.G.C.M. of "Conduct to the prejudice, etc. (Negligently wounding himself in the left foot)" and sentenced to forfeit 14 days pay. Confirmed by D.A. & Q.M.F., 1 <sup>st</sup> Army, who remits forfeiture of 14 days pay.	In the Field	16-2-17	B-2069 d/28-3-17.
	18 General	above should read "wounding himself in left hand"	Field	6-3-17.	PT. II O. 37 d/3-4-17.
	18 General	Invalided (Self-Inflicted Wd.) and posted to Eastern Ontario Regtl. Depot, Seaford, per H.S. "Stad Antwerpen"		6/4/17	Proceeding of Medical Board 23-3-17 AAG. Can Sec. K.I. 16/1496. PT. II O 41 d/16-4-17. W. 3083 No. 956. W. 3034. 6/4/17. PT. II O. 40 d/12-4-17.
	22/4/17 W.D.H.	Taken on Strength	Seaford.	8/4/17	W. 3034. 6/4/17. PT. II, Do. H.I.
		INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT			LIEUT. FOR LT: COL: I/C RECORDS, C.O.M.F. HOSPITAL REPRESENTATIVE GRANVILLE-CANADIAN SPECIAL HOSPITAL, BAMS GATE



J.P.

Rank *Plt* Name **PENROSE, Richard** Reg'l No. **724153**  
 Unit **109th Bn.** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Minden. 20th Feb. 1916.** Place of Birth **Minden Tp. Haliburton Co.**  
 Name and Address, Next-of-Kin **Henry Penrose.** Relationship **Father.**  
**Minden. Ontario. Canada.**

Assigned Pay Monthly \$ Payable to Relationship **N/E. R.B. No. 4895**  
 Separation Allowance \$ Payable to Relationship **File R.L. ....**  
 Relationship **Category *Imm Can.***

Discharge, Date and Place *L.* Reason Character  
 H. W. & V., Ld. - 7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
Arrived in England per H. M. T. 2810 31-7-16					
5-10-16	109 <sup>th</sup> Bn	S.O.S. L 21 <sup>st</sup> Batta	Bramshott	5-10-16	Plt II. 50-279 <i>WR</i>
9-10-16	21 <sup>st</sup> Bn	<i>Taken on strength</i>	Field	6-10-16	" 458
5-3-17	"	Adm to fld Amb Wd	"	16-2-17	ORA 454 ON.
13-2-17	"	Transf to 2/1 <sup>st</sup> East Riding Gas Co. Stat "	"	17-2-17	" 461 4 <sup>th</sup> W L. Hand.
17-3-17	"	SPECIAL HOSP	BUSNES	6-3-17	" 465 " "
23-3-17	"	No 18 GEN HOSP DANNES CAMIERS	"	14-3-17	" 469 " "
3-4-17	"	In Confinement waiting trial 16-2-17. Tried & convicted by F.C.M. "Wounding himself in left foot. sentenced to forfeit 14 days pay - 6-3-17. Confirmed by PAYQMS. 1 <sup>st</sup> Army who remits forfeiture of pay for 14 days 6-3-17.	Field		PTI 80 37 (Amended to read "Left hand") PTI 80 41 d 16-4-17

A.F.B. 103 CHECKED  
 10 OCT 1917  
 SELF-INFLICTED

*Handwritten notes:*  
 6.0.16  
 1/20



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.					
12-4-14	21 <sup>st</sup> Pm.	Invalided (Self-inflicted wound) Ported to E. Genl. Rep. Depot. the H.S. "STAD Antwerp"	Field	6-4-14	PTII 80 40	
18-4-14	"	Mil Hosp.	Chatham	8-4-14	CLB 324	G.S.W. I & hand Amp. Sev (S. Inf)
22-4-14	E.O.R. Dep.	T.O.S.	Seaford	8-4-14	PTII 80 41	
18-6-14	21 <sup>st</sup> Pm.	Trans. Granville Can. Spect. Hosp.	Ramsgate	13-6-14	CLB 373.	Do.
19.12.17	E.O.R.D.	Disch <sup>d</sup> from Hosp Ceases to show in Hsp	"	21.7.17	CLB 93.	
12-10-17	E.O.R.D.	S.O.S. on embarking to Canada for discharge	Seaford.	21-7-17	PTIO # 214	
	Dis Dep	To Can Home MB	" 2 Toronto	2 8 17	RR 331.	

asked EOR Cas Clerk. on 8-10-17, to put. dis. from Hosp. (JIVSR2EI)

letter to EOR Dep. 8-10-17 to put. SOS on file, to Can. judis. ( do. )



ca.

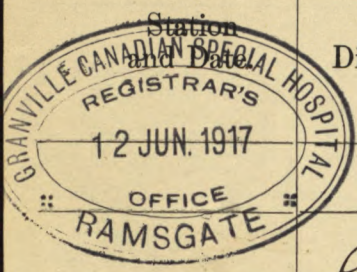
TOP 233

Forms  
I. 1237  
10

Army Form I. 1237.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. <u>T6524</u> Year	Regimental No.	Rank.	Surname.	Christian Name.
	<u>724153</u>	<u>Pte</u>	<u>Penrose</u>	<u>R</u>
	Unit.	Age.	Service.	
	<u>21st Bn.</u>	<u>20</u>	<u>12/12</u>	



Disease B.W. Lt arm (amp)  
 Occupation Farmer  
 Enlisted March. 1 - 1916 at London Ontario  
 Arrived in England. July 31 - 1916  
 Arrived in France. Sept. 8 - 1916  
 Wounded. St. Vei. Feb. 16 - 1917  
 Hospitals. Etaples. 51 days  
Ramsing, B.A.D. 65 days  
12/6/17 Granville. Canadian Special Hosp.

Complaints - Loss of lower 1/3 of left forearm

History and present condition -  
 Patient was wounded at Mont St Vei  
Feb 16 - 1917. A bullet passed through  
 joint of his wrist and badly damaged  
 bones of forearm. Three days after the  
 accident, the lower 1/3 of forearm was  
 removed, because damage was  
 great. At present - amp lower  
1/3 of left forearm. Stump healed.  
Slightly tender. Heat sleep  
O.K. - Elbow movements free

19 JUN. 1917

Wound healed. Elbow movements free  
a. J. B. 179. Moved to Camp - OK  
21/6/17 he was sent

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



Station  
and Date.

13/6/17.

Urinal report

Color.	Da.
React.	a
S.P.	7 P.
	10 h.
alt	
Aug	
Mir	

Signed J. G. Banting

27/6/17.

ATB 179 made out

J. G. Banting

EXAM. MED. BOARD  
26 JUN 1917  
G. C. S. H.  
RAMSGATE.

J. G. Banting

18/7/17.

no V.D.

J. G. Banting

21/7/17.

Dis to Canada

J. G. Banting Capt.



ORIGINAL  
724153

MEDICAL HISTORY SHEET

ORIGINAL

Surname Pearson

Christian Name Richard

Examined { on 20 day of February 1916  
at Minden

Approved by

J. McCulloch

Birthplace { City or Town Minden  
County Hamburston

Rank 109th Overseas Battalion M.O.

Apparent age 19 years

EXAMINED FOR RE-ENGAGEMENT

18 APR 1917

Trade or occupation Farmer

M.O.

Height 5 Feet 11 Inches

M.O.

Weight 150 Lbs.

M.O.

Chest measurement { Minimum 33 1/2 inches

M.O.

Maximum expansion 37 inches

M.O.

Physical development Good

M.O.

Small-Pox Marks None

M.O.

Vaccination Marks { Arm Right None Left One  
Number One

VACCINATIONS

When Vaccinated last March 23rd 1916

Date 23.3.16 Result Good J. McCulloch M.O.

(a) Marks indicating congenital peculiarities or previous disease Scald marks on

M.O.

Breast and right arm.

M.O.

(b) Slight defects but not sufficient to cause rejection

slight curvature of  
the spine

ANTI-TYPHOID INOCULATIONS, ETC.

Date 27/4/16 Result Good J. McCulloch M.O.

Date 5/5/16 Result " J. McCulloch M.O.

Date 15/5/16 Result " J. McCulloch M.O.

Date 22/9/16 Result " J. McCulloch M.O.

Enlisted on 20 day of March 1916 at Minden

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109<sup>th</sup> Bn C.F. 4</u>	<u>724153</u>		<u>20.3.16</u>
Transferred to	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>M.O.H Toronto</u>	<u>5 Dec/17</u>	<u>Amputation</u> <u>Left forearm</u>	<u>60%</u> <u>Discharge</u> <u>J. McCulloch</u>

CANADIAN

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.







Doc. To B.P. © 5/6/20

# FORM OF WILL.

I, Richard Penrose (Name in full)  
Regimental Number 72415-3 serving in 109th OVERSEAS BN., C.E.F.  
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me  
made and declare this to be my last Will.

I bequeath all my real estate unto

Charles Penrose  
Mississauga Ontario Canada  
Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Charles Penrose  
Mississauga  
Ontario Canada  
Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**  
This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this 19<sup>th</sup> day of July A. D. 191 6

Richard Penrose Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence  
of us both present at the same time, who in his presence, at his request, and in  
the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO  
WITNESSES  
MUST  
SIGN HERE**

Signature of First Witness Stanley Cooper  
Address of Witness West Guelph Ont. Mt.  
Occupation of Witness T. Officer  
Signature of Second Witness Richard Gregory  
Address of Witness Haliburton  
Occupation of Witness Soldier



Minden  
ont

ACCOUNT BOOK

FORM OF MILE

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**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... *D. Coy 10<sup>th</sup> Batts C.E.F.*

(2) Regimental Number... *724153*

(3) Full Name of Soldier... *Richard Penrose*

(4) Place of Birth... *Windsor Ontario Canada*

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

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

(b) Present Postal Address... *—*

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

(8) Have you any children? ...

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

Also their names and ages.....

.....  
.....  
.....  
.....



(9) Is your Father alive? Yes

If so, state name and address Henry Perros Munday

(10) Is your Mother alive? No

If so, state name and address \_\_\_\_\_

(11) If your Mother is a widow \_\_\_\_\_

Are you her sole support, or not? \_\_\_\_\_

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

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

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

(15) Are you insured? No

If so, in what Company? \_\_\_\_\_

Have you made arrangements for payment of your Insurance premium \_\_\_\_\_

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

Date July 19<sup>th</sup> 1916

[Signature] Major  
Officer Commanding.  
109th Overseas Battalion



This is to Certify that No **724153** ..... Rank..... **Private** .....

Name in Full..... **PENROSE, Richard** .....

Enlisted in..... **109th Battalion** .....

C.E.F. on the..... **20th** ..... day

of..... **February** ..... **18** <sup>19</sup> .....

He served in..... **FRANCE** .....

with the..... **21st Battalion** .....

and was discharged at..... **Toronto., Ont.** .....

on the..... **31st** ..... day of..... **January** ..... 19 **18** .....

by reason of..... **MEDICALLY UNFIT** .....

Conduct and character were..... **Good** .....

Medals and Decorations, ect.. **BRITISH WAR & VICTORY MEDALS** .....

Description on Discharge

Age.,... **21 Years** .....

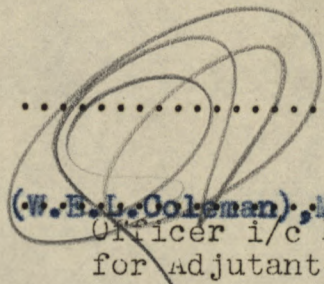
Height... **5'11"** .....

Complexion... **Dark** .....

Eyes... **Brown** .....

Hair... **Dr. brown** .....

H.Q..... **648-P-5088** .....

  
**(W.E.L. Coleman), Major,** .....

Officer i/c Records,  
for Adjutant-General.

Ottawa..... **23rd** ..... day of..... **January** ..... **39** .....







Name *Pte Penrose R.*

M. F. W. 41  
1 OM-7-16  
1772-39 889.

Regimental No. *724153*

Name and address of next-of-kin *229 Jones Ave City*

Unit *109 Bn*

Date of enlistment

Place of " "

Married (yes or no) *No.*

Date and place discharged *9c 10-1-18*

Amount of pay assigned monthly \$ *20.00* *2d July*

Reason for discharge *Class III*

To whom payable *Mr. Henry 498 Cedar St. Peterboro Ont*

Character on discharge *SO. 11*

Job 5351-M. & D. 6880.

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					
<i>Sept 1</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>5864</i>		<i>31825</i>	<i>9</i>	<i>20</i>				<i>out aug 17/234</i> <i>In " 28/241</i>
								<i>660</i>	<i>9824</i>	<i>33178</i>	<i>33921</i>	<i>5824</i>	<i>20</i>		<i>9824</i>	
<i>Oct 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>		<i>3410</i>	<i>31849</i>		<i>20</i>				<i>N.T.</i>
										<i>37611</i>	<i>14 10</i>				<i>34 10</i>	<i>awh 10 PM Nov 2/309</i> <i>forfeit 3 days P.A.</i>
<i>Nov 1</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>		<i>33</i>				<i>3 30</i>			<i>1/311</i>
										<i>42168</i>	<i>5 50</i>			<i>24 20</i>	<i>3300</i>	<i>awh 10 PM Nov 7/314</i> <i>to Nov 21 forfeit</i> <i>22. P.A.</i>
<i>Dec 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>		<i>3410</i>	<i>45973</i>	<i>20</i>	<i>incl</i>			<i>3410</i>	
										<i>50145</i>	<i>14 10</i>	<i>incl.</i>				
<i>Jan 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10 13</i>		<del><i>3410</i></del>							
									<i>4710</i>	<i>52047</i>	<i>47 10</i>				<i>4710</i>	<i>clothing</i>







# POST DISCHARGE PAY OFFICE

34538/689

Three months pay and allowances after discharge.

14398-R-3.

Name **PENROSE, RICHARD**  
Surname Christian Name

Regimental Number ~~724152~~ **724153** Rank **PTE.**

Address (in full) **196 GEORGE ST.,  
 TORONTO, ONT.**

Unit **21st BN.**

Original Unit **109th BN. C.O.E.F.**

District where paid **M.D. 2.**

Date of Discharge **31-1-18.**

P. D. P. Filing Number **3-355-2.**

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	5943	2-2-18	33 00	5841	2-4-18	33 00	5718	2-5-18	34 10		100 10

Remarks:

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



(2)

Dec'n No. 34538-689 W.S.G. File No. 14398-P-9  
 Award 122 days at \$ 70 per day \$ 280.-  
 S. A. .... months at \$ ..... per mo. \$ ..... \$280.00  
 Less P, D. P. Credited \$100.00  
\$179.90  
 Less further debit balance \$ .....  
 Net due paid as below 179.90

Richard Tenrose  
 207 Oak St.  
 Toronto Ont  
 19.5.19  
 nil

19-5-19  
 23-7-19

TO SOLDIER TO DEPENDENT						
	Ag. No.	Ch. No.	Amount	Ag. No.	Ch. No.	Amount
1	5245	472232	140.00			
2	acc		X X			
3	1679	506331	39.90			
4						
5						
6						
	Total		179.90			

GEN'L AUDITOR  
 Posting checked by  
*Redhouse*  
 Date 7/19/19



Pte Name Penrose Richard

M. F. W. 41  
1 OM-7-16  
1772-39 889.

10.52

*Em  
ypr*

Regimental No. 724153

Home  
Name and address of next-of-kin Minden

Unit 109 Bn.

Haliburton Co

Date of enlistment 1.5.16

Med Board 14<sup>8</sup>/<sub>17</sub> Rec Com Home.

Ont

Place of " Minden Ont

Married (yes or no) No

Date and place discharged Toronto Ont 31/1/18

Total 200<sup>00</sup>

Amount of pay assigned monthly \$ 20<sup>00</sup> 1<sup>76</sup> to 31<sup>7</sup>/<sub>17</sub>

Reason for discharge

To whom payable Mr Henry Penrose

Character on discharge

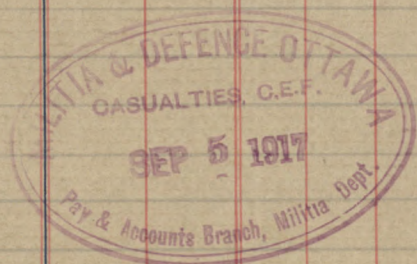
Letitia 1<sup>8</sup>/<sub>17</sub>

498 Cedar Str Peterboro Gate D N.O. 649-P-5092.

5351-M. & D. 6880.

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					
	10 <sup>7</sup> / <sub>17</sub>													
11 <sup>2</sup> / <sub>17</sub>	31 <sup>8</sup> / <sub>17</sub>	52	1 <sup>00</sup>	52 <sup>00</sup>	52	1 <sup>0</sup>	52 <sup>0</sup>	9144					148 <sup>64</sup>	✓ E. L. O. b. D. S. Zueber.
													090 <sup>00</sup> 90 <sup>00</sup>	cr Bal
													5864	148 <sup>64</sup> Trans to "D" unit for 19.17 with cr. Bal
													148 <sup>64</sup>	Pensioned. 1-2-18.

*l.s.*



English Army & hgd from to







MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

To Whom Henry PenroseBy Whom Assigned Penrose, Richard

Address

Windsor, Ont.Regtl. No. #724153498 Cedar StRank PtePeterboro Ont 4/1/17Corps 109th Bn.Rate \$20.00 OCT 1 1916I-M-4 10/16 W.O.F. 19 12/16 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				<u>Acc closed.</u>
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1818



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

Sheet No. 2. H. Penrose  
 (Assignee)

PAYMENTS.

Name of Soldier Penrose, R.

L. L. Job 5470—Req. 6888.

# 724153

109th Bn.

Month.	Year.	Cheque No.	Amnt.	Remarks.
			\$20.00	OCT 1 1918
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		M 36347	60	} 498 Cedar St Peterboro N.H. 4/1/17
Jan.	1917	W 35479	20	
Feb.		U 42489	20	
March		N 52714	20	20 60
April		9 4305-	20	20 W
May		I 16949	20	20 BN
June		H 18189	20	W
July		1 24278	20	20
Aug.				..... 2.00 ..... A/c Closed 3/7/17
Sept.				Ret'd per... <u>Letitia</u> .....
Oct.				Date <u>21/7/17</u> F X <u>31/7/17</u>
Nov.				..... Clerk..... <u>FL</u> .....
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*only 100  
 notes*

*R*

*[Handwritten signature]*



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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

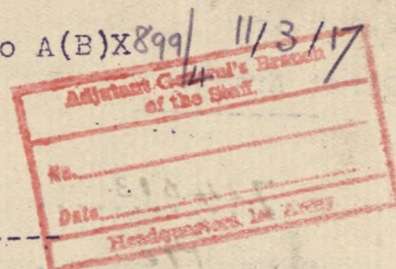


Minute 2.

SPECIAL ORDER for EVACUATION. No A(B)X899/ 11/3/17

Officer Commanding

Special Hospital, BUSNES.



Permission is granted to evacuate  
No. 424153. Pte R. Denrose, 21st Canadian Bn.

named in minute 1 overleaf.

who has been convicted of negligently wounding  
himself  
~~who is reasonably considered to have wounded~~  
~~himself.~~

This office letter No. A(B)X 899/4  
dated 11/3/17, and all other necessary documents  
should be attached opposite and handed to O. C.  
Ambulance Train.

Headquarters,  
First Army

*H. Anderson*  
Captain  
Major,  
D. A. A. G., First Army.

PATIENT'S PAPERS  
TO BE ATTACHED  
HERE.



A.G., G.H.C., Circular B/1657  
dated 27/4/16.

If patient has been evacuated without  
this Order

Wire D.M.S. L. of C.,  
and

Forward Papers by D.R.L.S.



Minute 1.

D.A.A.G.,

First Army.  
-----

No. 724513.....

Rank. Pte.....

Name. Penrose R. (1156).....

Unit. 21. Canadian Battn......

Permission is requested to evacuate the above-named soldier from the Special Hospital, BUSNES, because (1) He will never be fit for duty, or

(2) ~~He will not be fit for duty for~~

..... or,

(3) ~~He requires special medical treatment.~~

8/3/1919

*Garnet Brown* Capt. R.A.M.C.  
Officer Commanding,

Special Hospital, BUSNES.

(Minute 2 over)



*Lumpson*

To be used for recruits enlisting direct into the Regular Army only.  
Army Form B. 178<sup>A</sup> to be used for Special Reserve recruits and  
Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname *Penrose* Christian Name *R*

TABLE I.—GENERAL TABLE.

Birthplace ... Parish \_\_\_\_\_ County \_\_\_\_\_

Examined ... { on \_\_\_\_\_ day of \_\_\_\_\_ 191 .  
at \_\_\_\_\_

Declared Age ... years \_\_\_\_\_ days.

Trade or Occupation ... \_\_\_\_\_

Height ... feet, \_\_\_\_\_ inches.

Weight ... lbs.

Chest { Girth when fully Expanded. \_\_\_\_\_ inches.

Measurement { Range of Expansion \_\_\_\_\_ inches.

Physical Development ... \_\_\_\_\_

Vaccination Marks { Arm ... Right \_\_\_\_\_ Left \_\_\_\_\_  
Number \_\_\_\_\_

When Vaccinated ... \_\_\_\_\_

Vision ... { R.E.—V= \_\_\_\_\_  
L.E.—V= \_\_\_\_\_

(a) Marks indicating congenital peculiarities or previous disease ... { (a) \_\_\_\_\_

(b) Slight defects but not sufficient to cause rejection ... { (b) \_\_\_\_\_

Approved by (Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

Medical Officer.

Enlisted ... { at \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

Joined on Enlistment ...	Corps.	Regtl. No.
Transferred to ...	<i>2<sup>nd</sup> Battalion</i>	<i>424.153</i>

Became non-effective by \_\_\_\_\_  
on \_\_\_\_\_ day of \_\_\_\_\_ 191 .

(Signature) \_\_\_\_\_  
(Rank) \_\_\_\_\_

















Army Form A. 2.  
DEPT  
MILITIA & DEFENCE  
FEB 27 1918  
H.Q.  
CANADA

PROCEEDINGS of a\* MEDICAL BOARD

\*N.B.—The Form being applicable to any Board of Officers, or Committee, or Court of Inquiry, this blank to be filled in accordingly.

The proceedings should be signed by each Officer composing the Board, etc.

assembled at NO. 18 GENERAL HOSPITAL. B.E.F. FRANCE

on the day of MARCH, 1917.

by order of COLONEL H. CARR., C.B., A.M.S.,  
Deputy Director of Medical Services,  
Etaples Administrative District.  
(D.D.M.S., E.A.D., R.O. 64 d/-20/3/17.)

for the purpose of examining and reporting on the fitness  
of :-

No. 724153. Pte R. PENROSE., 21st Canadian Infantry.

PRESIDENT.

COLONEL H. CARR., C.B., A.M.S.

MEMBERS.

COLONEL E. M. HASSARD. A.M.S.

CAPTAIN J. JAMES. R.A.M.C.

IN ATTENDANCE.

The Board having assembled pursuant to order, proceed to  
examine Nº 724153. Pte R. Penrose 21st  
Canadian Infantry & read the  
statement of his case.

The Board find that he has  
lost his left hand by amputation







through the forearm.

The Board consider that he is  
unfit for duty at front or base  
& recommend that he be sent  
to England.

H. J. M. Col  
Doms  
President

Edward  
Colman

James Carr  
R.A.M.C.

members.







II

5

## Proceedings of Medical Board at Discharge Depot, QUEBEC, Que.

No. 724.153 Rank Pli. Name and Corps of disabled Soldier:— Reusse Richard 109 Bn.  
 Previous civilian occupation:— Farmer.

Cause of Disability:— amputation of L. forearm

Condition, in detail, which prevents the soldier earning a full livelihood:—

DEPT. MILITIA & DEFENCE  
AUG 30 1917  
649-V-8092

In France 5 mos. Wounded 15-2-17 in left arm  
 damaging wrist & bones of forearm, necessitating  
 amputation.  
 P.S.S. and Gen. appear good. Left forearm am-  
 putated. Slump 7 1/2" from end of scapula.  
 Heart & lungs normal.  
 Papers state negligence in causing  
 wound.

### OPINION OF THE BOARD.

Degree of incapacity. (Please state in fractions)

60%

Probable duration of incapacity:— permanent

Does it render him permanently unfit for Military Service? no

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

Cavalrycut Home Struts

Signature:—

McCaum Capt

President.

Station:— Quebec

A. H. G. Capt

Members

J. H. G. Major

Date: Aug 14/17

**APPROVED.**

Date: 14 8 / 17

W. H. Carron Maj  
Asst. Director Medical Services.

Date: .....

20  
Director General Medical Services



*Handwritten signature*

Proceedings of Medical Board at Discharge Depot  
QUEBEC, Que.

*Faint, mostly illegible handwritten text, possibly containing case details and medical observations.*

OPINION OF THE BOARD

*Faint, mostly illegible handwritten text, likely the board's opinion on the case.*

APPROVED

*Faint, mostly illegible handwritten text at the bottom of the page, possibly including dates and signatures.*



NEXT OF KIN

Father - J. Penrose

ADDRESS

Meander Ont.

HOME ADDRESS

Same address

Pe 78

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

MEDICAL OFFICER

CAPT. KNOX

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

# MEDICAL HISTORY OF AN INVALID

STATION Meander, Ontario DATE 3/12/17

1. (a) Unit 21st B. (b) Regimental No. 74153 (c) Rank Rt  
(d) Surname PENROSE (e) Christian name Richard

2. Age last birthday 20 Date of birth 1897

3. Enlisted at Meander Ont. on 15 March 1916

DEPT. MILITIA & DEFENCE  
DEC 13 1917  
H.Q. 649-P-5092  
CANADA

4. Personal description :-

(a) Height 6 ft. (b) Weight 175 (c) Complexion (stripped)

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks Amputated

left forearm, large scald R. chest and abdomen

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

229 Jones Ave Toronto, Ont.

6. Former trade or occupation Farmer

7. (a) Service

Years Days

PERIODS

From	To
<u>21st B.</u>	<u>Present time</u>
<u>15 March 1916</u>	

(b) Has he been Overseas? Yes France

8. Present disease or disability (use authorized nomenclature if possible) amputation left forearm

(a) Date of origin March 1914 (b) Place of origin Very Ridge

(c) Cause\* Splenic Bullets  
\*(Here include original disease or injury)

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

Amputation left forearm middle third 5 1/2" stump healed since June 15th not sore or tender, wound of elbow, flexion and extension normal, supination and pronation restricted 3/4 normal. Supplied with Cairns Pattern Artificial Arm, joints satisfactory. General condition good. Heart and lungs apparently normal.

## STATEMENT OF THE SOLDIER

[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.

15/11-6-17.  
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

scald R. chest & abdomen  
cong. left forearm middle thumb

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

60% to

12. Did the disability arise on or off duty ?

yes

13. Was a Court of Inquiry held ?

no

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ?

Yes..... No..... not applicable  
(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 ?

no

(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 ?

Permanent.

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

Carried out  
supplied ant. and wood tar

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 ?

no

20. Recommendations

that he be discharged and permitted to return to civilian life

*J. Gibson*

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 Person R Plt 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

*R. Pearson*  
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.

*We concur*

22. Is the soldier fit for

- (a) General service, (Category A) (Yes or No). *no*
- (b) Service abroad, not general service, ( " B) (Yes or No). *no*
- (c) Home service, (Canada only), ( " C) (Yes or No). *no*
- (d) Temporarily unfit, ( " D) (Yes or No). *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.~~
- (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).

*We recommend*

*That he be discharged as  
physically unfit*

*C. J. Curran* President.  
*G. Hughes* }  
*J. D. London, Lt.* Members.

STATION Military Orthopedic Hospital

DATE DEC 5 1917

APPROVED BY

DATE Dec 11/17

*Chas. DeLoach*  
Assistant Director of Medical Services.

APPROVED BY

DATE \_\_\_\_\_ Director-General of Medical Services.



OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not give differing opinion, with reasons, quoting the number of dissenting members.

22. Is the soldier fit for (a) General service (b) Service abroad, not general service (c) Home service (d) Temporarily unfit (e) Unfit for service in Category A or B only.

23. It is certified that the soldier (a) Does not require treatment (b) Should not pass under his own control (c) Should not pass under his own control (d) It is recommended that the soldier be discharged (When not for discharge and special recommendation).

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

Witness Signed Should the refusal of the 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. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
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.

APPROVED BY

DATE



## *IMPORTANT.*

### DISPOSAL OF ORIGINAL MEDICAL HISTORY SHEETS.

#### 1. Action by Officer i/c Hospital—

- (a) See that all entries are properly and fully made, and signed.
- (b) Forward to Hospital to which man is transferred, immediately it is done. If discharged to Unit—to Officer Commanding such Unit.

#### 2. Action by Officer Commanding Unit—

- (a) On admission of man to Hospital, forward M.H.S. to such Hospital at once.
- (b) On transfer to another Unit—to Officer Commanding such Unit.
- (c) On proceeding Overseas — return to Record Office, London, without delay.

(Authority, Army Council Instruction 831, April, 1916.)



REPORT.

DISPOSAL OF ORIGINAL MEDICAL

HISTORY SHEETS.

As per Order of Hospital

It is ordered that all entries are  
properly and fully made and  
forwarded to Hospital to which  
they are transferred, in order  
that a complete record be  
kept in each Unit.

As per Order of Commanding Officer

On admission of men to  
Hospital forward M.H.S. to  
such post as above.

On transfer to other Unit—  
forward M.H.S. to  
Commanding Officer—  
to be returned to  
Record Office  
without delay.



750 units A.T.S.

Operation 11-0 am 2<sup>nd</sup> 17.  
by Capt. Quinn

2 incisions of anterior flap  
was evacuated. Drainage  
tube inserted into stump.

C. Tubes.

Anaesthetist. ~~for~~ Capt. K Lloyd.

2/1st WEST RIDING C. G. STATION

500 units A.T.S. March 17 M.C.B.S.

Tried by F.G.C.M. 6.3.17. Sentence  
Forfeiture of pay for 14 days.

This sentence has been remitted  
by D.A. + Q.M.G. 1<sup>st</sup> Army.

This man must not be  
evacuated to England.



# FIELD MEDICAL CARD.

(N.B.—USE LEAD PENCIL.)

20-11-4-P

NUMBER 24153 RANK P6

NAME TENROSE, R. UNIT 21 CBN

Wound or Disease Accd. S.I. wound hand

Condition (if any) requiring }  
special attention }

C.C.S  
air

Medical Unit from }  
which transferred } No 6 Cdn Hdqrs

Date Feb 16-1917

The red edged envelope will be used for cases dangerously or severely wounded and who require immediate attention.

The reverse is to be used for notes on special cases (history, operations, special treatment, or other necessary information); also on cases requiring or receiving special treatment during evacuation.

If a more detailed history is necessary, a Medical Certificate (A.B. 172), or Medical Case Sheet (A.F.I. 1287), or other statements of case may accompany.



Reserved for M.H.C.

**RNE**

68  
 Regt. **724153** Rank **Pte** Surname **PENTROSE** Christian Name **RNE**  
 Unit or Corps—(a) Overseas from United Kingdom **109th Bn** (b) In United Kingdom **21st Bn**  
 Born at—Town **Minden** County or Province **Ontario** Country **Canada**  
 Date of Birth—Day **10** Month **Jan'y** Year **1897** Age **20** yrs. **6** months.  
 Joined at **Minden Ont.** Date **March 1 1916**  
 Former Trade or Occupation **Farmer**  
 Permanent marks or peculiarities that will serve for future identification:— **Loss of lower 1/3 left forearm**

DEPT. MILITIA & DEFENCE  
 DEC 13 1917  
 H.Q. CANADA

Height—feet **5** inches **10**? Colour of eyes **Hazel**  
 Signature of Soldier (for identification purposes) **Pentrose R**

**Medical Report.**

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. **DISABILITY** (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature as far as possible.)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a). **Amputation lower 1/3 left forearm**  
 Disabilities Group (b). **not app.**  
 Disabilities Group (c). **not app.**

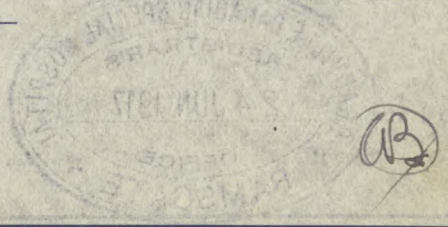
2. **CAUSE OF DISABILITY.** (Follow the official nomenclature in stating the disease or injury.)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(i.) As to Group (a) above.	<b>Bullet badly damaged his wrist &amp; bones of forearm, necessitating amput.</b>	<b>St Eloi</b>	<b>Feb. 16 '17</b>
(ii.) As to Group (b) above.	<b>not app.</b>	<b>not app.</b>	<b>—</b>
(iii.) As to Group (c) above.	<b>not app.</b>	<b>—</b>	<b>—</b>

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service?  
 (i.) As to Group (a) above? **no** If yes, has Active Service aggravated it? **not app.**  
 (ii.) As to Group (b) above? **not app.** If yes, has Active Service aggravated it? **not app.**  
 (iii.) As to Group (c) above? **not app.** If yes, has Active Service aggravated it? **not app.**

4. Is the disability due to disease contracted or injuries received while on Active Service—  
 (i.) As to Group (a) above? **yes**  
 (ii.) As to Group (b) above? **not app.**  
 (iii.) As to Group (c) above? **not app.**





5. If a cause of disability was an injury received on Active Service, was it received—

- (i.) While on duty? *yes*
- (ii.) While off duty? *no*
- (iii.) Was a Court of Inquiry held? *not app.*
- (iv.) Where? *not app.*
- (v.) When? *not app.*
- (vi.) Opinion of the Court? *not app.*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

At St. Ives Feb. 16, 1917 a bullet passed through left wrist, badly damaging it breaking bones of forearm near the wrist. Four days after, amputation was done because injured part was thought to be in bad condition. Amput<sup>n</sup> was done at Chemung station.

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

Patient eats and sleeps well. Has lost lower 1/3 of left forearm. Stump healed & elbow free. Heart things ok. No other apparent disability.

8. OPERATION. (i.) Was one performed? *yes*

(ii.) If so, state what. - *For amput<sup>n</sup> lower 1/3 of forearm*

(iii.) Was one advised and declined? - *no*

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

9. (i.) Is there loss or decay of teeth attributable to Active Service? - *no*

(ii.) If so, describe. *not app.*

10. DO YOU RECOMMEND:—

- (a) Fit for duty? *no*
- (b) Fit for base duty? *no*
- (c) Invalid to Canada? *yes*
- (d) Discharge from the Service as permanently unfit? *no*

Date of Report *22nd June* 191*7*

Station *Great Ramsgate*

Signed *G. Preston Capt. R.M.C.*

Officer in medical charge of case.

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



*G. A. M. G.* Capt. G. A. M. G. Registrar, for O.C., Officer i/c Hospital } Strike out one of these. S.M.O. Brigade }

Dated at *Granville Can. Sp. Hosp.* 191*7*

\* Delete if inapplicable *Ramsgate.*



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

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

*yes*

12. Is the cause of the disability, fully indicated in Part I. (2)?

If not, indicate it.

*yes*

13. Was the disability caused or aggravated by—

(a) Negligence of the Soldier

Caused? *no*

Aggravated? *no*

(b) Misconduct of the Soldier

Caused? *no*

Aggravated? *no*

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?

(Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%.)

*Sixty per cent.*

15. THE PENSIONABLE DISABILITY—(see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate).

What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none,  $\frac{1}{3}$ ,  $\frac{2}{3}$ ,  $\frac{3}{4}$ , or all.)

*all*

16. Permanency of the Pensionable Disability estimated next above in (15).

(i.) Is it permanent?

*yes*

(ii.) If not permanent, what is its probable minimum duration (in months)?

*not applicable*

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

*not applicable*

18. Remarks.

19. Recommendation:—(a) Fit for duty?

*no*

(b) Fit for base duty?

*no*

(c) Invalid to Canada?

*yes*

(d) Discharge from service as permanently unfit?

*no*

Classification for the Military Hospitals Commission.

*A.*

Date of Board

EXAM. MED. BOARD

26 JUN 1917

Station

C. C. S. H.

SHORNCLIFFE

Signatures of the Board

*Colin Russell Maj. Genl. President.*  
*W. J. Hoyle Capt.*

Approved

*L. L. Walker*  
FOR A. D. M. S. CANADIANS, SHORNCLIFFE

A. D. M. S.

Dated at

Station

18 JUL 1917







This space to be left blank for the Chelsea Number.

H M H S. H 1.

Army Form B. 268.

AUG 2 1917

Proceedings on Discharge.

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

No. 724153 Army Rank Private

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

Corps 21st Battalion Enlisted in 109th Battalion  
Battalion, Battery, Company, Depot, &c. on 20-3-16  
(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.)

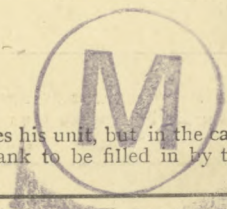
Date of discharge Jan 3 1st 1918

Place of discharge Canada Toronto Ont.

1. Description at the time of discharge.

Age 21 years \_\_\_\_\_ months  
Height 6 feet \_\_\_\_\_ inches  
Chest measurement { girth when fully expanded \_\_\_\_\_ ins.  
range of expansion \_\_\_\_\_ ins.  
Complexion Dark  
Eyes Brown  
Hair Dark Brown  
Trade Armer  
Intended place of residence { Minden  
Ont.  
(To be given as fully as practicable)

Descriptive marks.  
Mole on left side of  
Loss of Lower 1/3  
Left forearm



(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 Becoming no longer fit for War Service  
R R 40 392 XV

(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:— Sour

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

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\*

5.12.51  
AS

wsq 6/5/19.

Mon. Off. Section  
20-2-18  
DMB

6281

6281

SRPle 21497

X

10-2-38  
80



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).

*Nil*

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

*6 Mos Service in France*

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) \_\_\_\_\_

*J. Edgar Capt*  
Commanding \_\_\_\_\_ Battrn. \_\_\_\_\_ Regiment.

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

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) *11th Unit M.H.C.* (Signature of Soldier.)

(Date) *Jan 31-18* *See Copy* (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 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 *Jan 31-18* (the date to which the record of service is completed) *1* years *322* 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 *Jan 31* (date)

(Place) *11th Unit M.H.C.*

*J. Edgar*  
Signature \_\_\_\_\_  
Officer in charge of Discharges  
*11th Unit M.H.C. Command*

(Date) *Feb 4-18*

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.)

---

*See Copy*



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 depot 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, dispatch,  
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.



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Pte. Penrose

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DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4			
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE							
			300	30										23	70	324	00									38	84	991.	14	09.
May 30	1	10	33												33	00														
May 1	1	10	1	10											1	10														
June 30	1	10	33												33															
July 9	1	10	9	90											19	90														
July 4-10	1		377	30										23	70	401	00													
			1	10											1	10														
															1	18														

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED. PAY	SER. ALLCE. ENG.
Oct	Rate Bond								120		
Nov				Dr. AR 578 Ram							
Nov				Dr. AR 699 Spee Corp Rgile					91		
	Balance transferred to Canadian Liability A/c										
	Balance transferred to N. E. Branch.			Nil							



\$20.<sup>00</sup>

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
91.	14 09.	140	19 80.	222 64.	101 36.				
		20		20	114 36.				Sold to British Hoop. eff. 3/5/17.
					115 46.				
		20		20	128 46.				Authy. Gran. 6/33. 6/17
		20		20	118 36.				Sold to Bay 2 L. 2. Dis. to Canada. 10/7/17
		200	19 80	28 264	119 46				Ins. De/lay to 3/5/17
					120 64				

A3.M. FORM NO. 2  
 DISCHARGED TO *Canada* DATE *10/7/17*  
 PAYBOOK VERIFIED *10/7/17*  
*br.* BAL. *98.26* L.P.C. REN'D *10/7/17*  
 AUTHY. *Included. 4. Granville 6. A. 33. 4/17*

*Central 19, 4/17*

Checked *Edmond Gray L.P.C.*