

Feb 21st 1916
at Justice

2 any Bobcaygeon

ORIGINAL ATTESTATION PAPER.

No. 795617

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Sayer.*
- 1a. What are your Christian names?..... *Ernest Albert.*
- 1b. What is your present address?..... *Bobcaygeon Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Drill Hall St. Giles Parish Norwich Eng.*
- 3. What is the name of your next-of-kin?..... *Laura Sayer*
- 4. What is the address of your next-of-kin?..... *P.O. Bobcaygeon Ont.*
- 4a. What is the relationship of your next-of-kin?..... *wife*
- 5. What is the date of your birth?..... *24 January 1878*
- 6. What is your Trade or Calling?..... *Laborer*
- 7. Are you married?..... *yes.*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes.*
- 9. Do you now belong to the Active Militia?..... *No.*
- 10. Have you ever served in any Military Force?.. *2 1/2 yrs Norwich Cadett Corps*
If so, state particulars of former Service. *5 yrs 1st Batt Norfolk Regt.*
- 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, *Ernest Albert Sayer*, 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.

Ernest A Sayer (Signature of Recruit)

Date *Feb 22nd* 1916. *H. N. Fairbairn, Lieut.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Ernest Albert Sayer*, 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.

Ernest A Sayer (Signature of Recruit)

Date *Feb 22nd* 1916. *H. N. Fairbairn, Lieut.* (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 *Bobcaygeon* this *22* day of *July* 1916

W. M. M. M. M. (Signature of Justice)

6
111

Description of Ernest Albert Sayer on Enlistment.

Apparent Age.....37 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.....5-5³/₄ ins.

Chest measurement. { Girth when fully expanded.....39 ins.
 Range of expansion.....5- ins.

Complexion.....fair

Eyes.....blue

Hair.....brown

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

*two scars on left fore finger.
 several teeth gone*

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.....Feb 22nd 1916.

J. McCulloch Capt.
H. B. ... Medical Officer
 109th Overseas Battalion, C. E. F.

Place.....Batavia gear

*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.

Ernest Albert Sayer.....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.

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

Date.....FEB 24 1916 1916.

ATTESTATION PAPER.

No. 725614.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

TRIPPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Sayer*
- 1a. What are your Christian names?..... *Ernest Albert*
- 1b. What is your present address?..... *Bobcaygeon*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Drill Hall St. Giles Parish Norwich Eng*
- 3. What is the name of your next-of kin?..... *Laura Sayer*
- 4. What is the address of your next-of-kin?..... *Bobcaygeon*
- 4a. What is the relationship of your next-of-kin?..... *Wife.*
- 5. What is the date of your birth?..... *24th January 1879*
- 6. What is your Trade or Calling?..... *Laborer.*
- 7. Are you married?..... *Yes.*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes.*
- 9. Do you now belong to the Active Militia?..... *Yes.*
- 10. Have you ever served in any Military Force?.. *2nd York Norwich Cadet Corp.*
If so, state particulars of former Service. *3rd " 10th Batta Norfolk Regt.*
- 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, *Ernest Albert Sayer*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Feb 22nd* 1916. *Ernest A Sayer* (Signature of Recruit)
H.A. Fairbairn, Lieut. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Ernest Albert Sayer*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Feb 22nd* 1916. *Ernest A Sayer* (Signature of Recruit)
H.A. Fairbairn Lieut. (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 *Bobcaygeon* this *22nd* day of *July* 191*6*.
W Moore (Signature of Justice)

Description of *Ernest Albert Sayer* on Enlistment.

Apparent Age *34* 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. *5 3/4* ins.

Chest measurement { Girth when fully expanded *39* ins.
 Range of expansion *5* ins.

Complexion *Fair*

Eyes *Blue*

Hair *Brown*

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

*Two Scars on left fore finger
 Several teeth gone*

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 *22nd February* 191*6*

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

Place *Bolcaygeon*

*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.

Ernest Albert Sayer 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.

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

Date *FEB. 24 1916* 191*6*

REGIMENTAL DOCUMENTS

NAME

Sayer Ernest Albert

REGT. NO.

735617

UNIT

CASCO

H. Q. FILE NO.

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

M

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demob.

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

06072

H

20 - 22
17 - 22
9 - 22

3

Misc
1 R 149
1 M # 2167
1 Oa 2 card
1 Bed base sheets
1 P 125
1 P 149



EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

No. 725617.

RANK

2nd Lt
L. Co. Sgt.

NAME

Layton. E.

A.

T. O. S. 21-2-16.

UNIT

109th Battalion

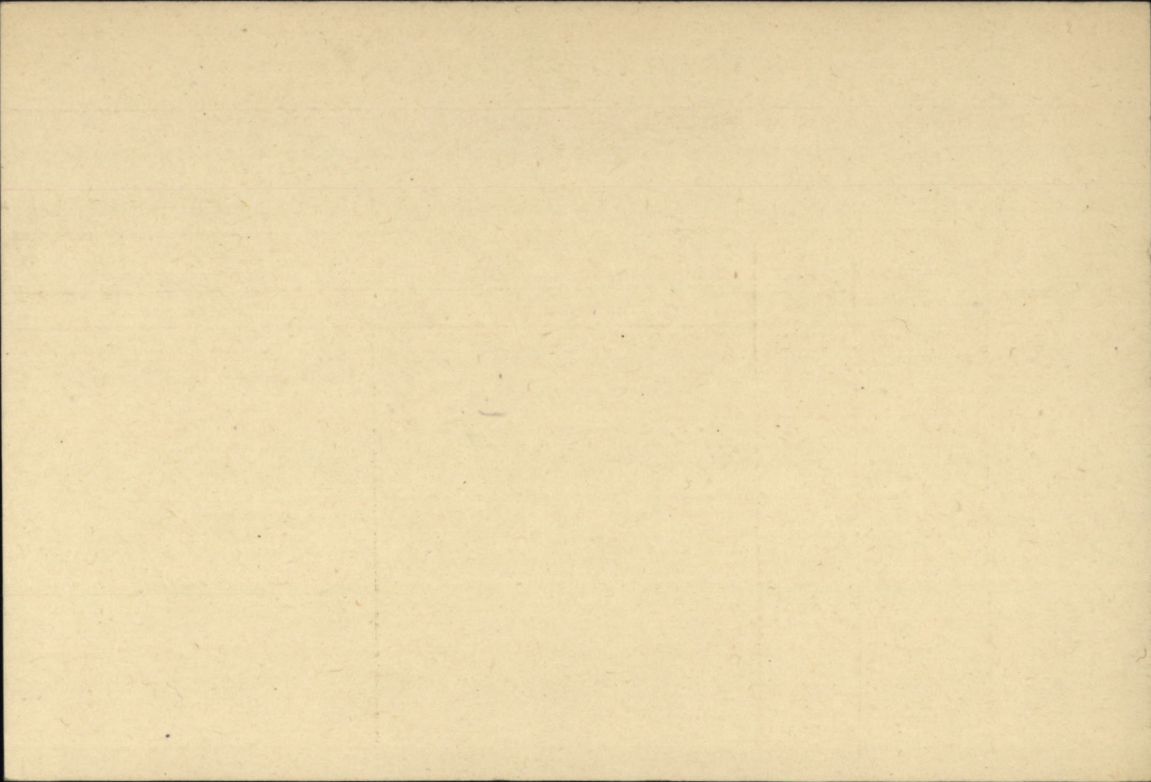
S. I. O. 242-16.

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb. 21.	1916. Feb. 29	✓		
Mar.		✓		
April.		✓		
May.		✓		
June.		✓		
July.		✓		
			Promo. 2 nd Lt. 10-6-16.	O. O. 175 of 12-6-16.

UNIT SAILED

JUL 23 1916



NAME

Sayer Ernest Albert

REGT'L NO.

72 8617

H. Q. FILE NO. 649.

RANK AND CORPS

Pte 20th Bn (form 109th Bn)

CABLE

NATURE OF CASUALTY

FOLLOWS
No.

FOLLOWS

No.

DATE

29-3

b

M. 6389

21-11-17

Adm. # 1 Can Gen. Hosp. Etaples, Nov. 12th. 1917
(Shell concussion) ✓

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 590	4 Can Field Amt.	22-8-17	Boils Legs
a 591	10 Can. Field Amt.	24-8-17	Boils legs
a 291	" " " " " "	30-9-17	" " "
a 68	# Can Gen Staples	12-11-17	Concussion ^W
a 73	#6 Can Gen Drington	23-11-17	" " Sev
B 132	Manor C of Lon War Hosp Epsom	1-2-18	Trench Feet- 19-12-17
B 195-3	10 mil Conv. Epsom.	20-4-18	Trench feet & Injelgia
B 245	9 " " " "	14-6-18	" " Disch

N. 3

CARD NO.

S.O.S. Dec 25 1918

DIO 240 28-8-19

FOLL # 3, DIO

SURNAME.

Sayer

CHRISTIAN NAMES

Ernest Albert,

REGL. No.

725617.

RANK

Pte.

UNIT

109th.

Batt.

FORMER CORPS

2 1/2 yrs. Norwich Cadet Corps. 5 yrs. 1st. Battrn ^{Regt.} Norfolk

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Sayer Mrs. Laura,

RELATIONSHIP TO SOLDIER

wife

ADDRESS

Bobcaygeon Ont.

COUNTRY OF BIRTH

England ^{Norwich} St Giles Parish

DATE

Jan. 24. / 1879

PLACE OF ATTESTATION

Bobcaygeon Ont

DATE

Feb. 22. / 1916

Sailed from Halifax

488

per. S.S. "Olympic"

P.C. 258-19 388

(Pte)

MARRIED

yes,

SINGLE

WIDOWER

TRADE OR CALLING

laborer,

RELIGION

Roman Catholic,

DESCRIPTION.

APPARENT AGE

37 YEARS

MONTHS

HEIGHT

5 FEET

5 3/4 INCHES

CHEST MEASUREMENT

39 INCHES

EXPANSION

5 INCHES

COMPLEXION

fair

EYES

blue,

HAIR

brown

DISTINGUISHING MARKS

Two scars on left fore-finger. Several teeth gone.

MEDICAL EXAMINATION.

PLACE

Bobcaygeon,

DATE

Feb. 22/1916,

Answer.

my

P

Number 725617

Rank 2/cpl.

Surname SAVER

Christian Name Ernest Albert

X

Units 20th Bu Can Inf Theatre of War France

Date of Service 5-10-16

Remarks

R.R.#1

Dunford, Ont

Latest Address

~~P.O. Bobcaygeon~~

Ont

B

Roll No

Page 9837

Port, ship, and date of arrival

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

DESP FEB 9 1922
REGN NO 110781

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

Ernest

Albert NH

Name SAYER

Rank

Lt Col
pte

Reg. No. 725617

Unit 20 Bn

Next of Kin

Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12.11.17	1 Can Gen Hosp	Etaples	Wt Concussion (sew)	A68	4639A	162523
29.11.17	to 634 Coy		- do -	B73		6766
1-2.18	Manor (Col) W. H. Epsom	French Front		B192		11827
20.4	Unit Com Epsom	French Front & Belgium		B195		46652
14.6	Discharged.		do.	B245		5825
	R/R Sick furlough to	24/6/18	12 th Res Witley			
	Diagnosed as	French Feet	6766			

MEDICAL HISTORY SHEET.

Surname Lager Christian Name Earnest Albert

Examined { on 22 day of Feb. 1916
 at Botolph Claydon
 Birthplace { City or Town Norwich
 County Norfolk

Approved by J. McCulloch 26
 Medical Officer Capt.
 Rank 109th Overseas Battalion, C. E. F.

Apparent age 37
 Trade or occupation Sabotier
 Height 5 Feet 5-3/4 Inches.
 Weight 175 Lbs.
 Chest measurement { Minimum 34 inches.
 Maximum expansion 39 inches.
 Physical development heavy set
 Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>27 NOV 1917</u>
		M.O.
<u>4.6.18</u>	<u>Q</u>	<u>Boleahanne</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left Four
 Number Four

Date	Result	VACCINATIONS.
<u>5.3.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last at March 3rd 1916
 (a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection
several teeth gone

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25.5.16</u>	<u>Good</u>	<u>J. McCulloch</u> M.O.
<u>4.6.16</u>	<u>4</u>	<u>J. McCulloch</u> M.O.
<u>12.6.16</u>	<u>-</u>	<u>J. McCulloch</u> M.O.
<u>22.9.16</u>	<u>4</u>	<u>H. Boyd</u> M.O.

Enlisted on 22nd day of February 1916 at Botolph Claydon

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>725617.</u>		<u>22.2.16.</u>
Transferred to..	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley</u>	<u>6-8-18.</u>	<u>Defective vision</u>	<u>Pt. W. W. Carter</u>
<u>Witley Camp, Surrey</u>	<u>23/7.</u>	<u>myopia</u>	<u>J. H. ...</u>

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

CANADIAN

TAB 3.5.18
2 6/10/18

Surname: *Sayer* Christian Name: *Ernest Albert*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
ONTARIO MILITARY HOSPITAL ORPINGTON, KENT.		22	12	17	31	1	18	Trench feet	56	feet much improved Discharged to Bromley Convalescent Home	<i>J. Macdonald</i> <i>18/1/18</i>
<i>Waverley Hospital</i>		31	1	18	19	APR	1918	Trench feet myalgia of back		Feet tender, discoloured, & peeling on toes. Complains of pain in lumbar region nothing discovered to account for this. Feet recovered & can walk well Fit for transfer to Wood St	<i>J. L. Davidson</i> <i>April 16/18</i>
<i>M. C. H. Epsom</i>		19	4	18	14	JUN	1918	Trench Feet - Myalgia (Lumbar)	27	On Admission:- Recovered, but complains of some backache. Exam neg. Is now fit for Cat A	<i>B. Cochrane Capt</i>

To be made out in duplicate.

H.Q. 51-21-23-53

DUPLICATE

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

INSTRUCTIONS.

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

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

100th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number **725617**.....

(3) Full Name of Soldier **Harnest Albert Sayer**.....

(4) Place of Birth **Norwich England**.....

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

(6) If married, state,

(a) Full name of your wife **Laura Bethia Sayer.**.....

(b) Present Postal Address **Boboygeon Ontario Canada.**.....

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

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

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

Also their names and ages **Ethel Laura age 16; Grace Adeline age 14;**

Ruth Margaret age 12; Mary Maud age 10; Margaret Beatrice age 5.

(9) Is your Father alive? No.

If so, state name and address Nil.

(10) Is your Mother alive? Yes.

If so, state name and address Mrs. Sarah Sayer; Address 67 York Road.
Great Yarmouth England.

(11) If your Mother is a widow Yes.

Are you her sole support, or not? No.

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

Nil.

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

Nil.

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

Yes.

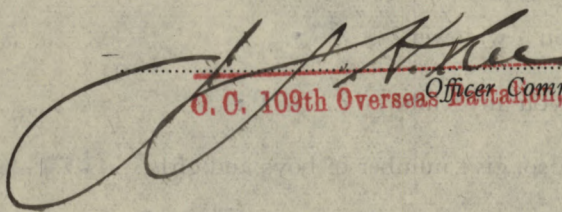
(15) Are you insured? No.

If so, in what Company? Nil.

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

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

Date July 4, 1916.


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

"W.S.B Class A"

1266

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

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

Regimental No. 25614 Rank Private Name Sayer Ernest Albert

C. E. F.

Enlisted (a) 22-2-16 Terms of Service (a) D of W Service reckons from (a) 22-2-16

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) Laborer

CERTIFIED CORRECT.
18 OCT. 1916
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	24-4-16	
		Disembarked England	Liverpool	31-7-16	
		Appointed <u>1st Lt. C.P.S.</u>	Quincy	5-8-16	Part-II Order 218
		Transferred for Overseas Service with	<u>20th Batt'n</u>	OCT 5 1916	D.O.Pt. 11 No. 279
6/10/16	C B Dep	Arrd & taken on strength	20th Bn	5/10/16	NR Pt. 2 01ra 55 21/10/16
do	do	Left for	do	20/10/16	<u>Adjutant</u> CAPTAIN.
27/10/16	20th Bn	Arrived	do	23/10/16	B213 ADJUTANT,
21-4-17	do	Att 2nd Div Graves Regn Coy Fld	do	8-4-17	B213 109th BATTALION CAN. INFANTRY.
9-6-17	—	Rejd from	20 Bn	1-6-17	B 213.
24-8-17	10 C.F.A.	Bovls Leps	10 C.F.A.	24-8-17	A 36 4064.
—	4 —	adm 22/8	10 —	—	A 6671
30-9-17	10 —	Dischd	Duty	30-9-17	— A 3055.
6-10-17	20 Bn.	Rejd from Hosp.	20 Bn.	—	B 213.
14-11-17	—	Wds Concussion	—	10-11-17	—
12-11-17	1 C. Gen	H. Concl's Severn Adm	1 C. Gen	12-11-17	B 1258.
22-11-17	do	Inv (Wdd) & posted to 1st Centl Ont. Regl Depot, Shorncliffe per AT	Brighton	22-11-17	W3083 - 4379. Pt 2 86d/30-11-17.

Wohogau

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.

R. D. B. ON PROCEEDING TO CANADA

Embark S.S. - BELGIC

R. D. B. LIEUT.
FOR OFFICER COMMANDING.

Liverpool 16.8.19

P.T.O. 129

W. WING, C.C.C.

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				
29-11-17	RECORD	T.O.S. from 20 th Btn	W. Sand.	22-11-17	PTO 265 Rhooper LIEUT. FOR LT: COL: I/O RECORDS, C.O.M.
17.6.18	12 th Res	T.O.S. 12 th Res	Witley	14.6.18	PC II 143.
17-8-18	12 th Res	S.O.S. to 1 st CORD	Witley	19.8.19	part II 195 Lieut. I/c Records 12th Res. Bn. C.M.F.
20.8.18	1st C.O.R.D.	T.O.S. 1st C.O.R.D.	Witley	19.8.19	Pl. II D.O. No. 230.
5-9-18	- - -	S.O.S. on transfer L.A.S.L. Dept. Shorncliffe	Witley	5-9-18	PC II D.O. 246 M. Jackson
6.9.18	case	T.O.S. from 1 st CORD	Shorncliffe	5.9.18	Part. II 208 OFFICER I/O RECORDS,
11-9-18	Do	S.O.S. to case Bramshott	Do	10-9-18	PART II ORDER NO. 211 W. D. Swinson for O.C., C.A.S.C.
11.9.18	case	S.O.S. from 6450 Shorncliffe	Bramshott	10.9.18	Pl II DO 214 d/11.9.18
10.10.18	6450	To draw pay of clerk as from 20.9.18	Bramshott	20.9.18	Pl II DO 239 d/10-10-18
9.7-19	case	S.O.S. to care corps repor. Witley	Bishou	9-7-19	Pl II DO #161 d/9-7-19. Lieut. I/c Rtd., C.A.S.C.

"M" Wing "H" Group

Duplicate

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SAYER, EA
 REGIMENT CASC RANK Pte No. 125617
 Date of Examination in England 14/5/49 Date of Examination in France _____

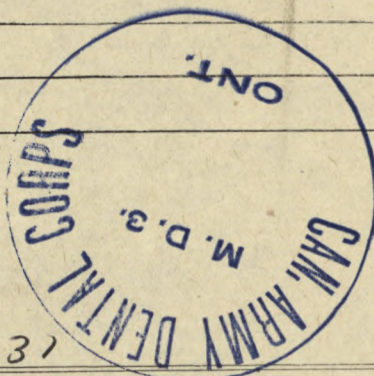
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18 19 8
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower 18 19 20 24 30 31

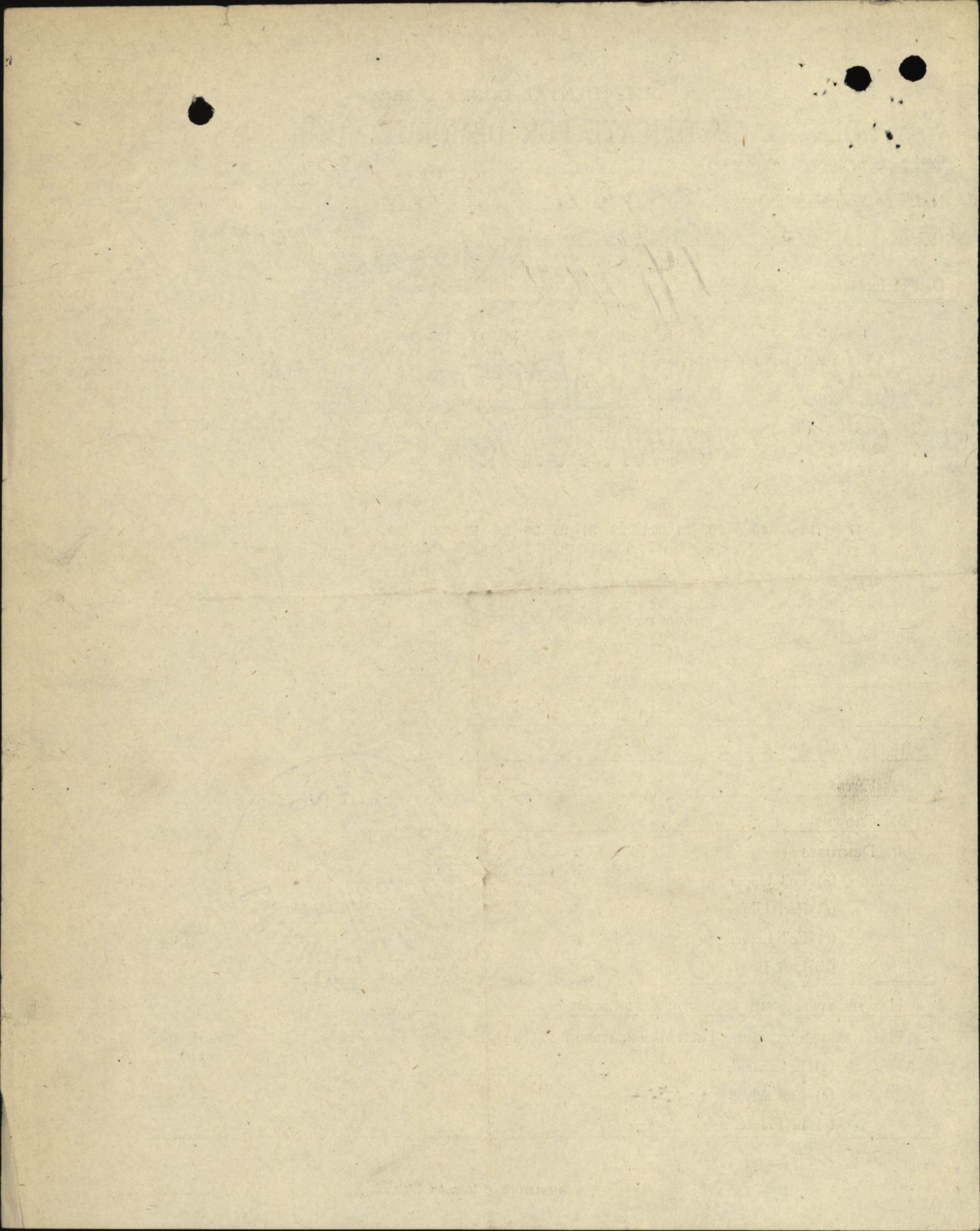


HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada _____
- (b) In England 7
- (c) In France _____

Signature of Dental Officer [Signature]



PROCEEDINGS OF A MEDICAL BOARD

Dated at _____ 1918

Rank _____

Age _____

Overseas Unit _____

No. _____

Examination held at _____

Specialty
(if any)
(if any)

PRESENT CONDITION

BOARD RECOMMENDATIONS

1. Fit for duty

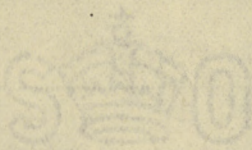
2. Fit for duty after _____

3. Fit for temporary base duty

4. Fit for permanent base duty

5. Discharge

Signature _____



_____ weeks physical training

_____ weeks

President _____

Members _____

APPROVED _____

Dated _____ 1918 For A.D.M.S.

NOSE, EYE, EAR & THROAT CLINIC

Witley..... 22-7 191

Reg. No. 725617 Rank. Pte Name. Sayer

Unit. M. Wing

WITHOUT GLASSES

WITH GLASSES (AS PER PRESCRIPTION BELOW)

	SPH	CYL	AXIS
VISUAL ACUITY, RIGHT.	6/60		4/12
VISUAL ACUITY, LEFT.	6/60		4/9
CATEGORY RECOMMENDED IS,-	B1		
GLASSES NOT ORDERED.			

ORIGINAL DISEASE OR INJURY, Myopia

DATE OF ORIGIN, adolescence

PLACE OF ORIGIN,

CAUSE,

PRESENT DISABILITY, Defective Vision

REMARKS,

CONDITION WAS.....PRESENT PREVIOUS TO ENLISTMENT, AND HAS.....
BEEN CAUSED BY SERVICE. HAS.....BEEN AGGRAVATED BY SERVICE.

FOR LONG BOARD.

~~FOR SHORT BOARD.~~

J.P. Brauer

.....
Capt., C.A.M.C.
Eye, and Ear Specialist.,
Witley Camp, Surrey.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Class. *B*
No. *214069* Issued

THIS IS TO CERTIFY that No. *725617* (Rank) *Pte*

Name (in full) *Layer, Ernest Albert* enlisted in
the *109 Batt*

CANADIAN EXPEDITIONARY FORCE at *Bobcaygeon* on the *22nd*
day of *Feb* 19*16*

HE served in *CASC in England*

and is now discharged from the service by reason of Demobilization *Med unfit for
General Service*
~~Medical Unfitness~~ *R.O. 1894*

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

Age *40 6/12 yrs*

Height *5ft 5 3/4 ins*

Complexion *Fair*

Eyes *Blue*

Hair *Brown*

Ernest A Layer
Signature of Soldier.

Marks or Scars

*2 scars left
forefingers*

J. M. ...
Rank *Captain*
for *C. C. Dispersal Area Station*
Issuing Officer.

Date of Discharge



Rank

Date 19....

NB.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL, OTTAWA, CANADA.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *109th Batt*

Regimental No. *725-617* Rank *Pvt* Name *Ltayer Ernest Albert*
C. E. F.

Enlisted (a) *2* Terms of Service (a) Service reckons from (a)

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)

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				
		<i>med unfit for Gen service RO - 1894</i>			
<i>16-8-19</i>	<i>T. O. S. 3140</i>	<i>Discharged 26-8-19</i>	<i>Kingston</i>	<i>Unit</i>	<i>Pt. 2 Order. 3140</i>
		<i>On demob med unfit for gen ser</i>	<i>RO 1894</i>	<i>Lt Capt Lacey</i>	<i>O. C. Dispersal Area Station</i>

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

LTR

Rank *7/44* Name SAYER, Ernest Albert

Reg'l No. 725617

Unit 109th, Bn. If in perm. Corps, }
What Unit? }

Married or Single Married.

Place and Date of Enlistment Bobcaygeon, 22nd, Feb, 1916,

Place of Birth Giles Parish, Norwich England.

Name and Address, Next-of-Kin Laura Sayer.

P.O. Bobcaygeon, Ontario, Canada.

Relationship Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

12453
N/E. R.B. No.
File R.L.
Date
CAN. OR

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.				
C.A.S.C.					
		Arrived in England per H. M. T. 2810		31-7-16	
5.8.16	<i>OC 109th</i>	App'd Prov. L. Cpl	<i>Odney</i>		<i>Pr. II D.O. 218</i>
5-10-16	<i>Do</i>	S.O.S. Lt. 20 th Bn	<i>Bramshott</i>	5-10-16	<i>Pr. II D.O. 279</i>
11-10-16	<i>20th Bn</i>	T.O.S. from 109 th	<i>Field</i>	6-10-16	<i>" II 55.</i>
11-10-16	<i>do.</i>	Reverts to rank of Private	<i>do.</i>	6-10-16	<i>" II 55.</i>
29.8.17		Adm'd 4 C.F.A.		22.8.17	<i>CA 590 Bails legs.</i>
30.8.17		To 10 - D -		24.8.17	<i>A 591</i>
5-10-17		Back to duty		30.9.17	<i>A 29 (1)</i>
20-11-17		1 Can Gen Hosp	<i>Etaples</i>	12-11-17	<i>A. 687 Concasworth</i>
26.11.17		16 Can Gen Hosp	<i>Orpington</i>	23.11.17	<i>B 73 (2) - - - - - Secure</i>

cash at

*100 R
Ring
bars*

A.F.B. 193 CHECKED
16 OCT 1916

725617

Layer E. A.

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.				
20.11.17	20Bn	Inspnt to 1COR	Pk Field	22.11.17	86 (265-29.11.17 1COR) 777 DO 166
17.6.18	12Rco.	SOS from 1 st CORD	" Witley	11.6.18	143 9/17.6.18 1 st CORD DO 230
17.8.18	"	SOS to 1 st CORD	" "	19.8.18	195 9/20.8.18 1 st CORD
5.9.18	1COR.	SOS to CASC.	" "	5.9.18	- 246
6.9.18	6A.Sb.	T.O.S from 1 st C.O.R.D	" S-chiff	5.9.18	- 208
11.9.18	--	S.O.S to 6A.Sb. B. Shott	" "	10.9.18	- 211 8 T.O.S Pt. II 214 9/11-9-18 C.A.S.C. B. Shott.
9.7.19	case	SOS on reporting to case @ D "E. Wing	" B'shott	9.7.19	DO 161
11.7.19	Cascct.	SOS from DD B'shott	Witley	9.7.19	DO 165 case B'shott W210 22.7.19
11.7.19	"	SOS to M Wing w/E 102-H-85 Sailing	" "	10.7.19 16.8.19	DO 165 92 of 11 ⁷ / ₉ M Wing
18.8.19	M 119	SOS to 6EF band	--	16.8.19	DO. 130

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-13.
 1772-39-819.

Sheet No. 2.

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

Laura Sayer

PAYMENTS.

(Wife)

Name of Soldier

Ernest A Sayer

Coy, 725 617 (Pte) 109 Bn

~~115.00~~

Remarks.

AUG 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		X 15235	15	
Sept.		V 19617	15	
Oct.		V 24730	15	
Nov.		M 27932	25	25 ⁰⁰ to adj oct
Dec.		N 32132	20	20 ⁰⁰ future apd
Jan.	1917	G 42048	20	
Feb.		J 47400	20	
March		W 07380	20	20.6
April		U 4521	20	20.00
May		Q 11239	20	
June		T 17710	20	20.00
July		U 24546	20	00
Aug.		L 32292	20	
Sept.		R 39290	20	03
Oct.		O 45491	20	
Nov.		N 52694	20	
Dec.		S 62580	20	→ 550
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Wen.

JL

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom Laura Sayer
 Address Bobcaygeon
Ont.

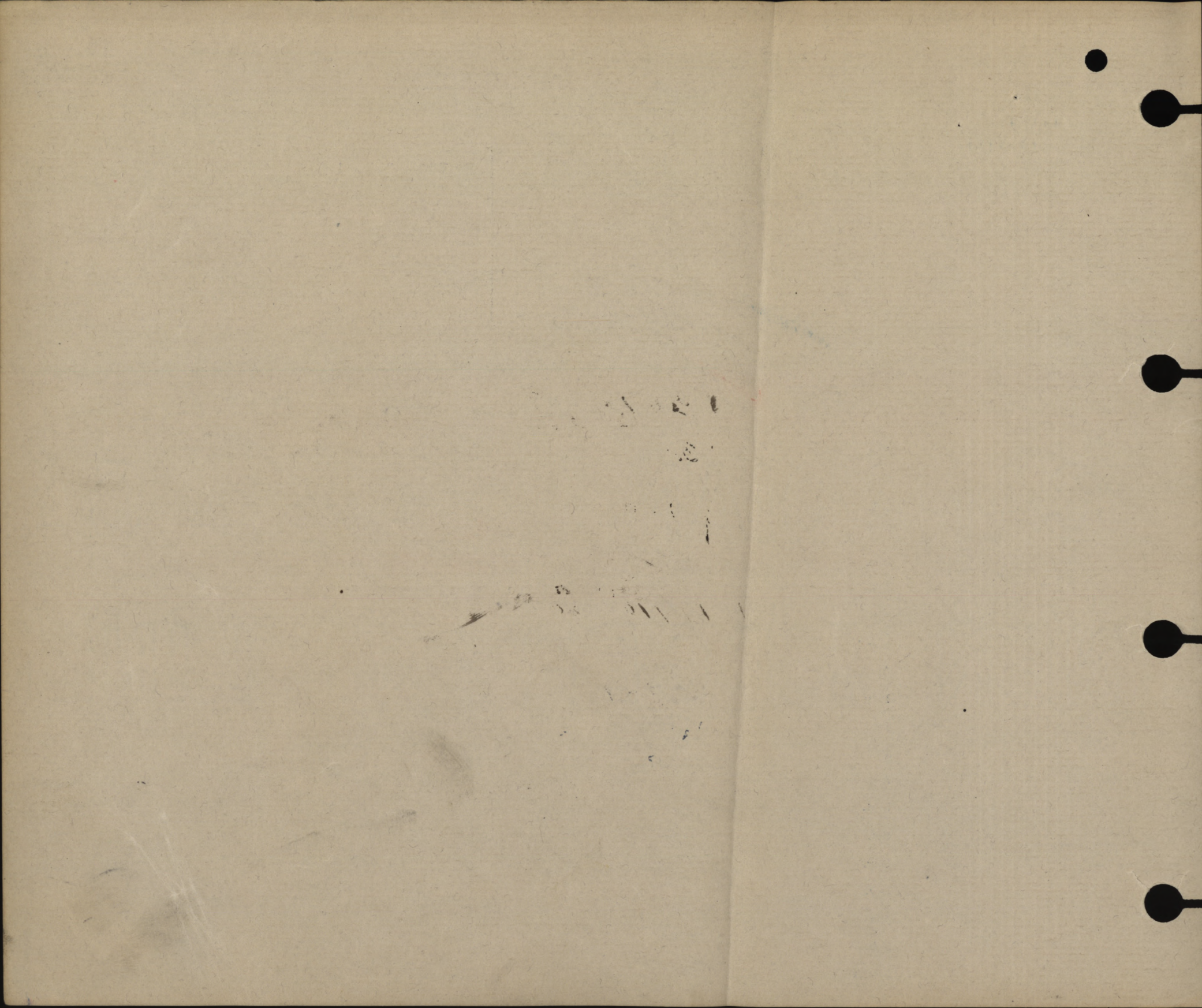
By Whom Assigned Ernest A Sayer
 Regtl. No. 725-617
 Rank pte Lt/cpl
 Corps 109 Btn Coy

Rate ~~\$ 15.00~~ 20.00 **AUG 1 1916**
2 M 2/10/16 APR 10/11/16

PAYMENTS

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





SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.—Req. 627

PAYMENTS.

Name of Soldier

Wife
Lager Laura B.
Pt E 425617
Lager Ernest Albert

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	J 7257	20 -	20
May		M 7160	20	20
June		45533	20	20
July		G 8281	20	20
Aug.		N 12558	20	20
Sept.		Q 16829	20	20
Oct.		y. 21023	20	20
Nov.		Q 23083	20	10
Dec.		Q 26618	20	20
Jan.	1917	O 29844	20	20
Feb.		N 33597	20	20
March		O 39301	20	20
April		L 2472	20	20
May		O 5601	20	20
June		O 8776	20	20
July		O 12158	20	20
Aug.		M 16066	20	m
Sept.		F 19790	20	m
Oct.		O 21255	20	B
Nov.		X 23799	20	B
Dec.		K 28030	20	440
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE

Name Lager Laura BethiahName of Soldier Lager Earnest Albert.Address BellefleurRegtl. No. 725617Ont. CanadaRank PteCorps 109th Bn "C" Co.

Relation to Soldier

To what Corps belonging

wife, child or mother

Wife

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		<u>834335</u>	<u>20</u>	



2113

2113
2113



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. L. Sayer*
 Address *Bobcaeygeon*
Ont

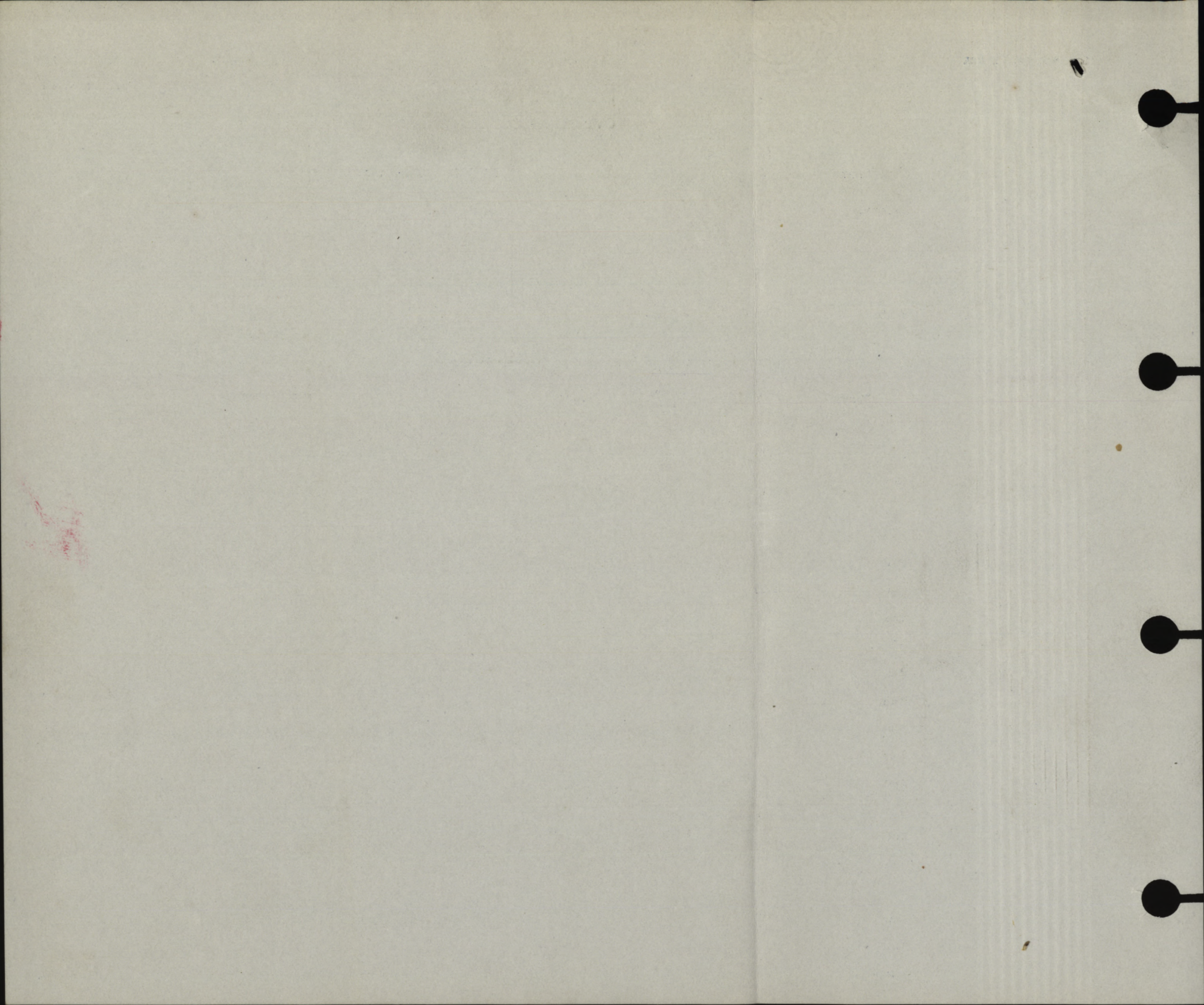
By Whom Assigned *Sayer E. A.*
 Regtl. No. *725617*
 Rank *Plt.*
 Corps *100RD.*

Rate \$ *48.67*

P 523. D 89. 13. 3. 18.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	<i>APR</i> 1916	<i>128</i>	<i>48 67</i>	<i>APR 10 1918</i>
Feb.				
March				



ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.
EFFECTIVE DATE: 1/6. EFFECTIVE DATE: -
AMOUNT: 20.00. AMOUNT: -

NAME: SAYER Ernest Alfred
NUMBER: 725617

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

Laura Sayer (wife)
Bob Caygeon Ont.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Case Branchett DO 239	10.10.18	Pte clerk

*Stopped effect.
1-8-19.*

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

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
208	26/9/18	1-4-18	1 CORN
	1-9-18		case. (G)

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		
	1 50	20		

PARTICULARS OF RENDERING NON-EFFECTIVE: Dis to Canada 31-7-19 & 11672 2/3 Branchett Witley Rd 3.

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal: Forward								93 66		
April	P.P.	33		loan AP AR 258 4-14-18 Expense	4 87			20			
				AR 2005 22-5-18	4 50				96 92		
		33			9 74			20			
May	P.P.	34 10		loan AP AR 1805 17/5/18 Expense	9 75			20	101 29		
		34 10			9 73			20			
June	P.P.	33		loan AP AR 753 14/6/18 " "	24 33			20			
		7 30		B.P. 10627 14/6/18 London	24 33						
				AR. 1076. 26/6/18. 12 th Res.	24 33				48 60		
		40 30			72 99			20			
July	P.P.	34 10		loan AP AR 1246 19/7/18 12 Res	24 38			20			
				AR 1293 11/7/18 " "	9 73						
		34 10			34 06			20	28 64		
Aug	"	34 10		loan AP AR 1793 14/8/18 " "	7 30			20	42 74		
				513 28/8/18 " "	4 87				30 57		
		34 10			12 17			20			
Sep	"	33		car. 1. AR 2631 10/9 Show	4 87			20	43 57		
				15 - 1911 7/9 Branchett. Det	7 30				38 70		
					12 17			20	31 40		
		33			12 17			20			
Oct	"	34 10		car 2 AR 813 1 st /10 " "	14 60			20	45 50		
		25 00							70 70		
									56 10		

COMPILED BY: A.W. [Signature]
CHECKED BY: Wood [Signature]

de signed 19/11

NUMBER

725617

RANK P/E

NAME

SAYER. Ernest Alfred

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Forward	5930			7460			20	5610		
Oct				7al 838 27/10 Bhatt	1947				3663		
		5930			3407			20			
Nov.	blerk Pay	51		bal.				20	6763		
				871 15/11 ✓ 6	1460				5303		
				983 29/11 ✓ 30	3407				1896		
				47. 996 7/11 ✓	1947				49		
Dec	✓	5270		CAP	6814			20	3219		
1919											
Jan	✓	5270		CAP				20	6489		
				66. 1094. 21-12. ✓	973				5516		
		15640			7787			60			
Feb	✓	4760		CAP				20	8276		
				18. 1165 11/1	2920				5356		
				47 1222. 28/1	457				4869		
				81. 1284. 12/2.	1460				3409		
				109. 1389 27/2.	1460				1919		
Mar	✓	5270		CAP	6327			20	5219		
				140 1517. 12/3	1460				3759		
				158. 1636. 22/3	1703				2056		
		10030			9490			40			
April	✓	51		CAP				20	5156		
May	✓	5270		✓				20	8426		
				16 148 12/4	2433				5993		
				41 244 24/4	730						
				79 4718 14/5 Bann	1703				3560		
		10370			4866			40			
June	✓	51		CAP				20	6760 *		
				5 550 27/5 Bann	1460				5300		
				703. 12/6/19 (29) -	1947 ✓				3353		
				735. 19/6/19 (30) -	12				2341		
July	✓	5270		CAP				20	6611		
				49. 801 24/7 Bhatt.	1217				5394		
		10370			4636			40	5294		
				7173. 17/7 M Wing End 5	2433				2861		
					2433						
				AR 8214 27/7 ecc End	2433						
				9705 8/8 "	973				545		
					3406						

16/8/19

M. Wing.
G. Brant

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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

STATION Witley Camp. DATE July 23 1919

1. 1 (a) Unit base (b) Regimental No. 725614 (c) Rank Pte.
 (d) Surname SAYER (e) Christian name ERNEST A.
 (f) Home address Babeygeon, Ont.
 (g) Next of Kin Mrs. L. Sayer (h) Relationship Wife
 (i) Address of Next of Kin Babeygeon, Ont.
 2. Age last birthday 42 Date of birth 24-1-77
 3. Enlistment, or Appointment (if an Officer) (a) Place Babeygeon. (b) Date 22-2-1916
 4. Personal description:
 (a) Height 5'7" (b) Weight 170 (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Two scars left.
 5. Former trade or occupation Fireman.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	151.

	PERIODS	
	From	To
Canada	22-2-16	23-7-16.
England	23-7-16.	4-9-16.
France or other theatres of War	4-9-16.	22-11-17

7. Original disease, or injury Myopia.
 (a) Date of origin Adolescence (b) Place of origin England
 (c) Cause Unknown

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

Defective eyesight

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

Soldier well nourished and healthy

Vision R 6/60 with 6/12
L 6/60 6/9

Cat Rec. B1

Signed J.P. Brannan Capt

Subjective: nil.

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

Nervous System... No Cardio-Vascular System... No Genito-Urinary System... No
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
Special Senses... No Respiratory System... No Integumentary System... No
Disturbances of Mentality... No Digestive System... No Muscular System... No
Osseous and Joint Systems... No Any other general condition... No

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

Defective eyesight since childhood

Boarded 6-8-18. B1. Defective Vision.

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Typhoid fever 30 years ago.

Diseases of childhood.

22-11-17. French feet. No disability.

24-8-17. Bombing. 17-17-17. Wds. Concussion

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

Nil.

9713109

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

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

Yes Bno

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *Ans Bno*

The regimental documents will be referred to.

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *Permanent*

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

Nil.

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

No

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

17. Recommendations. *na*

Douglas Wallace Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

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

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

I complain in addition of *my eyesight much depreciated since I have been in the Army caused by excessive strain on active service*

Ernest A Sayer Rank *Pte*
Signature of invalid examined.

4
OPINION OF THE MEDICAL BOARD

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

yes - in concure

19. Is the invalid fit for

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

yes cat B I

20. It is certified that the invalid

- (a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)
- (b) Does not require treatment.
- (c) ~~Should pass under his own control.~~
- (d) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. ~~It is recommended that the invalid be discharged.~~ (When not for discharge add special recommendation.)

R.T.C. and ag. T.U. 9083 of 10.11.18.

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

[Signature] President.

PLACE.....

WITLEY CAMP, GURNEY.

DATE.....

7.3.17.1918

[Signature] Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

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

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

..... President

PLACE.....

DATE.....

..... Members

APPROVED BY

[Signature]
Assistant Director of Medical Services

APPROVED BY
A.D.M.S. HEADQUARTERS
CANADIAN CORPS CAMP.
24 JUL 1918
WITLEY SECTION.

Director-General of Medical Services.

DATE *23-7-19*

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

Corps 20th Cav. Bn B. Coy Rank and Name Pte. Sayer, E.A. Age 42 Service 23/12
 Disease Trench feet Date of admission Dec 22 1917 Date of discharge _____ Result _____

Dates of Observation	Days of Disease																											
	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Temperature, Fahrenheit	Time																											
	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
107°																												
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Pulse per Minute	90	90	80	85	90	84	100	88	105	88	105	100	100	88	90	90												
Respirations per Minute	20	20	20	20	20	20	18	22	22	20	20	18	20															
Motions per 24 Hours																												

TILL CIV. WOULD COX IN EPSOM.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	725617	Pte	Layes.	EA
Year	Unit.	Age.	Service.	
	20th Can Bn. B Coy	42	22/12 13/12	
Station and Date.	Disease			
22 NOV 1917	10th trench Feet.	Patient's toes have a mottled and flushed appearance. Course of much constant pain in the feet, mostly the toes. Slight tenderness on deep pressure. all over the lumbar region. Patient claims back hurts him when he sits up for any length of time.		
2/12/17.	Bed cases condition the same.			
9. 12. 17	Condition improved.			
19. 12. 17	Feet less painful, improving			
29. 12. 17	Condition much the same.			
8. 1. 18	Improving nicely			
15. 1. 18	Patient up and about			
23. 1. 18	Condition much improved			
31/1/18	Discharged to Bramley Row, Home of Macdougall			

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

Station
and Date.

12

Overseas

MEDICAL CASE SHEET.*

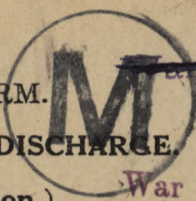
II Division

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.		Age.	Service.
1918	725617	Pte	Sayer	E.A.
Station and Date.	Disease <i>French feet, Myalgia Lumbor</i>			
Convalescent Hospital, Woodcote Park, Epsom.	<i>20-4-18</i>			
	<i>Recovered, now completely, of complaining of some backache Examination Negative</i>			
	<i>Mist Soda Sal</i>			
	<i>Lot 1-9</i>			
	<i>29.4.18</i>	<i>much better</i>	<i>Continue.</i>	
	<i>6.5.18</i>	<i>Continue</i>	<i>P.D.H.</i>	<i>PT II</i>
	<i>13.5.18</i>	<i>Feeling fine no complaints Co. etc</i>		
	<i>27.5.18</i>	<i>Continue another week.</i>		
	<i>4.6.18</i>	<i>Recovered. At Cat A.</i>		
<i>Blacharne</i>				
Capt., C.A.M.C., M.O., No. 2 Division.				

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

Station
and Date.

SHORT FORM.
PROCEEDINGS ON DISCHARGE
(Demobilization.)



~~Service Badge~~
~~Class "A" No.~~

War Service Badge Class *1st*
No. *214069*

Issued *Kingston Ontario*

1. No. *725617*

2. Rank. *Pte*

3. Name. *Sayer Ernest Albert*

4. Unit. *C.A.S.C.*

5. Date of Discharge *AUG 26 1919* Place *Kingston Ont*

6. Reason for Discharge *Remot
Med. unfit for General Service RO 1894*

7. Authority. *RO 1894*

8. Proposed Residence after Discharge *Bobcaygeon, Ont*



9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. *B. 39*

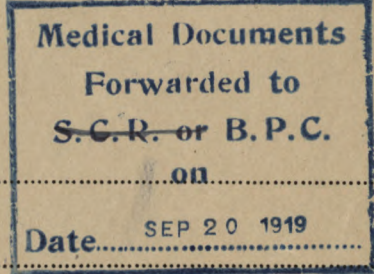
Ernest J. Sayer
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....



Signature..... *[Signature]* Captain
P.O. C. Disposal Area Station #1 (P.O. C. Discharging Unit.)

SECRET

EXHIBIT OF THE

PROCEEDINGS

1. Name of the party

2. Reason for discharge

3. Reason for discharge

4. Reason for discharge

5. Reason for discharge

6. Reason for discharge

7. Reason for discharge

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97. Reason for discharge

98. Reason for discharge

99. Reason for discharge

100. Reason for discharge

SECRET

CONFIDENTIAL

CONFIDENTIAL

The document is the property of the Government and is loaned to you in confidence. It is not to be distributed outside your agency without the express approval of the originating agency.

CONFIDENTIAL

SECRET

LIST OF DISCHARGE DOCUMENTS

Medical Form 100	Medical History Sheet
Medical Form 101	Medical Report
Medical Form 102	Physical Examination Report
Medical Form 103	Psychological Test Results
Medical Form 104	Psychological Test Results
Medical Form 105	Psychological Test Results
Medical Form 106	Psychological Test Results
Medical Form 107	Psychological Test Results
Medical Form 108	Psychological Test Results
Medical Form 109	Psychological Test Results
Medical Form 110	Psychological Test Results
Medical Form 111	Psychological Test Results
Medical Form 112	Psychological Test Results
Medical Form 113	Psychological Test Results
Medical Form 114	Psychological Test Results
Medical Form 115	Psychological Test Results
Medical Form 116	Psychological Test Results
Medical Form 117	Psychological Test Results
Medical Form 118	Psychological Test Results
Medical Form 119	Psychological Test Results
Medical Form 120	Psychological Test Results

Medical Form 121

Medical Form 122

Medical Form 123

Medical Form 124

Medical Form 125

Medical Form 126

Medical Form 127

Medical Form 128

Medical Form 129

Medical Form 130

Medical Form 131

Medical Form 132

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Medical Form 140

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Medical Form 166

Medical Form 167

Medical Form 168

Medical Form 169

Medical Form 170

Medical Form 171

Medical Form 172

Medical Form 173

Medical Form 174

Medical Form 175

Medical Form 176

Medical Form 177

Medical Form 178

Medical Form 179

Medical Form 180

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 44)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Certificate (Form M.F.W. 2595).
15. Sundry Documents.

Group B
 Checked by No. 24
C. J. M.
 Date 14. 8. 19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1. 3. 16.

Separation and Assigned Pay Branch

01267

Oct-1-16

RATE OF SEPARATION ALLOWANCE

20.	\$ 25.00	30
	1-12-17	1-9-18
	P.O 3257	77028596

OVERSEAS CONTINGENTS

ANOTHER ACCOUNT IN

- Spec. Despatch Ledger
- Ledger
- Ledger
- Ledger

RATE OF ASSIGNMENT

20		
----	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 725617
 Rank L/Cpl Promoted Reverted Discharge
 Soldier's Name Ernest A. Sayer
 Battalion 109 Battrn "C"
 Beneficiary Laura Bethiah Sayer
 Relationship Wife
 Address M.F.W. 2554 road, 8-18, Rettd + OH 22/8

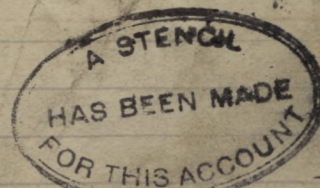
PARTICULARS OF ASSIGNMENT

Name Laura Sayer (wife)
 Address Babcaysdon, Ont.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					16053-C-3 m. A. 3
Dec 2		440	330	770	
Jan	K 69002	30	20	50	cu
Feb	I 70422	75	70	45	
Mar	S 92062	75	70	45	✓
Apr	S 10749	75	70	45	✓
May	V 18712	25	20	45	✓
June	U 24636	25	20	45	✓
July	E 24046	25	20	45	
August	U 36610	25	20	45	
Sept	X 46500	25	20	45	
Oct	L 50988	25	20	45	
Nov	X 58793	25	20	45	
Dec	H 68114	45	20	65	✓
Jan	B 71927	30	20	50	
Feb	H 80723	30	20	50	sc
Mar	C 87745	30	20	50	sc
Apr	S 4273	30	20	50	sc
MAY	O 5750	30	20	50	✓
JUNE	N 11575	30	20	50	✓
July	Q 17873	30	20	50	✓
Aug	T 13195	30	20	50	✓
		1065	730	1735	

AP # 15 Aug 1-16
 " 20 Oct 1-16

sc Acc Closed 31.9.19.
 sc Ent'd per Belgie
 Date 23.9.19 M.F.W 187 10/19
 Clerk Est Mitchell
 MRO Des Ex 113363. RM



M. F. W. 128
 400M-6-17-1772-39-141
 L. L. 22320-M. & D. 1933.

11275H
 11202

AUDITOR *[Signature]* PAYMASTER

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

M. OR S. REGT. No. *725617* RANK *Pvt* NAME (IN FULL) *Sayer Ernest A*

NEXT OF KIN *Mrs. L. Sayer* RELATIONSHIP *(w)* ORIGINAL UNIT *109th Batta* IF IN P.F. WHAT UNIT?

ADDRESS *Bobcaygeon Ont.* PARTICULARS *Ernest A Sayer* AUTHORITY

IS SEPARATION ALLOWANCE PAID? *yes* DATE EFFECTIVE *1-9-19* RELATIONSHIP

TO WHOM PAID *Bank of Montreal* ADDRESS *Bobcaygeon Ont.*

DISCHARGED *Kingston* PLACE *26-8-19* DATE *Demol* REASON

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT	
Aug	31	1 ²⁰	52 70	33 70	52 94	52 94				58 39	9 87	122 38	20 00							210 64		52 94	Returned <i>Belgie</i>
<p><i>War Service Gratiuity</i></p> <p><i>183 Days Min 420.00 180.00 600.00</i></p>																							
																							<p><i>1st payt of 83 as above</i></p> <p><i>15-8-19 Sa. dt# 415002</i></p> <p><i>11th Batta</i></p> <p><i>413124324 3. SEP 25 1918</i></p> <p><i>Overpaid 5.0 Aug</i></p> <p><i>91326 85748. 24-10-19</i></p> <p><i>1336781-2 NOV 24 1918</i></p> <p><i>1851539-40 20. 12. 19.</i></p> <p><i>1841562 3 - JAN 21 1920</i></p>

