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RG 150 VOLUME 10316

MG VOLUME

FILE/DOSSIER WHITLOCK, James # 294931, reg 41

REEL/BOBINE

DATE 99-03-02

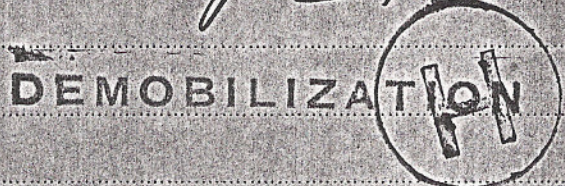
RECEIVED FROM L.J.OTIS

LETTER DD MAR.19,99

O.G.	2
S.G.	4
D.A.	RF

War Service Badge 294931  FORM.
 Class "A" No. PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

Handwritten:
 10/10/19
 10/10/19

1. No.	50693		
2. Rank.	Sgt.		
3. Name.	WHITELOCK James		
4. Unit.	BA M Co		
5. Date of Discharge	9. 9. 19	Place	Calgary, Alberta
6. Reason for Discharge			
7. Authority.	R.O. 1420 DD4 Pt II DO 251		
8. Proposed Residence after Discharge	General Delivery Calgary, Alta.		

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

James Whitlock

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place MONTREAL, QUE.

Date SEP 9 1919

Emk'd L'fool "Celtic" 26-819
Sisemb. New York 4 9-19

Signature _____

Wyle
 Officer in Charge Discharge Section, District Depot No. _____
 (O. C. Discharging Unit.)

Stas 6 1/2
Captain

Handwritten:
 KLD
 15-10-19
 mro

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. 89)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.S).
11. Equipment [Statement Q.M.G. Form (D.O.S. 2), and Clothing]
12. Last Pay Certificate (P. 851)
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group **B**.....
 Checked by No. **11**.....
 Date **AUG 25 1919**.....

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. *44*

Folio. *50693*

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?..... *Whitelock James*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Southport, Lancashire, Eng.*
 3. What is the name of your next-of-kin?..... *William Whitelock*
 4. What is the address of your next-of-kin?..... *154 Portland St. Southport*
 5. What is the date of your birth?..... *8th March 1888*
 6. What is your Trade or Calling?..... *Plummer*
 7. Are you married?..... *No*
 8. Are you willing to be vaccinated or re-vaccinated?..... *Yes*
 9. Do you now belong to the Active Militia?..... *No*
 10. Have you ever served in any Military Force?..... *Territorials 3rd Kings Liverpool Regt*
If so, state particulars of former Service.
 11. Do you understand the nature and terms of your engagement?..... *Yes*
 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *Yes*
- J. Whitelock* (Signature of Man).
J. E. Grindley (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *J. Whitelock*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *Jan 12* 1915 *James Whitelock* (Signature of Recruit)
J. E. Grindley (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Whitelock*, 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 *Jan 12* 1915 *James Whitelock* (Signature of Recruit)
J. E. Grindley (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 *Calgary* this *12* day of *Jan* 1915

Gerbo Moffitt (Signature of Justice)

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

Gerbo Moffitt (Approving Officer)

Description of James Whitlock on Enlistment.

Apparent Age 26 years 8 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. 4 1/2 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
Range of expansion 4 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date January 12th 1915.

Place Belgum, Scherpenberg

H. Clarke
Lieutenant Quill
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.

James Whitlock 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 of Officer)

Date January 12th 1915.

Casualty Form—Active Service

Regiment or Corps.

Form—Active Service.
J. A. M. D.

Regimental No. 50693

Rank

7

Name _____

13 mile back

Enlisted (a)

Page 12

Terms of Service (a)

Service reckons from (a)

$$m(a)$$

Date of promotion to
present rank

Date of _____
to 1

timer
nk

Numerical position
roll of N.C.Os.

position
C.O.s.

Extended

Re-engaged

Qualification (b)

[illegible]

(c) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, *Signal*, *Signaller*, *Shoeing Smith*, etc., etc., also special qualifications in technical Corps, etc.,

particulars of such re-engagement or enlistment will be [redacted] [P.T.O.]

ed.
[P.T.O.]

Rank

Pl.

Name

WHITELOCK James

Reg'l No.

50693.
~~50218~~
~~01151~~

R-122.

Unit

C.A.M.C. Reinf.

If in perm. Corps,
What Unit?

Married or Single

Single

C.

Place and Date of Enlistment

Calgary, 12 Jan 1915

Place of Birth

England

Name and Address, Next-of-Kin

William Whitelock

154 Portland St, Southport

Relationship

X091

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

	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				
			Embarked Canada		29.6.15	
15-7-15	O.C. DoF. CH	Taken on strength from Depot Co.	Taylor.	13-7-15	Part II Orders 63.	
6-9-15	do.	No 2. Cas. Cl. Stn.	Shoncliffe	5-9-15	P.I.O. 95.	
16-9-15		Embarked overseas.		16-9-15	Norm. Roll. 2. Can. Cas. Cl. Stn.	
17-4-16	C.A.M.C. L.G.C.	Adm No 3. Banbas Bly St.	In the field	1-4-16	CL A 211. Influenza	
25-4-16	do	Discharged to duty	"	8-4-16	CL A 217. "	
1-6-16	do	Adm No 2. Banbas Bly St.	"	18-5-16	CL A 247. Debility	
21-6-16	do	Discharged to duty	"	4-6-16	CL A 264 Infl.	
11-12-16	access.	Granted permission to marry.	"	11-12-16	PL 50 61.	
17-4-17	C.A.M.C. L.G.C.	Adm. No 2. Banbas Bly St.	"	30-3-17	— " — CL A 511	
26-4-17	do	" Middlesex H.P. Clacton-on-Sea (aff. mil. Hosp. Colchester)	"	20-4-17	— " — CL B 260 (Finger. Dev.)	

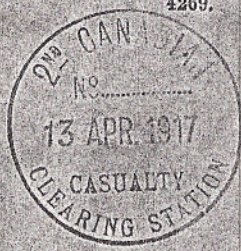
R2013/7

R2013/8

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				
30-4-17.	C.A.M.B. Dep.	Posted from No. 2. C.C.C.S.	Westenhanger.	20-4-17.	Pl II DO 120.
7-5-17.	No. 2. C.C.C.S.	Sick S.O.S. on postg to C.A.M.B. Dept. Sleiffe.	Field.	19-4-17.	" 22.
6-6-17.	C.A.M.B. H. C.	C.C. H. Epsom. Ex. Middlesex H. Clacton-on-Sea.		1-6-17	C.L.B. 288. (Dep. L. Hand)
27-6-17.	do.	Dischd. C.C. H. (Dep. L. Hand)	Epsom.	20-6-17.	C.L.B. 304.
29-6-17.	C.A.M.B. Dep.	"On Com" to 1 st . C.C.D. Hastings.	Westenhanger.	30-6-17.	Pl II DO 180.
11-7-17.	do.	Pl II DO 120-2 d/30-4-17 is amended to read:- Strength increases & not Postings	do.	11-7-17.	" 192.
6-9-17.	1 st . C.C.D.	Beasts "On Com" on provdg. to reg. dpt.	Plc. Hastings.	6-9-17.	" 171. & C.A.M.B. Dep. Pl II DO 249 d/6-9-17.
20-2-18.	C.C. H. Cps.	T.O.S. on repty. from C.A.M.B. dpt.	Plc. Epsom.	18-2-18.	" 51. & C.A.M.B. Dep. Pl II DO 49 d/18-2-18 (S.O.S.)
11-11-18.	M.B. H.	apptd a/b pl. with P & A.	Plc. Epsom.	31-10-18.	" 315.
1-8-19	do	Sol Camcoc	-	1-8-19	- 211. ^{Carried} Pl II 158 d/12-8-19
12-8-19	Camcoc	SOS to R Wing	- Willey	11-8-19	- 185
28-8-19	Proving	Sol to Canada.	do.	25-8-19	- 120
					100. F. 8. 26-8-19

Report on Wounds or other Injuries, received otherwise than in Action.

114
Gen. No.
4269.



Certificate of Medical Officer.

No. 50693 Pte WHITELOCK J. CAMC 2nd Can CCS.

was admitted to hospital on the 30 - 3 - 17 suffering from Septic Finger (Index Right) Amputation of end joint

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

will interfere with his future efficiency as a soldier.

*He claims that he was in the performance of military duty at the time of the accident.

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

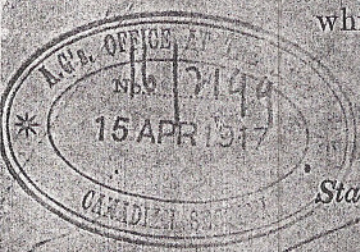
Station 2nd Can CCS

[Signature] Capt CAMC
Medical Officer in Charge.

Date 9 - 4 - 17.

Certificate to be signed by soldier.

I, _____ hereby declare that the injury sustained by me on the _____ did not occur while I was in the performance of military duty.



Station _____

Date _____

{ Soldier's
Signature.

{ Signature
of Medical
Officer.

Certificate of Commanding Officer.

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

I certify that the injury to the above named soldier + _____ while he was in the performance of military duty.

† _____

The soldier has been so informed.

Station _____

Date _____

Commanding _____

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

{Here insert
"trivial" or
"serious."
{Here insert
"will" or "will
not."
{Here insert
"claims" or
"does not claim."

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

MEDICAL HISTORY SHEET.

Surname Whitelock Christian Name JamesExamined { on 13th day of January 1916
at Calgary AlbertaApproved by F.C. ClarkeBirthplace { City or Town Southport
County Lancashire EngRank Lieutenant M.O.Apparent age 26 yrs 8 mthsTrade or occupation PlumberHeight 5' Feet 4 3/4 InchesWeight 141 lbs Lbs.Chest measurement { Minimum 33 1/2 inches{ Maximum expansion 4 inchesPhysical development ThicksetSmall-Pox Marks Nil.Vaccination Marks { Arm Right Left Yes
Number Three marksWhen Vaccinated last 1905

(a) Marks indicating congenital peculiarities or previous

disease Nil.

(b) Slight defects but not sufficient to cause rejection

Nil.

Date Result

Date Result

Date Result

Enlisted on 12th day of January 1915 at Calgary Alberta

	CORP	REG'T NUMBER	HABITS	DATE
Joined on enlistment	<u>b. Section 101st Regt</u>		<u>Good</u>	<u>12 Jan 15</u>
Transferred to.....	<u>No 2 B. S.</u>	<u>50693</u>		<u>5 Sept 15</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

ORIGINAL

5 06 9 3
ARMY FORM B. 178.

be used (a) for recruits enlisting direct into the Regular Army and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

25 APR 1917

Surname WHITELOCK Christian Name James

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Southport County Lancashire, England

Examined ... { on 12th day of January 1915
at Calgary, Alberta

Declared Age ... 26 years 8 months 8 days.

Trade or occupation ... Plumber

Height ... 5 feet 4 inches

Weight ...

Chest Measurement { Girth when fully Expanded 37 inches
Range of Expansion 4 inches

Physical Development ...

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

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ...

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

Approved by (Signature) F. C. Clarke,

(Rank) Lieut. A. M. C.

Medical Officer.

Enlisted ... { at Calgary,
on 12th day of January 1915

Corps.	Regtl. No.
<u>C.A.M.C. No 2 C.C.C. Sth</u>	<u>50693</u>

Transferred to ...

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on ... day of ... 191 ...

(Signature) ...

(Rank) ...

CANADIAN

Lieut. Col.
In Charge of Records,
Canadian Contingent.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

[illegible]

Table IV.—Service Table.

[illegible]

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Dec 27th 1917.

No. 30693 Rank Pte Name WHITE LOCK J.

Local Unit CA m c t D. Overseas Unit 2nd Cas. C. Station Age 29.

Examination held at St. Martin's Plain

DISABILITY:
Overseas Local
(scratch one out).

LOSS OF INDEX FINGER. RT.
ANKYLOSIS OF MIDDLE FINGER. RT.

PRESENT CONDITION.

Enlisted Jan '15. In France. 1 1/2 years. Returned April '17.
Accidental injury to index & middle finger RT hand.
Exam. - The index finger was amputated at proximal inter-phalangeal joint. only slight movement remaining. The middle finger is almost stiff but there is some movement (10%) at each joint.
The 2nd toes in each foot are hammer toes and give trouble.
Other systems normal.
Gen'l condition good. Middle finger can be improved by massage.

BOARD RECOMMENDS:-

1. Fit for Duty B^{III} three months
2. Fit for duty after Re Examined weeks' physical training.
3. Fit for Temporary Base Duty Category weeks.
4. Fit for Permanent Base Duty Adapted
5. Discharge B^{II} C.A. Amman, Second Major

Signatures:-

Members

McGray Capt C.A.M.B. President.
Boobyer, Lt C.A.M.B.
L. H. H. H. H. H.

APPROVED

30 DEC 1917

FOR A.D.M.S. CANADIANS, SHORNOLIFFE.

Dated 1917.

For A.D.M.S.

BTU
563 R2013/K

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.

16 JUN 1919

STATION EPSOM DATE

1. 1 (a) Unit CAMC (b) Regimental No. 50693 (c) Rank A/CPL
 (d) Surname WHITELOCK (e) Christian name JAMES
 (f) Home address GENERAL POST OFFICE CALGARY CANADA
 (g) Next of Kin MRS A WHITELOCK (h) Relationship WIFE
 (i) Address of Next of Kin ROSE BANK 9 TALBOT ST SOUTHPORT LANC'S ENG
2. Age last birthday 31 Date of birth 8-3-1888
3. Enlistment, or Appointment (if an Officer) (a) Place CALGARY (b) Date 12-1-1915
4. Personal description:
 (a) Height 5' 4 3/4" (b) Weight 175 ESTIMATE (c) Complexion FAIR
 (d) Colour of hair BROWN (e) Colour of eyes BLUE (f) Identification marks, Scars, etc. AMP OF 1st FINGER RT HAND
5. Former trade or occupation PLUMBER

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
	<u>24</u>	<u>15</u>

	PERIODS	
	From	To
Canada <u>SOLDIERS STATEMENTS</u>	<u>12-1-1915</u>	<u>29-6-1915</u>
England	<u>12-7-1915</u> <u>15-8-1915</u>	<u>14-9-1915</u> <u>NO DATE</u>
France or other theatres of War	<u>15-9-1915</u>	<u>15-4-1917</u>

7. Original disease, or injury LACERATED WOUND RIGHT HAND WITH SEPSIS FOLLOWING IN SAME.
- (a) Date of origin APRIL 1917 (b) Place of origin "BELGIUM"
 (c) Cause ACCIDENTAL

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.)

(LOSS OF INDEX FINGER RIGHT AT THE JOINT WITH STIFFNESS OF MIDDLE FINGER)
Partial loss of function of right hand.

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.)

OBJECTIVE:—fairly well developed & nourished. General condition is good. Index finger of right hand has been amputated at proximal inter-phalangeal joint. Middle finger is stiff from non-use, active movements of this finger 10% of normal, passively normal. Stump of index finger is healed & not tender.

SUBJECTIVE:—loss of index finger & stiffness of middle finger of right hand.

(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 *YES.* Any other general condition *no*

Hammer Toes

The second toes in each foot are hammer toes; condition pre-existent enlistment. Not a disability.

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

STATES:—Accidentally injured in Belgium in 1917 in right hand. Evacuated to England thro' usual Medical Channels with a septic hand. Index finger was amputated in France.

NOTES:—M. H. S. Middlesex War Hospital 2/4/17 to 21/4/17 Septic Ring; U.A.D. Hospital Braintree 21/4/17 to 31/5/17 Septic Ring; St. C. H. Epsom 31/5/17 to June 20/17. Septic Ring.

10.—(b) 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.)

No 2 Cas. Clg station 14/16 to 18/16 influenza
x Debility; food Recovery; otherwise nil.

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

Loss of index finger right.

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

(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.)

N.A.

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

The regimental documents will be referred to.

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

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

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

Hospital; surgical & massage.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO.
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? NO. on account of loss of
(If not, briefly state why) index finger right. Trade is Plumbing.

17.—Recommendations. Nil.

A. J. Moody Capt RMC.
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, J. Whitlock 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.

[Signature]

J. Whitlock Rpl. Rank.
Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

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

We Concur and agree with opinion of Medical Officer.

19. Is the invalid fit for

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

*Boarded for return to Canada
Auth. A. G. Tel. 9085-11118*

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.

PLACE

E. J. S. S. S.
18 JUN 1919

DATE

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

Members

DATE

APPROVED BY

APPROVED BY

Assistant Director of Medical Services.

Captain, C. A. M. G.

for A. D. M. S., Canadians, London Area

ASSISTANT DIRECTOR OF

Director-General of Medical Services.

CANADIANS, LONDON AREA.

JUN 20 1919

13, BERNERS ST. LONDON, W.1

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Epsom 1918.

No. 50693 Rank Pte Name Whitelock J

Local Unit 6 am l Overseas Unit _____ Age _____

Examination held at M. C. H. Epsom

DISABILITY.
Overseas-Local
(SCRATCH ONE OUT.)

PRESENT CONDITION.

Bit W. Cannon Smith
Examined at Epsom during
cat Major Cannon
Date 22/1/19
W. Macdonald
Dr. Col.

BOARD RECOMMENDS:-

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

Signatures:-

(_____ President.
(
(
(Members (_____
(
(
(_____

APPROVED

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

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BATTAL
CLASS "A" No. DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 50693 (Rank) Sgt
 Name (in full) WHITELOCK James enlisted in
 the C.A.M.B.
 CANADIAN EXPEDITIONARY FORCE at Calgary on the 12th
 day of January 1915
 HE served in France with C.A.M.B.
 and is now discharged from the service by reason of
 Demobilization.
Medical Unfitness.

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

Age 31 years 5 mos.
 Height 5 ft. 4 3/4 in.
 Complexion Fair
 Eyes Blue
 Hair Brown

Marks or Scars Amputation of 1st finger
right hand

J. Whitelock
 Signature of Soldier.

K. H. [Signature] Captain,
 Officer in Charge Discharge Section, District Depot No. 4
 Issuing Officer.

Date of Discharge
MONTREAL, QUE.

SEP 9 1919

Rank
 Date SEP 9 1919 1919

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

BOARD OF PENSION COMMISSIONERS FOR CANADA

Sept. 19th. 1919.

Rank Sergeant. Date of att. Jan. 12th. 1915
Regimental Number 50693 Date of Discharge Sept. 9th. 1919.
Unit C.A.M.C.
Name WHITELOCK James.
Address C.D. Calgary Alta.
B.P.C. District Office Montreal P.D. No. 4.

Attestation Form:-

Weight on enlistment: None.
Marks of Identification: Amputation of 1st finger left hand.
Rank at attestation: Private.

Casualty Form:-

Injury: Partial loss function of right hand.
Cause; Accidental. Hosp. 62 days.
Rank when injury was incurred: Private.
Disel.: Hosp. 7 days Influenza.

Conduct Sheet:-

Venereal disease: Nil
Conduct: Good
Self inflicted wound: Nil

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

WHITELOCK

REGIMENT

RANK

No.

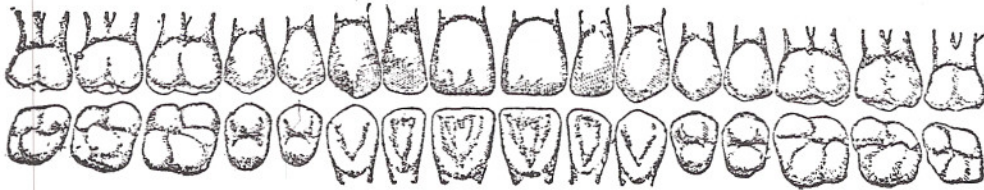
50193

Date of Examination in England

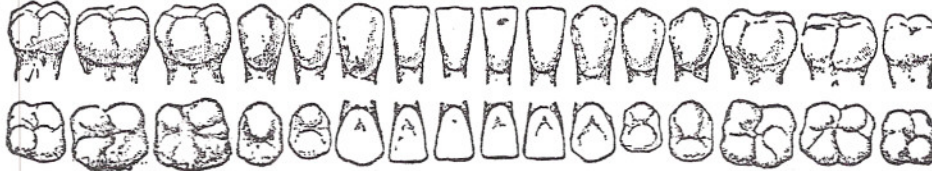
16/79

Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

8, 19,

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(c) In France

ye

[Signature]
for A.D.D.S.M.D. No 4

Signature of Dental Officer

[Signature]

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.

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

WHITELOCK, J.

REGIMENT

C.A.M.C.

RANK

CPL.

No.

50693.

Date of Examination in England

2.5-19.

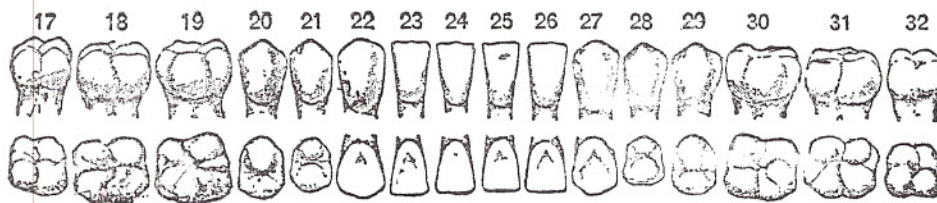
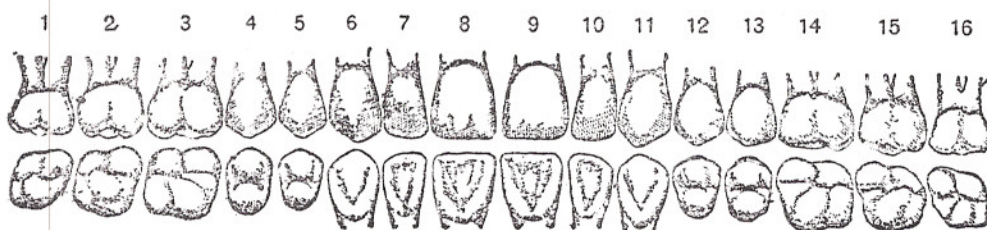
Date of Examination in France

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

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

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

(c) In France

Yes.

Signature of Dental Officer

Handwritten signature of the Dental Officer, appearing to be "W. H. C. E. P. S. M." followed by "Epsom".

EPITOME OF HOSPITAL TREATMENT.

Adm.	Hospital
1. Woodcock Park Dispensary 1.6.17	
2.	
3.	
4.	
5.	
6.	
7.	

1/6 Stiffness of fingers. Index
finger removed at first
phalanx. Ptz massage. Ld.
11/6. continue massage.
12/1. D1.

Am Blakeley
Capt.

MARRIED	SINGLE ☒	WIDOWER
TRADE OR CALLING	plumber	RELIGION Church of England
DESCRIPTION.		
APPARENT AGE	26 YEARS	8 MONTHS
HEIGHT	5 FEET	4 3/4 INCHES
CHEST MEASUREMENT	37 1/2 INCHES	EXPANSION 4 INCHES
COMPLEXION	Fair	EYES Blue HAIR Brown
DISTINGUISHING MARKS	not stated.	
MEDICAL EXAMINATION. PLACE Calgary Alta DATE Jan. 12th. 1915		
Present Address. Not stated.		

D.M.S. 1317.

Christian Name or Names *Whitelock J* Reg. No. *50693*

Rank *Pte* Unit *C.A.M.C.* Co. *1st* Troop *Batty*

Hospital *226* Date of Admission *1-4-16*

Transferred *226* Hosp. *18-5-16*

2 Hosp. *30-3-17*

226 Hosp. *20-4-17*

Address *Colchester-on-Sea*

Diagnosis *Influenza*

(1) *Debility*

(2) *Cytic Finger Pt.*

(3) *an*

Additional Diagnoses: If more than one state present

DISPOSITION

Date

REMARKS

Dis to duty 8.4.16

14.6.16

20.6.17

22.11.16

25.11.16

1.6.16

21.6.16

17-4-17

26-4-17

6.6.17

27.6.17

A.M.D. 2 DEPT.

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

Over

Form D.M.S. 1317.
1859-30m-27/11/16.

HOSPITAL.

A. & D. No. _____ Ward *9*

Unit *C.A.M.C.* Sick or Wounded.

Regtl. No. *50693* Pl. of Act'n _____

Rank *Pte.* Name *Whitelock J.*

Age *29* Religion *BC*

Service Compl'd *2 1/2* Time with Field Force *1 1/2*

Diagnosis *Septic rt hand.*

Admitted *31 MAY 1917* Discharged *Dr. 30/6/17*

Transferred _____

RECORD FURTHER REMARKS ON BACK.

SURNAME. *Whitelock* F4 CARD NO. *4*

CHRISTIAN NAMES *James*

REGL. NO. *50693* RANK *Pte*

UNIT *C.A.M.C. (Reinf.)*

FORMER CORPS *Territorials*

NEXT OF KIN.

NAMES IN FULL *Whitelock William*

RELATIONSHIP TO SOLDIER *Not stated.*

ADDRESS *154 Portland St Southport*

Lancs., Eng.

CHANGE OF ADDRESS

COUNTRY OF BIRTH *England, Southport* DATE *Mar. 8th. 1888.*

PLACE OF ATTESTATION *Calgary Alta* DATE *Jan. 12th. 1915.*

0/S. 29.6.15 - 135

DF

910 4-9-19

400

10 dgt.

L. L. 10437. M. & D. 7252

M. F. W. 22. 100m.-11-16. H. Q. 1772-39-331.

Mrs. Jas. Whitelock ASSIGNED PAY

To whom

Address

~~Miss Agnes Parry~~
9 Talbot St.,
Southport, Lances.

By whom assigned

Regtl. No.

Rank

Corps, &c.

Whitelock Jas.
50693
Pte.
No. 2 Casualty Clearing Station

Rate

Date to Commence

\$15.00
\$20.00
1st Jan. /16 wsh.
1st Oct. 1915

SA A Pcheered GK Ghrane

PAYMENTS.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Change of assignee. Auth A 2 M 43651. Eff. 1-9-17. 711.8-2-17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.		60905	15	✓
Nov.		63706	15	✓
Dec.		95391	15	✓
Jan.	1916			
Feb.				
March				

\$ 45 Carried Forward.

Unit

What Unit?

Married or Single

Calgary 12th Jan 1915

England

Place and Date of Enlistment

Place of Birth

William Whitelock 154, Portland St Southport England

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly \$

62.15⁰⁰ to 20⁰⁰ Jan 1st/16

Payable to

Miss Agnes Perry 9 Talbot St Southport Lancs.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1/7/15	31/8/15	62	1 ⁰⁰	62	62	10	620		6820			5353	-	-	5353	1467	New Pay Bk issued 1/9/15
1/8/15	31/9/15	5	1	5	5	10	50	1467	2017			-	-	-	-	2017	
6/9	30/9	25	1	25	25	10	250	2017	4765			2433			2433	2334	Trans Thos T.C.S.
1/10	31/10	31	1	31	31	10	310	2334	5744			2401	15		3901	1843	
1/11	30/11	30	1	30	30	10	300	1843	5743			706	15		2206	2937	
1/12	31/12	31	1	31	31	10	310	2937	6347			1412	15		2912	3435	
Jan 1	31	31	1	31	31	10	310		6845			696	20		2696	4149	
Feb 1	29	29	1	29	29	10	290		7339	2872		697	20		2697	4642	
Mar 1	31	31	1	31	31	10	310		8052			3616	20		5616	2436	
		275		275 ⁰⁰	275		275 ⁰⁰		30250			17314	10500		27814	2436	

R2015/29

WAR SERVICE GRATUITY and SEPARATION ALLOWANCE

Payable to *Whitelock Mrs. J.*

Dependent *# 50695 Capt*

Address *9 Talbot St
Southport Lancs*

Address *Whitlock J.*

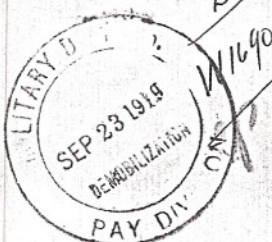
Date	Cheque No.	Gratuity	Payments	Balance Due	Remarks
<i>1919</i>		<i>32 13 5</i>			
<i>23 Oct</i>	<i>126348</i>		<i>8 0 3</i>	<i>24 13 2</i>	
<i>Nov 8</i>	<i>132817</i>		<i>6 3 3</i>	<i>18 9 11</i>	
<i>Dec 13</i>	<i>154431</i>		<i>6 3 3</i>	<i>12 6 8</i>	
<i>1920</i>					
<i>Jan 16</i>	<i>158252</i>		<i>6 3 3</i>	<i>6 3 5</i>	
<i>Feb 13</i>	<i>165478</i>		<i>6 3 5</i>		
		<i>32 13 5</i>	<i>32 13 5</i>		

R2013/31

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

M. OR S.

NAME OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY
ADDRESS		T.O.S.	26.8.19	D.O. 251 P28
				NR107
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE			
YES	1/10/19			
TO WHOM PAID	RELATIONSHIP			
MRS J WHITELOCK				
ADDRESS				
ST ALBERT ST				
SOUTHPORT				
LANCS ENG				



BALANCE FROM PREVIOUS ACCOUNT

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS		
		RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3
								NO.	DATE	NO.	DATE	NO.	DATE
1/9/19	10	120	12.00	35.00		117.00							
10/9/19				70.00		900							
						900							
						126							
				Other Credits									
				W. S. C. S. A. Total									
				420	180	600							
9/10/19													
9-11-19													
9-12-19													
9-1-20													
9-2-20													

War Service Gratuity

ID REVERSIONS AFFECTING
AND ALLOWANCES

(908)

REGT. No. 50693 RANK CPL NAME (IN FULL) WHITELOCK J

ORIGINAL UNIT C.E.F. CANC

IF IN P.F. WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

DATE OF ATTESTATION 12/1/15

DATE OF ATTESTATION 12/1/15

ASSIGNED PAY \$ 20.00 DATE EFFECTIVE 1/10/16

PAYABLE TO MRS J. WHITELOCK

RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS W.S.G. BANK OF MONTREAL

ADDRESS 111 ALBERT ST CAN SOUTHPORT, LANES CALGARY ALTA

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE 9.9.19

DISCHARGED PLACE DATE REASON 20.151 AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
COL. NO. 1		COL. NO. 2		COL. NO. 3						TOTAL		DEBIT	CREDIT			
\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.			
✓	157	✓	500	✓	82.92					2421	✓	2421	✓	NEED BAL. ENCL. L.P.C. ✓		
								130	✓	93.99	✓	130	✓	C.C. 3500 ENCL. 70.00 ✓		
								30.00	✓	30.00	✓	21.00	✓	P.A. 120 10.819 O.P.D. ✓		
										148.20	✓			SA O.P.D. 21.00 10.819 E. 30.819 ✓		
Ice Gratuity						Other Charges	W. S. G. S. A.	Total		Balance						
								70	✓	70	✓	350	✓	180	✓	
								120	✓							
								21.00	✓	68.80	✓	130	✓	280	✓	1635992 ✓
								130	✓	100	✓	210	✓	90	✓	1649832 ✓
								70	✓	130	✓	100	✓	140	✓	1795940 ✓
								70	✓	130	✓	100	✓	70	✓	1800960 ✓
								70	✓	130	✓	100	✓		✓	1804130 ✓
										600	✓					

R2013/33

NUMBER 50693 RANK

NAME WHITELOCK J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	1st paid.	3410			487		20		23 17		64 39
				AR 947 29/10 6penn 39	487				18 24		
		3410			9 24		20				
Nov	P.P.	33		112-6-7 192273					51 24		
				AR 1079 11/11 " 2	9 23		20		31 24		40
				£10-5-6 E52471					21 51		
Dec	"	3410		AR 1286 28/11 " 8	487		20		35 61		30
				" 1444 16/12 " 14	1460				30 74		
				£10-5-6 F9071					16 84		
Jan	"	3410			29 20		20		30 24		30
		101 20					60				100
Feb		3080							61 04		
				AR 1668 10/1 " 6	9 23				51 31		
				" 1854 29/1 " 8	9 23				41 58		
				£10-5-6 F5119			20		21 58		30
				AR 2028 13/2 " 11	7 30				14 28		
Mar		3410		£10-5-6 4/0912			20		28 38		30
				AR 2152 27/2 " 14	487				23 51		
				" 2330 13/3 " 15	9 23				13 78		
				" 2483 25/3 " 17	487				8 91		
Apr		64 90			46 23		40				60
	33								41 91		
				£10-5-6 444927			20		21 91		30
				AR 171 10/4 " 2	9 23						
				" 227 25/4 " 4	1460						
					24 32						
May	10th 6/6-10-10 May 31/5/19	21 30									
June	P/A	3410									
				£10-5-6 A75880			20				30
				AR 419 14/5 " 7	9 23				23 25		
		8 140			3406		40				60

* Strike out whichever inapplicable

[illegible]

PARTICULARS OF RENDERING NON-EFFECTIVE

De Steen 31/8 NR 12563 5 Metley

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1998											
Apr	P. P.	33		99-4-11 Q 10811 AR 103 16/4/18. 3/13/18 200 26/4/18	973 487 1466		20		12 88 25 88 16 18 11 28	25	
May	P. P.	3410		99-4-11. A 91811. AR 355 15/3/18 3/18 519 29/5/18	973 487 1466		20		25 38 15 63 10 76	25	
June		33		99-4-11 B 34668 AR 698 14/6/18 3/18 28 920 28/6/18	730 487 1217		20		23 78 16 48 11 61	25	
July		3410		99-4-11 B 95870 AR 1172 12/7/18 1503 26/7/18	973 487 1466		20		25 71 15 98 11 11	25	
Aug		3410		99-4-11 C 146270 AR 151 13/8/18 340 29/8	973 487 1466		20		25 21 15 48 10 61	25	
Sept		33		99-4-11 220673 AR 425 5/9 612 21/9	730 243 973		20		23 61 16 31 13 88	25	
Oct		33		99-4-11 D 23675 AR 212/16-31/1/17 3/1-1-10 AR 794 15/10 3/10	973 487 1466		20		27 98 27 98 23 11	25	

COMPILED BY *W. J. G. Smith*
CHECKED BY *W. J. G. Smith*

50693 Ple Whitelock J

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE RECEIPTS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2					
			\$	C.						\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	
1917																			
	640		704	-						704	-								
April	20	1.00	22	-						22	-								
	21	1.00	11							726									
	30	10								11									
May	31		34	10		80				80									
June	30		33			20			8 03	34	10	25	21/4						
July	31		34	10		20				20									
Aug	31		34	10		20				41	03								
Sept	30		33			10				54	10								
Oct	30		33			10				53									
	823		965	30		160			8 03	1053	33								

PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	
30-9	br. Bal.		763							124 93	✓
Oct.	O. O.	34	10		A.P. B. 3168			20		139 03	✓
Nov	P. pay.	33			B 25866 £8-4-4			20			
Dec.		34	10		AR 4645 1/11 2 nd 888 29 20						
					AR 5069 28/9 Camero	7 30					
					AR 2346 £9 4-11 Dec			20			
					AR 2066 2 nd 888	48 67					
					" " 989 1880 28/11	7 30					
					" " 860 " " 18/11	48 67					
					" " 991 8200 28/11	48 67					
					" " 1240 28/11 888	48 67					
					" " 1122 18/11	48 67				54 19	
1918		67	10			111 94		40		34 10	
Jan	P. pay.	34	10		661070 £9 4-11			20		88 29	
					AR 247 29/10 Camero	7 30				27 01	
					" 651 17/9 Camero	48 67					
					" 762 15/10	48 67				51 25	
		34	10			17 04		20			
Feb		30	80		£9 4-11 D17009			20		82 05	
					AR 525 10 4 Amb. 15/11	7 30				39 47	
					" 1462 " 28/11	48 67					
					AR 1069 " 17/11	7 30				42 58	
						19 17		20			
		30	80								

DE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE
3		4		1	2	3	4				CREDIT	DEBIT		
NO.	DATE	NO.	DATE											
				74 80	34 78	173 14	38 94	345-		666 66	37 34		-	-
481044	24/4							20		20 -	39 34			
518127								20		686 66		50 34	50	
516386								20 80		101 74	62 70			
512137				1 74										
A20737								20 20		40	83 73			
H100071								20 20		40	97 83		mil	97
A125030								20 20		40	111 93		mil	
A199112								20 20		40	124 93			
				76 54	34 78	173 14	38 94	465 160		948 40	124 93			
B168								20 20						

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	DATA
✓ 20 March	P.P	34 10		29-11-11. D47959					H2
20				AR 1610 - 6000 60 - 13/2/18 W19	4 87	X			20
				570 5/room 16/2/18 W13	4 87	X			76
				723 " 13/3/18 W28	9 73	X			63
25				DR 1143 " 1/6/17 W133	9 73	✓			
				AR 878 " 26/3/18 W34	14 60	X			12
		34 10			43 80				20

4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
				CREDIT	DEBIT			
894	345-		666 66	37 34		- -		66 a.b. bus L.B. 260 ^{31/1/17} Trans to b.a.m.b.F.S. ^{31/1/17}
	20		20 -	39 34				
	20		686 66					
				50 34	50			
	20 80		101 74	62 70				
	20 20		40	83 73				Granted £7. 21/6/17 - 30/1/17 Dr. II. C.A.M.C. 25/6/17. C.A. 803.
	20 20		40	97 83		mil	97 83	
	20 20		40	111 93		mil		
	20 20		40	124 93				
894	465 160		948 40	124 93				

R.2 PARTICULARS | DR.1 | DR.2 | DR.3 | DR.4 | BAL

9-H-11. 247959

AR 160-60 AR 60-13/2/18 W9

570 6/10/18 W13

723 13/3/18 W28

AR 1143 1/6/17 W33

AR 878 26/3/18 W34

4 87 X

4 87 X

9 73 X

9 73 ✓

14 60 X

43 80

20

20

142 58

25

76 68

63 80

12 88

25

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No.

50693

RANK

Pte.

NAME

IF IN PERMT. CORPS
WHAT UNIT

UNIT

No 2665

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

Calgary

DATE OF ATTESTATION

12th January 1915

4-2-2

ASSIGNED PAY MONTHLY \$

20.00

DATE EFFECTIVE

PAYABLE TO

J. B. Jones Whitelecks
Miss Agnes Parry, 9 Talbot

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

DISCHARGE DATE AND PLACE

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
		1		2		3		4		1	2	3	4			
		No.	DATE	No.	DATE	No.	DATE	No.	DATE							
	302.50													105.00		248.10
	33.00	92	10/4	101	22/4					348	349			20		269
	34.10	112	4/5	112						340				20		234
	33.00			139	5/6						340			20		234
	34.10	148	20/6	156	7/7					340	349			20		268
	34.10	166	20/6	174	6/8					698	348			20		304
	33.00	183	22/8	190	12/9			FR 33	89.16	348	349		487	20		318
	34.10	209	22/9	212	5/10					349	348			20		269
	33.00	221	26/10	233	5/11					349	349			20		269
	34.10	247	20/11							2616				20.00		531
	34.10	273	23/12	289	6/17					348	349			20.00		269
	30.80	302	28/17					FR 51	31/17	349			34.07	20		575
	34.10	337	26/2	382	15/3					349	349			20		339
		317	6/2	360	7/3					348	348					
	704									7480	3478	17314	3894	345		6666

