REGIMENTAL DOCUMENTS

NAME ARNOLDI JOHN, RODGER. REGT. No. 40358 UNIT C.F.A. H. Q. FILE No. X3709

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
	~~TRAINING HISTORY SHEET (M.F.W. 112)~~ Record Sheet					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
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	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
5	CARDS					
✓	PAY-SHEETS					
3	Forms of will					
	M. X. 17.2.21					3 4-17 4-17 11-17

M

H

W. 2589
25M.—1-23
[illegible]-39-1377

Cert. HR 28/9/16

1st BRIGADE

C-F-A

ATTESTATION PAPER.

No. 40358.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... John Rodger Arnoldi
2. In what Town, Township or Parish, and in what Country were you born? ..... Montreal Que.
3. What is the name of your next-of-kin? ..... Major Earnest C. Arnoldi
4. What is the address of your next-of-kin? ..... 83 Goulbourn Ave: Ottawa
5. What is the date of your birth? ..... 10th Nov. 1891
6. What is your Trade or Calling? ..... Sailor
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? ..... Yes
10. Have you ever served in any Military Force? ..... 2nd C.F.A. & Navy
    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

Jack Arnoldi (Signature of Man).

John Carney (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, J. R. Arnoldi, 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.

Jack Arnoldi (Signature of Recruit)

Date Sept. 22nd 1914. John Carney (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, J. R. Arnoldi, 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.

Jack Arnoldi (Signature of Recruit)

Date Sept. 22nd 1914. John Carney (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 Valcartier this 22nd day of Sept. 1914.

5

A. Maclaren (Signature of Justice)

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

A. Maclaren (Approving Officer)

Lt Col

O.C. 2nd Battery 1st Bde.

200 M.—8-14.
H.Q. 1772-1-13.

Description of Jack Arnolali on Enlistment.

Apparent Age 22 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement: Girth when fully expanded 37½ ins.
Range of expansion 3 ins.

Complexion dark

Eyes brown

Hair Dk brown.

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

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).

Knife stab mark. on biceps left arm, bullet arm.

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 Sept 19th 1914.

Place Valcartier

John McCrae
Major, 1st Bde C.F.A.
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.

.....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.....1914.

No. 40358, Gnr. Arnoldi, J.R. 2nd Bty, C.F.A.

WILL

Active Service.
Heby; 1st. 1915.

In the event of my death, I give the whole of my property, and effects to:-

Mrs. E. L. Arnoldi,
my mother.
83 Goulbourne Ave.
Ottawa, Ontario
Canada.

Corporal. J. Arnoldi.
Reg number. C. 40358.
2nd Battery.
1st. Artily Brigade.
Canadian Expedty Force

Henry James Willis
3 Victoria Road.
Devizes. Wiltshire. Engld

This is to certify that the handwriting in the will attached hereto was compared with the signature in the
Paybook
~~Attestation Paper~~ and has been found similar.

J. W. Wallis
for Lieut.
Officer i/c Estates III.

No. 40358, Gnr. Arnoldi, J.R. 2nd Bty, C.F.A.

W I L L

Active Service.

Feby. 1st. 1915.

In the event of my
death, I give the whole
of my property, and
effects to:-
Mrs. E.C. Arnoldi,
my mother.
83 Goulbourne Ave.
Ottawa, Ontario
Canada.
Corporal J. Arnoldi.
Reg number C. 40358.
2nd Battery.
1st Artilly Brigade.
Canadian Expedty Force.

3 Victoria Road.
Henry James Willis
Devizes. Wiltshire. England.

Certified a true copy.

Lieut.
Estates Branch.

W I L L

Active Service.

Feby; 1st. 1915.

In the event of my
death, I give the whole
of my property, and
effects to:-
Mrs E.C. Arnoldi,
my mother
83 Goulbourne Ave.
Ottawa, Ontario
Canada.

Corporal. J. Arnoldi.
Reg number. C.40358
2nd Battery.
1st Artilly Brigade.
Can Congt.
Canadian Expedty Force.

3 Victoria Road.
Henry James Willis
Devizes. Wiltshire. England.

2

C. 40358

25

MEDICAL HISTORY SHEET.

ORIGINAL

Surname Arnoldi Christian Name John Roger

Examined on 19 day of Sep 1914 at Valcartier

Birthplace City or Town Montreal, County Canada

Apparent age 22 & 6

Trade or occupation Sailor

Height 5 Feet 10 Inches.

Weight 160 Lbs.

Chest measurement Minimum 34½ inches. Maximum expansion 37½ inches.

Physical development good.

Small-Pox Marks

Vaccination Marks Arm Right. Left. yes. Number 1

When Vaccinated last 1912

(a) Marks indicating congenital peculiarities or previous disease Knife-stab mark L biceps

(b) Slight defects but not sufficient to cause rejection

Approved by

Rank M.O.

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

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Sept	1914	2 inoc M.O.
		M.O.
		M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

2nd. Field Battery C. A.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment		C.40,359		
Transferred to..	1st Brig. F.A.	C40358		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

Entries in Red Ink made from Attested Copy

JUL 29

R M Shaw
for D. D. M.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

(1001)—Wt. W8203—1278.—800,000.—11-14.—K. & K. Forms B. 103/1.

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 2nd Battery, C.F.A.

Regimental No. 40358 Rank ~~Bdr.~~ Gnr. Name J. R. Arnold

Enlisted (a) 27-9-14 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				
		Embarked	Avonmouth	8-2-15	
12-6-15	3/51 High. Fd. Am.	Influenza	No 4 G. G. H	11-6-15	A. 36
14-6-15	No 2. Gen. Hos.	—— " ——	No 2. Gen. Hos.	13-6-15	W. 3034
7-7-15	Isolation Hosp.	Susp. Enteric	Isolation	6-7-15	W. 3034
1-8-15	—"—	Influenza	To Conv. Camp.	1-8-15	W. 3034
5-8-15	1st Arty. Bde	Reverts to Ranks at own request.	In the fld.	1-7-15	K 3-4-1
16-8-15	No 3 G.B.D.	Taken on strength	No 3 G. B. D	16-8-15	K 7-1-3
7-11-15	Unit	Rejoined from hospital	Field	1-9-15	B.213
11-6-16	OC. Unit	Killed in action	Field	9-6-16	K.G.179/2535 DCS.240 Pt.II.O. ~~11~~ 25 d/-21-6-16.

(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.

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				

LIEUT.
OFFICER IN RECORDS
CANADIAN SECTION G.H.Q.
3RD ECHELON

Gnr. 1 Bde
Envelope
10098.

Rank and Name	ARNOLDI John Rodger		
Regimental No.	40358	Name and Address of Next-of-kin	
Unit	1st Brigade	Major Ernest C Arnoldi	
Date of enlistment	Sept.22,1914	83 Gouldbourn Ave.,	
Place of birth	Canada.	Ottawa, Ont.	
Married (Yes or No)	No	Date and place of discharge	
If in Permanent Force		Reason for discharge	
		Character on discharge	

MX 17/2/21 M J

Promotions or appointments

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
5-10-14	O.C. 1st A.B.	To be prov. Bdr.	At Sea.	5-10-14	Aust Part. II O.
16-2-15	O/C 1st A.B.	Crossed to France	Avonmouth		N.R. from O.C.
10-6-15	OC 1st Bde	Struck off strength 2nd Batty. Sick.	France.	10-6-15	Part II. O.
21-6-15.	W.O.	Adm. to Casualty Clearing Station.	"	13-6-15.	Case 69. Influenza.
22-6-15.	W.O.	Trans to 2nd Gen Hospital.	Havre.	13-6-15.	Case 70. "
13-7-15.	OC 1st Bde.	To Isolation Hospital.	"	6-7-15.	Case 87. Enteric Fever.
6-8-15	W.O.	from convalescent Camp.	Havre	1-8-15	Influenza
14-8-15	O.C. 1st A.B.	Reverts to rank of Gunner (own request)	France	1-8-15	Part II O. 24
15-8-15	OC No 3 G.B.D.	Taken on strength No 3 G.B.D.	"	15-8-15	Nom. Roll No 3 G.B.D.
29-9-15	O/C 1st A.B.	Leaving Depot for Unit	"	29-9-15	" " "
18-11-15	W.O.	Rejoins Unit from Hosp.	"	1-9-15	Case 185 Influenza.
20.6.16	1st Bde	Killed in Action	Field	9/6/16	C.R.A. 209

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					
21.6.16	O/C 1st Bde	Killed in Action	Field	9/6/16	P-II 035	

29370 THE MORTIMER SYSTEMS
OTTAWA, CANADA

Apl 1
287 Metcalfe St
M.

500

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom Mrs. E. C. Arnoldi
Address ~~83 Southbourne Ave~~
~~37 Buena Vista Rd~~ Ottawa
~~Rockcliffe Park.~~
Rate $20.00 per month

By Whom Assigned Arnoldi J. R.
Regtl. No. 40858
Rank Gr.
Corps 2nd Battly. 1st Bdge. C.F.A.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Casualties
Sept.				
Oct.				
Nov.		D 1921	40	
Dec.		L 12951	20.00	
Jan.	1915	F 3534	20	
Feb.		E 4566	20.	
March		E 5250	20	
Apl.		A 7605	20	
May		B 8957	20	
June		A 10309	20	
July		J 5625	20	
Aug.		J 6445	20	
Sept.		H 13440	20.	
Oct.		D 14522	20	
Nov.		E 13915	20	
Dec.		D 16609	20	
Jan.	1916	C 16912	20	Killed in action June 9th 1916
Feb.		B 17653	20	per G.A. 20-6-16
March		B 18510	20	
			360	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs. E. C. Arnoldi

Name of Soldier Arnoldi J. R. Gr.

L. L. Job 83002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
		A 1199	20	$20.00 2nd. Batty.
April	1916	~~A 189~~	~~20~~	Ck. A 189 Cancd 1st. Bde. C.F.A.
May		B 1417	20	
June		~~08140~~	~~20~~	Cancelled Killed in action June 9th/1916 per Ck. 20/6/16
July				
Aug.			40	
Sept.			360	
Oct.		7104	400	~~7.X. 5/12/16 105~~ Casualties
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

29247 THE MORTIMER SYSTEMS
OTTAWA, CANADA

NAME ARNOLDI. John Rodger. (Bdr).

Regimental No. 40358

Unit 1st. Brigade.

Date of enlistment September 22nd.1914.

Place of " birth. Canada.

Married (yes or no) No.

Amount of pay assigned monthly $ NIL 0.00

To whom payable Mrs. E.C. Arnoldi
83 Goulbourn Ave, Ottawa, Ont.

Name and address of next-of-kin
Major. Ernest.C.Arnoldi.
83. Goulbourn.Avenue. Ottawa.

Date and place discharged 9/6/16

Reason for discharge K.I. in Action

Character on discharge CZA 309 20/6/16

AY OFFICE, N.E. BRANCH
AUG 1916
ORDER

Statement of
OCT 21 1916
Account rendered

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
1914.																
Sep 22	Oct 31.	14	1.00	14	40	15c.	4.		45 30			20	20		40	To be Bdr D076.
		26	1.05	29 30												
Nov 1/14	Nov 30/14	30	1.05	31 50	30	10	3	5 30	39 80			15	20		35	
Dec 1	Dec 31	31	1.05	32 55	31	10	3 10	4 80	40 45				20		20	
Jan 1	Jan 31	31	1.05	32 55	31	10	3 10	20 45	56 10			20	20		50	
Feb 1	Feb 28	28	1.05	29.40	28	10	2.80	6.10	38.30				20			
Mch 1	Mch 31	31	1.05	32.55	31	10	3 10	18.30	53.95			12	20		32.	
Apl 1	Apl 30	30	1.05	31 50	30	10	3	21.95	56.45			4	20		24	
May 1	May 31	31	1.05	32.55	31	10	3 10	32.45	68.10			9	20		29	
June 1	June 30	30	1.05	31 50	30	10	3	39.10	73.60			5	20		25	
July 1	July 31	31	1.05	32 55	30	10	3 10	48.60	84 25				20		20	
						Exchange.		253 64 25				95				
Aug 1	Aug 31	31	1.05	32 55	30	10	3 10		102 43				20		20	
Sep 1.	Sep 30	30	1.00	30 00	30	10	3	82 43	115 43			12 78	20	4 55	37 33	Reverts to Gunner 21/4/15. P.T.O. 24.
Oct 1	Oct. 31	31	1.00	31	31	10	3 10	78 10	112 20			27 90	20		47 90	64 30
Nov 1	Nov. 30	30	1.00	30	30	10	3		33			5 36	20		25 36	71 94
1/12/15	31/12/15	31	1	31	31	10	3 10		34 10			21 41	20		41 41	64 64 Debited 91¢ Clothing Oct: includes 3 unit Cash. Commutation 21¢ Debited Jan:
1/1/16	31/1/16	31	1	31	31	10	3 10		34 10			78 24	20	.01	98 25	- 49 Do Allowance Dec.
1/2/16	29/2/16	29	1	29	29	10	2 90		31 90			5 23	20		25 23	7 16
				542 50			52 60	253 59	763			245 92	340	4 55	590 47	

106 04
41 41
646 2

Settled

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
				54250			5260	253597 63				245923 40		4555 9047		
Wh.				31			310	34 10				5 23 20		25 23	16.03	
				57350			5570	253 631 73				251 1536 0		4 556 1570		

Checked. A W Rose

Cash found in effects No Rep

BALANCE TRANSFERRED TO NEW LEDGER.

No. Rank Trp. Name Arnoldi. J.

T. O. S. Unit 29th. Light Horse Expeditionary Force

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914. Aug. 17th.	1914 Aug. 26	N.		
Aug. 27	Sept. 2	n.	Now on 5th Bn Paylist Trans. to 2nd. Field Battery C.F.A. (29/14)	Sept. paylist " "

No. C40358 RANK Gnr NAME Arnoldi John Rodger

T. O. S. UNIT 2nd. Battery (1st. Brigade) C.F.A.

M. D. Val.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Sept. 3rd	1914 Sept. 21st	✓		
Sept 22	Oct 5	✓		
Oct. 6	Oct 31	✓	Shown as Br. from 6-10-14	October Paylist

UNIT SAILED
OCT 3 1914

649 a - 1213.

CARD NO. D

FOLL.

SURNAME. Arnoldi

CHRISTIAN NAMES John Rodger

REGL. No. 403508 RANK Gr.

UNIT 1st. Fld. Art. Bde.

FORMER CORPS C. F. A.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Arnoldi. Major E. C.

RELATIONSHIP TO SOLDIER Not stated.

ADDRESS ~~83 Goulbourne Ave., Ottawa. Ont.~~

~~37 Buena Vista Rd, Rockcliffe~~ No 2 Queen Mary Apts.

~~Cty Det. ad. Rec. Ch. 2/7/16~~ McLeod & Elgin Sts Ottawa L. 19/1/17

COUNTRY OF BIRTH Canada Montreal. P.Q. DATE Nov. 10th 1891

PLACE OF ATTESTATION Valcartier, P.Q. DATE Sept. 22nd 1914.

O/S. 4-10-14.

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-330.

From Quebec per "S.S. Manitou" 4/9/14.

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Sailor RELIGION Church of England

DESCRIPTION.

APPARENT AGE 22 YEARS 6 MONTHS

HEIGHT 5 FEET 10 INCHES

CHEST MEASUREMENT 37½ INCHES EXPANSION 3. INCHES

COMPLEXION Dark EYES Brown HAIR Dark Brown.

DISTINGUISHING MARKS Knife stab mark on biceps left arm middle of arm.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sept. 19th 1914.

Present address: Not stated.

Number 40358 Rank

Surname ARNOLD

Christian Names

Unit Theatre of War

Dates of Service 8-2-15

Remarks Brother

Latest Address Mrs. E. C. Arnoldi

Roll No

No. 3 Queen Mary Apts.
McLeod & Elgin Sts.
Ottawa, Ont.

SEP 13 1921

H.Q.

H. Q. 649-A-1213.

ARNOLDI, Gnr. John R. #40358, 1st Bde. C.F.A.

Med & D (Mother) Mrs. E. C. Arnoldi,
No. ~~#~~3 Queen Mary Apts.,
McLeod & Elgin Sts.,
Ottawa, Ont.

P & S (Mother) Address as above.
(Ser. # 179436)

Mem Cross (Mother) Address as above.

Elig. for star Gnr. 1st. Bde. C.F.A.
" " V.M.
" " B.W.M.
M.f.

749240

5 1921

OCT 29 1921

B. P142215

M H6268 FEB 24 1921

H. Q. FILE No. 649-

NAME Arnoldi John Rodger

REGT'L. No. 40358

RANK AND CORPS ~~Dvr.~~ Cpl. Gnr. 1st Brigade C.F.A.

CABLE		NATURE OF CASUALTY
NO.	DATE	
M8440	19-6-16	Killed in action June 9th 1916.
Army Form B2090		Killed in action 9-6-16
		Rouen 21-6-16.

NO. 818

FOLL.

L. L. Job 83225—M. & D. 5842.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
69	3/51 High Field Ambulance	12-16-15	Influenza
	To No 4 Casualty Clearing Stat.		
70	2nd Gen. Hosp. Havre	13-6-15	Influenza.
87	No. 2 Gen. Hosp. Havre		
	To Isolation Hosp. Havre	6-7-15	Enteric Fever.
106	Isolation Hosp. Havre	1-8-15	Influenza to Conval. camp.
185.	Rej. unit from hosp.	1-9-15	Influenza.
A.309	O.C. 1st Bgde, C.F.A. reports	9-6-16	Killed in action

Name Arnoldi John Rodger ~~R.~~ Rank ~~Cpl.~~ Lpt. Reg. No. H0356

Unit 1st Bgd. C.F.A.

Next of Kin Canada.

Dead

2nd file ~~25~~ A25 A377

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12.6.15.	3/51 High Fd Amb: to No. 4 Can Cg Stn.		Influenza.	69		
13.6.15.	2nd Gen: Hosp.	Havre.	do.	70.		
6-7-15.	do. 2. G. Hb.	Havre	Enteric fever	87.		
	to Isolation Hos.	"				
1-8 15	Isolation Hosp.	Havre				
	To Convalescent Camp		Influenza	106		
1.9.15.	Rejoined Unit from Hosp:		do.	185.	M.	
9.6.16.	O.C. 1st Bde reports Killed in action.			A309	8440	

Ottawa cabled 19/6/16

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Arnoldi.	J.R.	40358.

Rank	Unit	Co.	Troop	Batty.
Cpl.	1st C.F.A.			

Hospital — Date of Admission

Transferred 3/5th. High. F. amb. Hosp.
to 4 Cas. Cl. Station. Hosp. 12.6.15.
2 Gen Stores. Hosp. 13.6.15.
to Isolation Stores. Hosp. 6.7.15.
Conv Camp. 1.8.15.

Diagnosis (1) Enteric fever.

Later Diagnosis (if changed) (2) Influenza.

(3)

Additional Diagnoses: If more than one state present

Killed in action 9.6.16.
(C.C. 1st Bde. C.F.A. 14th)

DISPOSITION — Date

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

C.L. 21.6.15.	69.
" 22.6.15.	70.
" 13.7.15.	84.
" 6.8.15.	106.
" 18.11.15.	185.
" 20.6.16.	A309.

REMARKS

Rejoined unit from Hosp. 1.9.15.

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Married or Single: Single

Place of Birth: Canada

Name and Address of Next of Kin: Major Ernest C. Arnoldi
83 Goulbourn Avenue, Ottawa. Canada.

Relationship of Next of Kin:

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

ADJUSTMENT OF A.P. FROM OTTAWA
Authority H.Q. 649-A-1713
Amount 20.00 Reason credit
June/16 not paid
Statement #14

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Killed in action	9.6.16.	A 309. 20.6.16

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l. No. 40358 Rank Gr. Name Arnoldi John Rodger

If in Perm. Corps What Unit: — Unit 1st Bde. C.F.A. Transferred to N.E. Dte. Date 1.7.16 Authority A.309. 20.6.16

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation — Transferred to — Date — Authority

Date of Attestation 22nd September 1914. — Transferred to — Date — Authority

Assigned Pay Monthly $ 20 Date Effective Oct/14

Payable to Mrs. E. C. Arnoldi, 83 Goulbourn Ave, Ottawa. Relationship

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 22-6-16. Effective 1-7-16 Reason Killed in action 9-6-16. Gas. Lst A 309. 20-6-16.

Discharge Date and Place 9.6.16 — Reason and Authority

Account transferred to Non-Effective Branch (Date)

Account transferred to Officers' Pay Branch (Date)

PAY OFFICE, N.E. BRANCH AUG 2 1916 OTTAWA

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
															631 73															615 79	16 03				
Apl.	30	1	30			10	3								33													20		20	29 03				
May	31		31		31		3	10							34 10	865		902						2 56	2 55			20		25 11	38 02				
Checked			9					90							9 90											1 85		20		21 85	26 07				
															Balance transferred to N.E. Branch													—			26 07				
N.E. Branch Oct 1916																													.01		26 08				
" " " "																												7	30	7 30	18 78				
" " " "																													t		18 77				
														01	01																				
N.E. Branch Nov/16.																									18 77					18 77	- -				
N.E. Bal. Jan/17.													2000	18 77	38 77										38 77					38 77	- -				

Cash found in effects No Rep.

Statement of OCT 21 1916 Account rendered

Dr. Error in Dec. 20 debited

7th Dr. from Oct 6th/14 to Jul 28/16 146 days @ 5ch per day 7.30 Dr. debited in error

1877 to Bal. to Ottawa for Settlement Nov. 6/16.
1877 Bal. credited refund A.P. C 20.00 See Stamp.
3877 Paid by Ottawa

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls								Cash Payments				Assigned Pay	Other Charges	Total Debits	Balance		Pay Withheld or Deferred	Pay Available for Issue	Remarks
	No. of Days	Rate	Amount		No. of Days	Rate	Amount		No. of Days	Rate	Amount					1		2		3		4		1	2	3	4				Credit	Debit			
			$	c.			$	c.			$	c.				No.	Date	No.	Date	No.	Date	No.	Date												

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.

Date	Brief details, and signature
Sept. 1914.	2 inocs.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

KP.

DUPLICATE.

Army Form B. 178. 40358

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

MEDICAL HISTORY of

Surname Arnoldi *Christian Name* John Roger

TABLE I.—GENERAL TABLE.

H

Birthplace ... Parish Montreal, County Canada

Examined ... ... on 19th day of Sept., 1914. at Valcartier

Declared Age ... ... 22 years 6 days.

Trade or Occupation ... Sailor

Height ... ... 5 feet, 10 inches.

Weight ... ... 160 lbs.

Chest Measurement. Girth when fully Expanded. 37½ inches. Range of Expansion. 3 inches.

Physical Development ... Good

Vaccination Marks Arm ... Right Left Yes Number ... 1

When Vaccinated 1912

Vision ... ... R.E.—V= L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*) Knife-stab mark l. biceps

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

Approved by (*Signature*)

(*Rank*) *Medical Officer.*

Enlisted ... ... at ... on ... day of ... 191 .

	Corps.	Regtl. No.
Joined on Enlistment ...	2nd Field Battery C.A.	~~C 40,359~~
Transferred to	1st Brig. F.A.	C. 40358

Became non-effective by ...

on ... day of ... 191 .

(*Signature*)

(*Rank*)

(7278.) Wt. 2869—662. 200M. 5/15. J. T. & S., Ltd.

Forms B. 178.

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				