

AS 22/8/18

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

27634

R. O. No.....

H. Q. No.....

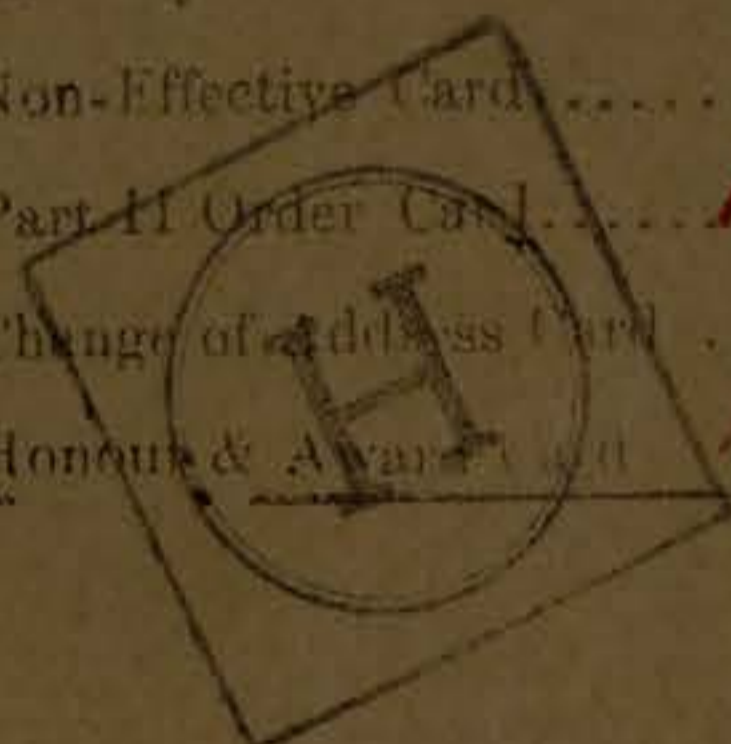
Name, **BONNELL LAIRD**

Regt, No, **110044** Rank, **PTF**

Corps, **5th C.M.R.**

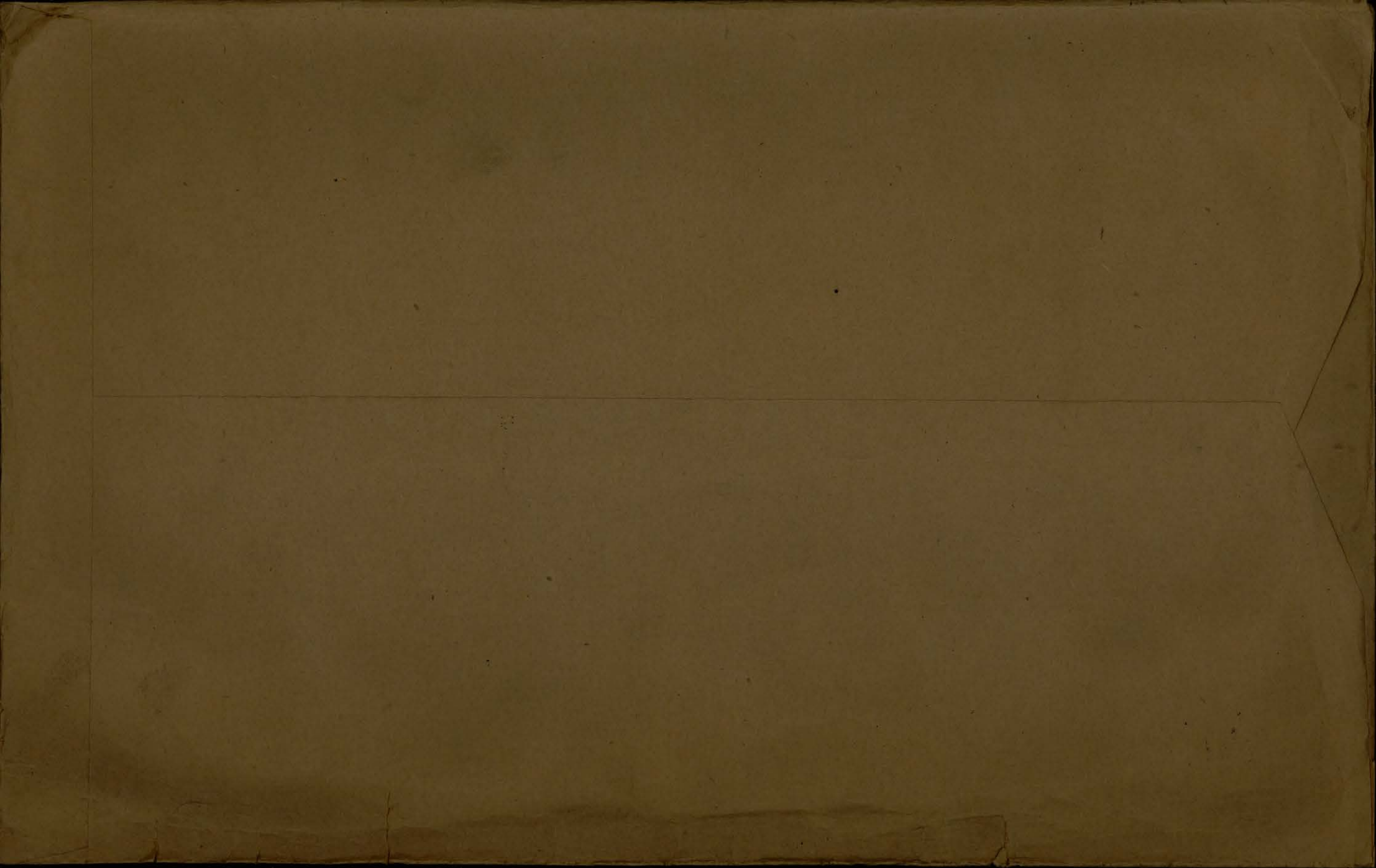
DIED 11.5.16

- Index Card.....
- Casualty Card
- Non-Effective Card.....
- Part II Order Card
- Change of Address Card.....
- Honour & Award Card



1
 ———
 9 - 10
 9 - 10
 2 - 10

MX
 7-4-21
 A & B 178-2
 1 Engr
 1 Pay card



5-14

4

5128

ATTESTATION PAPER.

No. 100

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *Laird Bonnell*
 2. In what Town, Township or Parish, and in what Country were you born?..... *Montreal, Quebec, Canada*
 3. What is the name of your next-of-kin?..... *M^r Cara Bonnell (Mother)*
 4. What is the address of your next-of-kin?..... *508 Chausse St. Montreal*
 5. What is the date of your birth?..... *9th September 1895*
 6. What is your Trade or Calling?..... *clerk*
 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?.. *no*
If so, state particulars of former Service.
 11. Do you understand the nature and terms of your engagement?..... *Yes*
 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*
- L. Bonnell*..... (Signature of Man).
[Signature]..... (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Laird Bonnell*, 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.

L. Bonnell..... (Signature of Recruit)
Date *FEB 8 1914* 1914. *[Signature]*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Laird Bonnell*, 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.

L. Bonnell..... (Signature of Recruit)
Date *FEB 8 1914* 1914. *[Signature]*..... (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 *Montreal* this *8th* day of *February* 1914.

H. W. Reynolds J.P...... (Signature of Justice)

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

[Signature]..... (Approving Officer)

Description of *Laird Bonnell* on Enlistment.

Apparent Age.....*19*.....years.....*7*.....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.)

Scar on right knee cap

Height.....*5* ft. *4* ins.

Chest measurement { Girth when fully expanded.....*35* ins.
 Range of expansion.....*4 3/5* ins.

Complexion.....*Dark*

Eyes.....*Brown*

Hair.....*Brown*

Religious denominations. { Church of England.....
 Presbyterian.....*Yes*
 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.....*FEB 8 1915*.....1914.

Place.....*Montreal*.....

[Signature]
 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.

.....*L. Bonnell*.....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.

Date.....*Feb. 8th*.....1914.*5*

[Signature] (Signature of Officer)
 Lt. Colonel
 O. C., 5th CANADIAN MOUNTED RIFLES

Inf 6548

Casualty Form—Active Service.

Regiment or Corps 5th Canadian Mounted Rifles

Regimental No. 110044 Rank Pte Name Bonnell, Laird

Enlisted (a) 8-2-15 Terms of Service (a) Duration of war Service reckons from (a) 8-2-15

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

Extended _____ Re-engaged _____ Qualification (b) _____

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				
			LANDED IN FRANCE		
			²⁴ N.10.15.		
<i>21/3/16</i>	<i>Ab. Unit.</i>	<i>Sentenced to 5 days P.P. for neglect of duty while in charge of a horse.</i>	<i>Mild.</i>	<i>25/2/16</i>	<i>Prob 1/3/16. P.T. No. 4.</i>
<i>8/5/16</i>	<i>#3 bank</i>	<i>S.W. Head Ser</i>	<i>adm #3 bank</i>	<i>29/4/16</i>	<i>W 3034 29/4/16</i>
<i>9/5/16</i>	<i>H.S. Abernethy</i>	<i>Shell and Fract Skull to England</i>		<i>3/5/16</i>	<i>W 3083 6/5/16 DCS 118.</i>
"	"	" " " " " "		<i>3/5/16</i>	<i>A 36 7/5/16 DCS 119.</i>
"	<i>#96.7A</i>	<i>H.S.W. Head</i>	<i>adm #96.7A</i>	<i>23/4/16</i>	<i>A 36 30/4/16 DCS 119.</i>
"	<i>10 CCS</i>	" " " "	<i>adm 10 CCS</i>	<i>24/4/16</i>	<i>A 36 29/4/16 DCS 119.</i>
			<i>trans to A.T. 24.</i>	<i>29/4/16</i>	<i>P.T. No 20. 14/5/16</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.

Thompson
Laird
for P.T.O.
A.A.G.

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				
ATTACHED TRANSFERRED	Taken on Strength C.C.A.C. Pt. II D.O. No. 167.			17.5.16	
	FROM C.C.A.C. TO Died S.O.S. 11.5.16			PART II D.O. No. 571.5.	27.12.16
					<i>Remarks for C.C.A.C.</i>

DEPT
MILITIA & DEFENCE

OCT - 6 1916

649-B-3067

CANADA

5TH CANADIAN MOUNTED RIFLES
C. E. F.

110044 Pte ~~A~~ L. Bonnell

14

WILL

In the event of my death
I give the whole of my
property and effects to
my Mother Mrs. C. S.
Bonnell 508. Chausse St.
Montreal. Que. Canada.
Sept. 28. 1915

David Bonnell
Private No 110044
A Squadron 5th C. M. R.



5th Canadian Mounted Rifles

C.E.F.

110044 Pte. L. Bonnell.

-14-

W I L L

In the event of my death

I give the whole of my

property and effects to

my Mother Mrs. C S.

Bonnell. 508 Chausse St.

Montreal. Que. Canada.

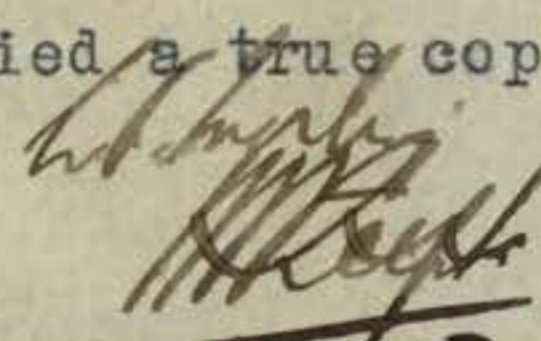
Sept. 28/1915

Laird Bonnell

Private No.110044

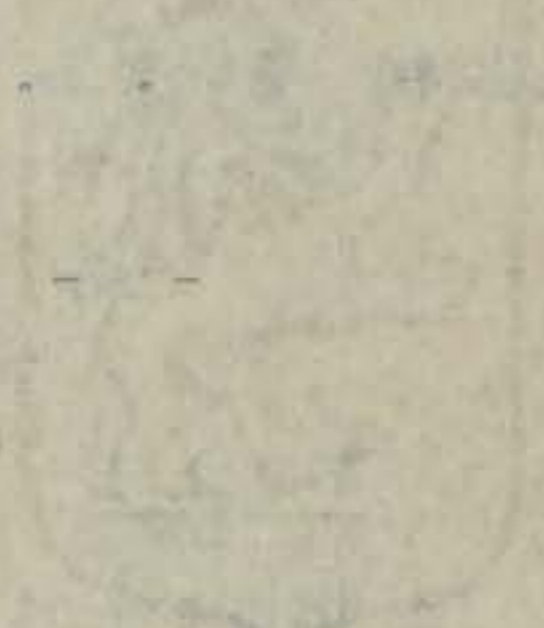
A. Squardon 5th C. M. R.

Certified a true copy.



Lieut.

Faint, illegible text at the top of the page.



Handwritten text in cursive script, appearing to be a signature or name, located in the middle section of the page.

Handwritten text in cursive script, appearing to be a signature or name, located in the middle section of the page.

Faint, illegible text located below the handwritten signatures.

Handwritten scribbles or marks in the lower left corner of the page.

Died May 10/16

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Bonnell

Christian Name L

11 2 MAY 1916

Examined { on 26th. day of May 1915
at Sherbrooke, P.Q.

Approved by J. R. Goodall
Rank Capt. M.O.

Birthplace { City or Town Montreal
County

Apparent age 19 years

Trade or occupation Driver

Height 5 Feet 4 Inches

Weight 133 Lbs.

Chest measurement { Minimum 33 inches

{ Maximum expansion 35 inches

Physical development

Small-Pox Marks

Vision 5/5

Vaccination Marks { Arm Right Left
Number 1 on left arm

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS,
<u>2-7-15</u>	<u>Capt. J. R. Goodall</u>	M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17-5-15</u>	<u>Capt. J. R. Goodall</u>	M.O.
<u>26-5-15</u>	"	M.O.
<u>15-6-15</u>	"	M.O.

Enlisted on 8th. day of February 1915 at Montreal

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5th. C. P. R.</u>	<u>110044</u>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Non Effective by Death</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.

Christian Name

Surname

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				
County of London Nav Hospital Epsom Surrey		3	5	16	11	5	16	gun shot. Wound of Skull. (Left 1.5)		Died 10-45 pm. 11-5-16	J. A. Seal Major, R.A.M.C.

Rank _____ Name **BONNELL Laird** Reg'l No. ^E 110044 R-122.
 Unit **5th C.M.R.** If in perm. Corps, }
 What Unit? } Married or Single **Single**

Place and Date of Enlistment **Montreal Feb. 8th 1915** Place of Birth **Canada**

Name and Address, Next-of-Kin **Mrs. Cora Bonnell**
508, Chausse Street, Montreal Relationship **Mother CCAC**

Assigned Pay Monthly \$ _____ Payable to **M** Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

*m x 21
n y 28*

H

M

CCAC
 N/E. R.B. No. *70175*
 File R.L. _____
 Category *DoW*
4

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				
		<i>Embarked for France.</i>		<i>24 OCT 1916</i>	
<i>31.3.16</i>	<i>5th</i>	<i>5 days F.P.1. Neglect of duty</i>	<i>Field</i>	<i>25 2/16</i>	<i>Pt II D.O. 14</i>
<i>12.5.16</i>	<i>5th C.M.R.</i>	<i>#3 Can Gen Hospital</i>	<i>Boulogne</i>	<i>29 4/16</i>	<i>Ch A120. Gen Hosp. ✓</i>
<i>14.5.16</i>	<i>"</i>	<i>Inverness Cb. A.C. W.</i>	<i>Field</i>	<i>3 5/16</i>	<i>Pt II D.O. 20.</i>
<i>11.5.16</i>	<i>"</i>	<i>City of London War Hosp</i>	<i>Epsom</i>	<i>3 5/16</i>	<i>Ch B23 Dang. ill.</i>
<i>17.5.16</i>	<i>CCAC</i>	<i>Taken on strength.</i>		<i>3.5.16</i>	<i>Pt II O. 164</i>
<i>13.5.16</i>	<i>5. C.M.R.</i>	<i>Died of Wounds. C of Gen War Hosp. } Epsom. }</i>		<i>11.5.16</i>	<i>C.L. B. 24. G.S.W. Skull Sewer.</i>
		CHECKED. 5th Dec, 1916.			
<i>27.12.16</i>	<i>6626</i>	<i>Having died is S.O.S.</i>	<i>Hastings</i>	<i>11.5.16</i>	<i>Pt II 0571(9)</i>

Register No. D. B. 1823

WAR SERVICE GRATUITY

A.P. File No. 1827-L-2

TO
DEPENDENTS OF DECEASED SOLDIERS

E.M.

Regt'l No. 110044 Name Laird Bonnell
(Christian Name) (Surname)
Unit 5th. I.M.R. Rank Pte. Date of enlistment.....
Date of casualty 11.5.16 B.P.C. File No. 6623
Was service performed overseas? Yes

DEPENDENT

Name Mrs. Cora S. Bonnell Relationship Mother
Address 1110 Dorion St.
Montreal, P.Q.

Amount of Special Pension Bonus \$ Nil Abstracted by A. Quinn

Eligible for Gratuity \$ -
Less amount of Special Pension Bonus paid..... \$.....
Less Debit Balance of S. A. or A.P..... \$.....
Total deductions \$.....
Balance due \$ -

Cheque No..... Date issued.....

REMARKS: Pension granted 12.5.16.
Pension cancelled 31.3.17. pensioner
in receipt of S.G. on husband
Pension has been again investigated
but claim does not come within
Pensions regulations and is
therefore not indicated

Clerk J. B. [Signature]

Audited by
.....
Date

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

*Mother received
11/11/16*

*P.G.
23*

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name	<small>Surname</small>	<small>Christian Name</small>	Address (in full)
Regimental Number		Rank	
Unit			
Original Unit			
District where paid			
Date of Discharge			
P. D. P. Filing Number			
Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.			

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. P	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks. _____

Eur

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

643

Sole Support

To Whom *Mrs. Laura. Donnell.*
Address *508. Chausse St.*
Montreal
Que.

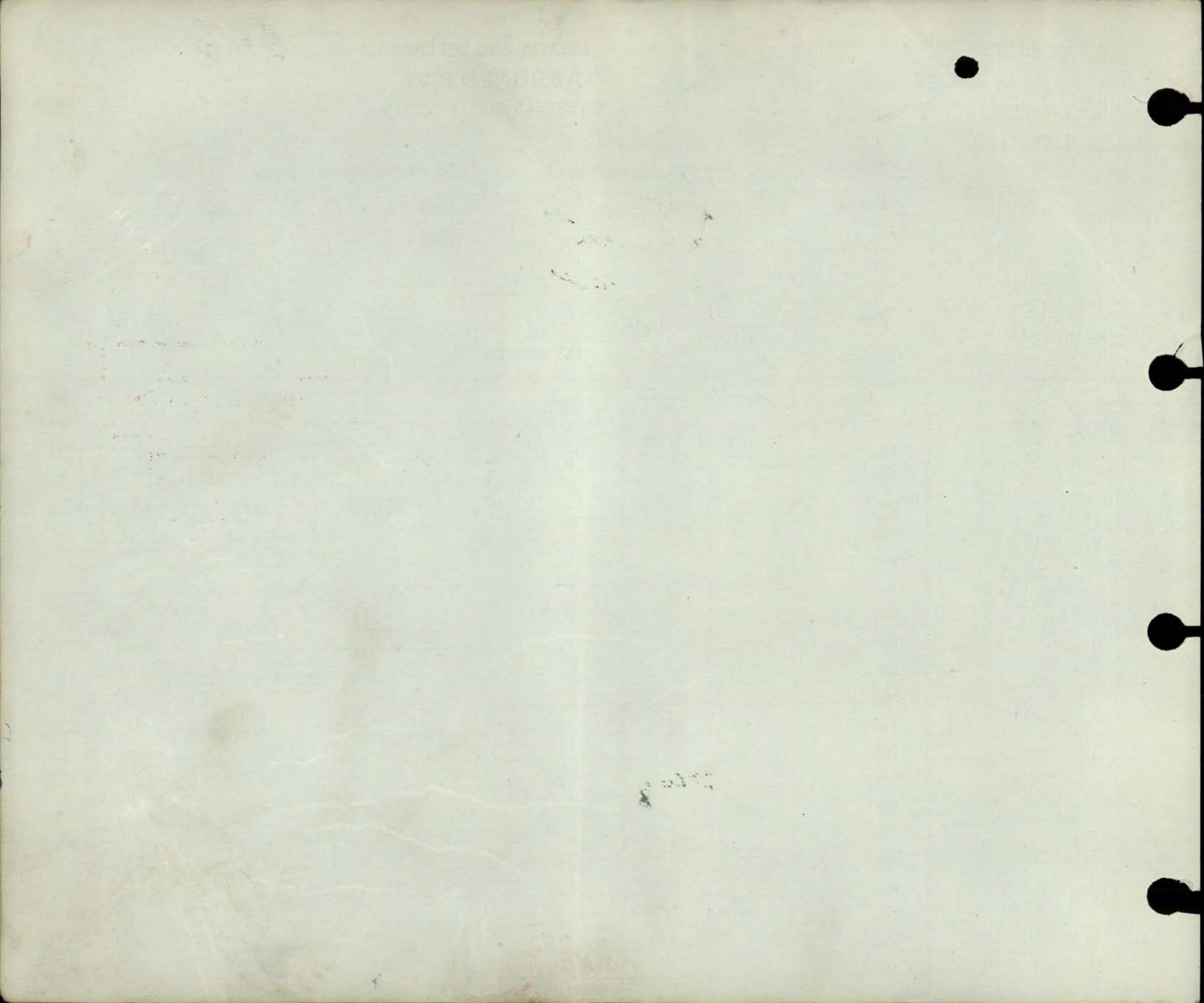
By Whom Assigned *Donnell L*
Regtl. No. *110044*
Rank
Corps *A Squad. 5th C M R*

Rate *20⁰⁰*

AUG 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 2px solid red; padding: 10px; display: inline-block; margin-bottom: 10px;"> <i>Casualties</i> </div> <p><i>Stop payments Mar 1/17</i> <i>3rd M 2/3/17 & L.S. 24/3/17</i> <i>Died of Wounds May 11/16 6^h, 13⁵/₁₆ 1917</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		<i>M5066</i>	<i>20 -</i>	
Sept.		<i>L1467</i>	<i>20 -</i>	
Oct.		<i>L2772</i>	<i>20</i>	
Nov.		<i>O9386</i>	<i>20</i>	
Dec.		<i>P 10801</i>	<i>20</i>	
Jan.	1916	<i>O13353</i>	<i>20</i>	
Feb.		<i>O13768</i>	<i>20 -</i>	
March		<i>M14378</i>	<i>20 -</i>	



ASSIGNED PAY

OVERSEAS CONTINGENTS

644

Sheet No. 2.

Mrs.
Cora Bonnell

Name of Soldier Bonnell, L.

PAYMENTS.

L. L. Job 8902.—Req. 6213.

5th C. M. R.
A. Sqdn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$20 ⁰⁰
April	1916	2482	20 -	Account closed Pension Granted 12/5/16
May		113537	20	
June				<div style="border: 1px solid red; padding: 10px; display: inline-block;">Casualties</div> <div style="border: 1px solid red; padding: 5px; display: inline-block;"> R. X. Rend. Date <u>9/1/17</u> Total <u>4180.00</u> By <u>AD</u> E.F.X. " Date <u>9/1/17</u> By <u>AD</u> </div> <div style="text-align: right;"> 436 180 <hr style="width: 50px; margin-left: auto; margin-right: 0;"/> 616 </div>
July				
Aug.				
Sept.				
Oct.				
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.)

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.				

6-2-15

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

317

Name Mrs Cora Bonnell

Name of Soldier Bonnell James

Address ~~508 Chaucer St.~~
508 Des Brables Ave. Montreal
Que.

Regtl. No. 5-128

Rank Pta

Corps 5th C M R.

Relation to Soldier } Widowed
wife, child or mother } Mother.

To what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May		88843	76	76
June		8.10425	20	20
July		310397	20	20
Aug.		8.14077	20	20
Sept.		8.16486	20	20
Oct.		8.11140	20	20
Nov.		M.10192	20	20
Dec.		K.13160	20	20
Jan.	1916	H.22136	20	20
Feb.		K.20747	20	20
March		L.24478	20	20

1827-2-2

ACCOUNT CLOSED
DATE.....
W

576



1875

1875

and
1875

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Cora Bonnell

Name of Soldier

Bonnell, Laird

PAYMENTS.

Pte.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
			276	
April	1916	<i>D 341</i>	<i>20</i>	<i>20 Credit slip 2032 for \$4.36. issued 16/18</i>
May		<i>J 4931</i>	<i>20</i>	<i>20 on acc of Laird Bonnell.</i>
June		<i>H 8613</i>	<i>20</i>	<i>20 Overpt of \$550.00 on acc of ptd 251. W</i>
July		<i>C 5238</i>	<i>20</i>	<i>20 Bonnell Auth P.A.B. 4/18.</i>
Aug.		<i>E 12609</i>	<i>20</i>	<i>20 Refund Reg. 2116 for \$550.00 issued 16/18.</i>
Sept.		<i>y 14959</i>	<i>20</i>	<i>20 Reg. Slip. 3195 \$436 - rend 16/7/19 J.S.</i>
Oct.		<i>Z 17877</i>	<i>20</i>	<i>20 Cr. Slip. 5326 - \$80 - recovered from acc</i>
Nov.		<i>a 81728</i>	<i>20</i>	<i>20 of father #251 W. Bonnell - rend. 16/7/19 J.S.</i>
Dec.		<i>A 25107</i>	<i>20</i>	<i>20 Canceled.</i>
Jan.	1917			<i>Cr. Slip. 5402 - \$12 - S.A. from 1/9/17 to 19/9/17 on Exant - rend 29/7/19.</i>
Feb.				<i>acct closed.</i>
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pension Granted.
12/5/16.
Jen.

ACCOUNT CLOSED
DATE..... PER.....

\$ 436.00 Overpaid owing to
dup. ac from 1/5/15 and
also son is not sole
support. Refund Reg. 2/5/19
see at Mr. W. Bonnell, 57th Coy 66

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.				

Rank _____ Name **BONNELL Laird** Reg'l No. **110044**
 Unit **5th C.M.R.** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Montreal Feb. 8th 1915** Place of Birth **Canada**
 Name and Address, Next-of-Kin **Mrs. Cora Bonnell**
508, Chausse Street, Montreal Relationship **Mother**

Assigned Pay Monthly \$ **20.⁰⁰** Payable to **Next-of-Kin**
 Relationship

Separation Allowance \$ _____ Payable to _____
 Relationship

Discharge, Date and Place **11/5/16.** Reason **Died at City of London War Hosp.**
 Character **b.h. 2/24**



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						
Aug 1	Aug 31	31	1.00	31	31	10	3 10		34 10			12 16 20 -			32 16	1 94	
Sept 1	Sept 30	30	1.00	30	30	10	3		34 94			12 17 20 -			32 17	2 97	
		4	1.00	4													
Oct 1	31	31	1.00	31	31	10	3 10		36 87			9 96 20 -			29 96	6 91	
Nov 1	30	30	1.00	30	30	10	3		34 91			2 68 20 -			22 68	17 23	
Dec 1	31	31		31	31		3 10		51 33			16 84 20 -			36 84	14 49	
Jan 1	31	31		31	31		3 10		34 10			5 22 20 -			25 22	23 37	
Feb 1	29	29		29	29		2 90		31 90			2 62 20			22 62	32 65	
Mar 1	31	31		31	31		3 10		34 10			5 74 20	5 50		30 74	36 01	50 FPE, 2014 3/3/16

Received at Montreal
 by the Auditor
 T. G. W.

Statement of
APR 26 1917
 Account rendered

Checked *[Signature]*

BALANCE TRANSFERRED TO NEW LEDGER

244 2440 26840 6689.100 550 23239 3601

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						

RETAINED.

Certified correct,

for Chief Paymaster.

NOTED BY

Estates Branch.

NOTED BY

Advances Branch.

Surname *Bonnell* Christian Name or Names *L.* Reg. No. *110024*
 Rank *Pte* Unit *5* Co. *L.M.R.* Troop *110084* Batty.
 Hospital *Pte* Date of Admission

Transferred *3* *Gen Boulogne* Hosp. *29.4.16*
County of Gen Epsom Hosp. *3.5.16*
 " " " Hosp.
 " " " Hosp.

Diagnosis *Gunshot wound skull*
 (1) *Dangerously ill*
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

REMARKS

Adm 11.5.16 B23
C.A. 13.5.14 A.120
" 13.5.16 B.24 -> Died of wounds.
11-5-16.

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

H.P.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MEH

ptex
W

Number

118044

Rank

Surname

BONNELL

Christian Name

Laird

Units

5 C M R

Theatre of War

France

Date of Service

24-10-15

Remarks

(S) Wm. Bonnell, Esq.

Latest Address

470 Delorimier Ave.,
Montreal, P.Q.

Roll No.

200m.-6-21.

B. Page 20943

DESP. JAN 15 1923
REGN. No. 13966

NAME *Bonnell Baird*

H. Q. FILE No. 649-

REGT'L No. *110044*

RANK AND CORPS

Pte. 5th C. M. R.

CABLE

NO.

DATE

NATURE OF CASUALTY

m6120 5-5-16

Dangerously ill at War Hosp. 6 person May 5. Suffering from fractured skull.

m6429 12-5-16

Died of wounds County of London War Hosp. 6 person May 11th.

A. Y. B2090

London 19-5-16

Died of wounds May 11th, 1916.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

- | | | | |
|------|---|---------|--|
| B23 | Co. of London War, Epsom
Ex #3 Can. Gen., Boulogne | 3-5-16 | G. S. W. Skull Dangerously ill. |
| A/20 | #3 Can. Gen., Boulogne | 29-4-16 | S. W. Head severe. |
| B24 | Co. of London War, Epsom | 11-5-16 | Died of wounds,
G. S. W. Skull, severe. |

Name **Bonnell, L.** Rank **Pte.**

Reg. No. 110044.

Unit **5th. Canadian Mounted Rifles.**

File.
R. L. 25-B-1028

Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1916.</i>						
<i>Apr. 29</i>	<i>no. 3 Can. Gen. Hosp.</i>	<i>Boulogne</i>	<i>G.S.W. Wadley</i>	<i>A120</i>	<i>Inv. 6/20</i>	<i>no 26</i>
<i>May 3</i>	<i>County of London War H., Epsom</i>		<i>G.S.W. Skell</i>	<i>B23</i>	<i>5-5-16</i>	<i>20-5-16</i>
	<i>do</i>		<i>Dangerously Ill</i>			
<i>May 11</i>	<i>do</i>		<i><u>DIED OF WOUNDS.</u></i>	<i>B24</i>	<i>Inv. 6/22</i>	<i>no 26</i>
					<i>12-5-16</i>	<i>20-5-16</i>

649-72-3050

CARD NO. 9635

X FOLL.

SURNAME *Bonnell*

CHRISTIAN NAMES *Laird*

REGL. NO. *110044*

RANK *Pte.*

UNIT *5th C.M.R.*

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Bonnell, Mrs. Cora.*

RELATIONSHIP TO SOLDIER *Mother.*

ADDRESS ~~*508*~~ *Chaussee St*
Montreal, P. Q.

~~*508 Des Carabliques*~~
~~*470 Deloumier St. (letter with 649-B-3050 June 23/16)*~~

COUNTRY OF BIRTH *Canada* ¹⁴⁻⁸⁻¹⁹ *Montreal P.Q.* DATE

PLACE OF ATTESTATION *Montreal P. Q.* DATE *Feb. 8th 1915*

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

No. 72. RANK Pte.
5125-april paylist.

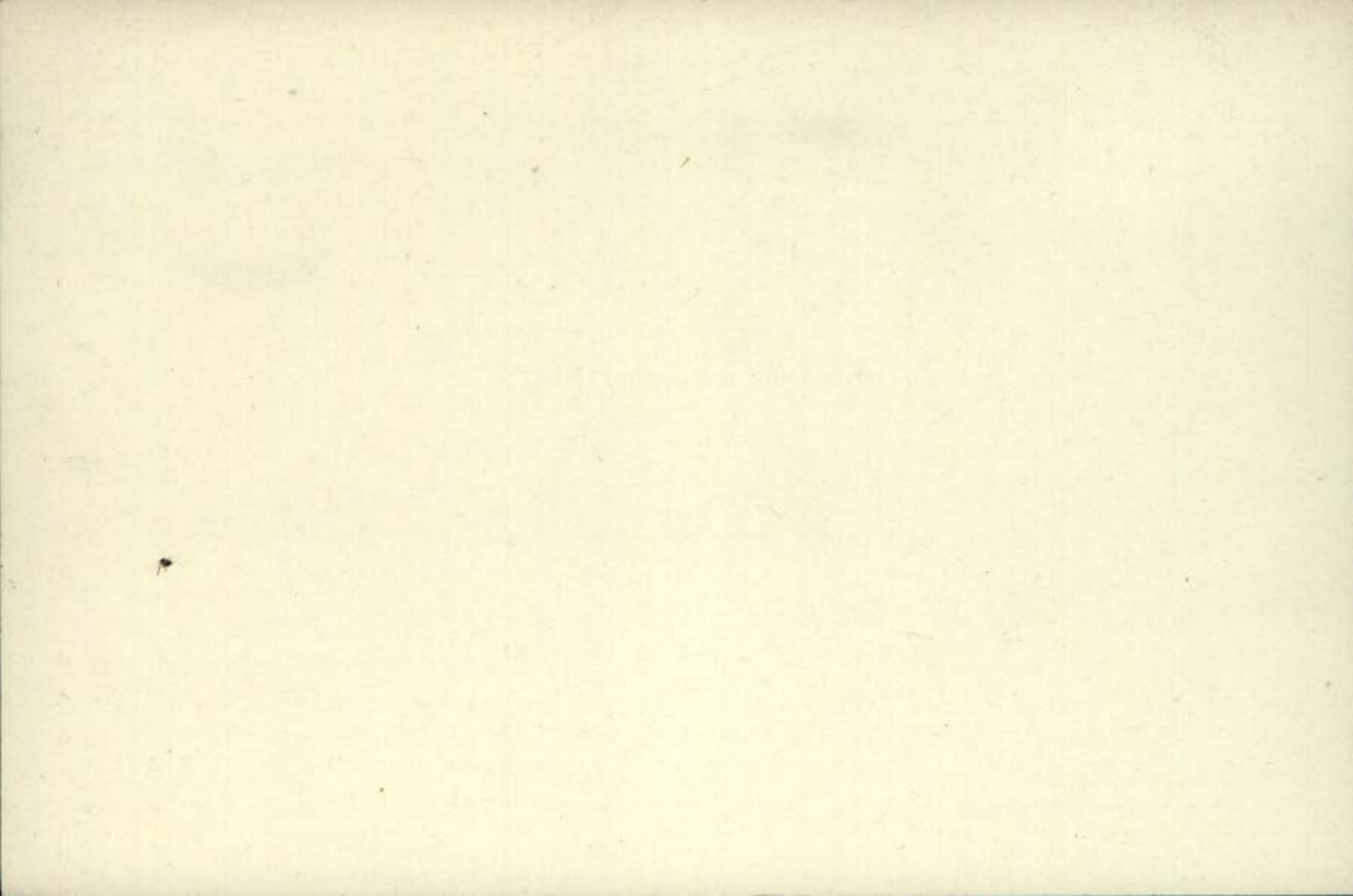
NAME Bonnell, Laird

T.O.S. 8-2-15 UNIT 5th Canadian Mounted Rifles.
april paylist.

M. D. 4

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915 Feb. 8.	1915 Feb. 28.	✓		
	Mar.	✓		
	April	✓		
	May	✓		
	June	✓		
	July	✓		

UNIT SAILED
JUL 18 1915



110044 ✓ Pte. L. ^{third} Bonnell, 5th C.M.R. ✓

M
W.K.

Medals & (Father)
Dec.

William Bonnell, Esq.,
470 Delorimier Ave.,
Montreal, P.Q.

P. & S. " "
(Ser. # 764918.)

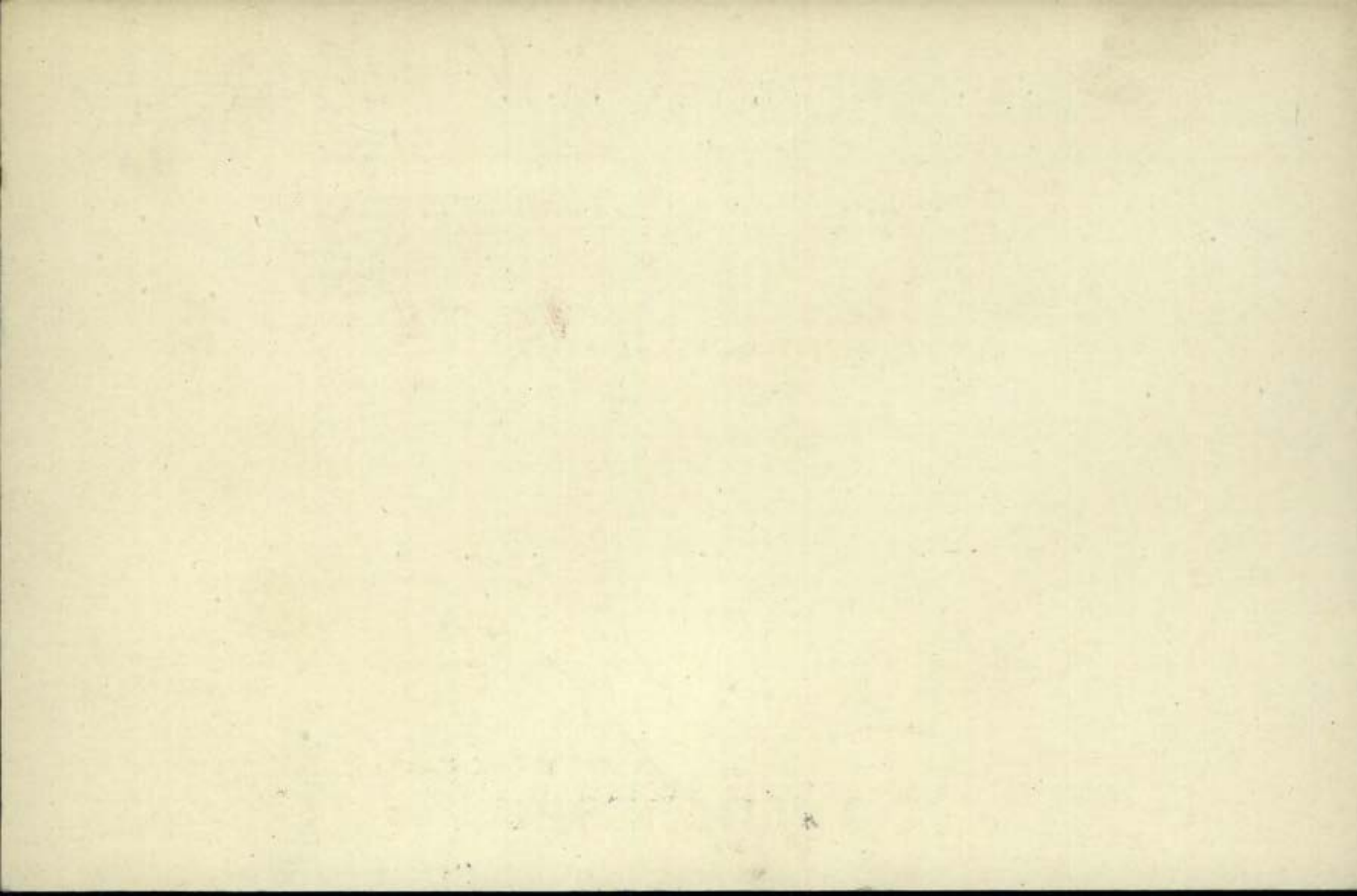
Memorial (Mother)
Cross

Mrs. C. S. Bonnell,
Address as above.

M.X. desp. (m) 48059 on 16/3/21

not elig. 14/15 at
elig. v.m.
28 " B.W. m.

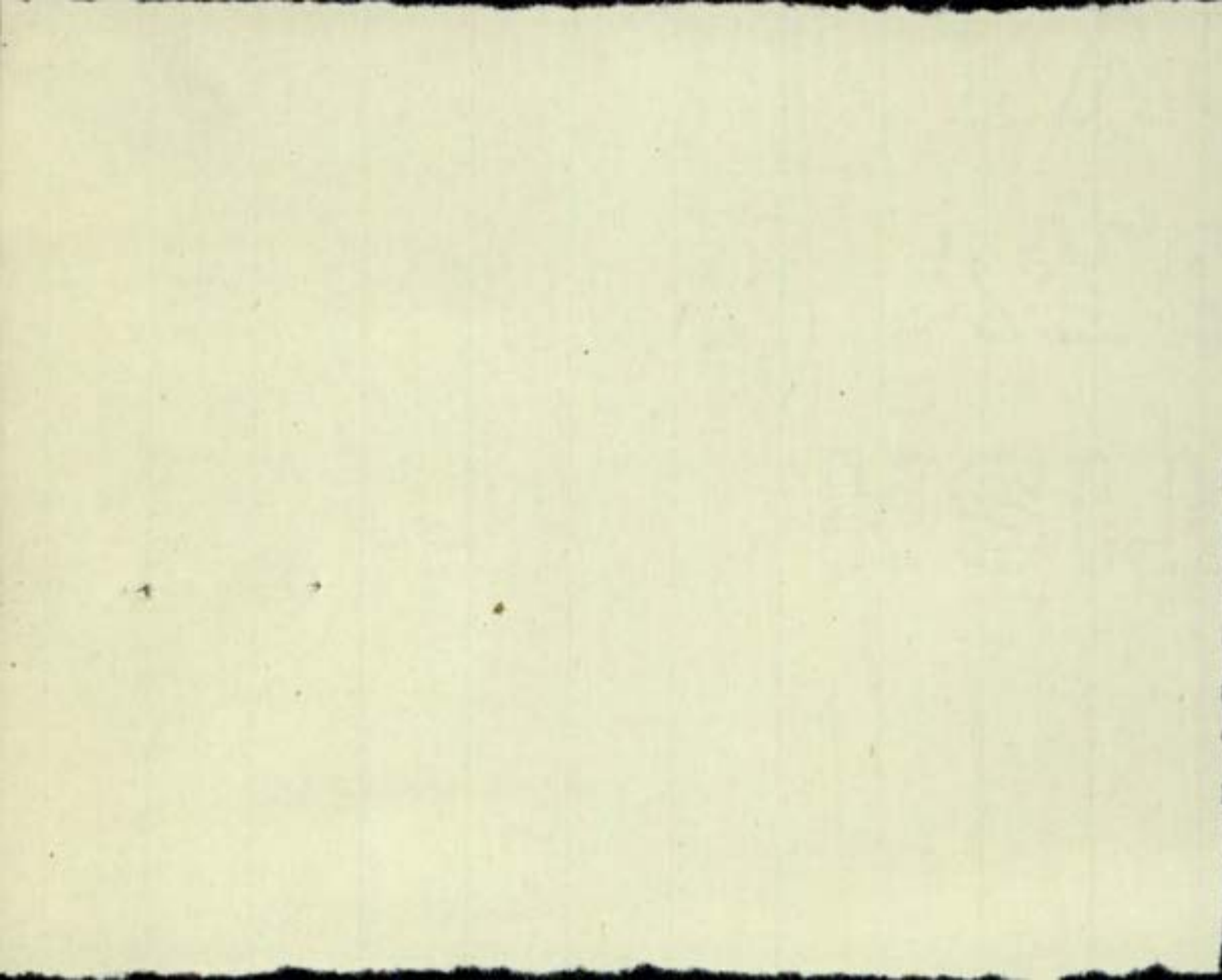
Scroll Desp. JUN 9 1921 Reqn. No. 46452
NOV 2 1921
Plaque Desp. 1921 Reqn. No. 52581
014493



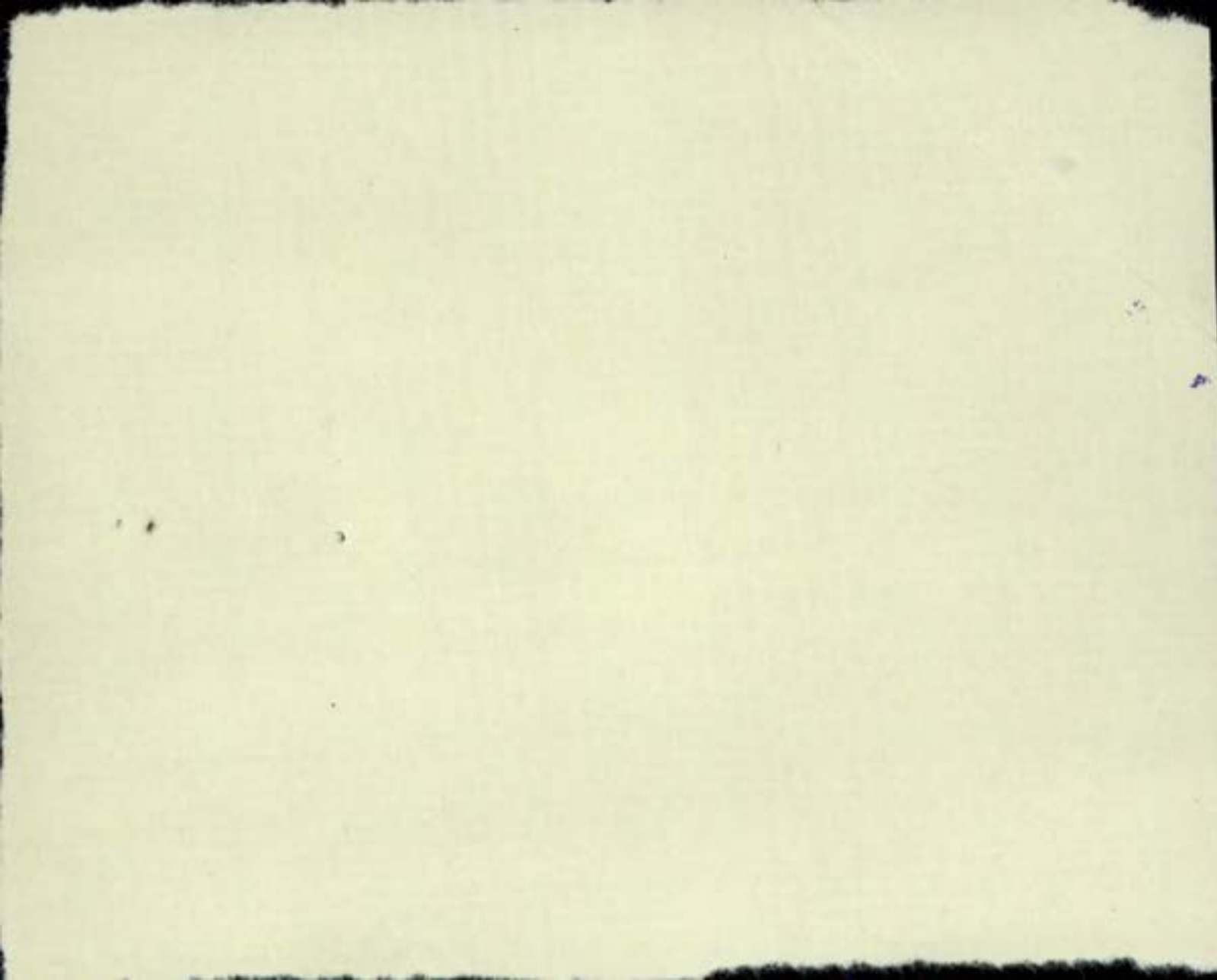
G. S. W. Skull. Admitted from
France - severe head injury for which
extensive trephining had been done
on April 24 1916. Large septic
hernia cerebri of left motor area
on admission - with complete
right hemiplegia and aphasia
Considerable sloughing & haemo-
-rrhage of hernia.

Circulation very weak - became
rapidly worse on May 11th 1916
& died.

W. G. Owen



P. A. Peall



ORIGINAL

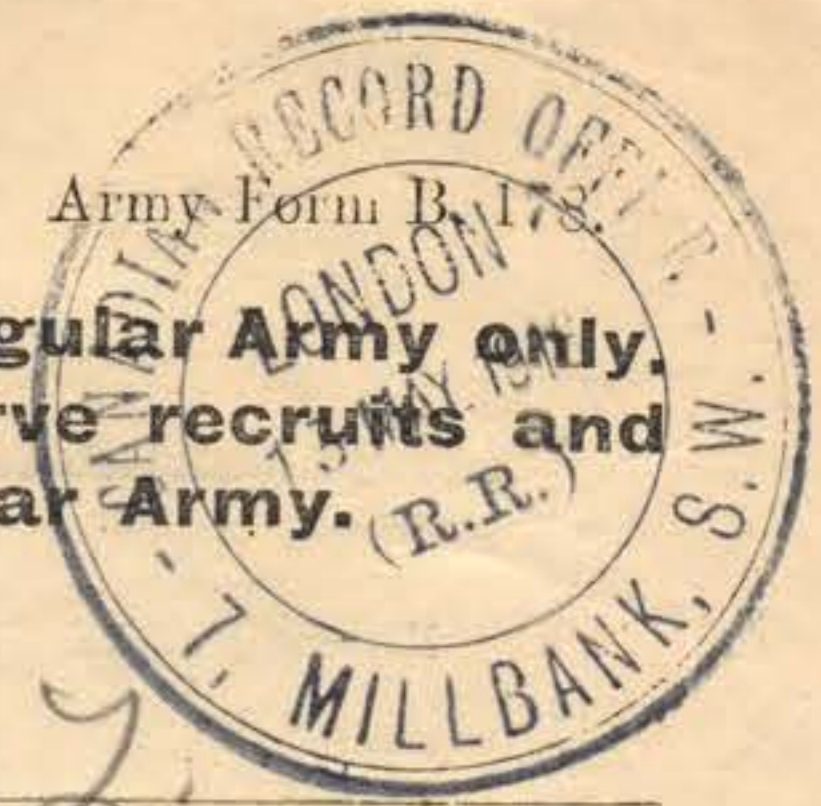


Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Table with 2 columns: Date, Brief details, and signature. The table is mostly blank.

Table IV.—Service Table.

Table with 6 columns: 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. The table is mostly blank.

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. (R.R.)

MEDICAL HISTORY of

Surname Barnell Christian Name [Signature]

TABLE I.—GENERAL TABLE.

Birthplace ... Parish ... County ... Examined ... on ... day of ... 191 ... at ... Declared Age ... years ... days. Trade or Occupation ... Height ... feet, ... inches. Weight ... lbs. Chest Measurement { Girth when fully Expanded: ... inches. Range of Expansion: ... inches. Physical Development ... Vaccination Marks { Arm ... Number ... 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) (Rank) Medical Officer.

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

Table with 2 columns: Corps, Regtl. No. Corps: 5th Coy R. Regtl. No.: 119044

Became non-effective by ... Death 1045 P.M. 11/5/16.

on ... day of ... 191 ... (Signature) (Rank)

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				
County of London War Hospital	Epsom.									
	3	5	16	11	5	16	9.50. Skull		Admitted from France - war head injury for which admission to hospital had been made on April 24 th 1916: large soft brain centre of left side with a meningitis - with complete right hemiplegia & aphasia: considerable haemorrhage & some brain oedema of brain. Condition very weak, became rapidly worse on May 11 1916 & died.	W. Owen Capt AMC Q 11

