Lip

21915

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Harold Hargraves Wright.
2. In what Town, Township or Parish, and in what Country were you born? ..... Richmond Quebec Canada
3. What is the name of your next-of-kin? ..... Randal Wm Wright.
4. What is the address of your next-of-kin? ..... ~~Belleville~~ Belleville Ont.
5. What is the date of your birth? ..... 11th march 1888.
6. What is your Trade or Calling? ..... Painter.
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? ..... 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.

H. H. Wright (Signature of Man).

F. C. Bottaus (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Harold Hargreaves Wright, 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.

H. H. Wright (Signature of Recruit)

Date 23rd Sep. 1914. F. C. Bottaus (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Harold Hargreaves Wright, 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.

H. H. Wright (Signature of Recruit)

Date 23rd Sep. 1914. F. C. Bottaus (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 Camp, this 23rd day of Sept 1914.

H. Wrayne Mayo (Signature of Justice)

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

H. Wrayne Mayo (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

11th Battalion
52 Regt.

Description of Harold Wright on Enlistment.

Apparent Age 26 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7½ ins.

Chest measurement: Girth when fully expanded 39 ins.
Range of expansion 3 ins.

Complexion Light

Eyes Light Blue

Hair Very Fair

Religious denominations:
- Church of England
- 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).

Scar whole length of lower leg (fracture)

Small scar under upper right 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 10 1914.

Place Valcartier

R. Gardner Hall
Lt Col
per AB
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.

Harold Hargraves Wright 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.

Eae Jaramo Lt. Col. (Signature of Officer)
Off. 11th Batt

Date 2 Sept 1914.

13-6-18 E.O.R.

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.....1.....

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.....

A. F. B. 122 1

Pay 2 — 1

Index of Cas Cd

M. F. W. 62.
100m.—6-17.
H. Q. 1772—39—935.

3

10

Name WRIGHT, HAROLD H.

Regt. No 21915. Rank Pte.

Corps 11th Bn.

Died 5-5-15.

M

Patrick William

Cards. Removed 9-1-18

Part II

Casualty

35124

H

R. O. No.....

H. Q. No.....

11-20
4-20
6-20

1,

SURNAME. Wright (649-W-265)

CARD NO.

CHRISTIAN NAMES Harold Hargraves

D

FOLL.

REGL. No. 21915. RANK Pte.

UNIT 11th Bn.

FORMER CORPS Nfld

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Wright, ~~William~~ Mrs. Randall

RELATIONSHIP TO SOLDIER Not Stated

ADDRESS Belleville, Ont.

Station P.O. L. 649W265. 4-10-17.)

Auth. letter 4/10/17 2c

COUNTRY OF BIRTH Canada Richmond P.Q. DATE Mar 11th 1888.

PLACE OF ATTESTATION Valcartier, P.Q. DATE Sept. 23rd - 1914

L. L. 10437. M. & D. 7253. O/S. 7/10/14 11/18

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

From Quebec per S.S. Royal Edward 4-10-14

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Painter RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 26 YEARS 6 MONTHS

HEIGHT 5 FEET 7 1/2 INCHES

CHEST MEASUREMENT 39 INCHES EXPANSION 3 INCHES

COMPLEXION Light EYES L. Blue HAIR Very Fair

DISTINGUISHING MARKS Scar whole length Left lower leg. (fracture) Small scar under upper R. arm.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sept 10th 1914.

Present address Not Stated

Ha 8.

Wright, H.H., Pte. 21915 10th Bn. 649-W-265

Med. & Dec. (Mother) Mrs. R. H. Wright,
20 Hubble St.,
Brockville, Ont.

P. & S. " Address as above.

Ser # 805774

Mem. Cross.

Scroll Desp. MAY 2 - 1921 Regn. No. 2.42653

E liq. for 1-4-5 Star. P to. 10 th Bn.

Plague Desp. Regn No. 3764

" " V. M.

" " B.W.M.

JAN 14 1922

P.1

Number 21915 Rank Pte

Surname WRIGHT

Christian Names Harold Hargrave

Unit, C.O. Ass. Cam. Dep't Theatre of War France

Dates of Service 4-2-18 D

Remarks Mother

Latest Address Mrs. P. H. Wright
20 Hubbell St
Brockville
Ontario

Roll No. B
Page 1130

NAME Wright, Harold Hargrave

H. Q. FILE No. 649-

REGT'L. No. 21915

RANK AND CORPS Pte. 10th. Batt. (Form. 11th. Batt.)

NO. 2434

FOLL.

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
C642	3/5/15.	Wounded
C.1607	27/5/15	Died at No. 11. Gen. Hosp. Boulogne. Cerebro, Spinal Meningitis,
Army Form B2090A.		Rouen 6-7-15. Died of Meningitis May 5th 1915. No 11 Gen Hosp.

L. L. Job 83225 —M. & D. 5812.

M. F. W. 12—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
79	Rep.d from Base		Wounded.
69	11. Gen. Hosp. Boulogne	5-5-15	Died. Meningitis
~~a243~~	~~Mont Des Cats - Left f. 21~~	~~+23-5-16~~	~~Shell Shock.~~

Name Wright, W.H. Rank Pte. Reg. No. 21915.

Unit 10th Battn.

25-W-322

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5-5-15	No 11: Gen Hosp.	Boulogne	Died meningitis	49 69	27/5/15	

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

No. 21915 RANK Pte. NAME Wright H.

T. O. S. UNIT 52nd Regt. (Prince Albert vol) Guard.

M. D. #10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Aug. 13	Aug. 26	✓		
Aug 27	Sept 21	✓	Now shown on 11th Bn Paylist	Sept Paylist
Sept 22	Oct 31	✓		

UNIT SAILED
OCT 3 1914

Surname	Christian Name or Names		Reg. No.
Wright.	H.	H.	21915.

Rank	Unit	Co.	Troop	Batty.
Pte.	10th Battn.			

Hospital #11. Gen. Boulogne. Date of Admission

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis Meningitis.

(1)
Later Diagnosis (if changed)

(2)
(3)

Additional Diagnoses, if more than one state present

DISPOSITION Died. Date 5. 5. 15.

REMARKS

C.L. 27. 5. 15. 69.

A.M.D. 2 Dept.
Bch. of D.G.M.S.O.M.F.C. London

Shannon 8333-15

EPITOME OF HOSPITAL TREATMENT.

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

Forms
I. 1237
10

387721

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7607	21915	Pte	Wright J	J
Year 1915	Unit. 10 Canadians		Age. 26	Service. 9/12

Station and Date. No 11 G.H. Boulogne 5.5.15

Disease Meningitis

admitted with diagnosis of gas-poisoning.

Partially unconscious.
Discharge from left ear. No indication for operation.
Never regained consciousness and died from exhaustion.

R. Y. Anderson

P.M. Tracheal congestion.
Pulmonary basal congestion and oedema.
White thin exudate of our upper part of left cerebral hemisphere, organised.
No thrombosis of lateral sinus.

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

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

no card #94

1123

MEDICAL HISTORY SHEET.

Surname Wright *Christian Name* Harold

Examined { on 12th day of Sept 1914
at Valcartier

Birthplace { City or Town Richmond
County Que.

Apparent age 26

Trade or occupation Painter

Height 5 Feet 7 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 34 36 inches.
Maximum expansion 36 2 inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks { Arm Right. Left.
Number 2

When Vaccinated last at Sea

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

nil

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

nil

Approved by R G Chown

Rank Capt Clame 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.
5/10/14	Pos	R G Chown M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
22/9/14	Pos	R G Chown M.O.
		M.O.
		M.O.

Enlisted on 22nd *day of* Sept 1914 *at* Valcartier

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	11th Batt	21915		
Transferred to.....				

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.

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				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

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

Register No. DW 1025

A.P. File No. 019795-H-1051

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 21915 Name Harold H. Wright (Christian Name) (Surname)

Unit 10 Bn. Rank Pte. Date of enlistment

Date of casualty 5-5-15 B.P.C. File No. 146289

Was service performed overseas? Yes.

DEPENDENT

Name Mrs. Annie Wright Relationship W. Mother

Address 20 Hubble Street
Brockville
Ont.

Amount of Special Pension Bonus $ Nil Abstracted by L.S. Baird

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

Clerk N. North

REMARKS: Not eligible, no S a a/c

Audited by

Date

M.F.W. 2652
25M—6-20.
H.Q. 1772—30-1473

M. F. W. 41.
5m.-6-15.
1772-39-889.

154

649-W-265

Name Wright Pte H.H.

Regimental No. 21915

Unit 10th Battln

Date of enlistment

Place of "

Married (yes or no) —

Amount of pay assigned monthly $ No

To whom payable Sep Allce No

Name and address of next-of-kin

Randall W. Wright
Belleville Ont.

Date and place discharged in Hosp

Reason for discharge Died

Character on discharge

L. H. Job 82314. M. & D. 57-6-25-6-15-5000.

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.
								89 79	89 79	1505	29/12/15	89 79	X		89 79	Estate. sent to Northrup & Ponton, 28 North Bridge St Belleville, Ont. for transmission to legal representative. B.L. 17

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

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					

NAME WRIGHT, Harold Hargraves

Regimental No. 21915

Unit ~~11th~~ 10th Battalion

Date of enlistment Sept. 23rd, 1914

Place of birth Richmond, Que.

Married (yes or no) No

Amount of pay assigned monthly $ Nil

To whom payable

Name and address of next-of-kin Mrs. R. H. Wright. ~~Randall Wm. Wright~~, Belleville, Ont. Canada

Date and place discharged May 5. 1915

Reason for discharge Died of Cerebro Spinal Meningitis.

Character on discharge

PAY OFFICE, N.C. BRANCH AUG 20 1915 CANADIAN CONTINGENTS

a-1

Date From 1914	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.
23/9	31/10	40	1-	40	40	10	4		44	✓		17 50			17 50	✓
1/11	30/11	30	1-	30	30	10	3	26 50	59 50	✓		58 05			58 05	✓
Dec 1	Dec 31	31	1 00	31 -	31	10	3 10.	14 5	25 55	✓		11 05			11 05.	✓
1915 Jan 1	Jan 31	31	1 00	31 00	31	10	3 10.	24 50.	58 60	✓		55 55		~~3 05~~	55 55 ~~58 60.~~	✓ C.P.R. 31/1/15 to 10th Batt.
Feby 1.	Feb 28	28.	"	28	28		2 80.	3 05.	33 85	✓		- -			- -	✓
Mch 1.	Mch 31	31.	"	31.	31.		3 10	33 85	67 95.	✓		15			15.	✓
Apl 1.	Apl 30.	30.	"	30.	30.		3.	52 95	85 95	✓		6.			6	✓
May 1	May 5	5	"	5	5	"	50.	79 95.	85 45	✓		-			-	✓ Died of Cerebro Spinal meningitis 5/5/15 Supp Pol.
								85 45	✓							
					Adj. of Exch.			434	89 79					89 79	89 79	Bal Transf. to Canada for pay

Advances Branch

Report Nil

Statement of OCT 19 1915 Account rendered

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					

(8915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 11th Batt. C.E.F.

Regimental No. 21915 Rank Pte. Name Harold Hargraves Wright

Enlisted (a) Sep 23 Terms of Service (a) One Year. Service reckons from (a) 23. 9. 14

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				
26.4.15	O.C. No 11 General.	Gas Poisoning	No 11 General. Hosp.	25/4/15	W 3034 J 43/1
6.5.15	do.	Meningitis Died	do.	5/5/15	W 3034 J 53/5
		Transferred to 10th Bn.	Lark Hill		

CAPT.
OFFICER i/c RECORDS
CANADIAN SECTION G. H. Q.

(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				

7359.

Rank and Name	WRIGHT, Harold Hargreaves		
Regimental No.	21915	Name and Address of Next-of-kin	Mrs. R.H.Wright, Belleville, Ont., Canada.
Unit	11th Battalion		
Date of enlistment	Sep. 23rd, 1914		
Place of birth	Richmond, Que.		
Married (Yes or No)	No	Date and place of discharge	5.5.15
If in Permanent Force		Reason for discharge	Died of Meningitis
		Character on discharge	
Promotions or appointments			N/E R.B.4

M.V.

3.11.

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
2.2.15.	O.C. 11th Bn	Transf. to 10th Batt.	Candahar.	31.1.15.	P.2.D.O
3.5.15.	W.O	Wounded No 11 Sen Hosp			Cas Rep Hq. on
27.5.15	W.O.	Died of Meningitis	Boulogne.	5.5.15	Pt II O. #14.
				5.5.15.	Cas Rep 69.0 N.S
26.5.15	Bur Rep.	Mly Cemetery Boulogne	Grave No 1889	7.5.15	Rep. by Sur Chaplain, Boulogne G.R.C.

Died.
B.R.

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					

IC DUPLICATE 21915

Army Form B. 178.

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 WRIGHT *Christian Name* HAROLD

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Richmond County Que.

Examined ... ... on 12th day of Sept. 1914. at Valcartier.

Declared Age ... ... 26 years days.

Trade or Occupation ... Painter.

Height ... ... 5 feet, 7 inches.

Weight ... ... 150 lbs.

Chest Measurement: Girth when fully Expanded. ~~36~~ 38 inches. Range of Expansion 2 inches.

Physical Development ... Good

Vaccination Marks: Arm ... Right Left; Number 2

When Vaccinated ... ... At sea.

Vision ... ... R.E.—V= L.E.—V=

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

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

Approved by (*Signature*) S. G. Choum

(*Rank*) Capt, C.A.M.C.

Medical Officer.

Enlisted ... ... at Valcartier on 23rd day of Sept 1914.

	Corps.	Regtl. No.
Joined on Enlistment ...	11th Batt.	21915
Transferred to		

Became non-effective by

on day of 191 .

(*Signature*)

(*Rank*)

Table II.—Only for Admissions to Hospital or to the Sick

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Ren
	Day	Month	Year	Day	Month	Year			

List in the case of Warrant Officers treated in quarters.

arks 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 must 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.

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.
5/10/14	Vaccs. Pos. S. G. Choun
22/9/14	Inocs. Pos. S. G. Choun

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