

215-8W-310

No. 5-0694

Folio. 000 2701

PAY & RECORD OFFICE  
MAY 2 1915  
CANADIAN CONVOYMENTS

# ATTESTATION PAPER.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION (ANSWERS).

DEPT. MILITIA & DEFENCE  
JUN 26 1917  
CANADA

1. What is your name?..... James A. Wynne
2. In what Town, Township or Parish, and in what Country were you born?..... Montreal
3. What is the name of your next-of-kin?..... Nellie Wynne (sister)
4. What is the address of your next-of-kin?..... 103 St. Louis St. Montreal
5. What is the date of your birth?..... Jan 12 1889
6. What is your Trade or Calling?..... Doctor
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

James Arthur Wynne (Signature of Man).  
[Signature] (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James A. Wynne, 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.

James Arthur Wynne (Signature of Recruit)  
[Signature] (Signature of Witness)  
Date.....1914.

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James A. Wynne, 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.

James Arthur Wynne (Signature of Recruit)  
[Signature] (Signature of Witness)  
Date.....1914.

### 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 26 day of June 1914.

[Signature] (Signature of Justice)

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

.....(Approving Officer)

23 SEP 1917



Description of James Arthur Wynne on Enlistment.

26-6-117  
T  
376

Apparent Age 25 years 9 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. 6 1/4 ins.

Chest measurement { Girth when fully expanded 36 1/2 ins.  
Range of expansion 2 ins.

Complexion Dark

Eyes  Hazel

Hair Black

*2 vacco marks at arm*  
*scar 1 1/2" over left eyebrow*  
*" 1/2" left ~~hand~~ lower chin*

Religious denominations. { Church of England.....  
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 Overseas Expeditionary Force.

Date Nov. 18 1914.

*[Signature]*  
Medical Officer.

Place Montreal

\*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 Wynne 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]* (Signature of Officer)  
Capt

Date Nov 18 1914.



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..... 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1 *Sent to B.S.C. 12-3-16*

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....

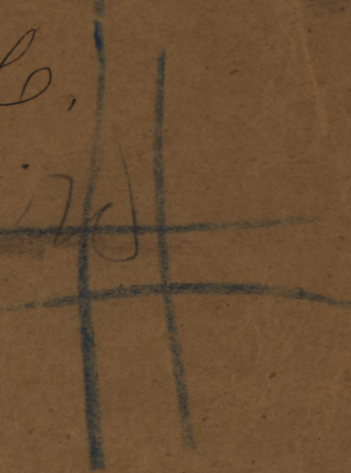


Name *Wynne James Arthur*

Regt. No. *2158* Rank *Pte*

Corps *Can Army Med. Corps, C. C. A. C.*

*Physically unfit - Med 5 10 20*



36417

*Mix. 25-1-21 P.R.*

*A.F.B. 122.2*

*A.B. 172-2*

*A.S.B. 1*

*M.F. 34125 1*

*P/122*



*30-20*

*17-20*

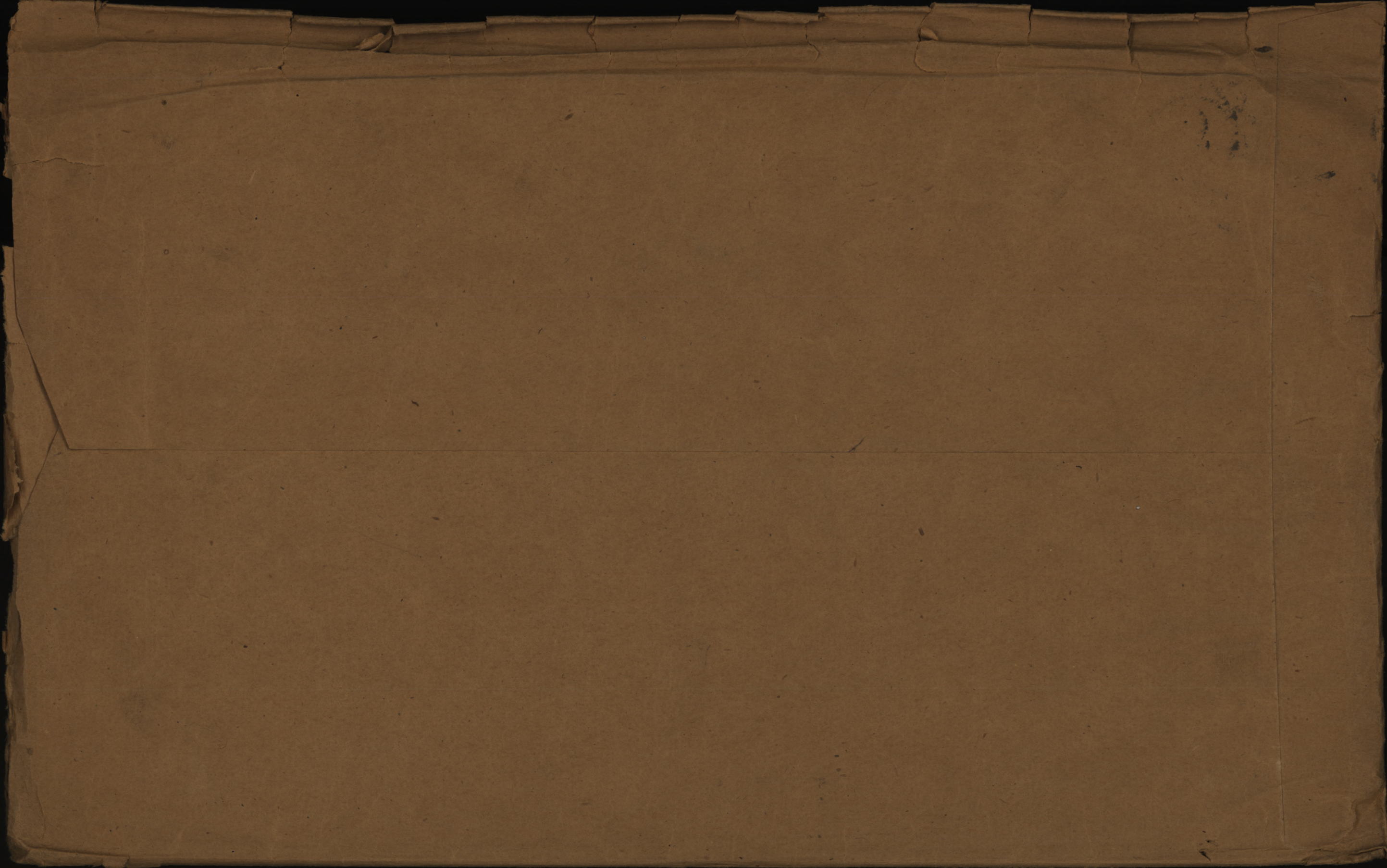
*9-20*

*2*

*1 Cas Cas*

*E.A.*







No. 2158

RANK

*Pte.*

NAME

*Wynne. J. A.*

T. O. S.

UNIT

*Discharge Depot. Dublin*

M. D.

*5-*

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PARTICULARS

AUTHORITY

<i>1916</i>	<i>1916</i>	<i>✓</i>	<i>C.A.M.C.</i>	
<i>Nov no</i>	<i>dates</i>			







7  
372  
SURNAME.

Wynne

649-W-3663

CARD NO.

CHRISTIAN NAMES

James Arthur

REGL. NO.

2158

RANK

Pte.

S.O.S. Disch. 12-1-17 4  
FOLL. M.Y. LUD  
auth Disch Card

UNIT

No. 6 Fld. Amb.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wynne, Nellie

RELATIONSHIP TO SOLDIER

Sister

ADDRESS

99  
703 City Councillor St, Montreal,  
S. P.Q.

COUNTRY OF BIRTH

Canada, Montreal, P.Q.

DATE

Jan. 12th. 1889.

PLACE OF ATTESTATION

Montreal P.Q.

DATE

Nov. 18th. 1914.

O/S. 18-4-15-57  
5

R/C. 17-11-16



MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

*Bartender*

RELIGION

*Roman Catholic.*

DESCRIPTION.

APPARENT AGE

*25*

YEARS

*9*

MONTHS

HEIGHT

*5*

FEET

*6 1/4*

INCHES

CHEST MEASUREMENT

*36 1/2*

INCHES

EXPANSION

*2.*

INCHES

COMPLEXION

*Dark*

EYES

*Hazel*

HAIR

*Black.*

DISTINGUISHING MARKS

*2 vacc. marks rt. arm. Scar 1 1/2" over left eyebrow. Scar 1/2" left hand + lower chin*

MEDICAL EXAMINATION.

PLACE

*Montreal P.Q.*

DATE

*Nov. 18th 1914.*



Reg. No. 2158 Name Wynne Jas  
Rank Cte Corps C.F.A. Age ..... Service .....  
Ledger No. .... Serial No. ....

HOSPITALS

DATE

DIAGNOSIS

Seward Park Home Quebec

19-11-16

J.B. 6

Trans to San.

25-11-16

" "



HCSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.



NAME

Wynne, James Arthur

REG'TL No.

2158

RANK AND CORPS

Plc

C. A. M. C.

No. 6. C. F. A.

CABLE

NO.

DATE

NATURE OF CASUALTY

NO. 2475

0703

13-9-16

B.

Adm. to Princess Club  
Hosp. Bermondsay Sept<sup>r</sup>  
1916 (Phthisis severe)

X FOLL. +

J. 290.

9-11-16

Sailed for Canada, Nov. 5<sup>th</sup> 1916,  
Phythisis



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
78 11)	O.C. No 6. C. F. A.	25-12-15	Influenza
81	10 Div Rest Stn. No 6. C. C. A	28-12-15	Influenza
82	Disch to duty	1-1-16	Influenza.
A. 106	O.C. No 6. C. F. A.	4-2-16	Influenza
A 109	O.C. No 6 C. F. A. Div Rest Stn	8-2-16	Pleurisy
a 113	O. C. N. R. G. No 6 C. F. A.	18-2-16	Disch to duty Pleurisy
A 130	O. C. No. 6. Can. Fld. Amb	11-3-16	Bronchitis
A 130	O. C. No. 6. Can. Fld. Amb	17-3-16	Discharged to duty
Q 218	No 10 Stn. St. Omer	1-9-16	"N.Y.D." "D."
3.60.	Princess Club, Bermondssey	8-9-16	Phthisis Severe.
B 70	Can Convl., Bromley	4-10-16	Pulmonary Tuberculosis.
B 72	Mil. Shorncliffe, Adm.	5-10-16	F. B.
	South. Sanatorium Hast		
B 128	Mil. Shorncliffe	4-11-16	F. B. Pulmonary Dis
	H.C.M. No. 4. 30		



Name WYNNE J.A. Rank Pte. Reg. No. 2158

Unit C.A.M.C. No.6 Canadian Field Ambulance.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
1915.						
Dec. 25.	No.6 Can.Fld.Amb.		Influenza	78 <sup>F</sup>		
" 28.	Div.Rest Stn.No.6.C.F.Amb.		Ditto	81		
1916 Jan. 1	Disch.to duty		Ditto	82 <sup>E</sup>		
Feb 4	No.6 Can.Fld Amb.		Bitto.	A106 <sup>E</sup>		
Feb.8	Trans.to No.6 C.F.A.Div.Rest		Stat.Pleurisy.	A109		
Feb.18	Dis.to Duty.		do	A113 <sup>E</sup>		
Mar.11	No.6 Can.Field Ambulance.		Bronchitis.	A130. <sup>F</sup>		
" 17	Discharged to Duty.		do.	A130. <sup>E</sup>		
Sept.1	No.10 Stat.Hosp.St.Omer.		N.Y.D. Q.	A218. <sup>F</sup>		
" 5	Trans.to Base.		Tubercle Lung.	A222.		
" 8	Princess Club Hosp.Bermondsey.		Phthisis	Sev.B60.0.703.		

P.T.O



Date 1916.	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
Oct. 4	Canadian Con.Hosp.	Bromley.	Pulmonary Tubercul.	B70.		
"	5 Mil.Hosp.S'cliffe. (Adm.to South.San.Hastings)				T.B.B72	
Nov. 4	Discharged.		T.B.	B126.		



649-W-3663.

✓ ✓ ✓ ✓ ✓  
Wynne J.A. Pte. #2158-C.E.F.

6<sup>th</sup> Fld Amb  
C.A.M.C

Medals

& Dec. (father) Joseph Wynne, Esq.,  
133 Park Avenue,  
Montreal, P.Q.

*Wynne*

P.&S. (father) ditto

(Ser. # 985-651.)

Mem. C. (Nil)

1914-15 star was despatched by G.O.C. M.D.4. 6/1/20

Eligible for 14-15 Star Pte 6<sup>th</sup> Fld Amb.  
C.A.M.C

E " " N.M  
E " " B.W.M

45795

R.R.



JUN 8

Scioll Desp.

1923

Reqn. No.

56413

JUN 8

Plague Desp.

1923

Reqn. No.

49631




MT  
2158

Number, . . . 2158 . . . Rank, . . . Pte

Surname, WYNNE

Christian Names, James Arthur

Unit, . . . C. A. M. B. . . . Theatre of War, France

Date of Service, . . . 15-9-15 . . . 

Remarks, . . . . .

Latest Address, (Father) Joseph Wynne Esq 01, ~~Prince Arthur W.~~

133 Park Ave  
Montreal, P.Q. ~~Montreal~~

Roll No. 

Page 2198

CAMB

~~18~~  
~~19~~  
~~20~~

Q. a 25589 ~~DM~~

JUL 25 1921

Y. 55. 188-Ifish

SEP 24 1921



Surname

Christian Name or Names

Reg. No.

Wayne J. A.

2158

Rank

Unit

Co.

Troop

Batty.

Hospital

b. Amb.  
nob. b. f. Ambulance

Date of Admission

25.12.15

Transferred

Hosp.

Wiv Rest Stat<sup>n</sup> #6 C. F. Amb

Hosp. 28-12-15

#6 Can Field Ambulance

Hosp. 4-2-16

#6 Can Field Ambly: Wiv Rest Stat<sup>n</sup>

Hosp. 8-2-16

Diagnosis

Influenza

(1) Later Diagnosis (if changed)

(2)

Influenza

(3)

Additional Diagnoses: If more than one state present

Pleurisy  
Bronchitis  
Tubercle Lung.

DISPOSITION

Disch to Duty 1-1-16

Date

DISPOSITION	Date	REMARKS
Disch to Duty	1-1-16	
"	18-2-16	"
"	14-3-16	"
C.R. 11-1-16	81	Trans to Base.
C.R. 12-1-16	#82	H's. 4-11-16
C.R. 16-2-16	A 106	
C.R. 21-2-16	A 109	
C.R. 28-2-16	A 113	
" 28-3-16	a 130	Bch. of D.G.M.S. O.M.F.C. Londer
" 9-9-16	A 218	
" 14-9-16	a 222(2) + B30	
" 10-10-16	B 70	
" 14-10-16	B 72	
" 8-2-16	B 126	

A.M.D. 2 DEPT.

over P.F.O

J.P.  
M.P.  
R.W.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

- |    |  |         |
|----|--|---------|
| 1. | 6 Can Field Ambulance                  | 11.3.16 |
| 2. | 10 Stat. St Omer.                      | 1.9.16  |
| 3. | Princes. Club Bermondsey               | 8.9.16  |
| 4. | Bromley Convalescent                   | 4.10.16 |
| 5. | Mrs. Ho. Scapdam to S. Saint. Hastings | 5.10.16 |
| 6. |  |         |
| 7. |  |         |



MEDICAL CASE SHEET.\*

*J*

No. in  
Admission  
and  
Discharge  
Book.  
*2283.*  
Year

Regimental No.  
*2158*

Rank.  
*Pte*

Surname.  
*Wynn*

Christian Name.  
*J.*

Unit.

Age.

Service.

*C A M C 6th Ld Amb.*

*27*

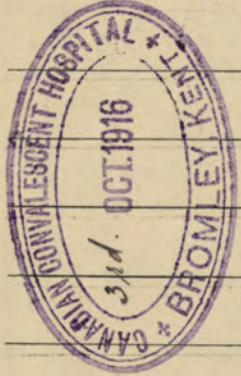
*11/12*

Station  
and Date.

Disease *Pulmonary T.B.C.*

*On the Sept 1 at Ypres found  
T.B. found in sputum & clinical  
signs present.*

*Hastings T.B Hosp.*



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







Rank *Plt* Name WYNNE, James Arthur Reg'l No. 2158  
 Unit No 6 F.A. If in perm. Corps, Married or Single Single  
 What Unit?  
 Place and Date of Enlistment Montreal, P.Q. 18th. Nov. 1914 Place of Birth Montreal, P.Q.  
 Name and Address, Next-of-Kin Nellie Wynne, 103 City Councillor Street, Montreal, P.Q.  
 Relationship Sister.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

*CCAR*  
 N.I.E. R.B. No. *1072*  
 File R.L. *Mullan*  
 Category

Relationship

Relationship

Discharge, Date and Place Reason Character *B40*

*M.X.*  
*25-11-21*  
*R.P.*

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				
8.3.15	<i>906 F.A.</i>	<i>Breaking barracks &amp; being drunk</i>	<i>Montreal</i>		<i>P.I.C. 3</i>
21.3.15	" "	<i>K.R.P. AA 46-2-D. 2 days pay Drunkenness, fined \$2.00 K.R.P. 46-2-B</i>			
		<i>Arrived in England per S.S. Northland</i>		<i>29.4.15.</i>	<i>P.I.C. 5</i>
		<i>Put in barracks while under arrest</i>	<i>do</i>		
15.5.15	" "	<i>5 days pay K.R.P. 46-2-D Drunk &amp; abs. w/d. 14 days pay</i>	<i>Bandling Camp</i>	<i>9.5.15</i>	<i>P.I.C. 14</i>
		<i>D.A. 46-2-D</i>			
		<i>Embarked for France.</i>		<i>15.9.15</i>	
16.10.15	<i>906 F.A.</i>	<i>Fine 6 dollars for drunkenness</i>	<i>France</i>	<i>1.10.15</i>	<i>4.10.15</i>
4-1-16.	<i>W.O.</i>	<i>Influenza</i>	<i>#6 3rd. Amb.</i>	<i>25-12-15</i>	<i>C.P. 78.</i>
11-1-16.	"	"	<i>Div. Rest &amp; Stat</i>	<i>28-12-15</i>	" <i>81.</i>
12-1-16.	"	<i>Disch. to duty</i>	"	<i>1-1-16</i>	" <i>82.</i>



2158

Wynne. J.A.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
16.2.16	OC 6 <sup>th</sup> Can 9 <sup>th</sup> C.A.M.C. 2 <sup>nd</sup> Div	Not ban. Field Amb	France	4.2.16	Influenza. Gas Rpt A106
21.2.16	"	To Divisional Rest Station <sup>about.</sup>	do	8.2.16	Pleurisy " A109
28.2.16	OC 2 <sup>nd</sup> Div O.C. 2 <sup>nd</sup> Div C.A.M.C.	Discharged to Duby	do	18.2.16	" " " A113
28.3.16	"	Adm. 6 <sup>th</sup> ban. Field Amb	In the Field	11.3.16	Bronchitis " " 130
" " "	"	Discharged to Duby	" "	17.3.16	" " " "
9.9.16	"	Adm. No 10 Stat. Hosp.	St. Omer	1.9.16	N.Y.D.Q. Cas List A 218.
14.9.16	"	Transferred to Base (Ex No 10 Stat Hosp)	"	5.9.16.	Tubercle Lung. " A 222
14.9.16	"	Adm Princess Club. Hosp	Bermundsey.	8.9.16	Phthisis Severe " B. 60
15-9-16	"	Transferred to G.C.A.C., Folkestone.	"	9-9-16	Pt. II C 42. S.
16.9.16	C.A.C.	Taken on Strength - of Cas	St. Stone	8.9.16	" H 00 SC
10.10.16	2 <sup>nd</sup> C.A.M.C.	Trans to Can Cow Hosp	Bromley.	4.10.16	ELB 70 Pulmonary Tuberculosis
14.10.16	2 <sup>nd</sup> C.A.M.C.	Id. Military Hosp.	Shorncliffe	5.10.16	ELB 70. 2.B.
8.2.17	"	Id. Military Hospitals	"	4.11.16	ELB 126. 2.B. Pulmonary
23.11.16	C.A.C.	S.O.A on proceeding to Can for Dis	Shornham.	4.11.16	Pt II 0517.
1	Dis Dept To Sanatorium		Montreal	17-11-16	Non Roll No 90



POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

32354-646

19826-J-2

Name Wynne, James Arthur  
Surname Christian Name

Regimental Number 2158 Rank Pte.

Address (in full) 133 Park Ave.,  
Montreal, P.Q.

Unit C.A.M.C.

Original Unit NO. 6. Fld. Amb.

District where paid M.D. 4.

Date of Discharge 12-1-17.

P. D. P. Filing Number 1-6-4.

Rates:—Regimental pay \$1.00 per diem; Field Allowance \$ .10 per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 800R.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments 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		
100 10	102	27 7-17	33 00	102	10-8-17	33 00	105	27-9-17	34 10		100 10

Remarks:

M. F. W. 127.  
50M-6 17.  
1772 39-1140.



99 City Councillors St. Montreal Que.

Dec'n No. 34354/646 W. S. G. File No. 19856 f-24.

Award 153 days at \$ 70. per day \$ 350.00

S. A. .... months at \$ ..... per mo. \$ ..... \$ 100.10

Less P, D. P. Credited \$49.90

Less further debit balance \$.....

Net due paid as below \$249.90

SOLDIER TO DEPENDENT					
Ch No	Amount	Ar. No	Ch No	Amount	
<u>4081</u>	<u>210.00</u>				
	<u>39.90</u>				
Total	<u>249.90</u>	Total			

9-5-19

A.S.B. 3-5-19.

~~cheque number and date p. 350~~

Make no further payments  
to Soldier - DEB  
(Deceased.)  
13-5-19.

Ch. No. 456851 cashed by  
Soldier's sister. Requested to  
return same. Oct. 22 1919  
456851 for \$210.00 Returned & cancelled  
for Grace 16694-27-11-19-2167 L.L.

Director of Records  
Estate Branch  
Ottawa

153 days @ 70 = \$350.<sup>00</sup>  
less P.D.P. 100.<sup>10</sup>  
\$249.<sup>90</sup>

DATE	CK. NO.	AMOUNT
<u>1-3-23</u>	<u>9.432</u>	<u>\$249.90</u>

W. J. Osee  
1-3-23 24/3/23











MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *Miss Nellie Wynne*  
 Address *99 City Councillors St  
 Montreal*

By Whom Assigned *Wynne James*  
 Regtl. No. *2158.*  
 Rank *Pte*  
 Corps *6th Fld ambulce*

SPECIAL REMITTANCE

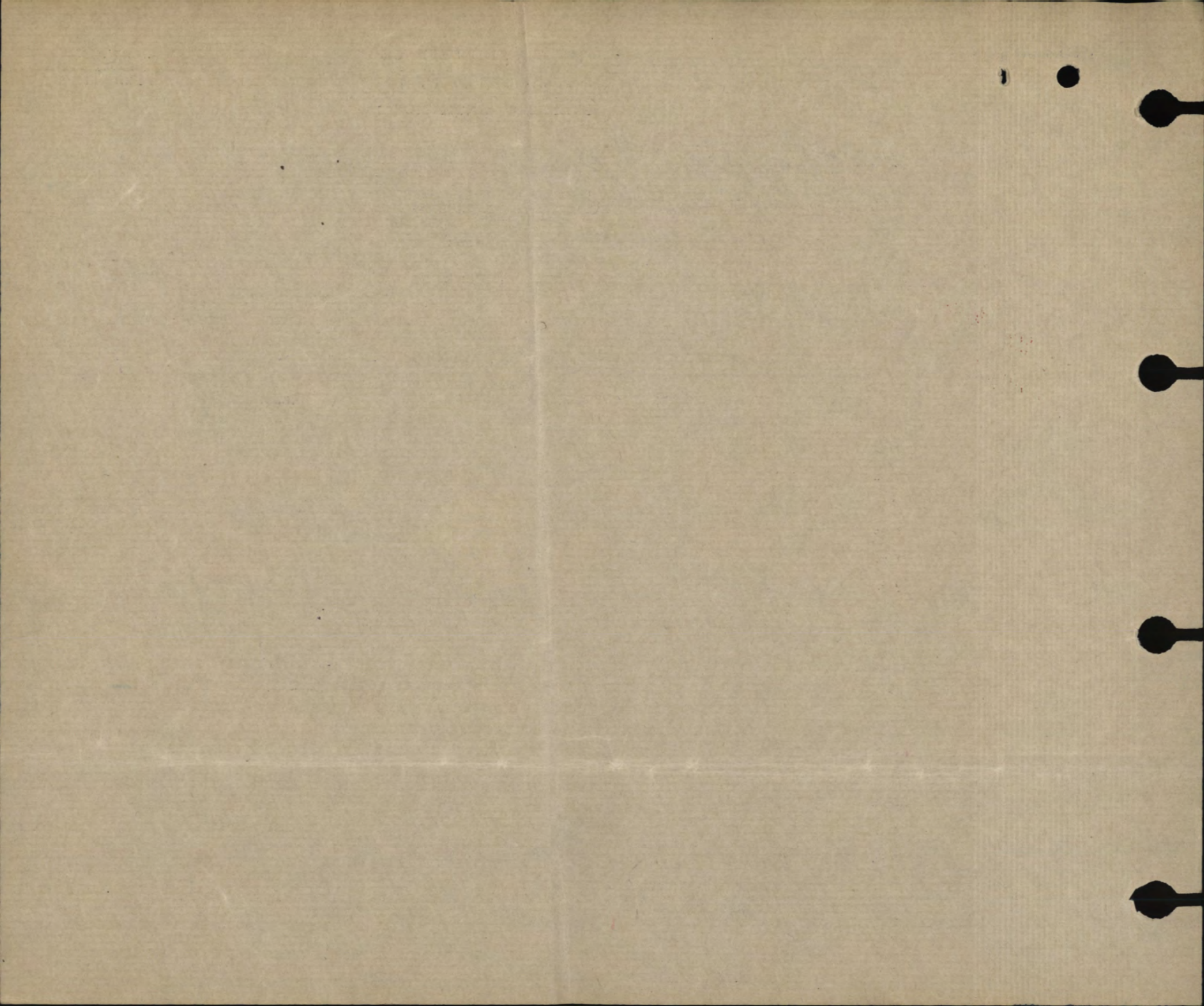
Rate *\$75.<sup>00</sup>/<sub>100</sub>*

*Sched 163.* *11/8* PAYMENTS *16*

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	<del>1915</del>			
Feb.				
March				
April				
May				
June				
July				
Aug.	<i>1916. J.</i>	<i>15223</i>	<i>75-</i>	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				









54

2nd Contingent

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

*Jo*  
*Team*

To Whom  
Address

*Miss Nellie Wynne*  
*99 City Councillors St.*  
*103. City Councillors St.*  
*Montreal*

By Whom Assigned

*Wynne J. A.*

Regtl. No.

*2158*

Rank

*Pte*

Corps

*#6. Field Ambce*

Rate

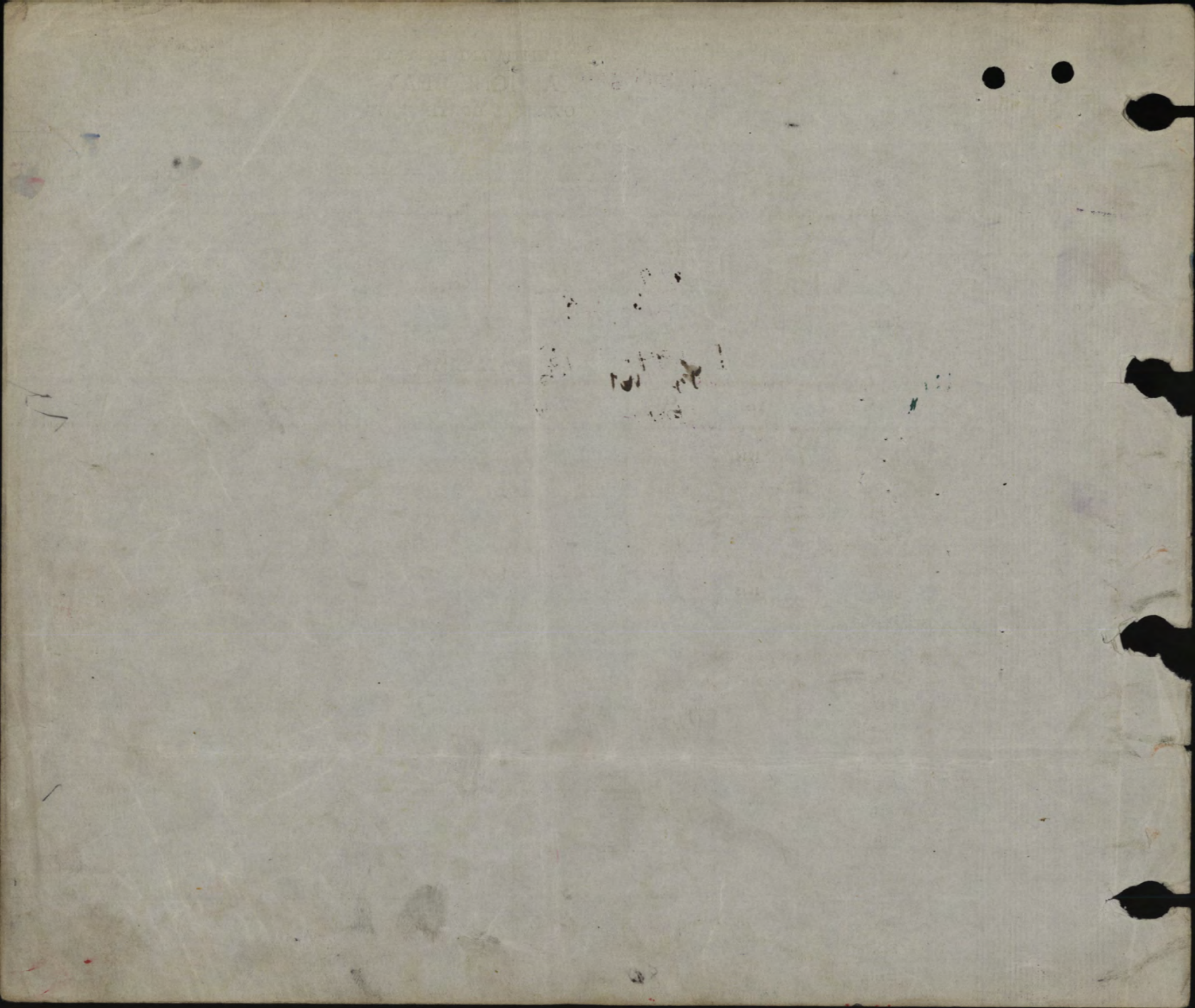
*\$ 15<sup>00</sup>*

APR 1 1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Stop Payments</i> <i>Discharged to Canada</i> <i>3M 1/11/16 date. 8/2/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				<i>Per Cable Col Ward 8-7-15</i>
March				
Apr.		<i>O.421</i>	<i>15 -</i>	
May		<i>M 743</i>	<i>15 -</i>	
June		<i>P.1959</i>	<i>15 -</i>	
July				
Aug.		<i>R 3909</i>	<i>15 -</i>	
Sept.		<i>M 7073</i>	<i>15 -</i>	
Oct.		<i>M 5022</i>	<i>15 -</i>	
Nov.		<i>Q 9121</i>	<i>15 -</i>	
Dec.		<i>R 11502</i>	<i>15 -</i>	
Jan.	1916	<i>T 12194</i>	<i>15 -</i>	
Feb.		<i>V 13354</i>	<i>15 -</i>	
March		<i>X 16480</i>	<i>15 -</i>	







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

2158  
 55  
 Name of Soldier Wynne. J. A.  
#6 Field Ambulance

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

Miss Nellie Wynne  
 Sheet No. 2.

PAYMENTS.

L. L. Job 8902.-Req. 6213.

*abs  
 Prog*

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 <sup>00</sup>	
April	1916	T2445	15	
May		S5805	15	
June		M8970	15	
July		C7716	15	
Aug.		U 15603	15	
Sept.		I 19415	15	
Oct.		J 24161	15	
Nov.		<del>B29728</del>	<del>15</del>	<i>Stop Dec 1/16                  Cancelled.</i>
Dec.			165	
Jan.	1917		270	<i>Acct. closed, ret'd on Troopship 5/16.                  J. X. 16-11-16.</i>
Feb.				<i>lt.</i>
March				<i>Pension Granted 14/1/17</i>
April				<i>fg</i>
May				
June				
July				
Aug.				
Sept.				<i>P.P. 13/1/17, P.P.</i>
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.				



Rank *CCAC* Name **WYNNE, James Arthur** Reg'l No. **2153**  
 Unit *No 6 F.A.* If in perm. Corps, *0* Married or Single **Single**  
 What Unit? *0*  
 Place and Date of Enlistment **Montreal, P.Q. 18th. Nov. 1914** Place of Birth **Montreal, P.Q.**  
 Name and Address, Next-of-Kin **Nellie Wynne, 103 City Councillor Street, Montreal, P.Q.**

Assigned Pay Monthly \$ *15* Payable to *Mrs Nellie Wynne* Relationship **Sister.**  
 Relationship *103 City Councillor's Montreal*

Separation Allowance \$ Payable to Relationship Entered on N.E. Card Index *✓*  
 Discharge, Date and Place *1-11-16 Canada* Reason Character *Checked by I. Williams*

*Apr* Date *1915*

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						
<i>1/4</i>	<i>30/4</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>		<i>33</i>			<i>32 10</i>			<i>32 10</i>	<i>90</i>	
<i>1/5</i>	<i>31/5</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>90 35</i>				<i>15</i>	<i>15 40</i>	<i>30 40</i>	<i>4 60</i>	<i>15 days pay 10/5</i>
<i>1/6</i>	<i>30/6</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>4 60</i>	<i>37 60</i>			<i>15</i>	<i>15</i>		<i>30</i>	<i>4 60</i>	<i>22 46 20</i>
<i>1/4</i>	<i>31/4</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>4 60 41 40</i>			<i>14 50</i>	<i>15</i>		<i>33 50</i>	<i>9 30</i>	
									<i>9 20</i>			<i>64 60</i>					
									<i>1 41</i>								
<i>Aug 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>91 45 01</i>			<i>19 48 15</i>			<i>34 28 10 53</i>		<i>Clothing on replacement</i>
<i>Sep 1</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>53 43 53</i>			<i>6 25 15</i>		<i>2 30</i>	<i>12 55 19 98</i>	<i>70 31</i>	<i>Sept 1st</i>
<i>Oct 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>19 98 54 08</i>			<i>2 61 15</i>		<i>6 84</i>	<i>28 48 29 60</i>	<i>6 00</i>	<i>Sept 1st</i>
<i>Nov 1</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>		<i>29 60 62 60</i>			<i>5 30 15</i>		<i>20 30</i>	<i>4 23 0</i>	<i>87 cents</i>	<i>32 10</i>
<i>Dec 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>42 30 76 40</i>			<i>16 84 15</i>			<i>31 84 44 56</i>		
<i>Jan 1</i>	<i>31</i>	<i>31</i>	<i>1</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>44 56 78 66</i>			<i>5 22 15</i>			<i>20 22 58 74</i>		
<i>12 29</i>	<i>2</i>	<i>29</i>		<i>29</i>	<i>29</i>				<i>2 90 58 44 90 74</i>			<i>5 22 15</i>			<i>20 22 70 11</i>		
<i>1 3</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>31</i>				<i>3 10 70 11 104 21</i>			<i>5 22 15</i>			<i>20 22 83 99</i>		
									<i>83 09</i>								
									<i>366</i>								
									<i>96 60</i>								
									<i>141 40 31</i>								
												<i>130 72 165</i>	<i>94 59</i>	<i>320 72 83 99</i>			

BALANCE TRANSFERRED TO NEW LEDGER

Checked *Lewis*





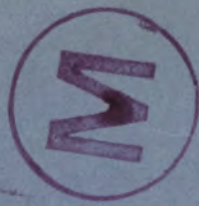













No Class

This space to be for numbers.

# Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 2158	
Rank Private	
Name Wynne, James A. <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) Canadian Army Medical Corps.	
Date of Discharge January 12th 1917.	
Place of Discharge Montreal, P.Q.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 26.....years.....4.....months. Height 5.....feet.....6½.....inches. Complexion Medium Eyes Grey Hair Dk. Grey Trade Bartender Intended place of residence } 101 Prince Arthur W. (To be given as fully as } Montreal, P.Q. practicable.)	Descriptive Marks  I Scar Over Left Eye. 
2. The above-named man is discharged in consequence of Medical Unfitness Due To:- Tuberculosis, H.Q. Authority Dated December 15th 1916. 4. D. 22--W--310. Under Prov: H.Q. 60-4-8 Dated 9th Sept. 1915.	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	3. Conduct and character while in the service have been, according to the records, etc.  <i>Indifferent.</i>
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)  <i>Light work.</i>

M. F. B. 218.

100mm.—6-16.  
H. Q. 1772-30-113.

*w. S.G. Complete  
24 4/19 P.B.*

(OVER)

*Protest 1-17  
25-1-17  
L.H.*

*H*



5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Three horizontal dashed lines for listing medals and decorations.

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding .....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, P.Q. James A. Wynne (Signature of Soldier.)

(Date) January 12th 1917. S.R. Welding (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total...2...years...60...days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Montreal, P.Q.

(Signature) G. L. Hays Captain.

(Date).....



Military Hospitals Commissions Command.



**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

NO RESERVATIONS.

*James A. Wynne*



# 249  
24/1/17

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of  (a) Proceedings on Discharge.  (b) Attestation.  (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



W-310

000 2701

Casualty Form—Active Service.

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

Regiment or Corps 6TH FIELD AMBULANCE,  
Canadian Expeditionary Force.

Regimental No. 2158 Rank Pte Name Wayne J A

Enlisted (a) Nov 18 14 Terms of Service (a) \_\_\_\_\_ Service reckons from (a) Nov 18 14

Date of promotion to } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on } \_\_\_\_\_  
 present rank } to lance rank } 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				
		<u>Handed in France</u>		<u>16.9.16</u>	
<u>3/10/15</u>	<u>OC Unit</u>	<u>Fined \$6.00 for drunkenness Oct 14 15</u>	<u>In the field</u>	<u>1-10-15</u>	<u>B2 13</u>
<u>25/12/15</u>	<u>do</u>	<u>Influenza adm</u>	<u>do</u>	<u>25-12-15</u>	<u>A36 Desh no 31 d/29/12/15</u>
<u>1/1/16</u>	<u>do</u>	<u>do</u>	<u>ORS</u>	<u>28-12-15</u>	<u>A36 Desh no 32 d/6/1/16</u>
<u>1/1/16</u>	<u>ORS</u>	<u>do</u>	<u>Disch In field</u>	<u>1-1-16</u>	<u>A36 Desh no 34 d/7/1/16</u>
<u>6/2/16</u>	<u>oc Unit</u>	<u>Influenza adm</u>	<u>do</u>	<u>4-2-16</u>	<u>a36 Desh no 45 d/10/2/16</u>
<u>12/2/16</u>	<u>do</u>	<u>do</u>	<u>do</u>	<u>8-2-16</u>	<u>a36 Desh no 49 d/17/2/16</u>
<u>17/2/16</u>	<u>oc S.R.A.</u>	<u>Pleurisy adm</u>	<u>do</u>	<u>8-2-16</u>	<u>a36 Desh no 49 d/17/2/16</u>
<u>19/2/16</u>	<u>do</u>	<u>do</u>	<u>do</u>	<u>18-2-16</u>	<u>a36 Desh no 24 d/24/2/16</u>
<u>18-3-16</u>	<u>oc 667A</u>	<u>Bronchitis adm</u>	<u>do</u>	<u>11-3-16</u>	<u>a36 Desh no 58 d/23-2-16</u>
<u>29.16</u>	<u>oc 7 A</u>	<u>Pyrexia adm</u>	<u>do</u>	<u>17-3-16</u>	<u>a36 Desh no 58 d/23-2-16</u>
		<u>Trans to 10 Stat</u>	<u>do</u>	<u>29.8.16</u>	<u>a36 Desh 119 d 8 9</u>
<u>1.9.16</u>	<u>10 Staty</u>	<u>N.Y. D. adm</u>	<u>do</u>	<u>1.9.16</u>	<u>W3034-537</u>
<u>5.9.16</u>	<u>do</u>	<u>Sub. Lung trans to Base.</u>	<u>do</u>	<u>5.9.16</u>	<u>W3034-Exhael</u>
<u>6.9.16</u>	<u>32 Stat</u>	<u>do adm</u>	<u>do</u>	<u>6.9.16</u>	<u>W3034-Exhael 3</u>

(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.

2 OCT Recd



JUN 26 1917

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				

8. 9. 16 HS "JAN  
BREYDEL"  
Sick. Transf to CCAC.  
Stone.

"JAN BREYDEL" 9. 9. 16 W 3083 THZ Adso 42 d. 15/9/16

R. H. Smith  
Capt. C. A. M. C.  
for Lt Col a. a. G



N.E.

113879

C.C. H.S.S.  
A & D.

237. Wynne.

Medical Report on an Invalid.

Station Canadian Convl. Hospital  
Sanitorium Sect. 1.

Date Oct 12, 1916

- 1. Unit. C.A.M.C.
- 2. Regimental No. 2158.
- 3. Rank Pte.
- 4. Name Wynne J.A.
- 5. Age last birthday 27.
- 6. Enlisted on Nov. 18, 1914,  
at Montreal P.Q.
- 7. Former Trade Bartender,  
or Occupation

8. Disability.

44  
Tubercle of Lung

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

- 9. Date of origin of disability. Uncertain.
- 10. Place of origin of disability. Ymountain.
- 11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Respiratorion.  
patient first reported sick 26-8-16 in France complaining of pain in the left chest: cough very troublesome with profuse expectoration especially after first getting up in the morning. severe night sweats. Evening temperature shortness of breath on slight exertion easily tired.  
Post Illnesses. Had left sided pleurisy 5-1-1916, was sick in bed for twenty days did not make good recovery when on 25-2-1916 he had another attack or relapse was confined to his bed for fifteen days never fully recovered but did his work in the camp. reported sick as above. Had Typhoid fever in 1909 sick in bed 28 days and convalescing for three months made fair recovery. Patient states that he has always been subject to winter cold and severe attacks of Influenza for the past 10 years. States that he never had any venereal diseases.  
Family History: Mother died of T.B. and had an an uncle die with cancer and T.B.

- 12. (a) Give your opinion as to the causation of the disability. Infection.
- (b) If you consider it to have been caused by wounds received or illness contracted (1) in the presence of the enemy (2) on active service, explain the specific conditions to which you attribute it. (See notes on page 3).  
(1) Questionable  
(2) Questionable; Predisposition aggravated by climatic and general service conditions



13. What is his present condition?

Patient complains of shortness of breath especially cough with expectoration especially troublesome immediately after first getting up in the morning. Has occasional night sweats since coming to the sanatorium. Subnormal temperature. easily fatigued. Muscle tenderness over right apex. Enlarged and tender lymphatic glands in 4th & 5th interspace over mid axillary line. on Right side. Glans on left side palpable and slightly enlarged, but not painful. R. lung. Retraction of apex marked. and marked dullness vocal fremitus increased absence of breath sounds vocal resonance increased. Bronchial Breathing, Subcrepitanous and large mucous rales abundant. crepitanous heard over small area about 2" below clavicle on mid clavicular line. Dry rales heard over R. lower lobe. moist subcrepitanous rales in axilla and moist intra scapular space is heard. Bronchovesicular murmur and dry and moist rales. Left lung. Patch of dry and moist subcrepitanous rales with four large mucous rales heard over entire left lung. T.B. position in apical upper systems and organs examined and found to be normal.

14. If the disability is an injury, was it caused

- (a) In action ?
- (b) On field service ?
- (c) On duty ?
- (d) Off duty ?

Not applicable  
Not applicable  
Not applicable  
Not applicable

15. Was a Court of Inquiry held on the injury ?

- If so—(a) When ?
- (b) Where ?
  - (c) Opinion ?

Not applicable  
Not applicable  
Not applicable

16. Was an operation performed? If so, what ?

No.

17. If not, was an operation advised and declined ?

No.

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly\* attributable to active service ?

No.

19. Do you recommend

- (a) Fit for duty ?
- (b) Fit for light duty ?
- (c) Invalided to Canada ?
- (d) Discharge as permanently unfit ?

No  
No  
No  
Yes.

*[Signature]*  
Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith, except†

Station Canadian General Hospital, Sanatorium Section, Hastings Sussex. Officer in charge of Hospital.

Date Oct 12 1916.

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.



Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as it is essential that the Members of the Pensions and Claims Board should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) The rates of pensions vary according to whether the disability is attributed to wounds or injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Article 591 to 598 of the Canadian Pay and Allowance Regulations as amended G.O., 57, May 1st, 1915).

(iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

20. (a) State whether the disability is the result of injuries received or illness contracted, (1) in the presence of the enemy, (2) on active service.

1 yes    11 yes  
Infection

(b) If due to one of these causes, to what specific condition do the Board attribute it?

21. Has the disability been aggravated by

(a) Intemperance? *no*

(b) Misconduct? *no*

22. Is the disability permanent? *yes*

23. If not permanent, what is its probable minimum duration?

*not applicable*

To be stated in months.

24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

*Total for six months*

In defining the extent of his inability to earn a livelihood, estimate it at  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total incapacity.

25. If an operation was advised and declined, was the refusal unreasonable?

*not applicable*

26. Do the Board recommend

(a) Fit for duty? *no*

(b) Fit for light duty? *no*

(c) Invalided to Canada? *no*

(d) Discharge as permanently unfit *yes*

*Approved Monrovia Com  
for P.O.C. Canadian*

Signatures:—

*R. M. Ferguson* President.

Station *Hastings*

*D. J. McIntyre* Members.

Date *Oct 22/16*

Approved.

Station *Shorncliffe*

*S. Lilbacker*  
Administrative Medical Officer.

Date \_\_\_\_\_

**123 OCT 1916**

CAPT.  
FOR A.D.M.S. CANADIANS, SHORNCLIFFE



PENSIONS AND CLAIMS BOARD, Canadian Expeditionary Force, assembled at  
Folkestone, Kent, England, on the \_\_\_\_\_ day of \_\_\_\_\_ 191

Members of Board.

LIEUT.-COL. SIR H. MONTAGU ALLAN, C.V.O., *President.* MAJOR JOHN L. TODD, C.A.M.C.  
LIEUT.-COL. W. GRANT MORDEN. MAJOR MAURICE ALEXANDER,  
*Legal Adviser.*

Proceedings.

The Board having considered the evidence of the man marginally noted, and the documents submitted, hereto attached, which form part of these Presents, marked



*[Faint, illegible handwritten notes and bleed-through from the reverse side of the page.]*

\_\_\_\_\_  
*President.*  
Lt.-Col. \_\_\_\_\_ Major.  
\_\_\_\_\_  
Lt.-Col. \_\_\_\_\_ Major.