

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *H. S. Golland*
2. In what Town, Township or Parish, and in what Country were you born?..... *Stroud Gloucestershire Eng.*
3. What is the name of your next-of-kin?..... *Wm. S. Golland (Father)*
4. What is the address of your next-of-kin?..... *St. Anne de Bellevue C2*
5. What is the date of your birth?..... *Dec. 10. 1895*
6. What is your Trade or Calling?..... *Bookbinder*
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*

(Golland)

H. S. Golland (Signature of Man).
W. S. Golland (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *H. S. Golland*, 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. S. Golland (Signature of Recruit)

te. *Jan 2* 191*5* *W. S. Golland* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *H. S. Golland*, 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. S. Golland (Signature of Recruit)

Date *Jan 2* 191*5* *W. S. Golland* (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 *4* day of *Jan 2* 191*5*

[Signature] (Signature of Justice)

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

..... (Approving Officer)

D-1139

Description of Gly L Golland on Enlistment.

Apparent Age 19 years 2 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. 9 1/2 ins.

*2 vac. L. arm.
 Brownish birthmark L. boltop
 L. calf
 Scar stui L. leg.
 paler of L. hand*

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 2 ins.

Complexion fair

Eyes grey

Hair fair

- 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 Over-Seas Expeditionary Force.

Date 31 - July 1915 1914.

J. J. Gendron
 Lieut. A. M. C.
 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.

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

.....(Signature of Officer)

Date.....1914.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 12
- 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..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

A. P. B. 127-1
 Cas. Card 1
 pay card

DISCHARGE DOCUMENTS

M

Name Yolland Henry Leslie
 Regt. No 66090 Rank Pte.
 Corps 24th Bn.

Killed in action 17-12-15

R. O. No.....
 H. Q. No.....

H

H

00800

U

21-21
 16-2
 3-21
 1

7-10-20

40

Ham
OK

B
V

Number.....66090..... Rank.....Cpl.....

Surname.....YOLLAND.....

Christian Name.....Henry Leslie.....

Unit.....24th. Bn. Can. Inf. Theatre of War. France.....

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

Remarks.....*D*
.....*Yack*.....

Latest Address.....*Wm E. Yolland*.....

.....*St Andre De Bellevue*.....

Roll No. *B. Page 3069*..... *P. 2.*

h

15644

Keyp

APR 28 1971

Enlg. 1914-15 Star Cpl. 24th Bn.

Ad. G. 22.5.22

649-Y-96, H. L. Yolland, Cpl. #66090.

24th Bn.

Medals & Dec.

(Father) Wm. E. Yolland,
St. Anne De Bellevue,
P. Q.

(Serial no. 771531)

P. & S. (Father) See Above.

Mem. Cross. (Mother) Mrs. Alice Yolland,

Scroll Desp. *25-1-21* Reqn. No. *2-13071* St. Anne De Bellevue,

Plague Desp. *OCT 22 1921* Reqn. No. *R13199* P. Q.

a

H

Desp.

OCT 15 1920

(M) @ 27087

M

704

No. 1139

RANK

Pte.

NAME

Yolland A. L.

66090 Apr. Paylist.

T. O. S.

4-1-15

UNIT

24th.

Battalion

D.O. 53 of 4-1-15

M. D. 4

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|----------------|-----------------|---------------------|---|---------------|
| | | | PARTICULARS | AUTHORITY |
| 1915 Jan. 4 | 1915 Jan. 31 | V | Prom L./Corpl. 28-4-15. | May. Paylist. |
| | | V | | |
| | | V | | |
| | | V | | |
| | | V | | |
| | | | | |

UNIT SAILED
MAY 1 1 1915



NAME

Yolland, W.

L.

REGT'L No.

66090.

RANK AND CORPS

Corpl

24th Battalion

NO. 52

CABLE

NATURE OF CASUALTY

FOLL X

NO.

DATE

| NO. | DATE | NATURE OF CASUALTY |
|---------|----------|---|
| M. 2931 | 28-12-15 | Killed in Action Dec 17 th 1915. |

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

109(1) O.C. 24. Batt Reports

Killed in action 17-12-15
G.S.W. Head.

Surname **Yolland.** Christian Name or Names **H. L.** Reg. No. **66090.**
 Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____
Cpl. **24th. Battn.**
 Hospital _____ Date of Admission _____

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

G.S.W. Head.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

KILLED IN ACTION:-.

Date

17-12-15.**C.L. 28-12-15.****109.**

REMARKS

Reported by O.C. Battn.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

52007

Casualty Form—Active Service.

VERIFIED CORRECT.
Canadian Record Office,
Westminster House,
5, Millbank, S.W.

Regiment or Corps 24th Bn V.R. C & F

Regimental No. 66090 Rank Lieut Name Yelland H L Jolland

Enlisted (a) 2/1/15 Terms of Service (a) duration of war Service reckons from (a) enlistment

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 | | | | |

| | | | | | |
|----------|-------------------------|--|-----------------------|----------|-----------------------|
| 16/9/15 | 24 th CAN BN | Disembarked Boulogne NEGLECTING TO obey an order, 19/11/15 Overtaken Reprimand (A7B2069) Killed in action. Bullet wound through forehead (A7ram) | In the field " " " | 16,9,15 | Nom Roll |
| 1/11/15 | 24 th CAN BN | | | 20.10.15 | B 2069 |
| 17/12/15 | " " " | | | 18.12.15 | H.S. (134/Inf/24/12.) |

M. Kelly
Lieutenant
for Lt Col. D. A. A. G.

(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 | | | | |
| | | | | | |

mk 7-10 20

Rank *Capt* Name **YOLLAND, Henry L.** Reg'l No. **66090.**
 Unit **24th Bn.** If in perm. Corps, | Married or Single **Single.**
 What Unit?
 Place and Date of Enlistment **Montreal. 2nd Jan. 1915.** Place of Birth **Stroud Eng.**
 Name and Address, Next-of-Kin **Wm. E. Yolland. St Anne De Belvue. P.Q.**
 Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

| Date | 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>K.A. 4</i> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| <i>27-8-15</i> | <i>20-5-15</i> | <i>Arrived in England per S.S. Cameronia</i> | <i>Embarking</i> | <i>27-8-15</i> | <i>Part II order. 286.</i> | |
| <i>9. 9. 15.</i> | <i>Do.</i> | <i>Promoted to Capt</i> | <i>Do.</i> | <i>1-9-15</i> | <i>Do</i> | <i>305.</i> |
| <i>19. 9. 15</i> | <i>Do.</i> | <i>Conf. of above.</i> | <i>Folkestone.</i> | <i>15. 9. 15</i> | <i>Embark. Memo. # 288.</i> | |
| <i>6. 11. 15</i> | <i>Do.</i> | <i>Embarked for France.</i> | <i>France</i> | <i>20. 10. 15</i> | <i>A.O.P. # 6</i> | |
| <i>27. 11. 15</i> | <i>Do.</i> | <i>neglecting to obey an order 19. 10. 15 + severely reprimanded</i> | <i>In the Field</i> | <i>1. 11. 15</i> | <i>D.O.P. # 9.</i> | |
| <i>28. 12. 15</i> | <i>Do.</i> | <i>neglect of Duty 30. 10. 15 Ser. Rep.</i> | <i>France</i> | <i>17. 12. 15</i> | <i>Gas Refs 109(w) G.S. Head O.N.</i> | <i>+ Pt 2073 N/25. 12. 15</i> |

W I L L

In the event of my death
I leave all my personal
property to my father
W. E. Yolland

StAnne De Bellvue

Canada. P.Q.

to dispose of as he thinks fit
with the exection of my Gold
watch wich I leave to

Miss C Wilson

231 Stanley St

Montreal

Canada

Cpl. H.L. Yolland *66090 Sept.16 1915

Extracted from Pay Book. Page 14.

Holograph.

No. 66090, Cpl. H. L. Yolland, 24th Battalion.

YOLLAND

MEDICAL HISTORY SHEET.

Surname Yolland Christian Name Henry

Examined on 21 day of Jan 1915
at Montreal

Approved by [Signature]
Rank Capt Amb M.O.

Birthplace { City or Town Strous
County Lancasterhire Eng

Apparent age 20

Trade or occupation Brakeman

Height 5 Feet 9 1/2 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion ✓ inches.

Physical development fair

Small-Pox Marks none

Vaccination Marks { Arm Right Left.
Number ✓

When Vaccinated last Feb 11/15

(a) Marks indicating congenital peculiarities or previous disease 1/2 b-mars left b-b calf

(b) Slight defects but not sufficient to cause rejection skin side left leg

| 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, |
|------------------|-----------|----------------------|
| <u>Feb 11/15</u> | <u>OK</u> | <u>Capt Amb</u> M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------------|-----------|---------------------------------|
| <u>Feb 13</u> | <u>do</u> | <u>Capt Amb</u> M.O. |
| | | M.O. |
| | | M.O. |

Enlisted on 22 day of Jan 1915 at Montreal

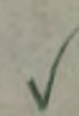
| | CORPS. | REG'L NUMBER. | HABITS. | DATE. |
|----------------------|------------------------|---------------|---------|------------------|
| Joined on enlistment | <u>24 BATT. URCEB.</u> | <u>66090</u> | | <u>Jan. 2/15</u> |
| Transferred to.. .. | | | | |

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.

66090



Rank *Corpl*

Name

YOLLAND, HENRY L.

Reg'l No.

66090.

Unit

24th Bn.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment

Montreal. 2nd Jan. 1915.

Place of Birth

Stroud Eng.

Name and Address, Next-of-Kin

Wm E Yolland. St Anne De Belyue. P.Q.

Relationship

Assigned Pay Monthly \$ *10.00*
*Cancelled 1-1-16*Payable to *M^r W. E. Yolland*

Father.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place *Killed in Action*
*17/12/15*Reason *B.O.#12, 25-12-15*
G.S.#109

Character

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|--------|----------|-------------|-----------------|------------------------|-----------------|------|--------|---------------|---------------------------|---------|------|---------------|--------------|---------------|--------------|---------|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | | |
| 1 June | 30 June | 30 | 1 ⁰⁵ | 31 50 | 30 | 10 | 3 | | 34 50 | | | 20 | 10 | | 30 | 4 50 | ✓ |
| 1 July | 31 July | 31 | | 32 55 | 31 | | 3 10 | | 35 65 | | | 22 | 50 | 10 | 32 50 | 7 65 | ✓ |
| | | | | Adjustment of Exchange | | | | | 1 13 | | | | | | | 8 78 | ✓ |
| 1 Aug | 31 Aug | 31 | 1 ⁰⁵ | 32 55 | 31 | 10 | 3 10 | 25 | 35 90 | | | 21 | 89 | 10 | 31 89 | 12 79 | Jobe Corp DO 286 27.8.15 |
| 1 Sep | 30 Sep | 30 | 1 ¹⁰ | 33 | 30 | | 3 | | 36 | | | 5 | 35 | 10 | 15 35 | 33 44 | ✓ |
| 1 Oct | 31 Oct | 31 | | 34 10 | 31 | | 3 10 | | 37 20 | | | 5 | 23 | 10 | 15 23 | 55 41 | ✓ |
| 1 Nov | 30 Nov | 30 | | 33 | 30 | | 3 | | 36 38 | | | 9 | 69 | 10 | 1 19 69 | 71 72 | ✓ |
| 1 Dec. | 17 Decr. | 17 | 18 | 70 | 17 | | 1 70 | | 20 40 69 63 | | | 12 | 49 | 10 | 22 49 | 69 63 | ✓ |
| | | | | | | | | | | | | | | | 69 63 | 69 63 | 20/06/16 Killed in action 17/12/15 B.O.#12. 25/12/15 C.L.109 \$69 ⁶³ sent to Canada for collection pett 6/9/16 |

Statement
JUL 22 1916
Account received
W. E. Yolland

Cash found in
effects *V.R.*



MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

166

To Whom *Mrs W.E. Golland*
Address *5^e Avenue de Bellevue*
P.Q.

By Whom Assigned *Golland H.S.*
Regtl. No. *66090*
Rank *Pte*
Corps *D Co. 24th Battalion*

EG DP

Rate *\$10⁰⁰* **MAY 1 1915**

PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|----------------|-------------|--|
| Aug. | 1914 | | | <i>Casualties</i> |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| Apr. | | | | |
| May | | <i>P 518</i> | <i>10 -</i> | |
| June | | <i>N 2364</i> | <i>10 -</i> | |
| July | | <i>Q 1762</i> | <i>10 -</i> | |
| Aug. | | <i>O 6721</i> | <i>10 -</i> | |
| Sept. | | <i>R 7148</i> | <i>10 -</i> | |
| Oct. | | <i>S 7003</i> | <i>10 -</i> | <i># 80 F. x. 25/10/16. C. S. G.</i> |
| Nov. | | <i>T 8833</i> | <i>10</i> | |
| Dec. | | <i>U 10415</i> | <i>10</i> | |
| Jan. | 1916 | | | <i>Acct Closed Killed in Action Dec 17</i> |
| Feb. | | | | <i>C L Dec 29 DM</i> |
| March | | | | |

UNITED STATES DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D. C.

To: _____

Address: _____

Date: _____

BY: _____

How: _____

Name Yolland H.L. Rank Corporal

Reg. No. 66090

Unit 24th Battalion.

R.L. 25. 8. 18.

Next of Kin Canada.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|-----------|--|-------|----------|----------|-----------------|-----------|
| 17-12-15. | O.C. Batt. Reports. KILLED IN ACTION. | | Gsw Head | 109 | M 2931 | 28-1 |
| | BURIAL REPORT MADE OUT. | | | | | |
| | G.R " " " | | | | | |

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

DUPLICATE.

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

MEDICAL HISTORY of

Surname YOLLAND Christian Name Henry L.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Stroud County Lancs. Eng.

Examined ... { on 21st day of January 191 5
at Montreal

Declared Age ... 20 years ... days.

Trade or Occupation ... Brakeman

Height ... 5 feet, 9½ inches

Weight ... 150 lbs

Chest Measurement { Girth when fully Expanded. 33 35 inches
Range of Expansion 2 inches

Physical Development ... Fair

Vaccination Marks { Arm ... Right Left
Number 2

When Vaccinated ...

Vision ... { R.E.—V=
L.E.—V=
(a) _____
(b) B.B. mark left b l calf scar
side left leg

Approved by (Signature) J.S. Jenkins
(Rank) Capt. Medical Officer.

I certify the foregoing to be a true copy of an original entry in the Medical History Sheet of this man. J. S. Jenkins
C. A. M. C.
for the Officer in Charge of Records
Canadian Contingents.

Enlisted ... { at Montreal
on 2 day of January 191 5

| | | |
|--------------------------|------------------|--------------|
| Joined on Enlistment ... | Corps. | Regtl. No. |
| Transferred to ... | <u>24thbatt:</u> | <u>66090</u> |

Became non-effective by _____
on _____ day of _____ 191 ____
(Signature) _____
(Rank) _____

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

List the case of Warrant Officers treated in quarters.

cases 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

VACCINATIONS

Capt. I. L. Davey

8.2.12

ANTI-TYPHOID INOCULATIONS ETC.

Mr. H. Munkelton

RECOVERY 1912

do.

12.2.12

**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.** (e)

| Date | Brief details, and signature |
|---------------------------|---|
| | <p>VACCINATIONS</p> |
| 8.2.15. | <p>H.L. Davey Capt.</p> |
| | <p>ANTI TYPHOID INOCULATIONS ETC.</p> |
| February 1915 13.2.15. | <p>H. Muckelston Maj Captain do.</p> |

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 |
|----------------------|--------------------------------|-------------------------------------|----------------------|--------------------------------|-------------------------------------|
| | | | | | |