| Proceedings of Court of Inquiry or on men                        |
|--|
| reported Wissing on Active Service                               |
| Atte Lation 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<br>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/  |
| R. 149 1   |
| . 6 - 1  |
| 10000  |
| M. F. W. 62.<br>50M.—9-16.<br>H. Q. 1772—39—935.                 |
| m X 3e   |

## DISCHARGE DOCUMENTS



Name J.L.A.R.K. PAUL.S. Regt, No. 110094 Rank, Sgt.

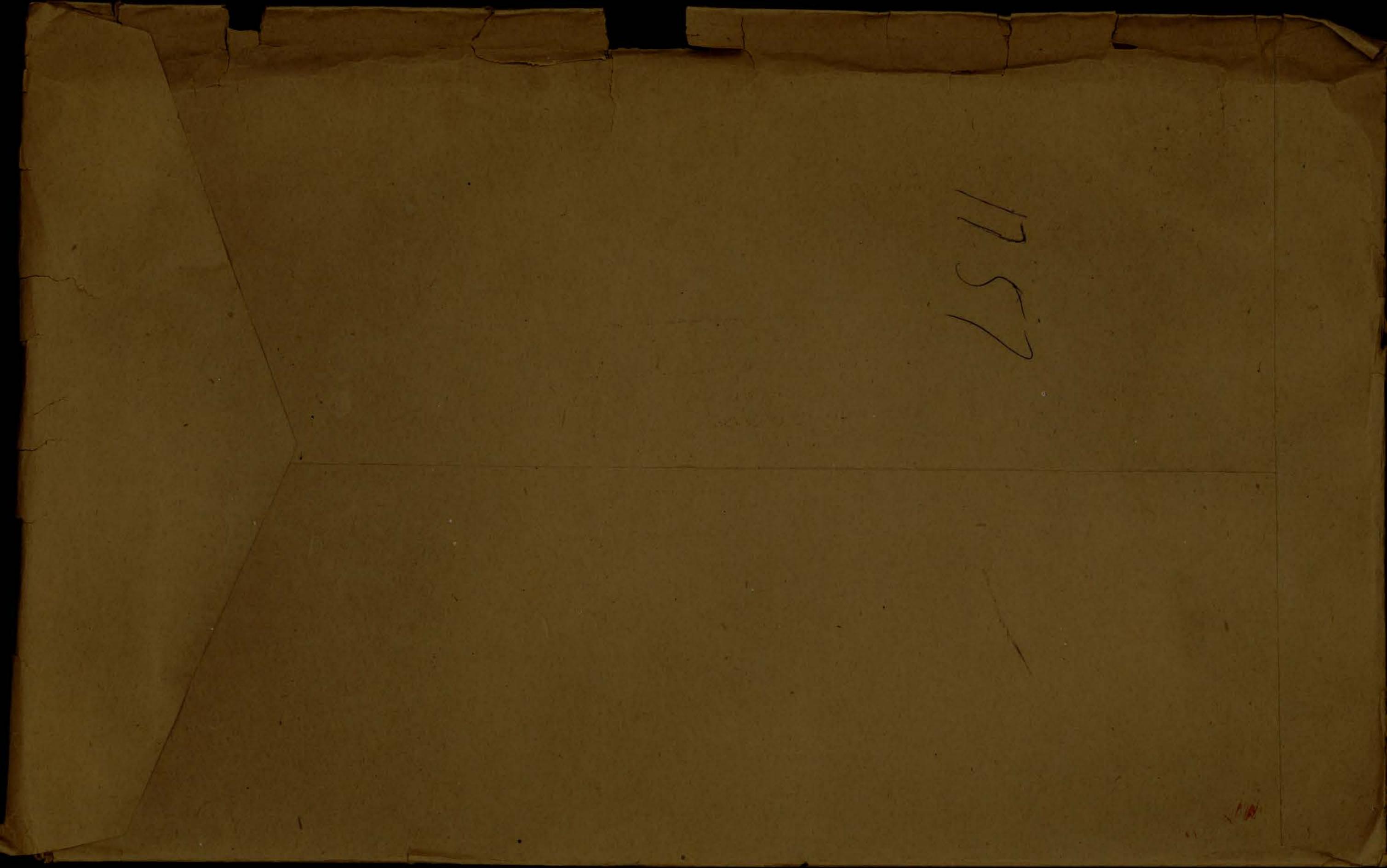
Corps, 5th 6 m.R.

Killed in act

Index Card..... Casualty Card Non-Liffective Card ........ Part II Order Card ... / Change of Attitrees Louising & Awayd Cond ....

H. Q. No.....

22046



### ATTESTATION PAPER.

No. 230: Folio. 110094

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

| QUESTIONS TO BE PUT  | BEFORE ATTESTATION. (ANSWERS).  |
|--|---|
| 7 What to make a   | Paul Sommewille Clark   |
| 2. In what Town, Township or Parish, and in  |   |
| what Country were you born?  | London Ontavio Canada   |
| 3. What is the name of your next-of-kin?   | Rev. W. J. Clark (Fether)   |
| 4. What is the address of your next-of-kin?  | 517 Clark avenue Westmount  |
| 5. What is the date of your birth?   | 20 October 1893   |
|  | College Student (mc Gill  |
|  |   |
| 8. Are you willing to be vaccinated or re-   | ; Yes   |
| vaccinated?  |   |
| 9. Do you now belong to the Active Military Force?   | -No   |
| 10. Have you ever served in any Military Force?  If so, state particulars of former Service.   |   |
| 11. Do you understand the nature and terms of your engagement?   | -1/es   |
| 12. Are you willing to be attested to serve in the)  | -1/e 5  |
| CANADIAN OVER-SEAS EXPEDITIONARY FORCE?  | Paul S. Clark (Signature of Man).   |
|  | William Farlay (Signature of Witness).  |
|  | Calland Manner Sale Michigan Congliantice of Winters).  |
| made, and I hereby engage and agree to serve in the to be attached to any arm of the service therein, for the between Great Britain and Germany should that war the termination of that war provided His Majes discharged.   | that I am willing to fulfil the engagements by me now e Canadian Over-Seas Expeditionary Force, and the term of one year, or during the war now existing last longer than one year, and for six months after ty should so long require my services, or until legally (Signature of Recruit) |
| Date February. 16 1915 Wil   | Lam Farly (Signature of Witness)  |
| OATH TO BE TAKEN BY  | MAN ON ATTESTATION.   |
| To Paul. Sommerville Con   | lask, do make Oath, that I will be faithful and   |
| bear true Allegiance to His Majesty King George the duty bound honestly and faithfully defend His Ma Dignity, against all enemies, and will observe and obtained of all the Generals and Officers set over me. So  | ie Fifth, His Heirs and Successors, and that I will as jesty, His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, help me God.  |
|  | (Signature of Recruit)  |
| Date February 16-1915. W.  | thiam Faulty (Signature of Witness)   |
| CERTIFICATE C  | F MAGISTRATE.   |
| questions he would be liable to be punished as provided. The above questions were then read to the Real I have taken care that he understands each questions duly entered as replied to, and the said Recruit has a  | cruit in my presence. estion, and that his answer to each question has been nade and signed the declaration and taken the oath  |
| before me, at  | 16 day of tebruary 1915.  |
|  | Reywolds Sometime of Justice)   |
| I certify that the above is a true copy of the A   |   |
| Approximation of the second of |   |

M. F. W. 23. 150 M.-12-14. H.Q. 1772-39-841.

## Description of Paul Sommewille Clark on Enlistment.

| Apparent Ageyearsmonths.  (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  | Approving Officer).  Mole on left breast.  |
| \Jewish   |  |
| of rejection specified in the Regulations for Army Med  He can see at the required distance with either free use of his joints and limbs, and he declares that I  I consider him* for the Canadi  Date Helauay 6 1914  Place "Insert here "fit" or "unfit." | eye; his heart and lungs are healthy; he has the   |
|   |  |
|   |  |
| CERTIFICATE OF OFFICE   | ER COMMANDING UNIT.  |
| PS Clark  | having been finally approved and   |
|   | f Attestation, and every prescribed particular having  |
|   | Make_Lt. Colonel (Signature of Officer)  |
| Date Jeb. 16: 1916.   | th CANADIAN MOUNTED RIFLES   |
|   |  |

110094 Set as blanks MILLITHA & DEFENCE In the event of my death I give the whole of my property and effects to my father, Rev. Ir. J. Clark Westmount. Que. Signature Paul & black Sqt. No 110,094 October 5 1915 the production of an boson good on one of the court or particular for the particular of the Delice of Contract of the Persons of the

NOT CHAPGED 154 WAR 2 1916

NOT CHAPGED 154 WAR 2 1916

NAME OF THE PROPERTY O

THE RESERVE OF THE PARTY OF THE

THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

m.x

Se 19/3/20

ATTESTATION PAPER.

No. 230-110094

Folio.

#### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

| P              | QUESTIONS TO BE PUT  | BEFORE ATTESTATION.   |
|----------------|--|---|
|                | . What is your name?   | Taul Sommerwille Clark.   |
|                | 2. In what Town, Township or Parish, and in what Country were you born?  | (onden, Ontario   |
|                | What is the address of your next-of-kin?   | 57 Clark Ave., Westmou  |
|                | What is the address of your next-of-kin?  What is the date of your birth?  | October 20 th. 1843   |
|                | i. What is your Trade or Calling?  | Student (He Gill)   |
|                | 7. Are you married?  |   |
|                | Are you willing to be vaccinated or re-  | 1488  |
| 1              | ou now belong to the Active Militia?   | J. Mo   |
| 10             | Have you ever served in any Military Force?  If so, state particulars of former Service.   |   |
| 11             | . Do you understand the nature and terms of your engagement?   | YES   |
| 13             | Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?   | JYES  |
|                | ORNADIAN OTHE DEAD TELESCHIEF TORON,   | Lacel S. Clark (Signature of Man).  |
| 18             |  | William Faulty (Signature of Witness).  |
| to<br>be<br>th | be attached to any arm of the service therein, for atween Great Britain and Germany should that was the termination of that war provided His Majes scharged. | the Canadian Over-Seas Expeditionary Force, and the term of one year, or during the war now existing last longer than one year, and for six months after ty should so long require my services, or until legally (Signature of Recruit) |
| -              |  | MAN ON ATTESTATION.   |
| in<br>D        | ar true Allegiance to His Majesty King George the duty bound honestly and faithfully defend His Ma   | Lank, do make Oath, that I will be faithful and he Fifth, His Heirs and Successors, and that I will as ejesty. His Heirs and Successors, in Person, Crown and bey all orders of His Majesty, His Heirs and Successors, help me God.     |
|                |  | Signature of Recruit)   |
|                | 16th February 1915. W  | Ellian Farly (Signature of Witness)   |
|                | CERTIFICATE O  | OF MAGISTRATE.  |
| d              | The above questions were then read to the Re<br>I have taken care that he understands each quality entered as replied to, and the said Recruit has           | cruit in my presence. lestion, and that his answer to each question has been made and signed the declaration and taken the oath   |
|                |  | 16 day of Tebruary 1915.  |
| di.            |  | Reguelds D. (Signature of Justice)  |
| -              | I certify that the above is a true copy of the A   |   |
| 0              |  | Jelle (Approving Officer)   |
| N              | 1. F. W. 23.   |   |

# Description of Taul Sommunille Clarkon Enlistment

| Apparent Age. 21 years 4 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. // ins.  Girth when fully expanded 36 ins.   | Mole on the left breast   |
| Complexion Jains.   |   |
| Eyes Blue   |   |
| Hair Brown  |   |
| /Church of England  |   |
| Presbyterian  |   |
| Wesleyan  Baptist or Congregationalist  Other Protestants  (Denomination to be stated.)   |   |
| Wesleyan  Baptist or Congregationalist  Other Protestants   |   |
| Other Protestants (Denomination to be stated.) Roman Catholic   |   |
| Jewish  |   |
| of rejection specified in the Regulations for Army Med  He can see at the required distance with either free use of his joints and limbs, and he declares that h  I consider him* for the Canadi  Date Office and 1910  Place Office and 1910  *Insert here "fit" or "unfit." | eye; his heart and lungs are healthy; he has the  |
|   |   |
|   |   |
|   |   |
| CERTIFICATE OF OFFICE   | ER COMMANDING UNIT.   |
| Re beaut  | 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 co  |   |
| 1 -614  | Baker Lt. Colonel (Signature of Officer)  |
| Date /6/1 Le 1910 0. C., 5th  | CANADIAN MOUNTED RIFLES   |

### Casualty Form-Active Service.

101/enr/s

Regiment or Corps\_ 5th Canadian Mounted Rifles

| Enliste<br>Date of | f promotion<br>esent rank | to Date of appoints to lance rank  | ment  | Service rec |   |
|--------------------|---------------------------|--|---|-------------|---|
| Date               | From whom received        | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 218, 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.  |
|                    |                           | Conforme. Mygun section<br>Sergeaux. Mygun section   | Sherbrooke<br>Talcartier.<br>LANDEL<br>FRA<br>2431.10.1 | NCE         |   |
| -6-16              |                           | Confirmed as Sergeant Ailled in Autor  | Field   | 2-5/6/16.   | AAG., Can. Sec., 101/CMR/5/1.  bas hed A 193 d 79/8/16. Cander AM  bay hed A 193 d 79/8/16. Cander AM  bay hed A 19/9/16  Lientenam  for L' Col. A. A. G. |
|                    |                           |  |   |             |   |

<sup>(</sup>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.

| Report |                    | Record of promotions, reductions, transfers,  |       | NAST ! | Remarks  |
|--------|--------------------|---|-------|--------|--|
| Date   | From whom received | 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   | taken from Army Form B. 213,<br>Army Form A. 36, or other<br>official documents. |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
|        |                    |   |       |        |  |
| 3      |                    |   |       |        |  |
|        |                    |   |       |        |  |
| 194    |                    |   |       |        |  |
| 155    |                    |   |       |        |  |
|        |                    |   |       | 3749   |  |
|        |                    |   |       |        |  |

14

### WILL

In the event of my death I give the whole of my property and effects to my father, Rev. W. J. Clark

Signature. Paul S Clark

Sgt. No 110,094

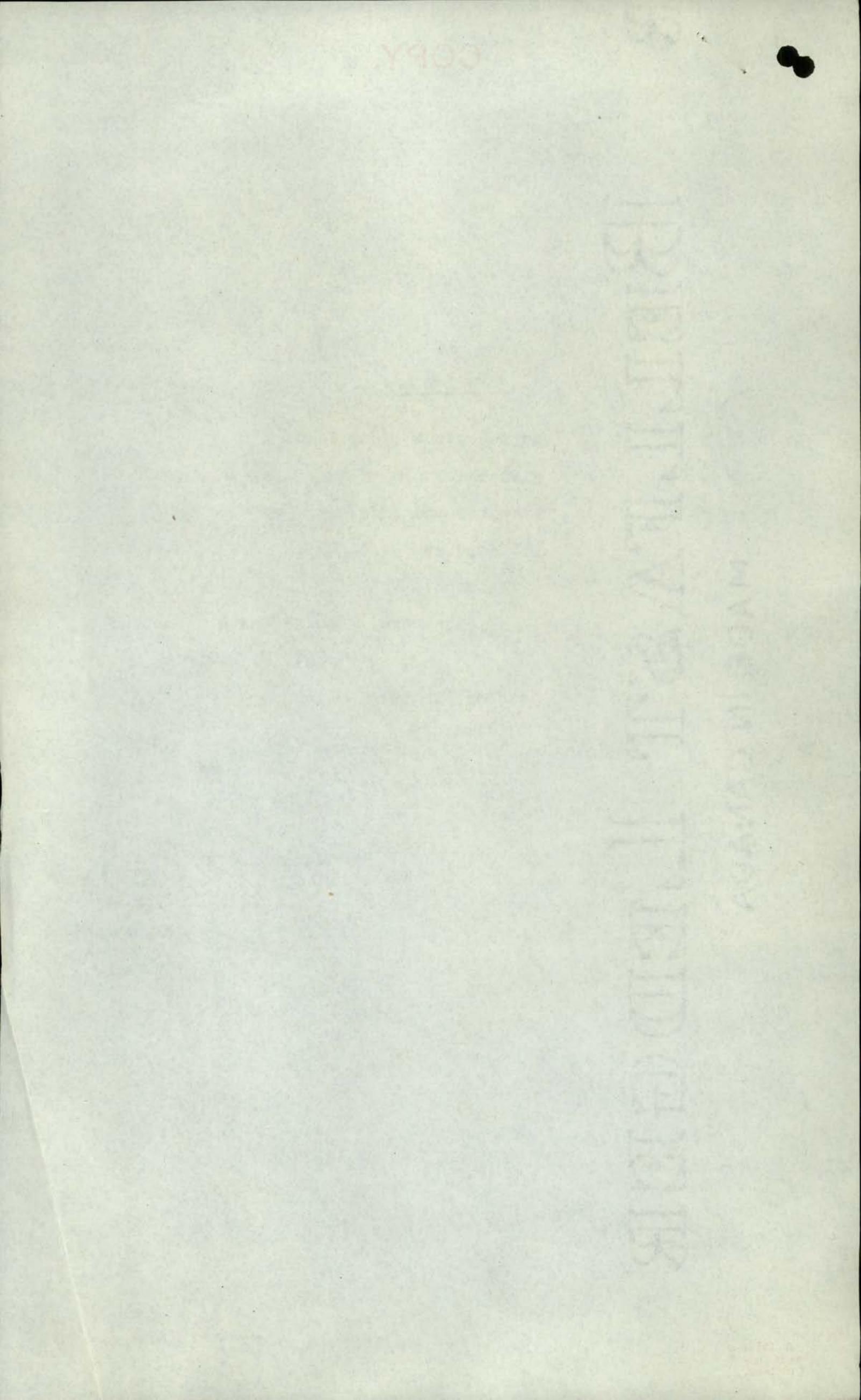
October 5th 1915

Westmount, Que.

Certified a true com

Lieut

Estates Branch.



MEDICAL HISTORY SHEET.

| Apparent age 21 years -                                    | 1. P.Q.  | /                 |   |   | M. Lau                          | ternen           |              |
|--|--|-------------------|---|---|---------------------------------|------------------|--------------|
| Examined   | 1. P.Q.  | /                 |   |   | 41-11                           |                  |              |
| Birthplace {City or Town Co County Apparent age 21 years - |  |                   |   | Rar                                     | nt 1                            | 1                | 20.0         |
| Apparent age 21 years -                                    | Ontari   |                   |   |   | /                               | 1 agor           | M.O          |
|  |  | 0.                | Date                                    | Fit or<br>Unfit                         | EXAMIN                          | ED FOR RE-ENGAGE | MENT,        |
| Trade or occuration Stud                                   | 4 mont   | hs.               |   |   | /                               |                  |              |
|  | lent   | *******           | *************************************** | *************************************** |                                 |                  | M. O         |
| Height 5 Feet.   | 11   | Inches.           |   |   |                                 |                  | M.O.         |
| Weight   |  | Lbs.              | The Mod                                 | lices). History                         | ry Studen of all<br>Sear common | men proceeding a | Moraco M O   |
| ( Minimum  | 34   | inches.           | when th                                 | og leave E                              | ngfamil.                        | -77 ote          | M.O.         |
| Chest measurement A Maximum e                              | expansion 36   | inches            |   |   | A Taxes                         | 200 T3 Elley     | M.O.         |
| Physical development                                       | AM - CONTROL OF THE C |                   |   |   |                                 | Lieu             | t-60%        |
| Small-Pox Marks  |  |                   |   | *************************************** |                                 | Danadian C       | at massiver. |
|  | tht.   | Left              |   | *********                               |                                 |                  | M.O.         |
| Vaccination Marks 3  |  |                   | Date                                    | Result                                  | 1                               | VACCINATIONS.    |              |
|  |  |                   | 1-7-15                                  | - /                                     | Capt                            | 26 Goods         | aller o      |
| When Vaccinated last                                       |  |                   | 7-7                                     |   | -1-1                            |                  |              |
| (a) Marks indicating congenital                            | 1 peculiarities  | or previous       | *************                           |   |                                 |                  | M. O.        |
| lisease  |  | ***************** |   |   |                                 |                  | M.O.         |
| (b) Slight defects but not suff  Mole on left breast       | t.   |                   | 14:5:13<br>12:5:13                      |   |                                 | Pgooda           |              |
| Enlisted onday of  |  |                   | 191                                     | at                                      |                                 | •                | •            |
| Co   | ORPS.  | REGT'L NUMB       | ER.                                     | Habits                                  | s.                              | DATE.            |              |
| Joined on enlistment                                       | C.H.A.   | 110094            | 4                                       |   |                                 |                  |              |
| EXAMINED   | OR DISCI   | HARGED            | BY A                                    | MED                                     | ICAL BO                         | ARD.             |              |
| STATION.   | DATE.  |                   | DISEASE.                                |   |                                 | RESULT.          | MILE         |

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 neing stated on next page.

| SRNAME. Clark. (649-C-3114.)  | ANO. No.          |
|---|-------------------|
| CHRISTIAN NAMES Paul Sommerville  | FOLL.             |
| REGL. NO. 110094: RANK Sergt:   |                   |
| UNIT 5-th. C. M. R.   |                   |
| FORMER CORPS Nil.   |                   |
| NEXT OF KIN.  | CHANGE OF ADDRESS |
| NAMES IN FULL Clark Rev. W.J. RELATIONSHIP TO SOLDIER Father.   |                   |
| RELATIONSHIP TO SOLDIER Father.   | Ed-Ja             |
| ADDRESS 517 Clark ave. Westmount. P. D.<br>Elionology & Groedinger 465 Landowne<br>ave. Westmount P. a. Tel. main, 6853 |                   |
| Elisnotifich & Groedinger 465 Landown   |                   |
| ave. Westmount P.a. Tel. main, 6853   |                   |
| COUNTRY OF BIRTH Canada London BATE   | 1.                |
| PLACE OF ATTESTATION Montreal P. D. DATE  | Feb. 16th. 1915.  |
|   |                   |

MARRIED SINGLE YES

WIDOWER

RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

TRADE OR CALLING

MEDICAL EXAMINATION. PLACE

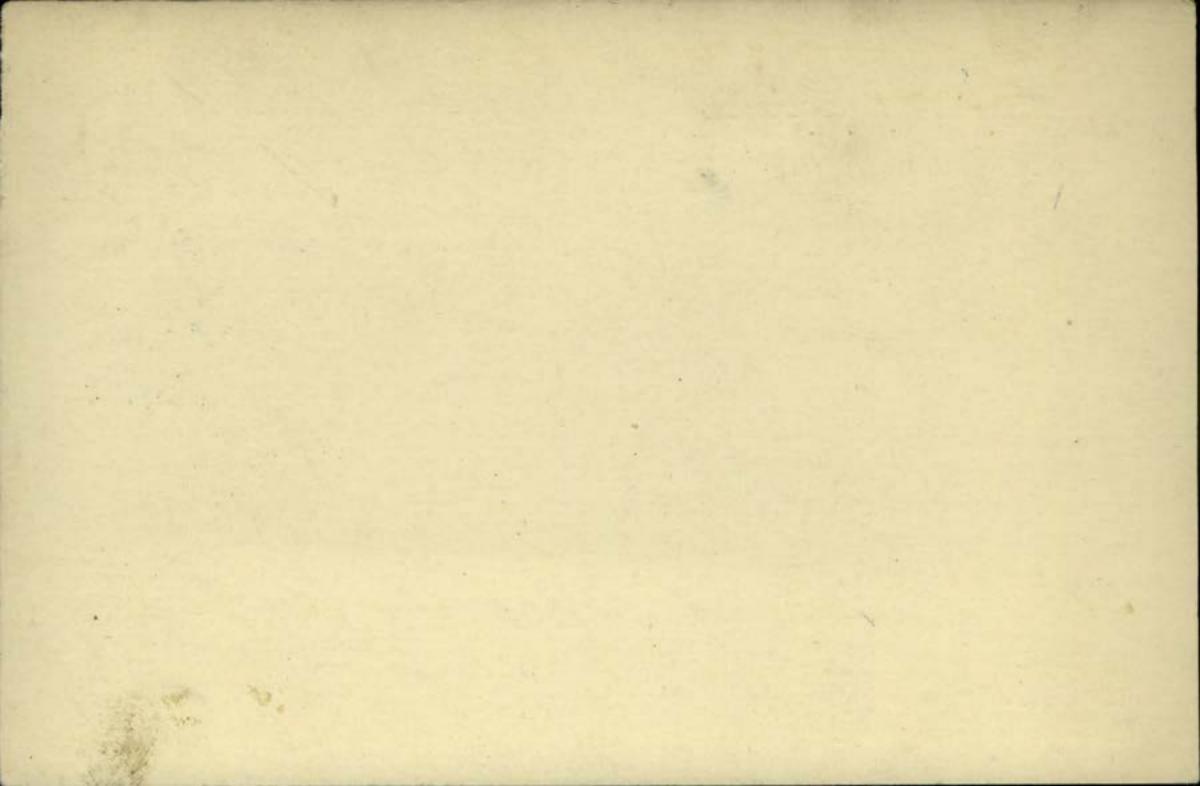
DATE

110094 NAME Clark Paul Sommerville Processor Follow No. 28816 Willed in action fetween 2 nd 45 th June/16 M. F. W. 42-50M-1-16. L. L. Job 90581-M. & D. 6314.

H. Q. 17/2-39-893.

| LIST No | HOSPITAL       | DATE OF<br>ADMISSION | REMARKS          |
|---------|----------------|----------------------|------------------|
| a193.   | Rep. from Base | 2/5-6-16             | Kelled in acción |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |
|         |                |                      |                  |

1914-15 Ster Sgt. 5d. Cmn 649. #110094, 3gt.P.S.CLARK 5th CMR Medals & Think or 4 march of the course Decoration Rew. W. J. Clarke (F) Westmannt, Que 5784 P.&.S. Name & Address of Next of Kin Mahour Serial m. 765517 Scroll DOG Memorial Name & Address of Female Next of Kin Cross 808



R. 149.

Name CLARK Paul Rank Sgt. Sommerville

Unit 5th Can Mounted Rifles

Next of Kin Canada

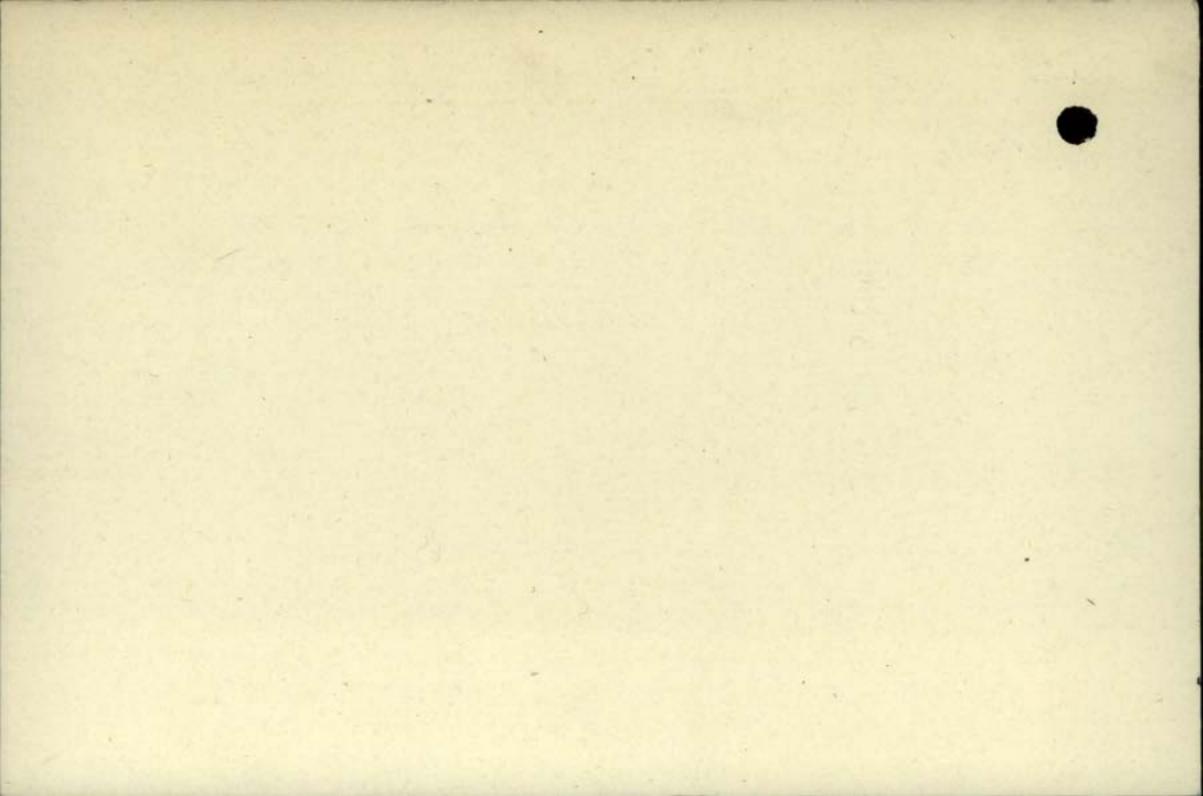
Reg. No.110094

(R2-25 C-1570)

| Date        | Movement                         | Place     | Casualty       | List<br>No.  | Notified<br>N/K O. | W.O. List |
|-------------|----------------------------------|-----------|----------------|--|--------------------|-----------|
| 2/5-6-      | 16.Reported (Letter KILLED I     | from Bas  | e):- d/25/7/16 | A193   | 5. 0]              | 8 29-8-16 |
|             |                                  | c5 168    |                |  |                    |           |
|             | Olio t                           | 1919      |                |  |                    |           |
|             |                                  |           |                |  |                    |           |
| S. Carlotte | the last the same of the same of | A. Sandal |                | The state of the s | 8- 195             |           |

| Date | Movement | Place  | Casualty       | List<br>No. | Notified<br>N/K O. | W.O. List |
|------|----------|--|----------------|-------------|--------------------|-----------|
|      |          |  |                |             | 7.34               |           |
|      |          |  |                |             |                    |           |
|      |          |  |                |             |                    |           |
|      |          |  |                |             |                    |           |
|      |          |  |                |             |                    |           |
|      |          |  |                | 30/3        |                    |           |
|      |          | STATE OF THE PARTY |                |             |                    |           |
|      |          | 1  |                |             |                    |           |
|      |          |  |                |             |                    |           |
|      |          |  |                |             |                    |           |
|      |          |  |                |             |                    |           |
|      |          |  | THE RESERVE OF |             |                    |           |
|      |          |  |                |             |                    |           |
|      |          |  |                | 3           |                    |           |

NAME Clark, Paul S No. 326 RANK Pte. 5041 april paylist Sapril paylist UNIT 5 th Canadian mounted Refla M. D. 4 PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PAID PAID SIG OR TO FROM REC'T PARTICULARS AUTHORITY 1915 1915 Det. 16 Deb. 28 mar. paylist. Shown as Corpl. mar. Prom. Sgt 8-6-15 D.O. 54. 15-6-15. UNIT SAILED JUL 1 8 1915



Christian Name Theatre of War //2 Date of Service Latest Address 5 / 200m.-6-21.4.

### GRATUITY (IMPERIAL)

| CHRISTIAN NAME                   | SURNAME     | REG. No.                 |
|----------------------------------|-------------|--------------------------|
|                                  |             |                          |
| SCHEDULE No.                     | hane No.    |                          |
|                                  | F F         |                          |
| UNIT RETIRED OR DISCHARGED FROM  | W. J. S. P. |                          |
| PLACE OF RETIREMENT OR DISCHARGE | FEB.        |                          |
| DATE RECEIVED FROM OTTAWA        | 5 19        | IMPERIAL DEPOT No.       |
| DATE RECEIVED FROM REG. DEPOT.   | 18          | DATE FORWARDED TO OTTAWA |

Christian Name or Names P.S. 110094 Clark Troop Batty. Co. -- Unit HSSET . 5th C.M.R. Date of Admission Hosp. Transferred Hosp. Hosp. Diagnosis Later Diagnosis (if changed) (2) (3) Additional Diagnoses: If more than one state present Killed in Action 2-5.6.16 Date DISPOSITION C.L. 29.8.16 A193 REMARKS Reported from Base A.M.D. 2 DEPT. Bch. of D.G.M.S. O.M.F.C. London.

### EPITOME OF HOSPITAL TREATMENT.

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

Reg'l No. 110094. Rank Name If in perm. Corps, What Unit? Married or Single Single. Unit 5th C.M.R. Place and Date of Enlistment Montreal. Feb 16th 1915. Place of Birth Canada. Name and Address, Next-of-Kinkey. W.T. Clark, 517, Clark, Avenue, Westmount. Relationship Father. Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Discharge, Date and Place Character PAY Field Allowance Date Voucher Other Total Cash Assigned Other Total Remarks, Balance Credits Credits Debits Casualties, etc. Payments Charges pay Raic No. Date To Rate Amount Amount From Days Days 31 15 aug31 my 1 46 50 43 80 4380 270 30 40 50 450 43 80 sept 465 29 56 20 84 15 5040 2956 135 30 43 Stores/how. 658H. 40 50 30 450 30 3309 3275 31 41 85 31 465 Dec 1 24 45 31 465 1046 an 1 3236 3236/0168 29 435 4350 -2-16 5 ×3 14×95 Seculed Cash and in effects ~ Rep BALANCE TRANSFERRED NEW TO 22262 36 60 366. 329 40 43 223 05 42 95

Field Allowance PAY Voucher Date Other Tetal Cash Assigned Other Total Remarks, No. of Days No. of Days Balance No. Date Credits Credits Payments Charges Debits Casualties, etc. Rate Rate Amount From Amount

Rank

Name

CLARK, Paul Sommerville,

Reg'l No. 110094.

Unit

5th C.M.R.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment

Montreal, Feb 16th 1915. Place of Birth Canada.

Name and Address, Next-of-Kin Rev. W.T. Clark, 517, Clark, Avenue, Westmount.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

| Discharge, Date and Place |  |            | Reason Character   |           |             |                                       |  |
|---------------------------|--|------------|--|-----------|-------------|---------------------------------------|--|
|                           | Date 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 |  |
|                           | 20.3.15  | OC5K       | Rov: Appt opl  | Karbrooke | 83/5        | IT order y.                           |  |
|                           |  |            | Embarked for Theree  | 2         | 4 OCT       | 1915                                  |  |
|                           | 31.5.16  |            | To be Set- to compet   | Field     | 8915        | A-TI 022                              |  |
|                           | - "-   |            | Could in rank off-   |           | 24/5-       |                                       |  |
| F-1+                      |  |            |  |           |             |                                       |  |
|                           | 29 9. 16.  | Sh. Clu.R. | Killed in Setion.  | Field.    | 25-6-16     | C. L. a. 193. O.N.                    |  |
|                           | The state of the s | -1-        | Killed in Action.  | Field.    | 2/5: 6. 16. | Pt. T. O. 47                          |  |
|                           |  |            |  |           |             |                                       |  |
|                           |  |            |  |           |             |                                       |  |
|                           |  | -          |  |           |             |                                       |  |

| Re   | Report Record of promotions, reductions. |  |          |  |                                       |  |  |  |  |
|------|--|--|----------|--|---------------------------------------|--|--|--|--|
| Date | From whom received                       | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place Da |  | REMARKS Taken from Official Documents |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |
|      |  |  |          |  |                                       |  |  |  |  |

