

Original

ATTESTATION PAPER.

No. ✓

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

Lieut

(ANSWERS.)

1. What is your name?..... *Blair Cooper Kennedy*
2. In what Town, Township or Parish, and in what Country were you born?..... *Hamilton Ont - Sir John Kennedy*
3. What is the name of your next-of-kin?..... *Father & Mother*
4. What is the address of your next-of-kin?..... *163 Cole de Neiges Road Montreal Que*
5. What is the date of your birth?..... *1877*
6. What is your Trade or Calling?..... *Barretter*
7. Are you married?..... *No*
8. Are you willing to be vaccinated or re-vaccinated?..... *Quoculated* *Yes*
9. Do you now belong to the Active Militia?..... *Yes*
10. Have you ever served in any Military Force?..... *6th Secor.*
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*

John R Kennedy (Signature of Man.)
John R Kennedy (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John R Kennedy*, 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.

Date *Oct 23rd* 191*5*. *John R Kennedy* (Signature of Recruit)
John R Kennedy (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John R Kennedy*, 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.

Date *Oct 23rd* 191*5*. *John R Kennedy* (Signature of Recruit)
John R Kennedy (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

O.C.

The ~~Recruit~~ ^{Officer} 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 *Vancouver* this *DEC 16* day of *1915*.

John R Kennedy (Signature of Justice)
John R Kennedy (Signature of Witness)

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

Alex Graham (Approving Officer)
Major

Description of Kennedy, J. H. on Enlistment.

Apparent Age 38 years 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.

3 Vaccination marks on left arm

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 4 ins.

Complexion Dark

Eyes Blue

Hair Black

Religious denominations. { Church of England
 Presbyterian
~~Wesleyan Methodist~~
 Baptist or Congregationalist Yes
 Other Protestants (Denomination to be stated.)
 Roman Catholic
 Jewish

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named ^{Officer} 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 Dec. 23rd 1915 J. S. Shaw

Place Permon. B. C. Capt. Came
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Keefer Kennedy 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.

J. S. Shaw (Signature of Officer)
 Lieut.-Colonel

Date DEC 16 1915 1915 Commanding 62nd (Overseas) Batt., C. E. F.

S

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 13

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.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M.F.W. - 67 - 1

casualty - 2

1 R 149

Officers

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

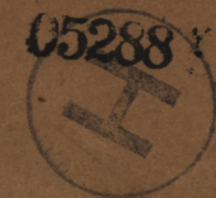
Name KENNEDY JOHN, KEEFER

Regt. No. Rank Lieut

Corps 7th Reg. Form. 62nd Bn.

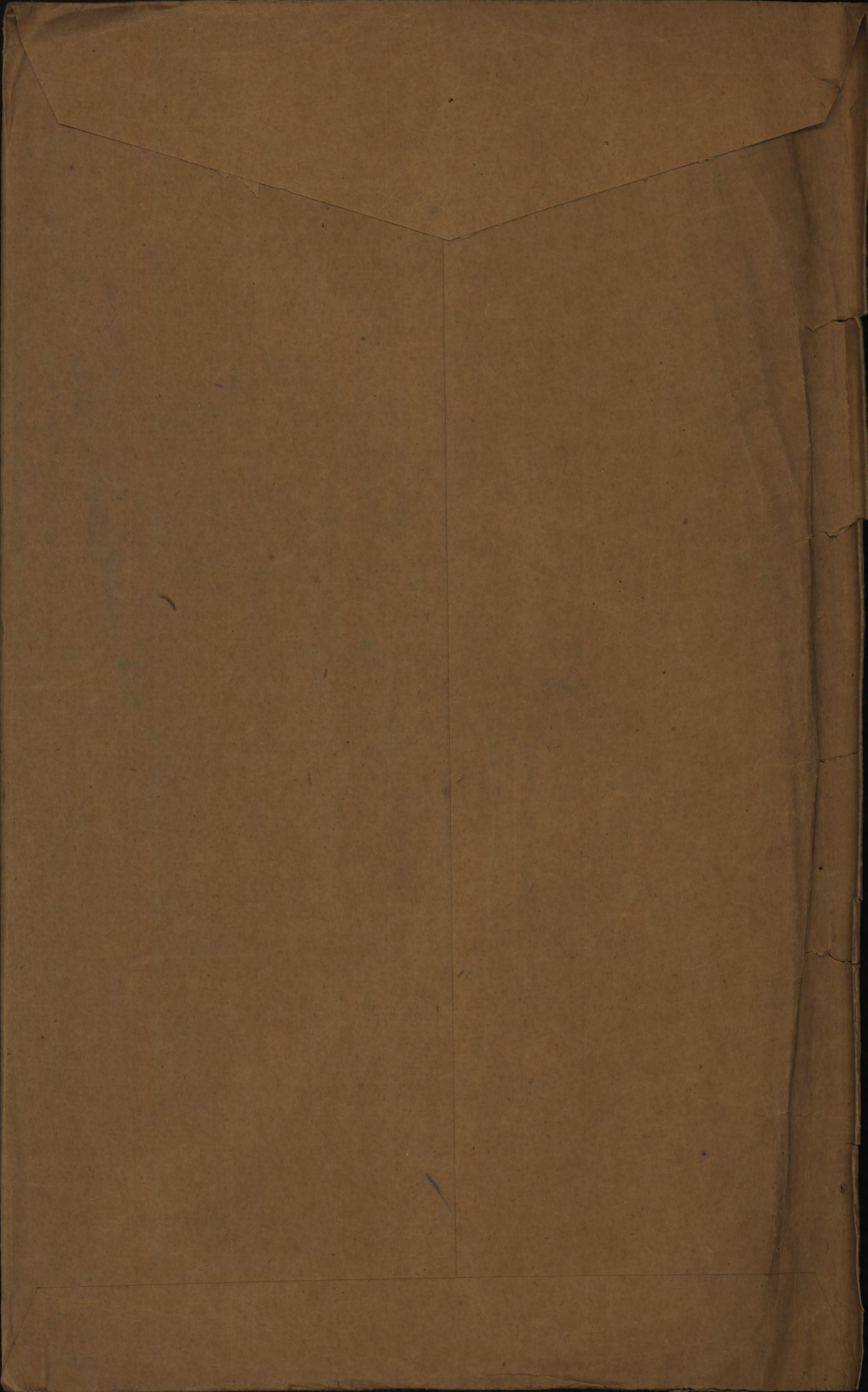
D. O. W. 14.8.16

Miss J. A. Smith
6-4-21



1-24
1-24

M.F.W. 10/1/20



Number

Rank

Lieut

~~B~~

Surname

KENNEDY

Christian Name

JOHN KEEFER

~~V~~

Units

Theatre of War

France

Date of Service

23-3-16

17-6-16

14-8-16

Remarks

B.C.R.

Father

Latest Address

Mr John Kennedy
57-Common St
Harbour Building

D

Roll No

B

Page 10265 Montreal P.Q.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date

Remarks

DESP MAR 30 1922
REGN. NO. 6A5575

*—Name will be given in full; surname first.

KENNEDY, ✓ John Keefer, ✓ Lieut. ✓ 7th Bn. ✓

MEDALS &
DECORATIONS

Sir John Kennedy (Father)
Harbour Building, 57 Common St.,
Montreal, P. Q.

PLAQUE &
SCROLL

Scroll Desp. as above. Regn. No. 2-21/721
SEP 1 1922 45656

MEMORIAL

Lady Kennedy (Mother)

CROSS

100 Crescent St., Montreal, P.Q.

Not eligible for star
" " 7M
" " B.S.M.

Desp 16.11.20 (M) @ 30920

M

510

(332-6-66)

CARD NO.

D

FOLL.

SURNAME.

Kennedy.

CHRISTIAN NAMES

John Keefer
Lieut.

REGL. NO.

RANK

UNIT

~~62~~ *2nd Yk*

Batt.

FORMER CORPS

6th - H. C. O. R.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Kennedy, ~~Mr.~~ Sir John

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

~~*163 Cote des Neiges Rd.,
St. Agathe des Monts, Montreal P. Q.,
(with C.P.R. File 147 16/8/16)*~~

*163 Cote des
Neiges Rd.,
Montreal, P. Q.
(auth. letter Aug 5th
1916.)*

COUNTRY OF BIRTH

Canada, Hamilton, Ont.

DATE

PLACE OF ATTESTATION

Vancouver.

DATE

6/12/15.

MARR

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

yes

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No.

RANK

*Lieut.*NAME *Kennedy J. K.*

T. O. S.

30-9-15

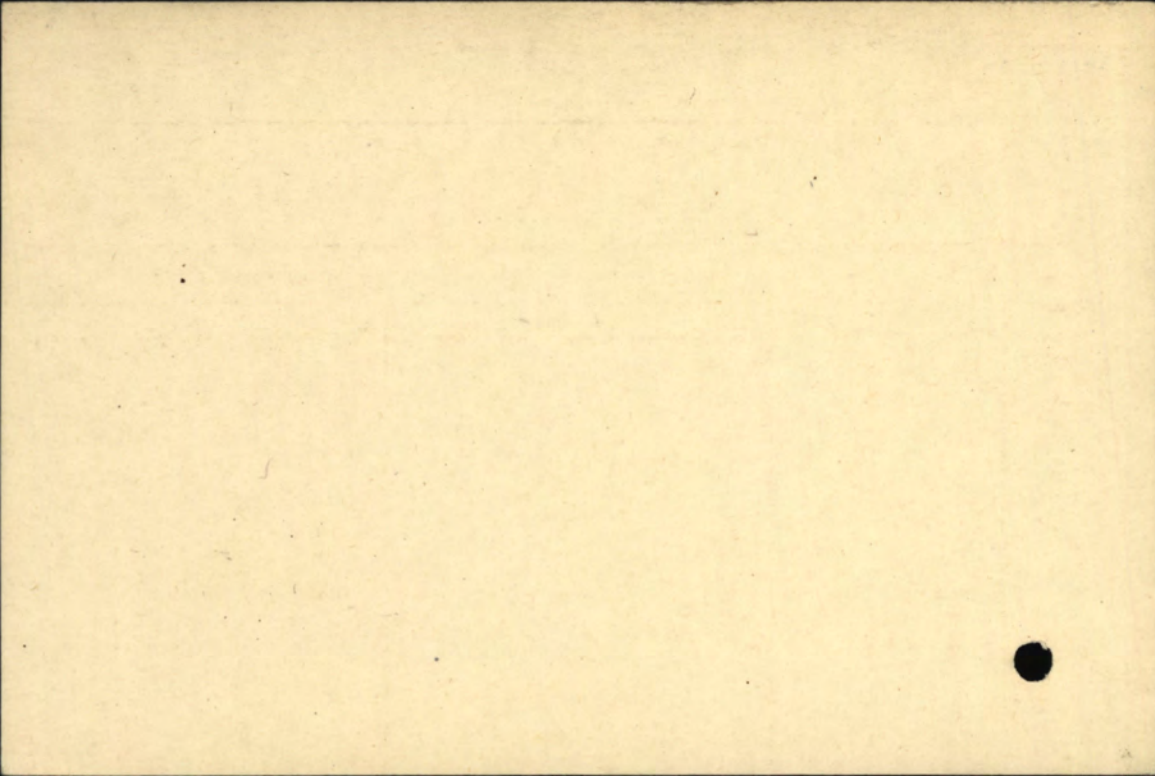
UNIT

*62nd B attalion C.E. Co.**Do. 830 of 1-10-15*

M. D. //

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Oct. 30</i>	<i>1915 Oct. 31</i>	<i>✓</i>		
<i>Nov.</i>		<i>✓</i>		
<i>Dec.</i>		<i>✓</i>		
<i>1916 Jan.</i>	<i>1916</i>	<i>✓</i>		
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>April</i>		<i>✓</i>		

UNIT SAILED
APR 22 1916



Name **KENNEDY,**
 Unit **John Keefer**
7th Battalion.
 Next of Kin **Canada.**

Rank **Lieut.**

9-K-183
 Reg. No. **22. B. 104-93** *ht. on file*

also
 Capt. H.C. Kennedy,
 39th Bn (Canadians)
 West Sandling **X**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List	
		<u>DANGEROUSLY WOUNDED</u>					
8-8-16	No. 10 C.C. Stn.	Sh. Wd. Back, L. arm, penetr. abdomen.		438	M10942	9/8	
14.8 16		<u>Died of Wounds</u>		444	M11263 C7249	16/8	

Kennedy. J.K.

Lieut. 7th. Battn.

No. 10. Cas. Clg. Station.

8-8-16.

Shell wd. back. lt. a rm. Penetrating
abdomen.

DIED OF WOUNDS:- 14-8-16.

C.L. 9-8-16. 438.
16-8-16. 444.

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

R
R

Surname

Christian Name

Reg. No.

Rank

Unit

MEDICAL BOARD held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at

Date.....

Disposition

Remarks

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 62nd (OVERSEAS) BATT'N, C. E. F.

(2) Regimental Number..... ✓ Lieut.

(3) Full Name of Soldier..... John Keeper Kennedy.

(4) Place of Birth..... Hamilton, Ontario, Canada.

(5) Are you married, or not?..... No.

(6) If married, state,
 (a) Full name of your wife..... ✓

(b) Present Postal Address..... ✓

(7) Are you a widower?..... ✓

(8) Have you any children?..... ✓

 If so, give number of boys and girls..... ✓

 Also their names and ages..... ✓

..... ✓

..... ✓

..... ✓

..... ✓

(9) Is your Father alive? *Yes*
If so, state name and address *Sir John Kennedy (Bart) Montreal, Quebec*

(10) Is your Mother alive? *Yes*
If so, state name and address *Lady Kennedy
Montreal, Quebec*

(11) If your Mother is a widow *no*
Are you her sole support, or not? *✓*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
✓
✓

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
✓
✓
✓

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
✓

(15) Are you insured? *Yes*
If so, in what Company?
Have you made arrangements for payment of your Insurance premium *Yes no*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *Nov 8/16*

G. A. Boulton *capt*
For Officer Commanding.
Lieut.-Colonel
Commanding 62nd (Overseas) Batt., C. E. F. *A.O.D.*

ORIGINAL

MEDICAL HISTORY SHEET.

Lieut

Surname Kennedy Christian Name John Keefe

Examined on 23rd day of Oct 1915 at Vernon B.C.

Approved by J. Shaw. Captain C.A.M.C. M.O. 62nd (Overseas) Battalion C.E.F. M.O. Rank

Birthplace City or Town Hamilton County Ont

Apparent age 38

Trade or occupation Barrister

Height 5 Feet 9 1/2 Inches

Weight Lbs.

Chest measurement Minimum 34 inches Maximum expansion 4 inches

Physical development

Small-Pox Marks

Vaccination Marks Arm Right Left Number 2

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT, M.O.

Table with columns: Date, Result, VACCINATIONS, M.O.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC., M.O.

Enlisted on 30th day of September 1915 at Vernon B.C.

Table with columns: CORPS, REG'T L NUMBER, HABITS, DATE. Rows for 'Joined on enlistment' and 'Transferred to...'.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: 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.

C.T. Rank and Name Lieutenant KENNEDY John Keefer (Father & Mother)
 Regimental No. Unit 62nd Battalion. Name and Address of Next-of-Kin Mr & Mrs Kennedy,
 163, Cote des Neiges Rd, Montreal, Quebec, Canada.
 Date of enlistment Vancouver. 23rd Oct. 1915 7th Bⁿ 1-7-16.
 Place of birth Hamilton, Ontario, Canada.
 Married (Yes or No) Single Date and place of discharge
 If in Permanent Force H M Reason for discharge 7. Bⁿ
 Character on discharge
 Promotions or appointments LEFT CANADA 23-3-16. A.F.B. 103

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				
			B C R		
20-6-16	G.O.C. 7 th B ⁿ	Proceeded 1/8 to 7 th B ⁿ		18-6-16 A.I.I. ord 26 th B ⁿ	
7-8-16	F.H.D.O.	Adv No 10. Cas Clearing St (Was wounded)		17-6-16 D.O. 3218. 11 th I. Ord 285 (62 nd B ⁿ)	Shell wd. Back. L. arm
16-8-16	Tel.	Died of wounds at 10 Cas Cle. Sta.		8-8-16 C.L. 438.	Penetrating Abdomen.
		Notify Capt H.C. Kennedy. 39 B ⁿ		14-8-16 C.L. 444 F.D. 0337 th B ⁿ	7. 21. 8. 16
		even of any further information coming to hand.			(Personal file)

Casualty Form—Active Service.

Regiment or Corps 62nd (OVERSEAS) BATT'N, C. E. F.

Rank Lieut Surname Kennedy Christian Name John Keefer

Religion Baptist Age on Enlistment 38 years _____ months.


Enlisted (a) 31-9-15 Terms of Service (a) War + 6 mos Service reckons from (a) 30-9-16

Date of promotion to present rank _____ Date of appointment to lance rank _____

Extended { _____ } Re-engaged { _____ } Qualification (b) Barrister
or Corps Trade and Rate _____

J. B. ...

Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as recorded on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents	
Date	From whom received					
		Embarked ... <u>Canada</u> <u>1-4-16</u>				
		Disembarked ... <u>England</u> <u>7-4-16</u>				
		<u>7th BATTALION. C.E.F.</u>				
		Taken on strength <u>7th Bn</u>				
<u>24.6.16</u>	<u>O.C. 7th</u>	<u>joined unit</u>		<u>18-6-16</u>	<u>PC II O.26 d. 30.6.16</u>	
<u>9.8.16.</u>	<u>GHQ. 2nd Army.</u>	<u>Wounded</u>		<u>18-6-16</u>	<u>8-8-16.</u>	<u>Post. 707</u>
<u>14.8.16</u>	<u>O.C. 10 C.E.S.</u>	<u>Wied of Wounds. (Shell wound</u>		<u>10 CCS</u>	<u>14.8.16.</u>	<u>Im. 5734. PC II</u>
		<u>Back, pencil. Abdomen)</u>				<u>Orders 33 d. 21.8.16.</u>
<u>12.8.16</u>	<u>10 CCS</u>	<u>Shell back of arm, pen abdomen</u>		<u>10 CCS</u>	<u>7.8.16</u>	<u>(134. 5733 364)</u>
<u>16.8.16</u>	<u>Tel.</u>	<u>Died of Wounds at 7010 C.C.S.</u>		<u>14.8.16</u>	<u>CL 444</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) Signaller, Shocing-Smith, &c.

FOR ABET MIL REG QM [P.T.O.]

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

NAME OF DATE AUTHORITY

DATE AUTHORITY

62nd Bn.

lieut

10/16

H. Canada

Name Kennedy,

50. 1835 b. t. R.

Initials J. K.

of 11/16.

Bank of Montreal.

Dis of Wounds 14^{8/16} BRANA 16^{8/16}

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
May 24	Pay May (R)	V. 1139	111 60					
	Bank			111 60		0		
June 20	Pay June (R)		108					
26	Bank			108		0		
July 27	Pay July (R)		111 60					
29	Bank	5467		111 60		0	<i>Aug 17 to be carried forward</i>	
Aug 18	Pay Aug (R)		111 60			111 60	<i>Tfr to N.E. Ledger</i>	
Oct 15	Tfr to N.E. Branch			111 60		0		

ASSIGNED PAY.

UNIT. ^{7th} 62nd Battalion
 NAME OF DATE AUTHORITY

RANK. *Lieut*
 DATE AUTHORITY

NAME.

Beneficiary

Name *Kennedy Jr.*
 Initials

Address

Bank

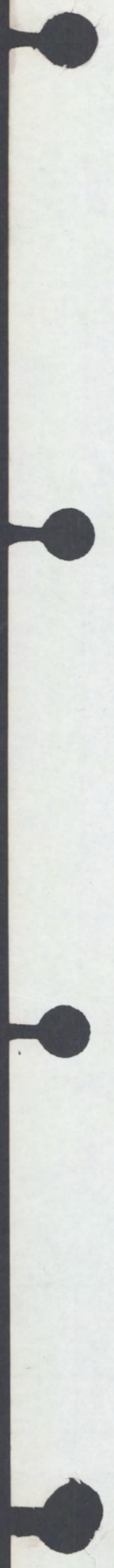
Amount. \$

Separation Allowance issued. Yes or No.....

Died of wounds 14th 8/16 bl. 444. 16th 8/16

DATE	NO. OF DAYS	REGT. RATE	AMOUNT REGIMENTAL	PARTICULARS F.A. MESSING	OTHER CREDITS	CHK. NO. TOTAL	CR. ASS PAY	DR. CHARGES	ASSIGNED PAY PAID IN CANADA DR. BALANCE	CREDIT BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case. BANK	INITIALS.
1. 5. 16 31. 5. 16	31	^{\$2. Pay} 60 th 77 th 31. Mess	62	18 60 31.		111 60.					111 60.	
1. 6. 16 30. 6. 16	30		60	18 30		108					108	
1. 7. 16 31. 7. 16	31		62	18 60 31.		111 60					111 60.	
1. 8. 16 31. 8. 16	31		62	18 60 31.		111 60						
<i>credit balance</i>										111 60 ✓		
<i>h.e. Oct 16</i>										139 28		
<i>Nov 17</i>										0.		
<i>27 05 63</i>												
<i>27th 8. 8. Oct 426</i>												
<i>See for 40 can for set 1. 297</i>												

Statement of
 FEB 22 1917
 Account rendered



9-K-183
1

A.F.B. 2090A
Army Form B. 2090A
20 DEC. 1916
FORWARDED TO OTTAWA.

FIELD SERVICE.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36 or from other official documentary sources.

REGIMENT } 7th Canadian Battalion Squadron, Troop, Battery }
or } CORPS } or Company }

Regtl. No. _____ Rank Lieutenant

Name KENNEDY. J.K.

Date 14th August. 1916.
Died { Place No. 10 Casualty Clearing Station
Cause of Death* Died of Wounds received in Action

Nature and Date of Report Tm 5734 d/- 14-8-16

By whom made O.C.No.10 Casualty Clearing Station

* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place Not stated
Date _____
By whom reported _____

State whether he leaves a will or not { (a) in Pay Book (Army Book 64) Not received
(b) in Small Book (if at Base) Do
(c) as a separate document Do

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Signature of Officer in charge }
of Section Adjutant-General's }
Office at the Base }

Lieut.
For Lt.Col.
A.A.G.

Station and Date Rouen. 21-8-16.



RECEIVED TO DISTRICT

TRAINING SERVICE

... of ... to be ... in the ... of ...

...
...
...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

... of ...

See card 1.

H. Q. FILE No. 649-

NAME Kennedy, John Keefer

REG'T'L. No.

RANK AND CORPS

Lieut 7th. Batt. (Form 62nd. Bn)

CABLE

NATURE OF CASUALTY

NO.

DATE

M 11495 22-8-16
A 5B 2090a
Rauen 21-8-16

Died of wounds correct. (W.S.M.)
Died of wounds received in action
aug. 14th 1916

LIST NO

HOSPITAL

DATE OF
ADMISSION

REMARKS

NAME

Kennedy; John Keefer

REG'TL. No.

RANK AND CORPS

Lieut. 7th. Batt. (Form. 6 2nd. Bn.)

CABLE

NO.

DATE

NATURE OF CASUALTY

CM 10942	8-8-16	Adm. to No. 10 Cas. Cbr. Stat. Aug. 8 th . 1916 (Shell wound back L. arm penetrating abdomen dangerous)
CM 11061 W.S.M.	11-8-16	Dangerously wounded in No. 10 Cas. Cbr. Stat. S&W Back. Left arm. Enquiries have been made.
CM 11263	15-8-16	Died of wounds Aug 14 th . 1916 No. 10 Cas. Cbr. Stat.
CM 11273 W.S.M.	17-8-16	Referring your telegram Aug. 16 th . W.S.M. 3038 Enquiries were made immediately on receipt of your telegram Aug 10 th . W.S.M. 3012 information received to-day that this officer died of wounds Aug. 14 th .

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

(1) 438.	C/o. 10 Cas. to br. Stat. (Ph. Wo.)	8-8-16	(Shell Wd. Back, L. Arm. Penetrating abdomen) Dangerously Wounded.
(1) 444	C/o. 10 Cas. S.W. Stat. (S.L.)		
(1) 444	C/o. 10 Cas. S.W. Stat. (Scl) Died of Wounds	14-8-16	Shl. Wd. Back L. Arm penetrating abdomen.