

ATTESTATION PAPER.

No. 1057333

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Lawson
- 1a. What are your Christian names?..... Herbert
- 1b. What is your present address?..... 115 Melton St. Montreal Que.
- 2. In what Town, Township or Parish, and in what Country were you born?..... New York City usa
- 3. What is the name of your next-of-kin?..... Mrs. Geraldson
- 4. What is the address of your next-of-kin?..... 511 1/2 9th Street New York usa
- 4a. What is the relationship of your next-of-kin?..... sister
- 5. What is the date of your birth?..... 3rd Dec, 1890
- 6. What is your Trade or Calling?..... machinist
- 7. Are you married?..... no
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Herbert Lawson, do solemnly declare that the above are answers made by me to the above questions and that they 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 Jan 20 1917. Herbert Lawson (Signature of Recruit)  
E. Chaupson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Herbert Lawson, 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 Jan 20 1917. Herbert Lawson (Signature of Recruit)  
G. Amundt (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 20 day of January 1917  
H. Clarke (Signature of Justice)

Description of Herbert Lawson on Enlistment.

Apparent Age 26 years 1 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 11 ins.  
 Chest measurement { Girth when fully expanded 37 1/2 ins.  
 Range of expansion 2 1/2 ins.  
 Complexion Fair  
 Eyes Blue  
 Hair Brown

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

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).

"Anchor tattooed on left forearm.  
Scuffs on neck,  
Birthmark on right leg

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.....191.....  
 Place.....  
 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.

Herbert Lawson.....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)

Date Jan 20 1917

REGIMENTAL DOCUMENTS

NAME LAWSON HERBERT

REGT. NO. 1057333

UNIT Can Gas Regt

H. Q. FILE NO.

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

2+  
1  
1  
1  
1  
1  
2

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DEATH

Category

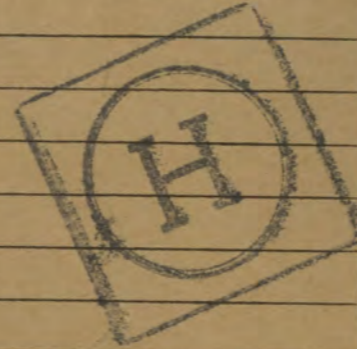
*H. m. a.*

DISCHARGE

Category

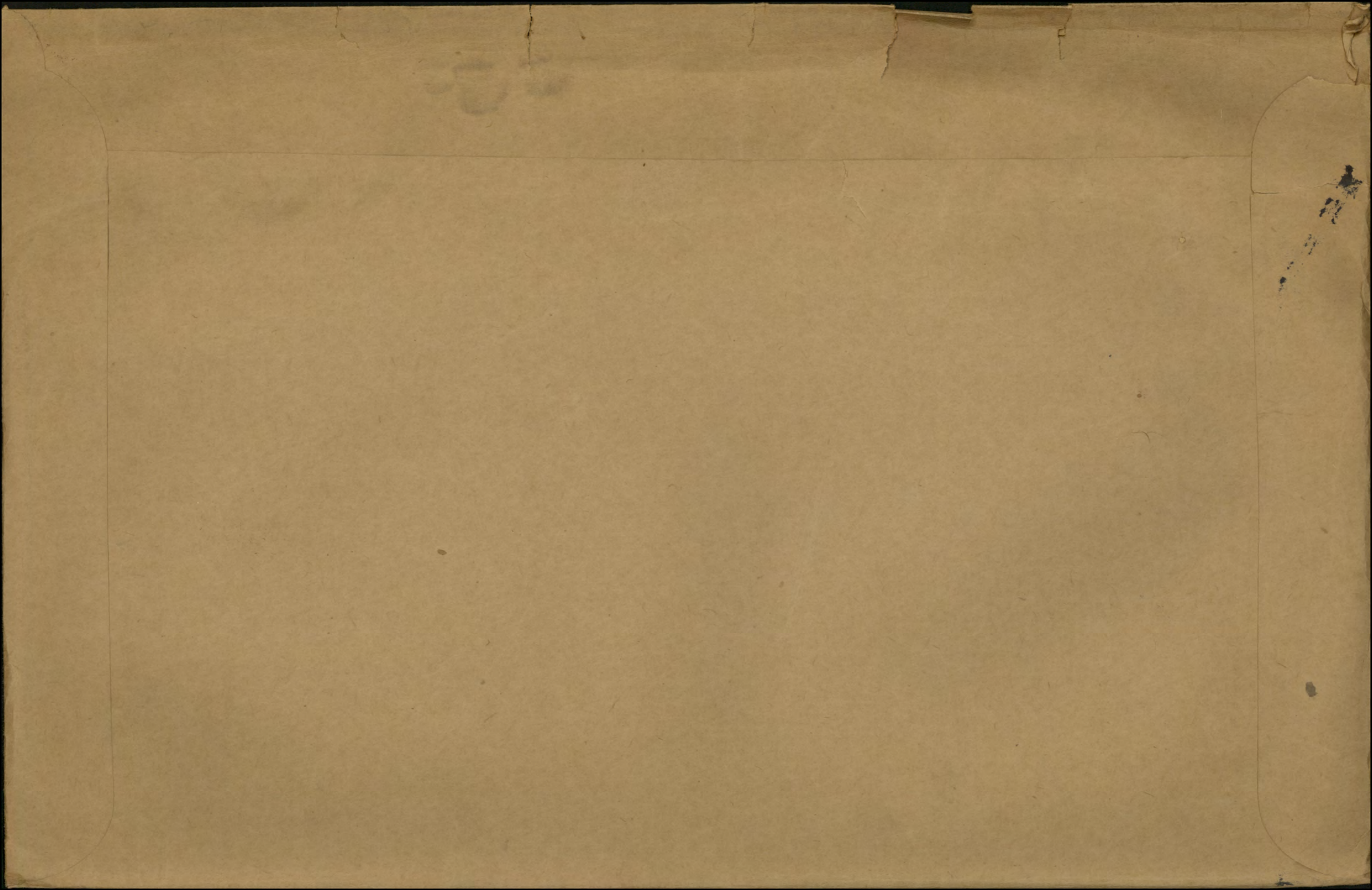
DESERTION

14200



2  
1-27  
1-27

MX 28220  
WS



~~AK~~  
Number. 1057333 . . . . . Rank . . . . . *pte*

Surname. LAWSON

Christian Name. Herbert

Unit. 87th Bn Can. Inf. Theatre of War. *France*

Date of Service. 25-8-17 . . . . . *D*

Remarks. . . . .

Latest Address. Emanuel Larson (Father)

Svanegatan, #5 Gorda

Roll No. *Page 5038* Isotenburg

Sweden.

~~B~~  
~~V~~

Ca 32245 cell

AUG 20 1921

NAME  
RANK AND CORPS

Lawson Herbert  
Pte.

REGT'L. No.

H. Q. FILE NO. 649

Edwards

No.

FOLLOWS

NATURE OF CASUALTY

NO.

DATE

A. of R. Mrs Qualdon sister  
33-1  
611-79th St. New York, N.Y. U.S.A.

P. 322. 17-9-18

H. 9320 16-9-18

H. in A. Sept 2/18,

Correction of A. of R. Mrs Esther Kraldem, (sister)  
with letter. 21-16-19. 155 E. 46th St. New York, N.Y.

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS





No. 1057333 RANK

pte

NAME

Lawson, H.

T. O. S. 20-1-17

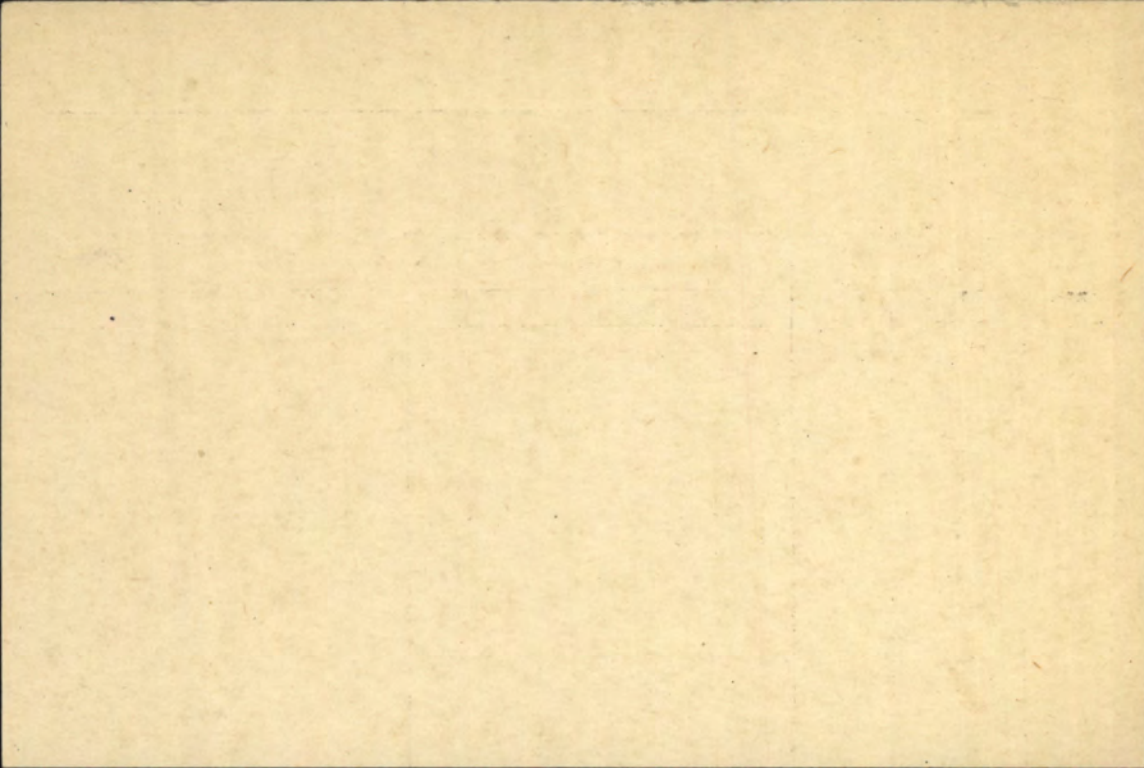
UNIT

245th Battalion, C. E. F.

(D.O.# 22 of 22-1-17)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Jan 20	1917 Jan 31	n ✓ ✓ n	admitted to hospital 27-1-17. U.D.	D.O.# 27 of 27-1-17.
	Feb			
	Mar			
	Apr			



1716

649-L-13793.

CARD NO. ✓

SURNAME. *Lawson*

CHRISTIAN NAMES *Herbert*

FOLL.

REGL. No. *105 7333*

RANK *Pte.*

UNIT *245 Th.*

*Bn.*

FORMER CORPS *Nil*

NAMES IN FULL *Kvalden* <sup>correct spelling of name auth. letter on file dated 2/16/19.</sup> NEXT OF KIN

*also notify.*  
CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER *Gualdon, Mrs. Esther*

*Mrs Lillian Beale  
(RMD)  
861A Outremont Ave  
Montreal Quec  
sect. 25-5-18.*

RELATIONSHIP TO SOLDIER *Sister*

*155 E. - 46<sup>th</sup> St. New York,  
N.Y.*

COUNTRY OF BIRTH *U.S.A. New York City.*

DATE *Dec. 24<sup>th</sup> 1890.*

PLACE OF ATTESTATION *Montreal, P. Q.*

DATE *Jan. 20<sup>th</sup> 1917.*

*0/8 3/5/17 829  
5-*

FROM HALIFAX PER

S S' JUSTICIA 3-5-17  
WIDOWER

MARRIED

SINGLE *yes*

TRADE OR CALLING

*Machinist*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*26* YEARS

*1* MONTHS

HEIGHT

*5'* FEET

*11* INCHES

CHEST MEASUREMENT

*37½* INCHES

EXPANSION

*2½* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*Anchors tattooed on left forearm,  
freckles on neck, birthmark on right leg.*

MEDICAL EXAMINATION.

PLACE

*Montreal, P. Q.*

DATE

*Jan. 20th. 1917.*

*Present address, 115 Milton St., Montreal, P. Q.*

Lawson Pte Herbert 87<sup>th</sup> Br. #1057333 325  
649-2-13793

Not eligible for S. Cas.

Name & Address of Legatee

No will

see n. of H.

00376

Father

MTW

Name & Address of Next of Kin

Legal No. 76810  
Manuel Larsson (father)

Swanegatan #5, Gorda, Gottenburg Pts.

Resp. 27 3/20 C. 3689 Sweden

Name & Address of Female Next of Kin

Mrs. Mathilda Larsson (mother)

same address

C of S

not married

Even

208

JAN 19 1921

Scroll Desp. .... Reqn. No. 211317

DEC 10 1920

Plague Desp. .... Reqn. No. P20175

W







Surname

Christian Name or Names

Reg. No.

<sup>6</sup>  
Lawson  
Rank  
Klt

H.  
Unit

105-7333.

Que 87.

Cas. List.

16.9.18 a302

R.F.B. Killed in Action 3.9.18

2

A.M.D. 2 DEPT.  
Bd. of D.G.M.S. O.M.F.C. London



# MEDICAL HISTORY SHEET

Surname Lawson Christian Name Herbert

Examined { on 20 day of Jan 1917  
 at Montreal, P.Q.

Birthplace { City or Town Aberdeen  
 County Scotland

Apparent age 32 - 7

Trade or occupation Bookkeeper

Height 5 feet 11 Inches

Weight 140 lbs.

Chest measurement { Minimum 35 inches  
 Maximum expansion 37 1/4 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right Left  
 Number 1 1

When Vaccinated last Child

(a) Marks indicating congenital peculiarities or previous disease

Approved by [Signature]

Rank \_\_\_\_\_ M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>10/3/17</u>	<u>Good</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
Refer to Dental  
[Signature]

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/1/17</u>		<u>[Signature]</u> M.O.
<u>3/3/17</u>		<u>[Signature]</u> M.O.
<u>10/3/17</u>		<u>[Signature]</u> M.O.

Enlisted on 20 day of January 1917 at Montreal P.Q.

CORPS	REG'L NUMBER	HABITS	DATE
<u>[Signature]</u>	<u>1057333</u>		<u>25 AUG 1917</u>

## 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.

Surname Larsson ~~Herbert~~  
 Christian Name Herbert ~~Charles~~

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<u>Georgestown</u>		JAN	27	1917	13	2	17	<u>Tonorrhoe</u>	18	Out door treatment w/ourselves & Saturday	<u>A. J. Hatcher</u> M.D.



Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.

350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

*Y/B.*

Unit, Regiment or Corps. *245th Bn, CEF*

Regimental No. *1057333* Rank *Private* Name *Lawson Herbert*

Enlisted (a) *20/1/17* Terms of Service (a) *5 yrs* Service reckons from (a) *20/1/17*

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				

Embarked at Halifax May 3rd, H.M.T. "Justicia"  
Disembarked at Liverpool, May 14th 1917.

17.5.17.. *01*. 245th Bn Transferred to 23rd, Res, Bn. Shoreham 15.5.17. D.P. 11.0.

17.5.17 23rd, R. Bn Taken on Strength ✓ Shoreham 15.5.17. DP. 11.0. *034*

25.8.17. 23rd. Can. Res. Batt'n. Posted to 87th. Batt'n. Shoreham 25.8.17. D.P. 11 0.234

*W.A. Chalmer* Lieut. A/Adjutant,  
for O.C. 23rd. Canadian Reserve Battalion

*27.8.17 H.C. 109*  
*14.9.17 B20*  
*Joined Unit*

6-9-18 Unit KILLED IN ACTION 2-9-18 Cas. Report K.I. 17-1301 DO. NO. 85-1918

*J. Anderson*  
Lieut. for Lt Col. A. A. G.  
Canadian Section, G.H. Q. - 3rd, Ech.

CERTIFIED CORRECT  
16/11/1917  
CIVIL CORPS LONDON

(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.]



LINK

Rank

Name **LAWSON Herbert.**

Reg'l No **1057333**

Unit

If in perm. Corps  
What Unit? }

Married or Single **Single**

**245th Bu. Co 1st Quebec. Regt.**

Place and Date of Enlistment **Montreal Jan. 20th 1917**

Place of Birth **New York City, USA.**

Name and Address, Next-of-Kin **Mrs Qualdon,**

**511 1/2 E 49th Street, New York U.S.A.**

Relationship **Sister**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. **14003**  
 E.I. R.L. **2582769** 29/9/18.  
**KILLED IN ACTION**  
 (MAY 1918)

Discharge, Date and Place

Reason

Character

H. W. W. Ed. 9-14-16.

Report.

Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.

Place.

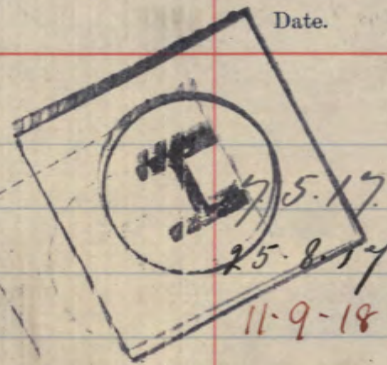
Date.

REMARKS

Taken from Official Documents.

Date.

From whom received.



ARRIVED IN REG. ANL 14 5 17. SE. JUSTICIA,

25-8-17	23rd Regt	Taken on strength	ANL	14 5 17	SE. JUSTICIA	
25-8-17	"	808 to 87 Bn	ANL	15-5-17	PHO 134	100 109 9 6-4-17
11-9-18	87 Bn	Killed in Action	Field	25-8-17	234 87 Bn	
				29-18	Do 85 + Quebec 220 of 16 9/18	

30 AUG 1917  
 A.E.B. W.B.





MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

M. F. W. 12.  
 25m-4-17.  
 H. Q. 1772-39-819.

To Whom *Mrs Hilian Beale*By Whom Assigned *Lawson, H.*Address *863 Outremont ave  
 Outremont  
 Montreal, Que*Regtl. No. *1057333*Rank *Pte*Corps *245 Bn.*Rate ~~15~~ *15.00*

MAY 1 - 1917

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



19. 2000

2000

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 18m.-4-17.  
 1772-39-819.

Sheet No. 2 Mrs. Lilian Beale  
 (Assignee)

Name of Soldier Hawson, H.  
Pte 1057333 245 Bn.

PAYMENTS.

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 <sup>00</sup>	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		M 14069	15	
June		<del>J 17110</del>	<del>15</del>	<del>B. J 17110 Ret'd. Cancelled 25-7-17 H.S.</del>
July		O 23281	15	
Aug.				
Sept.				
Oct.	60-C	41067	60	mailed 4/10/17 60 in Oct to adjust } 803 Outremonte Ave #15 Future } Outremonte Montreal Que
Nov.		A 42608	15	
Dec.		T 61098	15	
Jan.	1918			120 H.S.
Feb.			120	
March			NA	
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.				



1059333. Plc Lawson, Herbert.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT					
			\$	C.						\$	C.																	No.	DATE	No.	DATE	No.
1917	Month	Particulars	CR.1	CR.2	Particulars	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED PAY	Month	Particulars	CR.1	CR.2	Particulars	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED PAY								
	Nov.	Nov Pay	33							54 17																						
		A.R. 976 - 87 <sup>th</sup> hr. 15/10/17.				3 57				50 60																						
		A.P. Nov.						15		35 60																						
		A.R. 1037 - 57 <sup>th</sup> hr. 6/11/17.				4 46				31 14																						
		A.R. 814 - 8/9/17				3 57				27 57																						
		Im Rep. 4 <sup>th</sup> 6.9.17 - 7.18/17.				56				27 01																						
	Nov.	Nov Pay	33							60 01																						
	Dec	Dec Pay	34 10							94 11																						
		A.P. Dec.				19 30		15		79 11																						
		A.P. Jan						15		64 11																						
		A.R. 1147 - 87 <sup>th</sup> hr. - 18/11/17.				12 49				51 62																						
		A.R. 1226 do 24/12/17.				4 46				47 16																						
		A.R. 1234 do 16/12/17.				3 57				43 59																						
	1918	Jan. P Pay	34 10					15		77 69																						
	Feb.	Feb Pay	34 10					15		62 69																						
		A.P. Jan.				20 52				58 23																						
		A.R. 1347 - 87 <sup>th</sup> hr. 2.1.18				4 46				54 66																						
		A.R. 1408 do 16.1.18				3 57				50 20																						
		A.R. 1461 do 22.2.18				4 46				81 00																						
		A.P. Jan.				12 49		15		66 00																						
		A.P. Feb.						15		100 10																						
		A.R. 1508 - 87 <sup>th</sup> hr. 16/2/18				3 57				96 53																						
		A.R. 1572 do 2.2.18				4 46				92 07																						
		A.R. 1628 do 18.2.18				3 57		15		88 50																						
						11 60																										

MAR 1918







Date of Enlistment

MILITIA AND DEFENCE

3243

Date of Assignment

# Separation and Assigned Pay Branch

# L

*May 4/17*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

*579.15  
579.15  
579.15*

### PARTICULARS OF SEPARATION ALLOWANCE

No. *1057333*

Rank *pte* Promoted Reverted Discharge

Soldier's Name *H. Lawson*

Battalion *245th Battrn*

Beneficiary

Relationship

Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs Lillian Beale*

Address *861<sup>A</sup> 763 Outremont Ave*

Change of Address *Montreal 2ue*

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917 Dec 31</i>			<i>120</i>	<i>120</i>	<i>Issue no further cheques till better address.</i>
<i>1918 Jan</i>	<i>R 68999</i>		<i>15</i>	<i>15</i>	<i>Pr</i>
<i>Feb</i>	<i>U 74002</i>		<i>15</i>	<i>15</i>	<i>Mailed 15/2/18</i>
<i>March</i>	<i>Q 74158</i>		<i>15</i>	<i>15</i>	<i>ap in order. issue che for Jan 18.</i>
<i>April</i>	<i>J 91522</i>		<i>15</i>	<i>15</i>	<i>0.74158 cancelled on stencil</i>
<i>May</i>	<i>K 15055</i>		<i>15</i>	<i>15</i>	
<i>June</i>	<i>L 15281</i>		<i>15</i>	<i>15</i>	
<i>July</i>	<i>H 20216</i>		<i>15</i>	<i>15</i>	
<i>Aug</i>	<i>P 32208</i>		<i>15</i>	<i>15</i>	
<i>Sept</i>	<i>Q 36850</i>		<i>15</i>	<i>15</i>	
	<i>K 47275</i>		<i>15</i>	<i>15</i>	
			<i>255</i>	<i>255</i>	

*0-10765-H-5*

KILLED IN ACTION  
 DIED OF WOUNDS DATE *Sep 2 1918*  
 C. L. No. *306-13* DATE *July 8-19-18*  
 M. R. O. *12012* TO DESTROY PENDING *24/9/18*  
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE  
 .. *0-10765-H-5* ..  
 CLERK *H. North* DATE *24/9/18*

A STENCIL  
 HAS BEEN MADE  
 FOR THIS ACCOUNT

M. F. W. 128  
 400M-6-17-1772-39-1141  
 L. L. 22320-M. & D. 7493.

