ORIGINAL

ATTESTATION PAPER.

No. 514072

No. 2 Overseas A.S.C. Training Depot, C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? — Moller.
1a. What are your Christian names? — Theodore. Jardines
1b. What is your present address? — Halifax, N.S. Canada
2. In what Town, Township or Parish, and in what Country were you born? — Valparaiso, Chile, South America.
3. What is the name of your next-of kin? — Mrs. Helen M. Moller
4. What is the address of your next-of-kin? — #73 Granville St. Halifax, N.S. Canada
4a. What is the relationship of your next-of-kin? — Wife
5. What is the date of your birth? — 13th March. 1890.
6. What is your Trade or Calling? — Chauffeur.
7. Are you married? — Yes I Married.
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? If so, state particulars of former Service. — Yes. (3 Years P.E.C.A. Halifax)
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, Theodore J. Moller, 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.

Theodore J. Moller. (Signature of Recruit)

Date Feby 28th 1917. Laurie Colborne (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Theodore J. Moller, 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.

Theo J. Moller. (Signature of Recruit)

Date Feby 28th 1917. Laurie Colborne (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 Halifax this 24 day of Feby 1917.

(Signature of Justice)

A Justice of the peace in and for the City & County of Halifax, N. S.

M. F. W. 23.
600M.—2-18.
H. Q. 1772-39 841.

Description of Theodore J. Moller on Enlistment.

Apparent Age 27 years — months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

Chest measurement.
- Girth when fully expanded 37 ins.
- Range of expansion 4 ins.

Complexion Med
Eyes Blue
Hair Brown

Religious denominations.
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic yes
- 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).

Scar
Pendict

Weight 160 lbs.

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 28-2- 1917. J. McMurray

Place Halifax N.S. Canada Capt. A.S.C.

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:—

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE
M.O.
PRESIDENT

CERTIFICATE OF OFFICER COMMANDING UNIT.

Theodore J. Moller 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.

Wade Wilson Lt
(Signature of Officer)
Officer Commanding
No.2 Overseas A.S.C. Training Depot, C.E.F.

Date MAR 10 1917 191 .

REGIMENTAL DOCUMENTS

NAME MOLLER THEODORE JARDINES REGT. NO. 514072 UNIT 17th Q. B. H. Q. FILE NO.

S	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		~~[illegible]~~			DEATH H
3	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		~~B P C 27-9-20~~		27022	
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
1	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		Med Docs for B P C	9-11-20	[illegible]	DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
2	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					4
	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					15 – 18
1	~~[illegible]~~					26 – 18
1	[illegible]					5 – 20
1	[illegible]					4
1	Bud Card					

H

Theodore ~~F.~~ Jardines

FORM R. 149.
7106—250m—7/2/17.

Name MOLLER Rank Pte. Reg. No. 514 ~~702~~ 072

Unit C. A. S. C. D.D.

Next of Kin Canada

Date 1917		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
19	9	M. B. C. H. S'cliffe		Influenza	C 17			2340
		Diagnosis changed to		Scabies	from 26.9.			BLC 2740
7.	10	Discharged		Scabies	C 34	aw		Ser 670

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List
5-5-19	Invalid to Canada		C	510			8835
	L.L.502. W.D.6.						

REGT'L No. 5-14072

H.Q. FILE No. 649.

NAME Moller. Theodore Jardine

RANK AND CORPS Pte form. C.A.S.C. Trn Depot #2

FOLLOWS No.

NATURE OF CASUALTY 85th Bn

FOLLOWS

CABLE NO.	CABLE DATE	
		N of K. Mrs. Helen M. Moller Wife 8 Maynard St. Halifax N.S.
Auth S.A.C.A.P.	2 3-10-18	~~Rock Dale C.B.~~
0447	19-8-18	Adm 16 Gen. H. Le Treport
31-3 H.Sa 2 94(2)	18-8-18	Aug. 13th 1918. Gliv L Arm Gassed

L. L. 20497—M. & D. 7908

M. F. W. 42—50M.—5-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS Can A.S. Corps
C17	Moore Bks. Can Hospt. Shorncliffe Kent	19-9-17	Influenza
C.34.	Disc " " " "	7-10-17	Scabies.
C131/1.	#11 Can. Gen. (M.B.) Shorn	18-9-17	Scabies. Influenza.
C131/1.	Mil. Conv. Sidcot Pk, Epsom	8-12-17	Scabies
C131/1.	Discharged	21-1-18.	Scabies
B308(1)	War, Stratford on Avn	31-8-18	GSW. Lt. arm, Gas shell
B367	Mil. Con. Epsom	7-11-18	" " " " "
B392	Discharged	4-12-18	" " " " "
C485/1	5 Can. Gen. Kirkdale	5-4-19	" Shldr. old.
C490	9 Can Gen Kinmel Park	R. 18-1-19	" " " "
C510	Invalided to Can	5-5-19	" " " "
			SL 502 M.D. 6

C SURNAME. Moller

MD6 CARD NO. X

SOS Dis 16-6-19 Demob
DO 1650 FOLL. 14-6-19
#6 DD

CHRISTIAN NAMES Theodore J.,

REGL. No. 514072 RANK ~~Pte~~ A/Sgt

UNIT C.A.S.C. Training Depot no 2 (14th R.D.)

FORMER CORPS R.C.G.A. (3 yrs)

Decd 31.7.20 II
SCR 1298-T-H. 5/8/20

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Moller Mrs. Helen M.,

RELATIONSHIP TO SOLDIER Wife

ADD #8 Maynard St,
Halifax, N.S.

Auth S.A.A.P. 22-10-18.

COUNTRY OF BIRTH Chili — Valparaiso DATE Mar. 13th, 1890.

PLACE OF ATTESTATION Halifax, N.S. DATE Feb. 28th 1917

R/C 17/5/19 3/19/17 Pte

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Chauffeur. RELIGION Roman Catholic

DESCRIPTION.

APPARENT AGE 27 YEARS MONTHS

HEIGHT 5- FEET 9 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 4 INCHES

COMPLEXION med. EYES Blue HAIR Brown.

DISTINGUISHING MARKS Appendict scar.

MEDICAL EXAMINATION. PLACE Halifax, N. S. DATE Feb. 28th, 1917.

Present Address - Halifax, N. S.

FORM R. 149.
7106—250m—7/2/17.

Theodore Gardine
Gardine

Name MOLLER Rank ~~Dvr~~ Pte. Reg. No. 514072

Unit ~~C.A.S.C.~~ ~~B.D.~~ ~~86th Bn~~ ~~17 Res.~~

Next of Kin Canada NSRD

Date 1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18-9	11. C. G. Hsp. Shorncliffe	Influenza	Scabies C	131		4479.
8-12	M. C. H. Woodcote	PK Epsom	Scabies C.	131		7980
21-1-18	Discharged		do C.	131		2724
1918						
13 8	16 Gen Hos	Le Tréport	GSW L. Arm Gas Shell	A 294		3271/14
31-8	W. H. Stratford on Avon		" "	B 308		25330
7 11	Mil. Cdn Epsom		"	B 367		674
4 12	Discharged			B 392		103
5-4-19	5 b. Gen Kirkdale		GSW L. Shldr	Ca C. 485		9485
18-1-19	9 b. Gen Kinmel PK		do	C. 490		9787
	To precede C485	4-4-19	PTO	C 490		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

CS
Number. 514072 . . . . . Rank. : Pte

B

Surname. MOLLER . . . . . .

V

Christian Name. Theodore Jardines

P

Units 85th Bn Can Inf ; Theatre of France

Date of Service. . . . . 5-4-18 . . . . . .

D 31 2/20

Remarks . . . . . .

151556

Latest Address. 8 Maynard St

. . . . . Halifax N.S. . . .

Roll No. B.

Page 8991

No. Rank Name

T. O. S. Unit

M. D.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority

Frances T.9.

Name Pte Moller. T. J. Folio Reg. 17th Can Res.

Rank Reg. No. 514072. Compy. M. D. 6.

Age 31 Service 12yrs 24/12. Rel. R.C.

Disease Old G.S.W. Shoulder.

Admitted 17-1-19. From Lines Camp. 19.

Ward 19.

Transferred To

Discharged 4.4.19 To No 5 Can Gen Hosp Kirkdale

AFW. 3118. 1237.

AFW. 3243 & 3243a Medical History Sheet & other Documents.

To	To	To
	~~app to M.D. 6 18.1.19.~~	app. for D.O.S 2 to M.D. 6. 7.3.19.
	orig Ward 19. 18.1.19	Appo. again Lt Hammond for DOS 2 M.D. 6. Cp 19 } 12 3. 19
	① 179 to 19. Ward 14-2-19 no DOS 2 available	
	app to M.D. 6 Cp 19 for DOS 2 14-3-19	
	Discharge papers from Camp 5 H.P. Rep 26.3.19.	
	178, MCS 3 DOS 2's to No 5 Can Gen Hosp. Kirkdale	
From	From	From 4.4.19 Tr
	orig M.D. 6 Cp 19 } 17.1.19.	

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname: MOLLER.
Christian Name or Names: T.J.
Reg. No.: 514072
Rank: Pte.
Unit: 85 N.S.
Co.: C.A.SSC. Depot.
Troop:
Batty.:
Hospital: Mooere. Bks.
N.S. (17R)
Date of Admission: 19-9-17.

Transferred
No 11 Can. G. Hosp. Moore Barr. Hosp. 18-9-17
Mil. Con. W. Pk. Epsom. — 8-12-17
16 Gen. Le Treport. Hosp. 13-8-18
War H. Stratford on Avon Hosp. 31-8-18
Woodcote Park. Epsom Hosp. 7.11.18

Diagnosis: Influ'za.

(1) Later Diagnosis (if changed): Scabies Rn Rad.
(2) Scabies. Influenza.
(3) G.S.W. L. Arm Gas Shell. Rn

Additional Diagnosis: if more than one state present
G.S.W. L. Shldr (Old)

Invalided to Canada. per. H.M.S. Essequibo. 5.5.19.

DISPOSITION: Wisc. 7.10.17 Date
Disc. 21-1-18

C.L. 22-9-17. C17(2)

REMARKS
Disc 4.12.18.

12.10.17 C34
" 7-2-18 C131
18-8-18 C294.2
" 3-9-18 B308
11.11.18 B367
10.12.18 B392.

10.4.19 C485
16-4-19 C490 This entry precedes entry on C.L. 485 4-4-19
12-5-19 C509 - I.T.C 5-5-19

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	5 L. G. Kirkdale	5.4.19
2.	9C. G.H. Kirkdale	18-1-19
3.		
4.		
5.		
6.		
7.		

Army Form B. 103. Sheet—II Regimental Number 514072

Casualty Form—Active Service

War Service Badge
Class "A" No.

Regiment or Corps 85th Can. Inf. Battn.

Rank Pte. Surname Moller Christian Name T. J.

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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

Extended { ..... } Re-engaged { ..... } Qualification (b) .....

or Corps Trade and Rate .....

Occupation ..... Signature of Officer.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
		Embarked ...			
		Disembarked ...			
28/8/18	16 Gen. Hos.	(G.S.W. Arm (L) Invalided per Hos/Ship Carisbrook Castle and posted to N.S.R.D.	Bramshott	28/8/18	W3083/5867. DD.98 d/-9-9-18.
		Canadian Section, J. M. Ar[illegible] Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3rd, Ech.			
6.9.18	NSRD J.D.	TOS from 85th Bn	Bmtt	31.8.18	Pt II. 218.
					Pt. Clow FOR LT. COL. I/C RECORDS. LIEU G.O.M.F.
10/12/18	17 Res	TOS. from NSRD	Bshott	4/12/18	Pt II 292

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c

(17591.) Wt. W 1887—P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.) [P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
	17th Res.	S.o.S. on transfer from OMFC. to C.E.F.	B'shott.		P.D.O.
		Maurice Kay			Lieut., Asst. Adjt. 17th Canadian Res. Batt.
		S.o.S. OMFC. on tran to CEF Disch Canada Sailing M	Kinmel Park		
		L.A. Rudberg LIEUT. OFFICER I/c RECORDS M.D. 6			
7.5.19	T.O.S. No. 6 D.D. from Oseas and posted Hosp. Sec.			17.5.19	D.O. 162
					[signature] Lieut. Officer I/c Records No. 6 D.D.
11-6-19.	Hs.	Trans to Cary Coy	Hfx.	11-6-19.	H.L.D.O. 162.
					J.A. MacKenzie Major, O. C. Hospital Section No. 6 D. D.

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

M. F. W. 54. (A. F. B.)
350M.—5-16
H. Q. 1772-39-920.

War Service Badge
Class "A" No.

Casualty Form—Active Service.

No. 14 Tore Dept. to CASC Res Depot

Unit, Regiment or Corps ~~No. 2 Overseas A.S.C. Training Depot, C.E.F.~~

Regimental No. 514072 Rank Pte Name Moller, Theodore Jardines

Enlisted (a) Feb 28-17 Terms of Service (a) ~~AND 6 MONTHS.~~ DURATION OF WAR C.E.F. Service reckons from (a) Feb 28-17

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) Chauffeur 3 yrs R.C.G.A.

Report: Date	Report: From whom received	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
		Embarked Canada Disembarked England	✓	22/6/17 5/7/17	
JUL 9 1917	O.C., C.A.S.C.R.D.	Taken on strength of C.A.S.C.R.D. ✓	Shorncliffe	JUL 4 1917	PART II. ORDER No. 56 [signature] for O.C., C.A.S.C.R.D.
AUG 23 1917	O.C., C.A.S.C.R.D.	Tsfrd. to Casc Duty Depot ✓	Shorncliffe	AUG 23 1917	PART II. ORDER No. 101 [signature] Lieut. for O.C., C.A.S.C.R.D.
24 AUG 1917	O.C., C.A.S.C.D.D.	Taken on strength of C.A.S.C.D.D. from C.A.S.C.R.D. ✓	Shorncliffe.	23 AUG 1917	PART II. ORDER No. 102
9-1-8	OC CASC RDD	S.O.S. to CASC Corps Depot ✓	do	9-1-8	Part II 7 [signature] Lieut. for OC-CASC R&DD

(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.

514072 Moller J. J.

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				
12.1.18	C.A.S.C. C.D.	Taken on strength from R+DD ✓	S'Cliffe	9.1.18	Pt II 12
22-1-18.	—	S.O.S. on posting to the CASC R+DD. ✓	✓	22-1-18	Pt II 22.
24-1-18	do. CASC DOS	SOS from CASC Corps Depot ✓	do	22-1-18	Part II 20
11-2-18	do	SOS. to 17th. Can. Res. Bn. ✓	do	9-2-18	Part II 35 On Command Lieut. on oc. case — DOS
11-2-18.	O.C. 17th. Can. Res. Bn.	Taken on strength on transfer from CASC. S'Cliffe. B'Shott.		9-2-18.	Pt. 11. Order. 35.
5 APR 1918	do	PROCEEDED OVERSEAS FOR SERVICE WITH 85 BATTN. ✓	do	4 APR 1918	Pt II O. 81
			MacKay		Lieut., Asst. Adj. 17th Canadian Res. Bn.

CERTIFIED CORRECT 17 APR 1918

O, C.	4. CIBD.	Landed in France.	Taken on	Nom. Roll d/-	5-4-18	
		Strength 85th Bn.	5-4-18	Pt. II D. O.	86 d/ 15-4-18.	
	— do —	Left for do C. R. C.		N. R. d/- 7-4-18.		
	O. C. 6th C.R.C.	Arrived -do-		Field	4-4-18	D.321.
4-5-18	06.95th Bn.	Arrived Unit			4-5-18	P.215.
5-5-18	6 C.R.C.	S.D.S. to Unit (in exchange)			3-5-18	N.R.0592.
12-8-18	49 C.C.S.	G.S.W. arm (L)	adm 20	49 C.C.S.	11-8-18	A.4154.
				23 A.T.	12-8-18	
13/8/18	16 Can. Hos.	do (gas shell)	adm 20	16 Can. Hos.	13/8/18	W9952.
11-8-18	9 C.F. Amb.	do	adm 20	9 C.F. Amb. C.C.S.	11-8-18	A.4333.
11-8-18	06.95 Bn.	1. Wounded in Action		Field	11-8-18	B213.
28/8/18	16 Can.	G.S.W. (L) arm gassed	20	England	28/8/18	W2002.

Form R 122.
2353—100M—9-12-16.

CR Rank Name MOLLER. Theodore Jardines. Reg'l No. 514072.

No. 14. Toronto Dft. to CASC. Res. Depot

Unit If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Halifax, N.S. Feb. 28th, 1917. Place of Birth Valparaiso, Chile, S. America.

Name and Address, Next-of-Kin Mrs. Helen. M. Moller.

73 Granville St., Halifax, N.S., Canada. Relationship Wife.

MD. 6.

Assigned Pay Monthly $ Payable to

Relationship

Pte.

N/E. R.B. No. 8464
File R.L.
Category Mulcan

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. 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.
C		ARRIVED IN ENGLAND 5 7 17 S/S JUSTICIA.				
9.7.17	CASCRD	T.O.S on arrival in Engl.	S'Cliffe		4.7.17	P II 56
24.8.17	CASC DD	T.O.S. from CASC RD.	"	Pte	23.8.17	" 102 {CASC RD P II 101d/23 8/17}
21.9.17	CASC.	To M. B. Can Hosp.	"		19.9.17	C.L. C.17 Influenza
11-10-17	"	DISCH. " " "	"	"	7-10-17	" C.34 Scabies
9.1.18	R+DD	SOS to Corps Dep	S'Cliffe	Pte	9.1.18	P II O. 7
12.1.18	Corps Dep	TOS from R&DD as patient in Hosp	—	Pte	9.1.18	— 12
22.1.18.	C.A.S.C.CD.	S.O.S on posting to CASC. R+DD.	S'Cliffe	Pte	21.1.18	P II O. 22.
24.1.18	CASC RDD	To S on posting from CASC CD	"	"	21.1.18	— 20
11.2.18	17 Res.	T.O.S. from CASC.	B'Shott	"	9.2.18	" 35 CASC. H. II O. 35 d/11.2.18

CAS6 171

Moller T.J. 514072

Report. 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
5-4-18	17th Res	SOS to 85th Bn Oseas	Bshott.	PTE 4-4-18	PTE 081 & 36 d/ 12-4-18 85th Bn
18-8-18	85th Bn	Wounded	Field	PTE 13-8-18	MSR CL. A294
6-9-18	NSRD	" TOS from 85th Bn	Brmt	" 31.8.18	St D. 218 & 98 d/ 9.9.18 85th Bn
10.12.18	17th R	TOS from NSRD	"	" 4.12.18	" 292 & 299 d/ 9.12.18 NSRD
6.1.19	17th Res.	O/C to CDD Rhyl.	"	" 5.1.19	DO 4
24.3.19	17" Res.	Ceases. O/C CDD Rhyl. & SOS to M.D.6. Rhyl.	Ripon	" 16.1.19	DO 69 & 81 d/ 22-3-19 MD 6.
27.3.19	M.D 6.	SOS Trans to. 17" Res. being boarded for dispatch to Can.	Rhyl.	" 26.3.19	" 86
12.5.19	NSR.	Invalided to Canada S.L. 502 M.D 6.	Kirkdale	" 5.5.19	C.L. C510.

FR 10 CHECKED

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

M. F. W. 54. (A. F.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps. Army Service Corps

Regimental No. 514072 Rank Private Name Moller, Theodore Jardines

C. E. F.

Enlisted (a) 28-2-17 Terms of Service (a) ..... Service reckons from (a) .....

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				
16-6-19		DISCHARGED at Halifax, N. S	O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.		

CAPTAIN. DISTRICT DEPOT.

(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				

Halifax N.S. — M706

FORM OF WILL.

I, Theodore Jordines Moller (Name in full)
Regimental Number 514072 serving in No. 2 Overseas A.S.C. Training Depôt, C.E.F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Helen M. Moller
73 Granville st.
Halifax Canada

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Helen M. Moller
73 Granville st.
Halifax Canada

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 10th day of March. A. D. 191 7.

Theodore J. Moller. Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness A. G. Cowan
Address of Witness Thornbo. Ontario Canada
Occupation of Witness Barrister
Signature of Second Witness Philip B Hague
Address of Witness 93 Mackay Street. Montreal. Can
Occupation of Witness Accountant

F. W. 82
00M-5-16.
1772-39-983.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 514072 (Rank) Private

Name (in full) Theodore Jardine Mallen enlisted in

the C.A.S.C.

CANADIAN EXPEDITIONARY FORCE at Halifax on the 28th

day of January 1917

HE served in Can. Engr. France

and is now discharged from the service by reason of

Demobilization

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 29 yrs 3 mos

Height 5 ft. 9 in

Complexion Medium

Eyes Grey

Hair Brown

Marks or Scars Scars on legs

Appendix Scar

G.S.W. Left Shoulder

Theodore J. Mallen

Signature of Soldier

Issuing Officer

Rank CAPT. & A/MAJ.

FOR LIEUT. COL. No. 6 DISTRICT DEPOT.

Appointment

Date of Discharge June 16/19

Signed at Halifax N.S. this nineteenth day of June 1919

in Military District No. 6

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-30-882

War ...
Class a ... No. 345324

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

.....
Name of Officer

.....
Rank

.....
Appointment

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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..... No. 2 Overseas A.S.C. Training Depôt, C.E.F.

(2) Regimental Number 514072

(3) Full Name of Soldier..... Moller Theodore, Jordines

(4) Place of Birth..... Valparaiso, Chile, South America

(5) Are you married, or not ? ..... Married

(6) If married, state,

(a) Full name of your wife.... Mrs. Helen Moller,

73 Granville St., Halifax, Canada

(b) Present Postal Address.....

(7) Are you a widower ? .....

(8) Have you any children ?..... Yes

If so, give number of boys and girls..... One boy

Also their names and ages. Theodore Frances Aged 5 months.

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes Theodore J. Moller

If so, state name and address Valparaiso, Chile, South America.

(10) Is your Mother alive ? Yes Magdaline, Moller,

If so, state name and address Quillota, Chili, South America.

(11) If your Mother is a widow

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.

Yes

(15) Are you insured ? No.

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium --------

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

W. de S. Wilson Lt

Officer Commanding.

No. 2 Overseas A.S.C. Training Depôt, C.E.F.

Date March 10/17

28. 2. 14

L. L. Job 4[illegible]—M. & D. 6832

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-818.

SEPARATION ALLOWANCE

Name Helen Moller

Address 73 Granville St.
Halifax
N.S.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Moller, Theodore J.

Regtl. No. 514072

Rank Pte

Corps No 2 A.S.C. Y.D

To what Corps belonging when called out }

PAYMENTS

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

28. 2. 14

MILITIA AND DEFENCE

M. F. W. 11a.
50m.—4-16.
1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Helen Moller Wife PAYMENTS. Pte Name of Soldier Moller, Theodore J.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		B33514	4.2	42 R
May		W5021	20	20
June		W8208	20	20
July	W	11475	20	
Aug.	F	15860	20	m
Sept.	M	16607	20	X
Oct.	V	20677	20	m
Nov.	C	24612	20	B
Dec.		V7669	20	F
Jan.	1918			202, T.S.V.
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Wife

To Whom Mrs Helen Moller

Address 73 Granville St
Halifax N.S.

Rate 20 cts JUN 1 1917

By Whom Assigned Moller Theodore J

Regtl. No. 514072

Rank pt

Corps asc. No 2 T.D.

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				

CONSOLIDATED 2 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Mrs Helen Moller (Assignee)

Name of Soldier Moller Theodore J. pt

L. L. Job 19227—M. & D. 7814.

514072 a.s.e. No 2 Ind.

20.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			JUN 1-1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June	M22250		20	
July	C23563		20	Cu
Aug.	P 31185		20	
Sept.	P 37952		20	Cu
Oct.	F44280		20	
Nov.	R 50672 ~~50671~~		20	50 9 7/V cause
Dec.	P 58930		20	140.2.1.7/V
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P 820
12474—375H—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1st June 1917	EFFECTIVE DATE:-
AMOUNT:- 40.00	AMOUNT:-

NAME:- MOLLER Theodore Jardines

NUMBER:- 514072

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Hellen Moller (
73 Granville St Halifax N.S.

Mon 1/2/19.

Sailing.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 6ASC.R.D. 14th Draft

DATE ACCOUNT FIRST OPENED:- 1-6-17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			NSRD
36	5-4-18	1-4-18	85th Bn
	1918	2/9/18	NSRD

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
27.4.19	A4005.		~~13~~				
10/12	Ration allowance 1/9/12		~~8 16~~				
			~~8 33~~				
						RR II 17th Res 8/1/19.	
						Fed Bal 10.42	

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Des Can 1-2-19 L.P.6 Bal. 18.75

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar	Balance Fwd								11 25		
Apr	P.P.	33		AR 188 16/4/18 4th CCRC	4 46						
	Cashiers Trust & pres fwd.		2 62	Can.				20	18 84		
				AR 255 27/4/18 CCRC	3 57				~~15 84~~		
		33	2 62		8 03			20			
May	p.p.	34 10		C.A.P.				20			
				AR 146 8/5 85 Bn	3 57						
				" 218 18/5 "	4 46						
				Draft 25 9/5 17 Res	4 87				20 04		
		34 10			12 90			20			
June	p.p. pay	33		C.A.P.				20			
				AR 297 3/6 85 Bn	3 57						
				" 347 19/6 " "	4 46				25 01		
		33			8 03			20			
JUL	" "	34 10		C.A.P.				20			
				" 409 2/7 " "	3 57						
				" 572 15/7 " "	4 46				31 08		
		34 10			8 03			20			
Aug	" "	34 10		C.A.P.				20			
	C.R. 4096 Draft Cheque May 1914		4 00	AR 520 4/8 "	3 57				45 61		
Sept	" Pay	33	4 00	Can. A.P.	3 57			20			
		33		Hosp Rem 34848 29/9/18	9 73			20	48 88		
Oct	✓	33		C.A.P.	9 73			20	34 10 82 98		
		34 10		Hosp Rem 43013 22/10	9 73			20	29 23 53 25		
		34.10		C.A.P.	9 73			20			
				AR 3419 7/11 C.C.H. Eps	4 87						
				Hosp Rem 3076 5/12	25 63						
				CAP 774 4/12 C.C.H. Eps	38 93						

NUMBER 514072 RANK NAME MOLLER J. J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Fwd	69 13			20	53 25		
Nov & Dec	CC	67 10		all 4207 19/12 17 Rs	1 14 60			20			
Jan	PP	34 10		CAP				20	30 47		
					83 03			60	10 42 19 18		
SF 14/12/18 - 19.00 16/12/18 12 days @ 73⁶ 20292		8 76									
	(6-12-18 17 Rs)	109 96									
				all H 848 14/1/19 Kummel PK Enon LPC	9 73						
				810 5/2/19 Enon LPC	17 03				7 58		
					26 76						
				all R 538 5 Cloth Endorsed 3/4	4 87						
				1441 Endored 22/4	4 87				17 32		
					9 74						
				Q 4005. 27/4/18		40					
						40			17 72		
				Cesspr 2/8/19							
				by Sovereign							

53·25
10 96
63 21
144 03
19 18

P. 559.
MARRIED OR SINGLE M.

PLACE OF BIRTH Valparaiso, Chile, S. America,

NAME AND ADDRESS OF NEXT OF KIN Helen M. Moller.
73 Granville St., Halifax, N.S., Can.

RELATIONSHIP OF NEXT OF KIN Wife.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 514072 RANK Pte. NAME Moller, Theodore Jardines.

IF IN PERMT. CORPS WHAT UNIT UNIT C.A.S.C.R.D. TRANSFERRED TO 17th Res. 14 Draft. DATE 1/3/18. AUTHORITY. N Roll.

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 85 Bn DATE 1-4-18 AUTHORITY

PLACE OF ATTESTATION Halifax, N.S., Can. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 28. 2. 17. TRANSFERRED TO DATE AUTHORITY

C

ASSIGNED PAY MONTHLY $20 00 DATE EFFECTIVE 1. 6. 17.

PAYABLE TO Helen Moller, 73 Granville St., Halifax N.S. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1917	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
June 1-July 31	61	1 00/10	67	10											67 10					3/3a	7.6					15/4		40		59	8 10			Nil	Bal. from Can.
Aug	31	"	34	10											34 10													20		20 00	22 20				
Sept	30	"	33	00											33 00	242/209	3/7	363	15/6					4 87 / 9 73	14	60		20		49 20	6 00				

MONTH 1917	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED	SEP. ALLCE. PAY ENG.
	Bal	~~6 00~~							6 00		
Oct	pp.	34 10						20			3 16
		34 10		425 24/6 AR 0-P	4 87				15 23		
					4 87			20			
Nov		33		Cap.				20			32.10
				AR 1807. x: Swt Bks-H. 27/10/17	2 43						30.80
				" 1928. " " " 10/11/17.	2 43					20	62.90
Dec		34 10			H 86					30.	43.86
				SH 1553. Case Wt-Bks 24/9	2 44						19.04
				AR 603 " Sickle 15/9	4 87						
				Cap				20 30 16			
		67 10			12 17			40			
					30 80				19 46	4 40	20

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED	SEP. ALLCE. PAY ENG.
Jan	PP.	34 10		Cap.				20			19.04
				a/c 6589. Epsom. 10/12/17.	9 73						
				SH 2181 Mail. 20/1	2 43						53.14
					12 16			20			30.80
Feb.	PP.	30 80						30.			84.94
				While in Hosp. Cardiff, sustaining Rasc. Mon. 30/1/18. to Mon. 3/2/18. 3 days pay Rel. 28.30 20/2/18. Cap. 2.50 down.			4 40.				80.54
				AR 883 Epsom 10.1.18	9 73						
				" 11450 Carlton 28.1.18	9 73						
					19 46						19.04
		30 80			19 46	4 40		20			

Bank of Mtl Dft # 354/0868 Nett amt held in trust by Cashiers Branch 10/9 Recd from Pm Md. No 6 Halifax 14/8/17 Feb

514072 Pte Moller. T. J.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount C.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount C.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount C.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	ACQUITTANCE ROLLS 1 Date	ACQUITTANCE ROLLS 2 No.	ACQUITTANCE ROLLS 2 Date	ACQUITTANCE ROLLS 3 No.	ACQUITTANCE ROLLS 3 Date	ACQUITTANCE ROLLS 4 No.	ACQUITTANCE ROLLS 4 Date	CASH PAYMENTS 1	CASH PAYMENTS 2	CASH PAYMENTS 3	CASH PAYMENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH 1918	PARTICULARS		CR. 1	CR. 2	PARTICULARS									DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SUP. ALLCE ENG.														
Mar	Forward																	19 04																	
	Ptes Pay		34 10		Can A.P.												20																		
					AR 1388 28/2/18 17 Res									- 243																						
					DNAR 1270 16/2/18 ✓									- 973																						
														12 16																					
					✓ 1493 9/3/18 ✓									- 730																						
					✓ 1655 5/18/17 11 G Hosp									- 243																						
			34 10											2189			20	11 25																	

Min. Ord

2nd application T9

From

O.C. No.9 Canadian General Hospital,
Kinmel Park, Nr. Rhyl.

To

O.C. Lieut R. M Hammond
M D. 6. Camp 19 DOS 2

Please forward ~~Original Medical History Sheet~~ for the undermentioned men admitted to this Hospital on 17.1.19

Pte Moller. T.J. 514072. 17e Res.

Mc Kerfoot Capt

for Colonel, C.A.M.C.,
O.C.No.9 Canadian General Hospital, Rhyl.

12/3 1919.

over

Minute Two.

With reference to minute one
The [illegible] was paraded to the
Quarter master here and had a
D.O. S2 made out.
For your information please

Ref. A. 19-6-0/4182
Kinmel Park, Camp 19, M.D. 6
14th March, 1919.

To:- Officer Commanding,
No.9 Canadian General Hospital,
Kinmel Park.

514072
Pte. Moller, T. J.

Replying to yours of the 12thinst. re the M.N. man, please be advised that we have no IDS 2 for him.

Kindly advise when he is dispatched to Canada.

For your information, please.

Lieut. and Adjutant,
for O.C. Camp 19.

8.3.19.

P.C. #9 6 G.H.
K.P.C.

514072 Pte Mollen T. J.

We have no DoS2 for the m/n in our possession & as he is in hospital it is impossible for us to have a new one created.

[illegible] L A Rydberg Lt.
O/C Records M.D.C.

For Hospitals

M. 1-x-5

A.F.B. 179 Canada (Revised 1918) 100m. 25/11/18. D.495

Reserved for M.H.C.

Regt. No. 514072 Rank Private Surname Knoller. Christian Name Theodore Jardines

Unit or Corps (a) Overseas from United Kingdom 85th Battn (b) in United Kingdom 17 Reserve Battn.

Born at—Town Guillota County or Province Valparaiso Country Chile. S. A.

Date of Birth—Day 13th Month March. Year 1888 Age 30 yrs. 11 months.

Joined at Halifax Nova Scotia Date 28/2/17.

Former trade or occupation Chauffeur and Electric Motorman.

Permanent Marks or any peculiarity that will serve for future identification :—

Sore scars on legs.
Appendix scar.
G. S. Wound on left Shoulder.

Height—feet 5' inches 9 Color of eyes Blue.

Signature of Soldier (*for identification purposes*) Theo J. Knoller.

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a): Sinus left Shoulder

Disabilities Group (b): Traumatic arthritis

Disabilities Group (c):

2. CAUSE OF DISABILITY.

		Place of origin.	Date of origin.
(i) As to Group (a) above.	G. S. Wound	Amiens	Aug 11, 1918
(ii) As to Group (b) above.	G. S. Wound	"	"
(iii) As to Group (c) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(i) As to Group (a) above ? no If yes, has Active Service aggravated it ?

(ii) As to Group (b) above ? no If yes, has Active Service aggravated it ?

(iii) As to Group (c) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(i) As to Group (a) above ? yes

(ii) As to Group (b) above ? yes.

(iii) As to Group (c) above ?

PART I—(Continued.)

5. MEDICAL HISTORY.

Wounded Aug 1918. T & T wound of left shoulder. Operated on in France & sent to England. Good recovery except for sinus running into post. axilla which refuses to heal.

(b) Traumatic orchitis – testicles swollen and sore for some time.

6. PRESENT CONDITION.

Sinus running into posterior axilla 2" deep. X Ray shows no F.B. present. No limitation of movement

Testicles normal in size. Patient complains of pain and tenderness and inability to walk for with a pack.

7. OPERATION. (i.) Was one performed? yes (ii.) If so, state what. clearing wound

(iii.) Was one advised and declined? no

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? nil

(ii.) If so, describe.

9. DO YOU RECOMMEND :—

(a) Fit for duty? (*state category*) no

(b) Invalid to Canada? yes

(c) Discharge from the Service as permanently unfit? no

Date of Report 30/1 1919

Station Kinmel Pk Rhyl.

Signed J A Reid Capt

Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except

E J Williams Col.

O.C. No. 9 Canadian General Hospital, Kinmel Park, Rhyl.

Officer i/c Hospital ~~(S.M.O. Brigade)~~ Strike out one ~~of these~~

Dated at Feb 4/19 Station, on ..... 191.....

*Delete if inapplicable.

PART II

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1) ? If not, describe it. yes.

11. Is the cause of the disability fully described in Part I. (2) ? If not, describe it. yes.

12. From the medical information now adduced, was the disability caused or aggravated by :—
(a) Negligence of the Soldier { Caused ? no / Aggravated ? no
(b) Misconduct of the Soldier { Caused ? no / Aggravated ? no.

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour ? *(Estimate at none, 5%, 10%, 15%, 20%, etc.)*

14. THE DISABILITY DUE TO SERVICE.—*(See Part I (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)* What part of the entire disability estimated next above (13) is due to causes arising during Active Service ? *(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)*

not applicable

15. Permanency of the Disability due to Service estimated next above in (14).
(i) Is it permanent ?
(ii) If not permanent, what is its probable minimum duration (*in months*) ?

16. If an operation was advised and declined do you consider the refusal to have been unreasonable ?

17. Can the former trade or occupation be resumed ? no.

18. REMARKS :—

Board recommends invaliding to Canada.

19. RECOMMENDATION :—
(a) Fit for duty ? (*state category*) no
(b) Invalid to Canada ? yes
(c) Discharge from Service as permanently unfit ? no

Date of Board 4-2-19

Signatures of the Board { T J Scobie Capt CAMC, Co President. / F H Longher Capt CAMC

Station Kinnel Park Military Hospital

Approved

Dated at Walter Ross

MAJOR, D.A.D.M.S.
FOR A.D.M.S. CANADIANS
BUXTON AREA.

A.D.M.S.

Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES
13 FEB. 1919
CANADIANS
BUXTON AREA.

191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease ; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions, and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war (since the 4th August, 1914).

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the Soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O.C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

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

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M.O.	Date	Station	Category	Signature of M.O.

Forms
I. 1237.
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
30683	514072 ~~5.04702.~~	Pte	Moller.	Theodore.

Year	Unit.	Age.	Service.
1917.	C.A.S.C.	27.	7/12.

Station and Date.

M.B. No 11 C.H.

18.917

Disease Influenza

Admitted with severe pain in top of head and occiput. Pain and buzzing in right ear. 2 days sick before entrance.

J.J. Danby Capt.

Recovery. Discharged ~~to [illegible]~~ cured.

J.J. Danby

Discovered to have eczema of legs below knee. Transferred to word 22.

J.J. Danby

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	

CLINICAL CHART.

Army Form B. 181

(To be attached to Case Sheet.)

Corps C.A.S.C. 514072

Military Hospital MOORE BARRACKS, CANADIAN HOSPITAL SHORNCLIFFE

No. ~~504702~~ Rank and Name Pte. Theodore Moller. Age 27. Service 1/12.

Disease Influenza Date of admission Sept. 18/17. Date of discharge Result

Dates of Observation	Sept. 18	19	20	21st
Days of Disease	1			
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°	8 pm	10	4	4 pm 8 4 pm
106°				
105°				
104°				
103°				
102°				
101°				
100°				
99°				
98°				
97°				
Pulse per Minute	56	60	70	68 70
Respirations per Minute	22	18	20	18 20
Motions per 24 hours				

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature J. D. Darby Capt. In charge of case.

I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	514072	Pte	Moller	

Year	Unit.	Age.	Service.
	17 Can Res Bn	31	12/12

Station and Date.

Disease Old G S W. Lt. Shoulder.

Old T & T wound in shoulder. Healed on discharge from Cyprus - 4-12-18. (Superficial, flesh wound)

Now has broken open, probably due to some F.B. Still remaining in the vicinity of old wound + Rays NO F B found.

J O Paid
Capt Cane

No 5 Can Gen Hosp 9-4-19.

T & T wound LT shoulder. healed. slight stiffness at shoulder joint on movement.

Rt Testicle is Indurated & tender due he says to having been hit on testicles of a piece of rock. For Invalid to Can.

J P Kennedy
Capt Cane

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

Form A.G. 10410. (10M-3171-23-5-17).

OVERSEAS MILITARY FORCES OF CANADA.

Date Sept. 25/17

To;- Hospital Representative,

7011 C.G.H.M.B. Hospital.

514072
~~#504702~~ Pk
Moller Theodore
C.A.S.C.

The marginally named soldier has this day been medically examined and placed in Category A.III and is now available to be discharged.
from ward 18 to 22

For your information and necessary action please.

for
Officer Commanding,
J.J. Danby Capt. Hospital.

5-14092

~~# 504402~~ Dk

Moller Theodore

Moore Barracks Canadian Hospital,
Shorncliffe. Kent,

I hereby certify that I have this date examined the marginally named soldier, and found him free from Infectious, Contagious, Venereal and Skin Diseases, and also free from Vermin.

J. D. Pauley Capt. C.A.M.C.

PRELIMINARY DISCHARGE SLIP

Regt. No.	Rank.	Name.	Unit.	Local Overseas.
~~514702~~ 514072.	Pte	Woods Gordon	C.A.S.C.	Local

Disease	Ward	A. & D. No.	Category. On Admission / On Discharge
Influenza	18	30685	A II / A II

Capt. R.A.M.C.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps C-A-S-C 514072 Military Hospital 11 Can. Gen. Hosp.

No. ~~504702~~ Rank and Name Pte Moller Age 27 Service 7/12

Disease Scabiese Infection Date of admission 25-9-17 Date of discharge Result

Dates of Observation	Nov. 1
Days of Disease	
Temperature Fahrenheit	Time A.M. P.M.
107°	·8 ·6 ·4 ·2
106°	·8 ·6 ·4 ·2
105°	·8 ·6 ·4 ·2
104°	·8 ·6 ·4 ·2
103°	·8 ·6 ·4 ·2
102°	·8 ·6 ·4 ·2
101°	·8 ·6 ·4 ·2
100°	·8 ·6 ·4 ·2
99°	·8 ·6 ·4 ·2
98°	·8 ·6 ·4 ·2
97°	·8 ·6 ·4 ·2
	·8 ·6
Pulse per Minute	92
Respirations per Minute	20
Motions per 24 hours	

(6201) Wt. W. 11421/M1165 2,000,000 12/16 McA & W Ltd. A.F.B. 181 (E. 735)

Signature [illegible] In charge of case.

Forms
I. 1237
12

THE CNV HP.
WOODCOCK PK
EPSOM

Army Form I. 1237.

MEDICAL CASE SHEET.*

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
30844	514072 ~~504702~~	Ste	Moller	T

Year	Unit.	Age.	Service.
1917	C.A.S.C.	27	7/12

Station and Date.	Disease scabies - + infection.
25.9.17	Eruption - appeared on legs below knee
vi C.G.H	one week before coming into hosp. - Face
	broken out. small eruption.
	Pyorrhoea. bak. - stomach & bowels
	normal.
	T.T. - scabies. T.T. + use of ung. Hg. amm.
	Po pumice. & Pyorrhoea mist. for teeth. Rx -
	Ferri et Quin. cit &c.
1.12.17	Still a few old scars on foot. Sent
	to Con. Home for rest in order to prevent
	scars from breaking down
	W. Whitemore Capt.

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

(44502) Wt.W 11203—M 1150. 1,450,000. 6/12 16. C.F.& S. Forms/I. 1237/12. (E239) P.T.O.

Station and Date.	

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

MILITARY HOSPITAL JUN 6 1919 HALIFAX, N.S.

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Halifax, N.S. DATE 7-6-19

1. 1 (a) Unit 6 D.D. (b) Regimental No. 514072 (c) Rank Pte.

(d) Surname MOLLER (e) Christian name Theodore

(f) Home address 8 Maynard St., Hfx., N.S.

(g) Next of Kin Mrs. T. Moller (h) Relationship Wife

(i) Address of Next of Kin 8 Maynard St., Halifax, N.S.

2. Age last birthday 30 Date of birth 13-3-89

3. Enlistment, or Appointment (if an Officer) (a) Place Halifax, N.S. (b) Date 28-2-17

4. Personal description:

(a) Height 5' 9" (b) Weight 160 (stripped) (c) Complexion medium

(d) Colour of hair brown (e) Colour of eyes grey (f) Identification marks, Scars, etc.

Small G.S.W. scars left shoulder

5. Former trade or occupation chauffeur

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

	Years	Days	Periods From	Periods To
Canada C.A.S.C.			28-2-17	27-6-17
England C.A.S.C.			7-7-17	1-4-18
France or other theatres of War 85th Battn			1-4-18	

MILITARY DISTRICT No. 6 HALIFAX, N. S. 59 M-2411 M. D. No. 6

7. Original disease, or injury G.S.W. LEFT SHOULDER

(a) Date of origin ~~XX/X/XX~~ 11/8-18 (b) Place of origin Amiens

(c) Cause Shell

M. F. B. 227.
300M.—8-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Weakness left shoulder.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

T.& T. wound left shoulder. Entrance scar small circular just above posterior fold of axilla. Exit circular 1" diameter, slightly adherent, not tender about centre of posterior edge of deltoid. No muscular wasting can be noticed. Movements of shoulder and arm normal. Strength about 10% less than right arm.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System.....No..... Cardio-Vascular System..... (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System.....No..... (Albumen and Sugar will be excluded.)

Special Senses.....No..... Respiratory System.....No..... Integumentary System.....No.....

Disturbances of Mentality.....No..... Digestive System.....No..... Muscular System.....No.....

Osseous and Joint Systems.....No..... Any other general condition.....No.....

10. (a) History (of the condition referred to in Section 9 (a).)

Wounded 11/8/18 Ardens T.& T. wound discharged 15/3/19.
[illegible] C wards 1-6-19. Arm in excellent condition.

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Abscess opened in old appendectomy scar, while in England. No consequent hernia or weakness. A lso traumatic orchitis with more or less permanent injury to right testicle. No pain, swelling etc. at present

(*c*) (Here give a description of wounds, scars and deformities.

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? No

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Should slowly recover

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

(If the answer is "yes" state nature of treatment required and probable duration)

No

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

C at B

[signature] Capt

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned soldier have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Wa Rw

L. J. Moller Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

(a) General service,	(Category A)	(~~Yes~~ or No.)
(b) Service abroad, not general service,	(" B)	(Yes or ~~No.~~)
(c) Home service (Canada only),	(" C)	(~~Yes~~ or No.)
(d) Temporarily unfit.	(" D)	(~~Yes~~ or No.)
(e) Unfit for service in Categories A, B and C	(" E)	(~~Yes~~ or No.)

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(b) Does not require treatment.
(c) ~~Should pass under his own control.~~
(d) Should not pass under his own control.
(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged~~. (When not for discharge add special recommendation.)

Cat.B

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

CAMP HILL MILITARY HOSPITAL
JUN 6 1919
HALIFAX, N.S.

W A Rinchell Capt President.

PLACE

Members

DATE

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President.

PLACE

Members

DATE

APPROVED
JUN 7 1919

APPROVED BY

J B Cosstin Major

Assistant Director of Medical Services.

DATE

APPROVED BY

Director-General of Medical Services.

DATE

M.D 6

D.M.S. 1375.

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☞ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte. Name Theodore, J. Surname Moller,

Unit or Corps 85 Bn. (If a soldier) Regtl. No. 514072

Born at South America, on, date Mar. 13, 1888.

Signature (for identification) T. J. Moller

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 150 lbs.

Height 5 ft. 9 ins.

Open Sinus in left axilla

2. NUTRITION AND DIATHESIS?

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM? To be sent to Hospital for treatment

4. RESPIRATORY SYSTEM.

5. HEART?

Abnormal Sounds?

Abnormal Size?

Pulse Rate? Intermittence or irregularity?

6. ARTERIES.—Any hardening?

7. DIGESTIVE SYSTEM?

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.?..... Reaction?..... Albumen?..... Sugar?.....

9. SKIN, MIDDLE EAR, EYE or any other part?

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

11. Opinion as to the health and physical condition of the one examined?

Examined at Kinmel Park

Date 11-1-19

Signed..... M.O.

Signed..... M.O.

☞ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 6

No. 514072.

RANK Pte

SOLDIER Moller, J.

MENT 85th

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS	
Condition on first Examination	June	6th/19										3 B										Major Mann		Cavities 31	Good.
																								Extractions 19	

CAMP HILL MILITARY HOSPITAL JUN 6 1919 HALIFAX N.S.

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) MOLLER. T.J. M.D.6

REGIMENT 85 RANK Pte No. 517072

Date of Examination in England 11-1-19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 30
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England No
- (*c*) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer A.G. Fraser. Capt.

149819

514042

Sgt. Moller T. J. C.A.S.C. Living

20

Perforated sheet for Will from Pay Book of Reg.

No. 514072

Name Theodore J. Moller

Unit #14 Draft C.A.S.C.

Military Will

In the event of my death I give the whole of my property and effects to my Wife Mrs. Helen M. Muise 73 Granville st. Halifax N.S. Canada

Signature Theodore J Moller

Rank and Regt. Sargent C.A.S.C.

Date June 21st 1917

SHORNCLIFFE.

AUG 22 1917

13 - 1 - O.

WEST CLIFF CANADIAN EYE & EAR HOSPITAL.

FOLKESTONE - - 9/8/17 - - - - - 1917.

SPECIAL REPORT ON EYES.

No. 514072

RANK Sgt.

NAME MOLLER. J.

IN OR OUT PATIENT Out.

UNIT 1st C.D.

From: OFFICER COMMANDING

TO: OC CASC D.D.

RIGHT VISION - 6/36

LEFT VISION - 6/6.

REMARKS:

R.E. Astigmatic.

HE IS ..... FIT FOR OVERSEAS SERVICE. GLASSES HAVE not BEEN ORDERED. CONDITION WAS ..... PRESENT PREVIOUS TO ENLISTMENT AND HAS not BEEN CAUSED BY SERVICE.

RECOMMEND PATIENT FOR CATEGORY ..... B1 .....

J C Jones

FOR O.C. WEST CLIFF CANADIAN EYE & EAR HOSPITAL C.A.L.C.

M.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Moller, Christian Name Theodore, Jardinas

Examined { on 28th day of Feby 1917
at Halifax N.S.

Birthplace { City or Town Valparaiso
County Chile S. America

Apparent age 27 years.

Trade or occupation Chauffeur

Height 5 Feet 7½ Inches.

Weight 150 Lbs.

Chest measurement { Minimum 38 inches.
Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right. ~~Left.~~
Number One

When Vaccinated last 1911

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Vap 27-3-18 acw

Approved by D Macnaughton
Rank Capt A.M.S. M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.
		DECLARED FIT BY MEDICAL BOARD SEP 1918 TORONTO MOBILIZATION CENTRE M.O.
		E Edwards M.O. PRESIDENT
		25 11 18. A Alloy Capt M.O.
		+ S. M.O.

Date.	Result.	Vaccinations.
16/3/17		H Wallace Lt M.O.
		M.O.
VAB	27.3.18 VAB	M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
10/3/17		M.O.
17/3/17		H Wallace Lt M.O.
24/3/17		M.O.

Enlisted on 28th day of February 1917 at Halifax N.S. Canada

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	H2 CASC	514072		28/2/17
	17th Can Res Bn			9-2-18
Transferred to	85th Bn O/S			
	17th Res.			4.12.18

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Kennel Park Mil Hospital	4-2-19	G.S.W Left Shoulder Traumatic Arthritis	Fit for duty C Can. T. Lt Colonel
Camp Hill Halifax	6/6/19	Wounds L shoulder	B - Coast Medical Capt Capt

CANADIAN

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.

M. F. B. 313.
400M.—1-16.
H. Q. 1772-20-429.

Surname Moller Christian Name Theodore Jarmus

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	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.
Moore Barracks Hpl Shorncliffe.	30683	18	9	17	25	9	17	Influenza		Mild attack chiefly pain in head. Recovery	J.P. Danby Capt
		25	9	17	7	12	17	Scabies	73	Cured. Some scar tissue left. Trans. to Con. Home for rest on acct scars on foot.	W. Cutterfore Capt
M.C.H. Epsom		7	12	17	21	1	18	Impetigo	46	15.1.18. Recovered. 17 III	J. Cunstow Capt
THE WAR HOSPITAL. CLOPTON, STRATFORD-ON-AVON.		31	8	18	6	11	18	G.S.W. Shop L. shoulder	67	Healed without disability	George Dickson Capt
M.C.H. Epsom		6	11	18	4 - DEC 1918			G.S.W. left shoulder Flesh	79	Superficial w d healed No disability. Abscess in a b d wall at side healed. Recovered No disability, tit	
Military Hospital Kinmel Park		17	1	19	4	4	19	Old G.S.W. L. shldr	77	Trans to Kirkdale Liverpool.	Hoy Capt C.A.M.C. Wickerfoot Capt
No. 8 CANADIAN GENERAL HOSPITAL LIVERPOOL.		4 APR 1919						do.		Wound healed. Very little disability. For inval to Can.	J.P. Cummings Capt
H. M. A. T. "ESSEQUIBO"		MAY 5- 1919			5- MAY 1919 15 MAY 1919			do	11	Condition unchanged	[illegible] Capt

6885

204140

War Service Badge Issued,
Class 9 No. 325324

This space to be for numbers.

M

Proceedings on Discharge.

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

MEDICAL DOCUMENTS FORWARDED TO
S. C. R.
B. P. C.
ON 23-7-19

No.	514072
Rank	Private
Surname	Moller (Mollen)
Christian name	Theodore Jarvis
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	C. A. S. C.
Date of discharge	June 16/19
Place of discharge	Halifax N.S.

H

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	20 years 3 months.	Scars on legs
Height	5 feet 9 inches.	Appendix scar
Complexion	Medium	G.S.W. Left Shoulder
Eyes	Grey	
Hair	Brown	
Trade	Chauffeur	
Intended place of residence (To be given as fully as practicable.)	8 Maynard St Halifax N.S.	

2. The above-named man is discharged in consequence of

Authority for discharge Demobilization

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. **Certificate to be signed by the Soldier on Discharge**

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

(Place) Halifax N.S. Theodore J. Moller *(Signature of Soldier.)*

(Date) June 13th 1919 [signature] *(Signature of Witness.)*

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

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

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

Total.....years.....days.

11. **Confirmation of Discharge.**

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

(Place) Halifax N.S.

(Date) June 6/19

(Signature) [signature] CAPT. & ADJT. FOR LIEUT. COL. No. 6 DISTRICT DEPOT.

Reservations referred to at Para. 8.

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

nil

Theodore J. Knoller.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a
or Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper or Particulars of Recruit	Militia Form	W. 23 / W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

Date of Enlistment

28-2-17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

M

Date of Assignment

17944 Jan. 1/917

RATE OF SEPARATION ALLOWANCE

~~20~~	$ 25.00 1-12-17 P.C.3257	30 ~~+4~~ 5 M.2753 M0 40471	

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3-14072

Rank Pte Promoted Reverted Discharge

Soldier's Name Theodore J. Moller

Battalion #2 C.S.C.-T.D. #2

Beneficiary Helen Moller.

Relationship wife

Address

M.Y.W. 2554-29-7-18

PARTICULARS OF ASSIGNMENT

Name Mrs Helen Moller (Wife)

Address ~~73 Granville St~~ Halifax Change of Address ~~N.S.~~

1 ~~Rock Date. C.B. 8-7-18~~

2 #8 Maynard St. Halifax N.S.

3

4

12987-2-2

Date 1917.	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec. 31.	—	202 ✓	140 ✓	342	✓	(2) allw add 44714
Jan/18	W 68301	30	20	50	✓	
Feb.	B. 74613	25	20	45		
Mar	N 90552	25	20	45		
April	M 11762	25	20	45	✓	
May.	R 15689	25	20	45	✓	
June	N 19992	25	20	45	✓	
July	H 29394	25	20	45	✓	
Augt-	P 38632	25	20	45	✓	
Sept-	S 50032	25	20	45	✓	(2)
Oct	X 54298	25	20	45	✓	
Nov	T 60736	25	20	45	✓	
Dec	E 65597	45	20	65	✓	
Jan	U 70760	30	20	50	✓	
Feb	W 75196	30	20	50	✓	
Mar	M 84562	30	20	50	✓	
Apr	P 2477	30	20	50	✓	
May	7177	30	20	50	✓	
		677 =	480 =			

A/c Closed 31-5-19

Ret'd per Georgian

Date 17/5/19 M.F.W. 187 23/5/19

M.O. #6 Collins Electricity L.B. 91342 JUN 23-5-19

M.R.O 4934-18-2-18

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—172-30-1141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22230—M. & D. 7493.

Esquimalt 17.5.19

AUDITOR 6 | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. No. 514072 | RANK Pte. | NAME (IN FULL) Moller, T.J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP | ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE
30 00 | 1/6/19

TO WHOM PAID Same as A.F. | RELATIONSHIP | ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.		Do 142

ORIGINAL UNIT C.E.F. NSR | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20 00 | DATE EFFECTIVE 1/6/19

PAYABLE TO Mrs. Helen Moller Wife | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 8 Maynard St. Halifax NS | Grafton St Engine House City 7.7.7.19.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Hx. N.S. | DATE 16-6-19 | REASON Demob. | AUTHORITY Do 165 | IF ENTITLED TO POST DISCHARGE PAY

Apl 6.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																		1046
31.1.19		1.10						18	75																									Ex Balances and Pay Allowances Advances Eng Land Esq Portland
1/2/19								18	75															80	00			91	50		171	50	152	75	
June.	136	1.10	149	60	11	20																												Sally Do 142
					35	00				3165		3192				35	00			78	05	46	00					152	75		211	80			Clothing allee & W.S.G.
					16	00																												Dependant CK 3193
					70	00																												
					30	00																												
		W.S.G.	S.A.													WAR SERVICE GRATUITY W.S.G. S.A.																			
153 day			350	00	150	00	500	00																										
																70	00	30	00														
																70	00	30	00											210	90		2-7-19 # 876631-2.
																70	-	30	-											140	60		1/3/19 # 1120244/5.
																70	-	30	-											70	30		10/9/19 # 1138799/18
																70	-	30	-											Nil			14/10/19 # 1510037/18
			350	00	150	00	500	00								350	00	150				500	00										

Completed

All payments made.

Certified that all payments due on this acct. have been paid.

CAPT.
For Senior Officer Pay Services, M. D. No. 6

200M-3-19.—L. L. 58785-i... & D. 9985.
M. F. W. 2.96.
1772-39-1390.