

REGIMENTAL DOCUMENTS

NAME

CARPENTER THEODORE AUGUSTUS

REG. NO.

Captain

UNIT

C. A. M. G.

H. Q.

FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

191 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 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)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 M. G. No. 2591

1 Disp. Cert.

1 M. G. No. 67

1 181310

1 181310

1 181310

1 181310

1 181310

1 181310

1 181310

1 181310

1 181310



Pers

19-6-19

Pers-72157794

DEATH

Category

M. G. 2

3/7/19

2-712(M. G.)

Retd 17.2.20

08223

DISCHARGE

Category

Demob



DESERTION

Hollywood 1-6-6-19

Proceedings of an Officer or Nursing Sister
Struck off Strength
OF THE
Canadian Expeditionary Force.

d.a.T
0.9.19.



OLYMPIC
Sailed Sthampton 6 6 19
Attd Halifax 6 12 9

1. RANK Captain
2. NAME CARPENTER, THEODORE Augustus
3. UNIT C.A.M.G.
4. DATE STRUCK OFF STRENGTH 15/1/20. PLACE M.H. 2.
5. REASON

Demobilization.

*Followed
23/1/20*

6. AUTHORITY R.O. 2375-24/1/20. H.A. 372-2-473.
7. PROPOSED RESIDENCE PORT DOVER, ONT. CANADA.

This folder should contain the following documents :—

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report, M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Checked by No. _____
Group _____

1. Triplicate Declaration Paper (M.F.W. 51), or
Triplicate Attestation Paper (M.F.W. 23).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Proceedings on Striking off Strength (M.F.W. 2591).
7. Last Pay Certificate (P. 41)
8. War Service Gratuities Form (M.F.W. 2595).
9. Sundry Documents.

M. F. W. 2591. Last Pay Certificate (P. 41)
(923) W. 45P 3/19 15m D. St.

Group B
Checked by No. 188813
Date 4/6/20

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..... *A.M.C. TRAINING DEPOT No. 2*

(2) Regimental Number..... *Lieutenant Captain*

(3) Full Name of Soldier..... *Theodore Augustus Carpenter*

(4) Place of Birth..... *Port Dover Ont:-*

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

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

(b) Present Postal Address.....

(7) Are you a widower?..... *No*

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

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

Also their names and ages.....

(9) Is your Father alive?

Yes. Wellington Juffer Carpenter
Port Dover

If so, state name and address

(10) Is your Mother alive?

Yes. Nancy Charlotte Carpenter.
Port Dover Ont.

If so, state name and address

(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.

15) Are you insured?

Yes.

If so, in what Company?

Confederation Life

Have you made arrangements for payment of your Insurance premium?

Yes.

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

Date

Dec. 9th 1916

Julian M. Burt
Major I.M.C.

Officer Commanding.

Unit

Rank

Name

Captain
Original
Lieut *Carpenter J. A.*

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? *CARPENTER.*
(b) What are your Christian Names? *THEODORE AUGUSTUS.*
2. (a) Where were you born? (State place and country) *Port Dover, Ont., Canada.*
(b) What is your present address? *Spadina Military Hospital,
Toronto, Ont.*
3. What is the date of your birth? *September 27th, 1889.*
4. What is (a) the name of your next-of-kin? *Nancy Charlotte Carpenter.*
(b) the address of your next-of-kin? *Port Dover, Ont., Canada.*
(c) the relationship of your next-of-kin? *Mother.*
5. What is your profession or occupation? *Physician.*
6. What is your religion? *Methodist.*
7. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes.*
8. To what Unit of the Active Militia do you belong? *Military Hospital Commission.*
9. State particulars of any former Military Service. *6 months.*
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes.*

The undersigned hereby declares that the above answers made by him to the above questions are true.

J. A. Carpenter

(Signature of Officer.)

Taken on strength (place) *EXHIBITION CAMP, TORONTO, ONT.*

(date) *DECEMBER 9th, 1916.*

Julian O. Boyd, Major

(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* *fit*

for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date *DECEMBER 9th* 191 *6.*

Place *EXHIBITION CAMP, TORONTO, ONT.*

Julian O. Boyd, Major

Medical Officer.

*Insert here "fit" or "unfit"

CANADIAN EXPEDITIONARY FORCE

H.T.C. 2-43.

R.A.P.

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank)..... Captain

(Name in full)..... Theodore Augustus CARPENTER.

Enlisted in..... Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE, on the..... ~~XXXXXXXXXXXXXXXXXXXX~~

day of..... ~~XXXXXXXXXXXX~~ 191..... AND WAS APPOINTED to COMMISSIONED RANK

in..... Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the..... Ninth day

of..... December 191..... 6

He SERVED in CANADA,..... England and France with the C.A.M.C.,

and was STRUCK OFF THE STRENGTH on the..... Fifteenth day

of..... January 191..... 20 by reason of..... General Demobilization

Dated at Ottawa, this..... Twelfth day

of..... April 191..... 1920.

[Handwritten signature]

Major.

for

Director of Personal Services.

[Handwritten signature]

IFIED CORRECT
22 APR 1918
ADJUTANT GENERAL

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

M. F. W. 54. (A. F. B. 103.)
330M. -5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. Rank of ~~Enlistment~~ Name Carpenter Theodore Augustus
C. E. F.

Enlisted (a) 9-12-16 Terms of Service (a) War Service reckons from (a) 9-12-16

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }

Extended Re-engaged Qualification (b) Physician

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 <u>Halifax</u>		<u>28-3-17</u>	
		Disembarked <u>Liverpool</u>		<u>7-4-17</u>	
<u>18-4-17</u>	<u>C.A.M.C. D.</u>	<u>TAKEN ON STRENGTH</u>	<u>Westenhanger</u>	<u>4/4/17</u>	<u>P. II. 0. 1008</u>
<u>5-5-17</u>	<u>"</u>	<u>Posted to C. E. Hosp Epsom</u>	<u>"</u>	<u>2/5/17</u>	<u>P. II. 0. 124</u>
<u>2-5-17</u>	<u>C. E. N. Epsom</u>	<u>to D. M. S. R. A.</u>	<u>Epsom</u>	<u>2/5/17</u>	<u>am Jiffry St</u>
<u>28-3-15</u>	<u>do.</u>	<u>S.O.G. of this hospital</u>		<u>28-3-15</u>	<u>P. II. 87-25-2-15.</u>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.
[P.T.O.]

Casualty Form - Active Service

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				
4-4-18	Catchpole.	L.O.S. from 1st West Bn. Shorncliffe		27.2.18	Part II NO. 94 (60.494)
13-4-18	do	L.O.S. to No 9 B. St. Hosp	do	12-4-18	Pl 103 (L.F. 22/2985) Cps. Buland R
20-4-18	Bandstary	L.O.S. of No 7 Bdn Stary Hosp on arrival in France. (auth: A.G. Bdno. Ref. 619 d/18.1/8.)	France.	12-4-18	B213. file No 26690. Pl 20 d/30-4-18.
4-5-18	" "	To 51 General Hospital for temp. duty.	Etaples	27-4-18	B213.
21-9-18	" "	Rejoined unit	"	19-9-18	B213.
5-10-18	" "	L.O.S. of No 7 Bdn Stary Hpl on reposting to No 7 Bdn Stary Hospital. (auth: Dm's. 6/18 d/10-18)	"	4-10-18	B213. Pl 54 d/10-10-18.
6-10-18	Bandstary	Taken on strength of bandiers No 7 Bdn Stary Hospital.		5-10-18	B213. Pl 47 d/15-10-18.
6-10-18	" "	Granted 14 days leave England	England	6-10-18	B213. Pl 47 d/15-10-18.
27-10-18	" "	Rejoined from leave	Cambridge	20-10-18	B213.
27-10-18	" "	L.O.S. of No 7 Bdn Stary Hpl to C.A.M.E. General. (auth: Dm's. Cam Sect. 12th Bn M/15/6 d/16/10/18)	Field	23-10-18	B213. Pl 51 d/12-11-18.

CAPT. ASST. ADJUTANT,
FOR G.O., C.A.M.E. DEPT.

109. Bw

(SERVICE AND CASUALTY FORM Part II).

B. 103.

Regiment or Corps CAMC Gen. Regimental Number _____

*Substantive Rank Capt. Surname Carpenter Christian Names T. A.

*Acting Rank _____

(* To be entered in pencil to facilitate alteration.)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
27/10/18.	YCSHM	TO S on posting from YCSHwp.			24/10/18.	N213.
2/11/18.	12 CF Amb	Adm for duty in WE to. 10 Bn. CE.			29/10/18.	N213.
15.1.19.	H8CCS.	Toniacclitis	Adm		15.1.19	N5430
23.1.19.	14 Gen.	do	Adm		23.1.19	N5636
30.1.19	—	do	to duty		30.1.19	N6382
8/2/19	O.610 Bn.	Rejoined			4/2/19	B213
8/3/19	do	14 Days L. O. A. to Rome			2/3/19	D.O. 152/1919
29/3/19	do	Rejoined			26/3/19	B213
Sa. b. Camp.		Proceeded to England.			9/5/19.	
					Pt. 2	O. No.

G. J. Skelton
for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

To be folded on this line.

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co (3490)

Date

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive, promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

B.O.S. O.M.F.C. TO C.E.F.
PT. II ORDER No. DATED

B.O.S. O.M.F.C. TO C.E.F.

PT. II ORDER No. 44 DATED

OFFICER i/o RECORDS
"P" WING O.C.O. WITLEY.

M.H.Q.
Ottawa

T.O.S. C.E.F. in Canada
on General Demobilization

M.D. No. 2

C.E.F. R.C. No. 2034-19

18/6/19

6/6/19

28-6-19 H.P. Ottawa

Posted for duty under the M.D. 2 16/6/19 PD 2053 19
A.M.S.

W. Hunter, Cap
for Director Personal Services

Nothing to be written in this margin.

Temporary

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps C.A.M.C.Regimental No. Rank Capt. Name Theodore Augustus CARPENTER
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
	O.M.F.C.	T.O.S. #2D.D.	Toronto	6-6-19	Auth. R.O. 2034 Pt. 2 D.O. #175
		S.O.S. on Transfer to the A.M.C. T.D. #2.	Toronto	16-6-19	Auth. 2MD 15-3-C-65 Pt. 2 D.O. 176

(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.

I.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				
Toronto 2-7-19	DO #183	SOS posted to Base Hospital.	Toronto.	16-6-19	<i>[Signature]</i>Capt & Adj for O.C. A.M.C. T.D. #2.
3-7-19	T.D. L.	Base Hospital with effect from auth. A.D.W.S., DO, #155-2006 d/2-7-19		16-6-19	D.O. #184
15-1-20	S.O.S., Base Hospital and posted to A.M.C., T.D. #2 for demobilization with effect from 15-1-20. (Auth. A.D.M.S. letter 2 MD 15-3-0-65, d/13-1-20).		Toronto		D.O. #15.
Toronto 15-1-20	T.O.S. A.M.C. T.D. #2 with effects from XXXXXX for Demobilization.		Toronto.	15-1-20.	D.O. 14. 14-1-20
15-1-20.	S.O.S. Demobilization. AUTH. H.Q. 372-2-473. R.O. 2375 (C)		Toronto.	15-1-20.	D.O. 14. 14-1-20
				<i>[Signature]</i>Lieut. For Major O.C. C.A.M.C. TD#2.	

Surname **CARPENTER**

Christian Names

Theodore Augustus.

Rank **Captain**

Name and Address of Next-of-Kin

Mother.

Promotion

T.D. 9/12/16

Nancy Charlotte Carpenter
Port Dover, Ontario, Canada.Unit **Draft A.M.C T.D. No. 2.**Place of birth **Port Dover, Ontario, Canada,**

Married (Yes or No)

Appointments

Date of leaving Canada

Date and Cause of Resignation

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				
25. 4. 17.	AMS.	S.O.S. arr from Canada & posted CAMC Depot.		26. 3. 17.	Co. 533.
4. 5. 17.	AMS.	Posted to Office of AMS. Can. Gen. Area.		2. 5. 17.	Co. 581.
8. 5. 17.	Do	Posted to Can. Conv. Hp. Epsom.		2. 5. 17.	Co. 596.
2-4-18.	Do	Posted to CAMC Depot.		28-3-18.	Co. 400.
12-4-18.	Do	Proceeded Overseas for Service.		12-4-18.	Co. 445.
30-4-18.	q. Stat. Hp.	S.O.S. on arrival in France.		12-4-18.	Pt II Ord. 20.
10-10-18.	Do	S.O.S. & Estab. Reposted to No. 7 Can. Stat. Hp.		4-10-18.	Pt II Ord. 54.
10-10-18.	y. Stat. Hp.	T.O.S. on reposting from No. 7 Can. Stat. Hp.		5-10-18.	Pt II Ord. 47.
15-10-18.	Do	Granted 14 days leave		6-10-18.	Pt II Ord. 47.
13-11-18.	Do	S.O.S. & Estab. Posted to CAMC Gen.		23-10-18.	Pt II Ord. 51.
18-11-18.	CAMC Gen.	T.O.S. on posting from No. 7 Can. Stat. Hp.		24-10-18.	Pt II Ord. 73.
18-11-18.	Do	Att in W.E. to 10th Bn. E.E.C.		29-10-18.	Pt II Ord. 73.

A.F.B. 103,

22 APR. 1918

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				
28-1-19	AUS	Adm to 14 Can. Gen. Hq. Wyndereux		23-1-19	C.L. 1199 Jonsallites
12.5.19	10 Bn Ck.	Proceeded to England		9.5.19	Pt II of 29
23.6.19.	Can. Gen	Having Pro. to Eng. is posted to CAMC Booby		9.5.19	Pt II 40
3.7.19	came only	ros from same Gen		10.5.19	Mord 155.
3.7.19	do	SOS to cef Canada		6.6.19	Mord 155.
12-6-19.	D.M.S.	In arrof. to L.C. Fin bar... Lance & to bar... per Lt Olympic		6.6.19	B O Y0 L L 83.
		Sus. 15 Jan 20.			

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

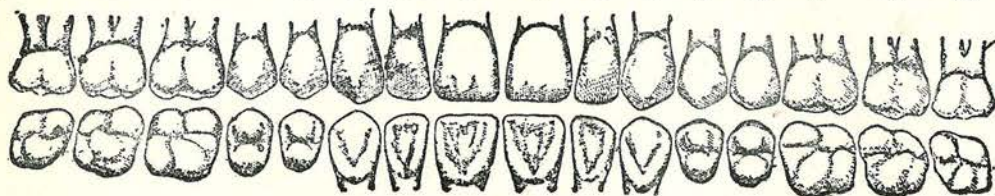
NAME OF SOLDIER (Block Letters) CARPENTER, THEODORE, AUGUSTUSREGIMENT C.A.M.G. RANK CAPTAIN No. _____Date of Examination in England 29/3/18 Date of Examination in France _____DIRECTIONS TO
DENTAL OFFICERS

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? Yes

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

(c) In France

Signature of Dental Officer

MEDICAL HISTORY SHEET.

Surname CARPENTERChristian Name THEODORE AUGUSTUS.Examined { on 9th day of December 1916
at Exhibition Camp.
Port Dover.Birthplace { City or Town Windsor,
County _____Apparent age 27.Trade or occupation Physician.Height 5 Feet 6 Inches.Weight 140. Lbs.Chest measurement { Minimum 32 inches.{ Maximum expansion 35 inches.Physical development fair.Small-Pox Marks none.Vaccination Marks { Arm Right Left X
Number 2When Vaccinated last childhood.(a) Marks indicating congenital peculiarities or
previous disease (Vision 20/30)

(b) Slight defects but not sufficient to cause rejection

Approved by Julian R. Boyd.Rank Major M.O.

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

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date. Result. VACCINATIONS.

Feb 14 Good A. S. Key Capt M.O.

M.O.

M.O.

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

Jan 25 Good A. S. Key Capt M.O.Feb 5 Good A. S. Key Capt M.O.Feb 12 Good A. S. Key Capt M.O.Enlisted on 9th day of DECEMBER 1916 at EXHIBITION CAMP, TORONTO.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>A. M. Co. 2. DZ</u>	<u>Lieutenant</u>		<u>9-12-16</u>
Transferred to		<u>Captain.</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 CARPENTER

Christian Name THEODORE AUGUSTUS.

[illegible]

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. Rank Captain Surname Carpenter
(Given name in full)
Theodore Augustus
Unit or Corps C.A.M.C. Birthplace Port Dover Ont. Can.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 135 ^{Est} lbs Height 5 ft 6 in Colour of Eyes Blue
Nutrition Good
Pulse 60 Regular
Condition of arteries Diff.
Vision Rt. 6/12 + Left 6/12 +
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).

Nil.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System Yes
Disturbance of Mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

15-1-19 Tonsillitis recovered

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Wellesley.....(Overseas)

Date May 24/19..... Signed W. B. Lawrence..... M.O. Capt. E. J. C.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature J. A. Carpenter.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

SURNAME.

Carpenter

CARD NO.

4

CHRISTIAN NAMES

Theodore Augustus

REGL. No.

RANK

Lieut.

UNIT

b. a. m. b. (Training Depot No. 2). (4th R. D.)

FORMER CORPS

*nil**Soldier's Branch
ret to active 15-1-20
REV 14 of 14-1-20**NO 2375 of 24-1-20 200*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Carpenter, Mrs Nancy Charlotte

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Port Dover, Ont.

COUNTRY OF BIRTH

Canada, Port Dover, Ont

DATE

Sept. 27th 1889

PLACE OF ATTESTATION

Exhibition Camp, Brant, Ont

DATE

*Dec. 9th 1916**RC/E 13/6/19 347
4 C apt.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Physician

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Ex. Camp., Toronto, Ont.

DATE

Dec. 9th 1916.

*Present address: Spadina Military Hospital
Toronto, Ont*

NAME

Carpenter. J.

REGT. NO.

A.

RANK AND UNIT

Capt.

10 Bn.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1199
120514 Gen Wimeroux
Discharged23-1-19.
30-1-19Tonsillitis
" " "

[illegible]

LEDGER No. 32.

SERIAL No. _____

REG. No. _____ NAME Carpenter, Theodore.

RANK Capt. CORPS C.A.M.C. AGE 27 SERVICE 3/12

HOSPITALS
1 6 Base Toronto DATE OF ADMISSION 27. 10. 16.

2

3

DIAGNOSIS Measles.

TRANSFERRED TO _____

DISPOSITION 11. 11. 16.

CATEGORY _____

M.F.W. 2553.

1126-D.P.-50M-12-18.

1772-39-1332.

P.T.O.

REMARKS:

HOSPITALS.

DATE.

DIAGNOSIS.

NAME *CARPENTER, Theodore Augustus,*
REGIMENTAL NO. RANK *CAPT.*
ENLISTED AT *TORONTO, ONT.* PROMOTIONS, &c.
DATE *9. 12. 16* AND DATE
IF SERVED PREVIOUSLY. STATE UNIT, &c.
MARRIED, WIDOWER, OR SINGLE *S.*
NEXT OF KIN *MRS. M.C. CARPENTER.* RELATIONSHIP *MOTHER.*
ADDRESS OF *PORT DOVER. ONT.*
ASSIGNMENT OF PAY \$ C. TO
ADDRESS *PORT DOVER. ONT.*
SEPARATION ALLOWANCE, ENTITLED OR NOT
DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER
IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &c.
	No.	DATE	
T.O.S. from BASE HQ FOR DEMOB ^N , 15.1.20	15	15.1.20	ADMS.; D.O. No 11 d 14/1/20
S.O.S. DEMOB ^N 15.1.20.	14	14.1.20	ADMS. D.O. No 11 d 14.1.20
S.O.S., Demob. 15-1-20.	14.	14-1-20.	H.Q. R.O. R.O. #1328.

No.

RANK

Capt.

NAME

Carpenter, J. A.

T. O. S. 9-12-16 UNIT

A.M.C. Training Depot. #2.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Dec 9	Dec 31	-	Detached Duty.	AOB. 164. 9-12-16.
1917			App. to this Unit with effect	AOB. 186 of 9-12-16.
Jan.		-	9-12-16	
Feb.		-	Detached Duty. 9-10-16.	AOB. 96. 11-10-16.
		-	Detached Duty	AOB 62.
			Proc. oversdas.	AOB 60. 24-2-17

Number

Rank

Capt
B

Surname

CARPENTER

Christian Name

Theodore, Augustus

Units

Theatre of War

France

Date of Service

12-4-18

Remarks

Latest Address

Port Dover - Ont.
Can.

Roll No.

LAMC

200m.-6-21....

B. Page 20949.

(This form to be filled in by all ranks on voyage to Canada.)

120 0005

RANK

SURNAME

INITIALS

UNIT

al address.

(Street)

(City or Town)

(Province)

one person to be notified of arrival.

Station in Military District to which a furlough warrant is required.

Railway

d, is your wife on board. Number of children on board.

tination.

(Sgd.)

Surname	Christian Name	
CARPENTER	T.	A.
Rank	Unit	
Capt.	C.A.M.C.att.10th.CE.	

Casualty List	No.14General,Wimereux	23-1-19
28-1-19/1199.	"Tonsillitis".	✓
4-2-19/1205-2.	Disch.to Duty:-30-1-19	

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

Surname

Christian Name

Serial No.

Rank

Unit

Medical Board
held at

Date

Condition found
by Board

Remarks.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom W. J. Carpenter
 Address Pt. Dover
Ont.

By Whom Assigned Carpenter J. A.
 Regtl. No.
 Rank Capt.
 Corps Q-M.C. No 2 Y.D.

Rate 60⁰⁰

MAR 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				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-4-16.
 1772-39-819.

Sheet No. 2.

L. L. Job 310.—Req. 6374.

W. J. Carpenter

PAYMENTS.

Name of Soldier

Carpenter J. A

Capt

amc No 2 7.0

60⁰⁰

Remarks.

MAR 1917

Month.

Year.

Cheque No.

Amt.

April

1916

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1917

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1918

Feb.

March

April

May

June

July

S. 53974. 60

A 144 60.

B 6733 60

P 10382 60

H 16436 60.

E 20795 60

J 27892 60

I 34577 60

N 46957 60

P 54002 60

K 55338 60

60h

60cu B 6733 Cor. 27/3/17. arm

cu

B.

6

5

5

5

5

5

5

5

5

5

5

5

5

5

5

5

5

5

5

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.) 5

PAYMENTS.

Name of Soldier _____

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

2365

Mar 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

60			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank *Capt* Promoted _____ Reverted _____ Discharge _____

Soldier's Name *J. A. Carpenter*

Battalion *A. M. Co. No 2 J. D.*

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name *W. J. Carpenter*

Address *Pt. Dover*

Change of Address *Out*

1 _____

2 _____

3 _____

4 _____

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31			600	600	
Jan. 1918	F 61981		60.	60.	c
Feb.	D 91287		60.	60.	H
March	A 109446		60.	60.	H
April	A 6483		60	60	H
May	J 18371		60	60	✓
June	E 20311		60	60	✓
July	T 29419		60	60	✓
Aug.	E 32883		60	60	✓
Sept	H 47364		60	60	✓
Oct	L 49788		60	60	✓
NOV	S 49824		60	60	✓
DEC	M 65613		60	60	✓
Jan 19	I 70360		60	60	✓
FEB	J 80519.		60	60	✓
MAR	H 82131		60	60	✓
APR	Z 1204		60	60	
MAY	A 6817		60	60	
JUN	E 10188		60	60	
			1680		

Ret'd per. *Olympic*Date *2-6-18* M.F.W. 181Closed *M. R. 121073*

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF ASSIGNMENT

4

M. F. W. 128
400M.—6-17-1772-39-1141
L. L. 22320—M. & D. 7993.

ASSIGNED PAY.

UNIT.

RANK.

NAME OF

DATE

AUTHORITY

Mess:
DATE

Beneficiary

Address

C.A.M.C.

Capt.

4-4-14

Amount. \$ 60⁰⁰ fr: 1-4-14. ✓
Separation Allowance issued. Yes or No.....

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA
1917					
Apr. 26	Cr. bal. Canada, 3 ³ / ₁₇ . Bank, 2940			6 25	
" 26	Apr. Pay R. Mess fr. 7 ⁴ / ₁₇		136 50		
" "	Bank, 3010			136 50	
" 24	Cr. bal. Canada, 3 ³ / ₁₇ . V. 616,		6 25		
May. 15	May. Pay R.		147 25		
" "	A.P. Canada, (2 months)			120 -	
" 26	Bank, 6089			24 25	
June 6	Mess fr 26 ³ / ₁₇ - 6 ⁴ / ₁₇ . Bank 6227			12 -	
" 14	A.P. Canada,			60 -	
" 18	June Pay R.		142 50		
" "	Mess fr. 26 ³ / ₁₇ - 6 ⁴ / ₁₇ d. 8459. D 114		12 -		
" "	Bank 9004			82 50	
July 5	Collecting 28 ⁷ / ₁₇ - 26 ³ / ₁₇	94			
" 15	July Pay R.		144 25		
" 14	A.P. Canada			60 -	
" 24	Bank 13071			87 25	
Aug 13	A.P. Canada			60 -	
" 16	Aug Pay R.		144 25		
" 23	Bank 17361			84 25	
Sept 14	A.P. Can.			60	
" 18	Sept Pay R.		142 50		
" 20	Bank 21905			82 50	
Oct 11	A.P. Can.			60	
" 15	Oct Pay R.		147 25		
" 19	Bank 26282			87 25	
	Forward.				

1917-18

Canada
 000 fr: 1-4-14.
 ance issued. Yes or No.....

UNIT.
 NAME OF DATE AUTHORITY

RANK.

MESS.
 DATE AUTHORITY

NAME. 9.6-142.7

C.A.M.C.

Capt.

4.4.14 From Canada
 R.O. 1930 (Self)
 d/ 14.4.14

Name Carpenter
 Initials J. A.
 Bank of Montreal.

PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
Canada, 3 ³ / ₁₇ , Bank, 2940			625				
Pay R. Mess fr. 7 ⁴ / ₁₇		136.50					
Canada, 3 ³ / ₁₇ , V. 616,	3010		136.50				
Pay R.		625					
Canada, (2 months)		147.25					
Bank, 6089			24.25		120 -		
fr 26 ³ / ₁₇ - 6 ⁴ / ₁₇ , Bank 6227			12 -		60 -		
Canada,		142.50					
Pay R.		12 -					
g. fr. 26 ³ / ₁₇ - 6 ⁴ / ₁₇ d. 8459. d. 114	9004		82.50				
Bank	94					\$40.50	
28 ⁷ / ₁₇ - 26 ³ / ₁₇		147.25					
Pay R.					60 -		
Canada							
Bank, 13071			87.25		60 -		
Canada							
Pay R.		147.25					
Bank, 17361			84.25		60 -		
Canada							
Pay R.		142.50					
Bank, 21905			82.50		60 -		
Canada							
Pay R.		147.25					
Bank, 26282			87.25				
forward.							

ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount.

\$

60.00

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

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Name

Initials

Bank of

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHO
To be initialed by P.M. in

1917.

Nov 16

at Can

Brot Forward.

60

19

Nov Pay R.

142 50

21

Bank 30733

82 50

Dec 7

at Can

60

14

Dec Pay R.

147 25

Bank 35096

87 25

1918
Jan 14

at Can

60

19

Jan Pay R.

147 25

Bank 39459

87 25

Feb 11

A. P. Can

60

16

Pay Feb. R.

133 -

Bank 41013

73 -

Marg A. P. Can.

60

18

Pay Mar R.

147 25

Bank 42637

87 25

UNIT.							
NAME OF	DATE	AUTHORITY	RANK.	DATE	AUTHORITY	NAME.	
<i>Unit</i>		<i>Pay 3rd pd No 75 " mess 1 "</i>	<i>bapt</i>	<i>7-4-17</i>	<i>from Canada R.O. #1930 Schiff dt 17th 17.</i>	<i>Name Carpenter Initials J. A. Bank of Montreal.</i>	

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
<i>Forward.</i>				<i>60</i>	<i>0</i>	
<i>Bank 30733</i>	<i>142 50</i>	<i>82 50</i>		<i>60</i>	<i>0</i>	
<i>Bank 35096</i>	<i>147 25</i>	<i>87 25</i>		<i>60</i>	<i>0</i>	
<i>Bank 39469</i>	<i>147 25</i>	<i>87 25</i>		<i>60 -</i>	<i>0</i>	
<i>Bank 41013</i>	<i>133 -</i>	<i>73 -</i>		<i>60 -</i>	<i>0</i>	
<i>Bank 42637</i>	<i>147 25</i>	<i>87 25</i>		<i>60 -</i>	<i>0</i>	

ASSIGNED PAY.

UNIT.

NAME OF

DATE

Rates

AUTHORITY

RANK.

DATE

Mess

Beneficiary

Address

C.A.M.C.D.

Pay # 104 Pd.

Capt

7 1/7

3m

3 A. 1.75

Mess 1-

Amount. \$ 60⁰⁰ Canada 1 1/7

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

Addit. out fit allce. 1-5-18-100

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	B.
1918.						
Apr 15	A. P. Canada.				60 -	
18	Pay Apr R.		142 50			
27	Bank.	1173.		582 50		
May 13	Pay May R.		147 25			
15	A. P. Can.				60	
27	Bank.	2645		87 25		
June 10	Pay June R.		142 50			
14	A. P. Can.				60	
27	Bank.	4144		82 50		
July 9	Pay July R.		147 25			
16	A. P. Can.				60	
25	Bank.	5625		87 25		
Aug 8	Adj. Pay fr. 14/18 - 317/18.	7635	61			
"	Bank.	6180		61		
13	D'pd. Missing from 263/17 - 64/17 incl.	35		12		
14	A. P. Can.				60	
22	Pay Aug R.		178 25			
26	Bank.	7235		106 25		
Sept 10	Pay Sept R.		172 50			
17	A. P. Can.				60	
24	Bank.	9162		112 50		
Oct 9	Pay Oct. R.		178 25			
14	A. P. Can.				60	
" 21	Bank.	10403		115 25		
31	Add. out fit allce 1918		100			
	Bank	10853		100		

UNIT.	NAME OF	DATE	Rates AUTHORITY	RANK.	DATE Mess	AUTHORITY	NAME.
	C.A.M.C.D.		Pay # 44 Pd. J.A. 1.75 " Mess 1- "	Capt	7 4/17	In Canada R.O. 1930 Schiff 17 4/17.	Name Carpenter Initials J. A. Bank of Montreal
Canada 1 4/17							
nce issued. Yes or No.....							
Addit. outfit allce. 1-5-18-100							
PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
Canada.				60 -			
Apr R.		142 50					
Bank.	1173.		582 50				
		147 25					
May R.				60			
Bank.	2645		87 25				
		142 50					
June R.				60			
Bank.	4144		82 50				
		147 25					
July R.				60			
Bank.	5625		87 25				
	7625	61					
Aug. 14/18 - 31/18.	Bank.	6180	61				
		35	12				
Missing from 263/17 - 64/17 incl.				60			
Sept R.		178 25					
Bank.	7235		106 25				
		172 50					
P. ban				60			
Bank.	9162		112 50				
		178 25					
Oct R.				60			
Bank.	10403		115 25				
Outfit allce 19/18		100					
Bank	10853		100				

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$60 Canada

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

C.A.M.C.D.

Pay. 4⁰⁰
F.A. 7⁰⁰
Mess. 1⁰⁰

Captain

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTH.
To be initialled by P.M.

1918.

Nov 19 A.P. Can.

" 21 Nov. Pay.

Dec 7 Dec Pay

" 11 A.P. Can.

Jan 20 A.P. Can

22 Jan Pay

24

Feb 11 Feb. Pay.

" 12 A.P. Can.

March 12 March Pay

" 14 A.P. Can.

April 9 April Pay

" 14 A.P. Can.

May 8 May Pay

" 10 A.P. Can.

23

28 Add June P. a.

June June Pay R.
14 A.P. Can.

Bank

Bank 13786

Bank 15528

Bank 17136

Bank 18393

Bank 1053

Bank 2777

Bank 2927

192 50

186

186

165

186

180

186

180

132 50

126

126

108

126

120

126

120

60

60

60

60

60

60

60

120

RETURNED
L.P.C. 10
TRANSFER TO
62857

7d. filed 28

UNIT.

RANK.

NAME.

NAME OF

RATE

AUTHORITY

DATE

AUTHORITY

C.A.M.C.D.

Pay. 4⁰⁰
F.A. 7⁰⁰ 1⁰⁰
Dress. 1⁰⁰

Captain.

Name Carpenter
Initials T.A.
Bank of Montreal.

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

Bank

192 50

132 50

60

186

Bank.

13786

126

60

60

Bank

15528

126

168

60.

Bank.

17136

108

186

60

Bank.

18393

126

180

60

Bank

1053

120

186

60

Bank

2772

126

Bank

2922

120

180

60

RETURNED TO CANADA
L.P.C. 30-7
TRANSFER TO N.E. LEDGER

528 57.9 B. 11. 11. 19

7d. 11. 28. 12. 14. 19

REGT. No. *NIL.*

M. OR S.

NEXT OF KIN

ADDRESS

IS SEPARATION ALLOWANCE PAID?

TO WHOM PAID

ADDRESS

RELATIONSHIP

DATE EFFECTIVE

RELATIONSHIP

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

PLACE OF
ATTESTATIONDATE OF
ATTESTATION

ASSIGNED PAY \$

PAYABLE TO

ADDRESS

Payments of

DISCHARGED

C.A.M.C., M.C. No. 2

PLACE
Lot.

BALANCE
FROM
PREVIOUS
ACCOUNT[illegible]

Pay. G. J. 4-1.00 Auth #2 372-2-473

Pay. G. J. 4-1.00 Auth #2 372-2-473
d/ 12-12-19 #28.3012-FD-443. Olyn

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING

DAILY RATE OF PAY AND ALLOWANCES

REGT. No.

M. OR S. S.

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE DATE

AUTHORITY

ORIGINAL UNIT C.E.F.

ADDRESS

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY \$

PAYABLE TO

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

PLACE

best June
July
Aug
Sept
Oct
Nov
Dec
Jan.

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS	ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTR CHA	
	NO. OF DAYS	RATE	AMOUNT		C.		C.	COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3		C.	C.	C.		C.
			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.					
30/6/19					NIL									15000										25
July 1-		5 ⁰⁰																						175
July 31	31	5 ⁰⁰	155		178 20		233 20																	175
Aug. 31	31	7 ⁰⁰	217		62 51 20 52 70		382 90	5309 178 106 B 23/11/95									204 10 160							23
Sept 30	30	7	210		51 00		261	5310 593 114 B 11/9						100			101 160							
Oct 31	31	7	217		30 80 30 52 70		330 50	5311 920 26 B 15/10 5312 673 147 30/10					125			146 50 160								
Nov 30	30		210		51 -		261	5313 279 157 B 12/11 5314 802					100			73 160								28
Dec 31	31	7	217		52 70		269 70	180 B 15/12 2188 162					100			109 70 60								
Jan 1-15	15	7	105		25 25 50		130 50	25 496 13.1 205 C 21-1					100			30 50								25
			749		242 95		991 95						425			358 70 180								25

Olympic 12/6/19

PAYMASTER

DAILY RATE OF PAY AND ALLOWANCES

REGT. No.

RANK CAPT.

NAME (IN FULL)

C A R P E N T E R

THEODORE AUGUSTUS

C.A.M.C., No. 2

ASST. PAYMASTER, O.A.M.C., M.D. 2.

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

M. OR S.

REGT. No.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
W. J. Carpenter					Cambridge
ADDRESS					PLACE OF ATTESTATION
Fort Dover, Ark.					DATE OF ATTESTATION
					9-2-1
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$
No.					60.00
TO WHOM PAID	RELATIONSHIP				PAYABLE TO
					W. J. Carpenter
ADDRESS					ADDRESS
					Fort Dover, Ark.
					STOP PAYMENT FORM
					ASSIGNED PAY
					RENDERED, DATE
					DISCHARGED
					PLACE

[illegible]

Olympic 12/6/19.

AUDITOR

PAYMASTER

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

REGT. NO.

RANK

Capt.

NAME (IN FULL)

Carpenter Theodore Augustus

ORIGINAL UNIT
C.E.F.

Camb

IF IN P.F.
WHAT UNIT?

(BLOCK LETTERS SURNAME FIRST)

PLACE OF
ATTESTATION

TRANSFERRED TO

DATE

AUTHORITY

DATE OF
ATTESTATION

9-2-16.

TRANSFERRED TO

Camb. mar.

DATE

16-6-19

AUTHORITY

DO 176

ASSIGNED PAY \$

60.00

DATE EFFECTIVE

PAYABLE TO

W J Carpenter

RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

Fort Daves, Ont

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

EFFECTIVE

DISCHARGED

PLACE
Lon

DATE

15-1-20.

REASON

Gen Demob.

AUTHORITY

DO 14

IF ENTITLED TO
POST
DISCHARGE
PAY

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED
PAY

REGI-
MENTAL
CHARGES

OTHER
CHARGES

TOTAL
DEBITS

BALANCE

DEBIT

CREDIT

PARTICULARS OR REMARKS

28

28

In increased pay on leave
16.19-29.19: 14 days @ 2.00 pd.
auth ltr 19-7-10. d/17.20.
m.p.r. ltr 19-10-19.
\$28.00 Cheque No 59/3356
d/11.9.20



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