

REGIMENTAL DOCUMENTS

NAME **AMOSS.** **HAROLD D. EDWIN** REGT. NO. **342817** UNIT **72nd Inf.** H. Q. FILE NO. **1921**

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TO WHOM FORWARDED

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1 ^{9791 3997}

1 ^{7191 192}

1 ^{7171 67}

1 ^{156 132}

2 ^{pay sheets}

2 ^{pay sheets}

2 ^{pay sheets}

1 ^{con card}

1 ^{con card}

1 ¹⁷²

1 ^{con card}

H

M

DEATH

Category

DISCHARGE

Category

Med. Dept.

DESERTION

10-28
13-29
31-29
1

ATTESTATION PAPER.

No. 342817

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Amoss,
- 1a. What are your Christian names?..... Harold Edwin,
- 1b. What is your present address?..... Corinth, Ont.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Corinth, Ont.
- 3. What is the name of your next-of-kin?..... ~~James Amoss~~ Janet Mary Ellen Amoss
- 4. What is the address of your next-of-kin?..... ~~Corinth, Ont.~~ 113 Pemnapoke St. Toronto
- 4a. What is the relationship of your next-of-kin?..... ~~Father~~ Wife CANADA
- 5. What is the date of your birth?..... April 22nd. 1880
- 6. What is your Trade or Calling?..... Collegiate Teacher.
- 7. Are you married?..... Yes.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military Force?.. No.
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes.
- 12. Are you willing to be attested to serve in the } CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

Harold Edwin Amoss,

I,....., 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.

H. E. Amoss (Signature of Recruit)

Date July 20th., 1916 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

Harold Edwin Amoss,

I,....., 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.

H. E. Amoss (Signature of Recruit)

Date July 20th., 1916 (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 Parrifield this 20 day of July 1916

O. Barrett (Signature of Justice)

O.C. 33rd Battery C.E.F.

Description of Harold Edwin Amoss, on Enlistment.

Apparent Age.....36.....years.....3.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height.....5 ft. 10 ins.

Chest measurement { Girth when fully expanded.....37½ ins.
 Range of expansion.....3 ins.

Complexion.....Fair.
Hazel

Eyes.....Dark.

Hair.....

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

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.....July 28.....1916.

Place.....Barnfield Camp.....

W. S. Taylor, M.D.
Capt. M.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:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Harold Edwin Amoss.....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.

W. S. Taylor Capt. (Signature of Officer)
 O. C. 72nd (Queen's) Battery, C. E. F. H.O.C.

Date.....July 30th.....1916.

CANADIAN EXPEDITIONARY FORCE

For Service Badge.

Discharge Certificate

Class A

No. 28735J

This is to Certify that No. 342817

(Rank) Cpl

MOSS Harold Edwin.

Name (in full) 72 Sty enlisted in

the Barriefield.

CANADIAN EXPEDITIONARY FORCE at Barriefield. on the 20th

day of July 16. 19

ENGLAND AND FRANCE.

HE served in

and is now discharged from the service by reason of

"MEDICALLY UNFIT".

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

Age 39 yrs.

Height 5'10"

Complexion Fair.

Eyes Brown

Hair Brown.

Marks or Scars

G.S.W scar 7 1/2 long middle and lower left leg.

G.S.W left leg. tibia Sept 13/18.

Gold stripes one-----1.

Signature of Soldier H. E. Moss

Signature of Soldier

Signature of Issuing Officer James Simpson

Issuing Officer

Date of Discharge

Foresto.

1st.

day of Aug. 1919

Signed at Foresto. this 1st. day of Aug. 1919

in Military District No. 2

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.

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

.....
Name of Officer

.....
Rank

.....
Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>See by Year. 1919.</i>	Regimental No.	Rank.	Surname.	Christian Name.
	<i>342817.</i>	<i>Cpl</i>	<i>Amo</i>	<i>H. B.</i>
	Unit.	Age.	Service.	
	<i>Can 7.9.</i>	<i>35</i>		

Station and Date.	Disease
<i>MC 51</i>	<i>Exp to leg. Fract. Tibia & Fibula</i>

Epsom Wound healed leg badly swollen portion of bone seems good.

30-1-19. massage & no drug.

2-2-19 Wound back of calf has broken out - Transfer to Basingstoke

W. King's Capt
Leams.

HISTORY SHEET.

D. O. H. Hospital. Loronto Station.
 No. 342817 Rank Cpl. Name Arnoss, H. C. Age 39
 Unit D.O.#2 Completed years of service F 23/12, E 8/12, G 4/12 }
 Date of admission 26-6-19 Date of discharge July 30th 1919
 Diagnosis G.S.W. L. Leg with Fracture Place of origin 30-9-18

ADMISSION AND PROGRESS OF CASE

wounded Sept 30-18
Superficial granulating wound 2" long on back of left calf. This appears to be indolent.
Worn flexion of ankle restricted to angle of 90° due to contraction of tendo Achillis. Amputation of sole.
June 30 ^{last} change. W.B.
8/7/19 wound closing in W.B.
14/7/19 wound not yet healed
16/7/19 carry on. W.B.

July 24
Complete anaesthesia of dist and ext plantar areas

Muscle React-

	<u>Volunt.</u>	<u>Farad</u>	<u>Galvan.</u>	<u>TR.</u>
<u>Incris Surae</u>	+	+		0.02 sup.
<u>Per. Hall. long</u>	+	+		0.05
<u>Per. Tib. long</u>	+	+		0.05
<u>Small muscles of foot</u>	<u>nil</u>	<u>nil</u>	<u>+ Co. strong</u>	<u>nil to 3.</u>

TREATMENT

(Especially any specific or special form) Management of passive movement to ankle & toes

Diagnosis

Low Section Rt. ~~Leg~~ Post. Tib. nerve with consequent

CONDITION ON DISCHARGE paralysis small muscles foot

Recommendation

to charge - The extent of the scar and the position of the lesion

Date W.B. Taylor Capt Medical Officer i/c case.

under it insuperable. He should guard against trophic ulcers
W.B. Taylor Capt
67694
R. Harris Capt

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) A MOSS HE
REGIMENT C 79 RANK CPL No. 342814
Date of Examination in England 30/4/19 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



PRESENT DENTAL REQUIREMENTS

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

Fit.

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
- (c) In France

No.

Signature of Dental Officer H. Cowan
capt

22.0 M 7

30/1/1908

1/10

1/10

[Faint handwritten notes]

C. Low.

C.A.D.C. 5000A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadae Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) AMOSS. H.E.
 REGIMENT C.F.A. RANK CPL No. 342814
 Date of Examination in England 19/3/19 Date of Examination in France _____

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS Two - (20 - 21)

2. EXTRACTIONS no

3. CROWNS no.

4. DENTURES

(a) Full Upper
 (b) Part Upper
 (c) Full Lower
 (d) Part Lower

}

no.

HAS HE EVER REFUSED DENTAL TREATMENT? no

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

(a) In Canada no

(b) In England no

(c) In France yes

to 4 Con Gen Hosp

Signature of Dental Officer

H. B. Smith
Capt. C. G. B. C.



Handwritten text, possibly a date or initials, located in the upper left quadrant.

Handwritten text, possibly a signature or name, located in the bottom right corner.

(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

18-10-18	Card	P.O. 291	T.O.S. from 10 th Regt A	totally	10.10.18.	W.D.K.
----------	------	----------	-------------------------------------	---------	-----------	--------

B.S. Thomas LIEUT;
 FOR LT. COL. VC RECORDS, C.O.M.F.

23/5/19			T.O.S. No. 2 District Depot, Part II, D.O. No.		158	
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A.M. Turner Major,
 For Lieut.-Colonel,
 O.C. No. 2 District Depot.

Dis 2D.D. Part 11 Daily Order 211 Aug 1/19.

W.C. Roberts
 For O.C. No. 2 District Depot.
 Lieut.

Nothing to be written in this margin.

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103
Part I.

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname <i>Amoss</i> (5) Christian Names <i>A. E.</i> (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No. <i>24281</i>
---	-----------------------	--------------------------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d)
--	---

Initials and Rank of
an Officer.

(Authority)

(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
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(22) Extended {	(23) Re-engaged {
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(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP 1150 IM 5/18 G.W.P.Co (3490)

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				
19-1-18	A.A.G.	S #s of 10 Brigade on being posted to Can. Arty Pool	Field	21-1-18	CCRC NR d/21-1-18 (196) KR 236 Pt II 0.17 d/ 4-2-18
do	do	T.m.S. Can. Arty. Pool	do	21-1-18	do do do Pt II 0 no 17 d/6-2-18
27-2-18	do	Posted to 10 th Brigade	do	27-2-18	K.R. 20364 Pt II 0.29 d/2-3-18
27-2-18	do	T.O.S of 10th Bde from Can Arty Pool	do	27-2-18	as above Pt II 0 32 d 5-3-18
2-3-18	CCRC	Left CCRC for 10th Bde	do	2-3-18	K.R. 2511
8-3-18	10th Bde C.F.A.	Attached to CCRC from 7-3-18	Field	2-3-18	B213.
10-3-18	CCRC 3rd Can Div	Left 3rd Can. Div Wing CCRC	do	10-3-18	N.R. R+R.53
5-4-18	10th Bde C.F.A.	Returned for CCRC	do	2-4-18	B213.
7-6-18	do	Granted leave of absence from 6.6.18 to 20.6.18. 14 days.	do	6.6.18	AMS. + letter ^{d/17-6-18.} file K.T.17-428-1. Pt II 0 80 d/ 17.6.18.
18.6.18	10th Bde C.F.A.	Rejoined from leave	Field	19.6.18	B213.
5-10-18	30 CCS.	MSW leg. to A.A.T.	do	3-10-18	A 36 K 7557.
3-10-18	H. Kentrop	do	H. Kentrop	3-10-18	W3054 K 6873.
5-10-18	10th Bde C.F.A.	Adm Hosp. (to d),	Field	30-9-18	B213.
5-10-18	do	Appntd Acting Corporal without pay.	do	10-9-18	AMS PRAD 124 # entered in
10-10-18	H. Kentrop	Invalided Wounded - posted to CARD Witley Ling.	A.T. Princess Elizabeth.	10-10-18	W3054/bno PRAD, B213 d/17.10.18 Lieut for Lieut. Col AAEI. Canadian Section HQ 3rd Echelon.

has B. Kapwell

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

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

350M.—5-15

H. G. 1772-39-920.

ORIGINAL

Casualty Form—Active Service.

Unit, Regiment or Corps. **72nd (Queen's) Battery, C. E. F.**

Regimental No. **342817** Rank **C. or D.** Name **Harald Edwin Amoss**

Enlisted (a) **July 20/16** Terms of Service (a) **C. E. F.** Service reckons from (a) **July 20/16**

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) **Teachers Certificate**

Date	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 Halifax Canada Oct. 4th. 1916. Disembarked Liverpool England Oct. 13th. 1916.			Taken on strength I.B.Res. Bde. C.F.A. Part II Order No. 263 16-10-16.
17/12/16	O.C. Res Bde C.F.A.	To 3rd A.C. 4.5 How	BHORNCLIFFE	17/12/16	Pt II 325 No 213 dated 16/10/16 C.F.A. Signaller
19.12.16	C.B.D.	arr. as Reimp. to 3rd CDAC Field		19.12.16	H.R.C.B.N. Pt. 2.0.202. 22/12/16
26.12.16	C.P.A.	Posted to 10th Bde. C.F.A.		19.12.16	A 5/31. Pt. 2.0.5. 6/1/17
26-12-16	CRA.	Taken on strength on being Posted from 3rd CDAC	Field	19-12-16	A5/31 Pt.11 Ord No3 dated 8-1-17.
1-6-17	% Unit	Appointed Acting Bombardier Field		1-6-17	B 213 Pt II. 0. 105 d 9-6-17
29.9.17	do	Promoted a Bombardier, Field		25.8.17	B213. 9a9 Ref file 147.16-26283 A 5/31 0179
1-12-17	do	attached to 3rd Can Div Wing C.B.R. as Instructors			26-11-17
6-12-17	3rd Div Wing	To 3rd C. Div Wing		29-11-17	B 213.
				29-11-17	N.R.

(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, Shoening Smith, etc., etc, also special qualifications in technical Corps duties.

RECEIVED
DOCUMENTS

OFFICERS AGREE WITH
J. M. Amoss
O.C. Casualty Commission No. 2 D. D. Major

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY

DISCHARGED

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names *Harold, Edwin* 2. Surname *Amoss*
3. Rank *Cpl.* 4. Original Unit *72nd Battery* 5. Reg. No. *342817*
6. Address, in full, to which future payments of gratuity are to be forwarded
113 Pembroke St. Toronto
7. Date of enlistment in the C.E.F. *20-9-16*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Yes Mrs. J. M. Amoss*
9. Relationship of such dependent *Wife*
10. Present address, in full, of such dependent *Same address*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:
Left Canada 28-9-16
Returned 4-6-19
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of units and dates of such service *No*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *2 yrs 10 mos. 27 dys.*
72 Bty
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units.....
 *No*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid
20. Have you been issued with a War Service Badge? If so, what class? *Class "A"*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to received, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled
- 23 (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?.....
24. Are you now serving in the C.E.F. *NO*..... If not, give:—(a) Date of discharge *Aug 1/19*..... (b) Reason for discharge *"MEDICALLY UNFIT"*.....
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit *No*
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
- Yes Served in France from 30-11-16 until 11-10-18 with 39th Battery*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*
- (b) If so, are you in receipt of full pay and allowances from that Department? *No*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *H. S. C. [Signature]*

Place of Residence: *113 Pembroke St. Toronto,*

Declared before me at: *Toronto Ont*

This *29* day of *July* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner of the Administration of Oaths. *[Signature]* Major
O. C. Casualty Company, No. 2 D. D.

POST DISCHARGE PAY.				
Date paid	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....
.....

Certified Correct.

District Paymaster.

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 72nd. (Queen's) Battery, CFA

(2) Regimental Number #342817,

(3) Full Name of Soldier Amoss, Harold Edwin

(4) Place of Birth Corinth, Ont.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Janet Mary Ellen Amoss.

(b) Present Postal Address 113 Pembroke St., Toronto, Ont.

(7) Are you a widower? No

(8) Have you any children? No

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

Also their names and ages.....

(9) Is your Father alive?..... Yes.....

If so, state name and address James Amoss, Corinth, Ont......

(10) Is your Mother alive?..... Yes.....

If so, state name and address..... Annie Amoss, Corinth, Ontario......

(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?..... Mutual Life Ins. & Sunlife In. Co......

Have you made arrangements for payment of your Insurance premium..... Partly.....

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

Robert Harris Capt.
O. C. 72nd (Queen's) Battery, C. E. F.
.....
Officer Commanding.

Date..... September 29th., 1916......

Ward C. Tower H. Caulfield Hospital. No. of Bed _____ Date _____

Reg. No.	Rank and Name.	Corps.	Part to be X-Rayed.
342817	Pl Amoss	C7A	L. leg

SHORT HISTORY OF CASE.

(To be completed by M.O. i/c case.)

Open kept by
sequela

REPORT ON RESULT OF X-RAY EXAMINATION.

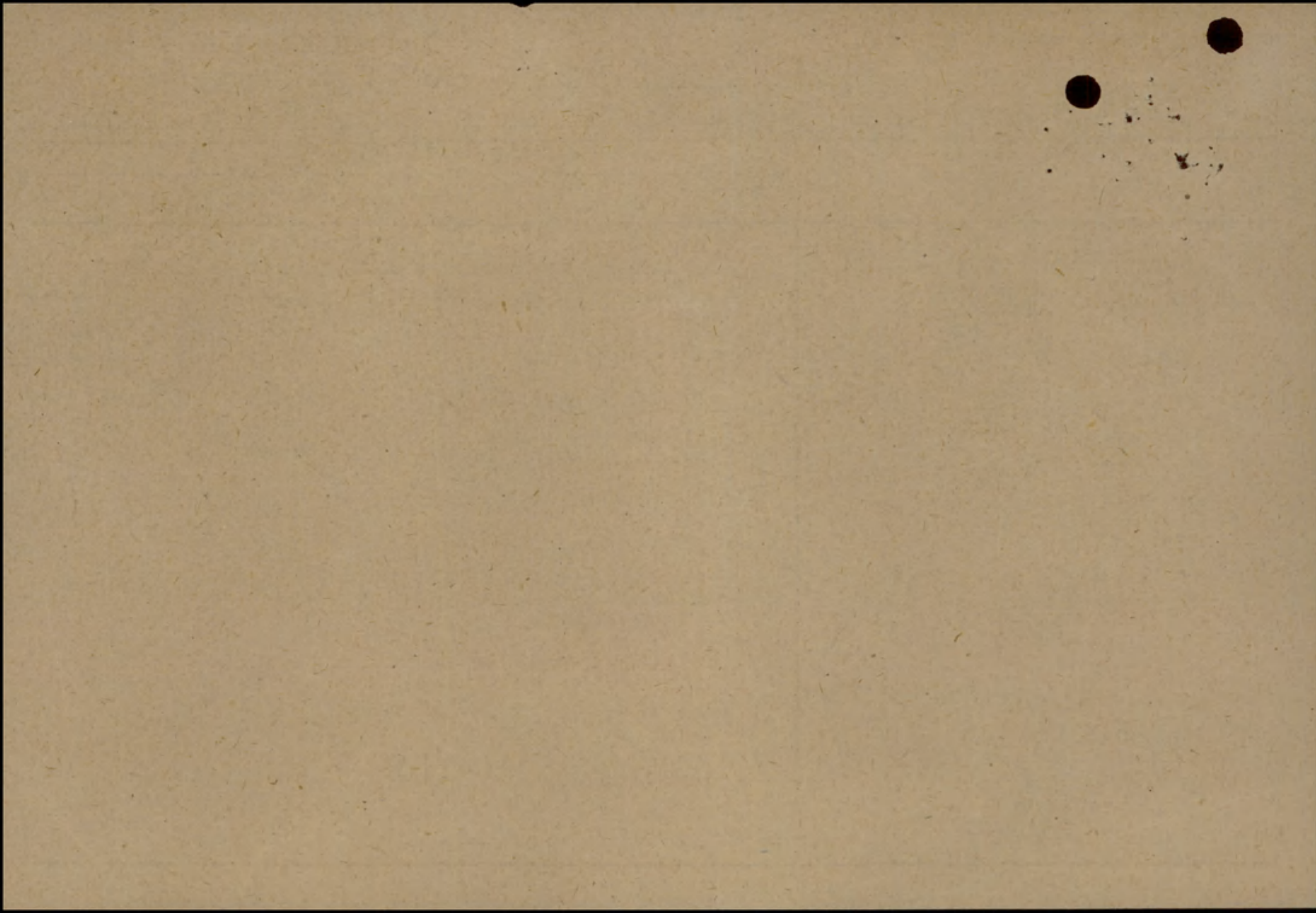
(To be completed by Radiographer.)

No. of Plate 5212

Old fracture of L. Tibia in
mid. third. Considerable callus.
Union still not secure. Position
good. One very small sequestrum
anteriorly.

Signature of M.O. [Signature]
Date 11/21/19

Signature of Radiographer [Signature]
Date 12/2/19
Capt.



Surname

Christian Name or Names

Reg. No.

Amoss.

H.E.

342817.

Rank

Unit

Bar.

C.A. 10B.

Cas. List.

10.10.18. A3693

H. G. Bamiers. 3.10.18.

15.10.18 B373

G.W. L. by. as Fract. Tibia

5.2.19 B467-2

W. G. Liverpool 11-10-18

14.2.19 B445²

Woodcote Pk. Epsom 30-1-19

2.5.19 B539

H. G. Basingstake 11.2.19

30.5.19 B562/2

Mil. Conv. Epsom 29-4-19

Invalided to Canada 23.5.19

A.M.D. 2 DEPT.

Dep. of D.O.M.S., O.M.F.C. London.

*Name ^{L.} AMOSS, Harold Edwin Rank **Bar.** Regtl. No. **342817**

Original unit **C.F.A.** Present unit **C.A.** M. or S. Age **39** Religion **Pres.** Fyle Depot Ref. H.Q.

Port, ship, and date of arrival **Megantic Quebec 2-6-19**

Next of kin **Wife J.M. Amoss 113 Pembroke St., Toronto**

Address on leave **Same**

Address on discharge **113 Pembroke St., Toronto**

Transportation issued Yes No Date Character on discharge

Previous occupation **Collegiate Teacher** Date and place of enlistment **Barriefield Camp July 20th. 1916**

Diagnosis **Flesh wound posterior lower 1 leg** Date of Medical Boards

Fract. of left tibia **22-7-19**

T.O.S. Date.	Remarks.	Pt. 2 Order No.
23-5-19	Posted to Hos. Sec. 2-6-19 Granted leave Sub.	
	4-6-19 to 18-6-19	158
	Clear. Depot to C.M.H. 4-6-19	161
	C.M.H. to D.O.H., 26-6-19.	H.S. 179.

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

Date

Remarks.

Pt. 2 Order No.

29-7-19

HOS. SECT. TO CAS. COY. EX. CAMP

210.

1-8-19 S.O.S. Dis. Med. unfit(183 days W.S.G)

211

Condition when finally boarded for discharge

D.O.H. #342817 Cpl. Amoss H.E.

Was struck by fragment of H.E. shell in left calf. A.F.W. 3118 states that posterior tibial muscles were divided and tibia sustained a fissured fracture. Previous board papers give history of lesion of internal popliteal nerve.

Objective :- Wound 10" long healed 2 weeks on calf of left leg. There is some loss of muscle. This wound has caused some contraction of tendo-achilles so that ankle cannot be dorsi-flexed beyond an angle of 90° . Great toe is stiff, dorsi flexion limited, other toes also stiff but to a less degree. There is anaesthesia over sole of foot indicating an internal popliteal lesion, which has, with this exception, recovered.

Subjective / Weakness of leg and numbness of sole- Patient can walk 4 miles with little difficulty.

*W. A. Lewis Capt.
a/Reg^{ts} has
D.O.H.*

Number of
s in

Enli

Join

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of patients
Given. If an accident
venereal disease nature
detail, recovered from; whether
Remarks on nature of the disease; how induced; if mild or severe.

Se

1

Tr

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 342817 Rank Pdr Name Amos, H. E.
 (Surname first)
 Unit No. 2 District Depot, who was*
 On 1-8 1919, to M. U.
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-8 to 1-8 1919
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....		
Regimental Pay...../.....days at \$...../.....c. <u>15</u>		<u>15</u>
Field Allowance...../.....days at \$...../.....c. <u>-</u>		<u>95</u>
Separation Allowance.....		<u>-</u>
Clothing Allowance.....		<u>35</u>
Post Discharge Pay.....		<u>100</u>
*Other Credits		
Advances		
Separation Allowance and Assigned Pay Cheque no. <u>123486</u>	<u>30</u>	<u>95</u>
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>123485</u>	<u>106</u>	<u>15</u>
Total	<u>137</u>	<u>137</u>

*Give particulars.

OFFICE OF THE
SECRETARY OF THE ARMY

NO. 1

1

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Condition when finally boarded for discharge

D.O.H. #342817 Cpl. Amoss H.E.

Was struck by fragment of H.E. shell in left calf. A.F.W. 3118 states that posterior tibial muscles were divided and tibia sustained a fissured fracture. Previous board papers give history of lesion of internal popliteal nerve.

Objective :- Wound 10" long healed 2 weeks on calf of left leg. There is some loss of muscle. This wound has caused some contraction of tendo-achilles so that ankle cannot be dorsi-flexed beyond an angle of 90°. Great toe is stiff, dorsi flexion limited, other toes also stiff but to a less degree. There is anaesthesia over sole of foot indicating an internal popliteal lesion, which has, with this exception, recovered.

Subjective / Weakness of leg and numbness of sole - Patient can walk 4 miles with little difficulty.

*W. A. How Capt
cause
a persistent
11.*

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).)

Not Applicable.

Patient states that either prior to or since enlistment he has not suffered from any affection other than mentioned 10(a)

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

*Seven inch scar middle and lower third posterior surface left leg.
Partial ankylosis of left ankle joint*

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.)

Not applicable.

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? *1 Permanent.
2 Permanent.
3 Permanent.*

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

*Wound posterior surface of left leg excised
F.B. removed. Posterior Tibial artery ligated at 30 C.C.S.
Wound dressed and massage at 4th Can. Gen Hosp*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *Yes.*
(If the answer is "yes" state nature of treatment required and probable duration)

*Stimule of left internal Popliteal nerve
Four months.*

16. Can the former trade or occupation be resumed? *Yes.*
(If not, briefly state why)

17. Recommendations: *Invalid to Canada.*

A. Smith Lawson
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, *Harold E Amoss* 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 *nothing*

Harold E Amoss *Cpt* 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. Board concurs, except in regard to duration of treatment, in 15. active treatment.

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.) |

Stc

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.)

Lesion Internal Popliteal nerve (left) Partial Ankylosis middle, left. Adherent scar left leg.

- (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.)

Suture of internal popliteal nerve left. at least eight months.

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

Invalidated to Canada.

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.

PLACE *Basingstoke* *EP Lewis Capt. Cand.* President.
James C. Harrison Capt. Cand. Members
 DATE *24-3-19*

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.

PLACE..... President.
 DATE..... Members

APPROVED BY *A. Collins*
 Assistant Director of Medical Services.
 Major, O.A.M.C.
 DATED *M.S., Canadians, London Area.*

APPROVED BY
 ASSISTANT DIRECTOR OF MEDICAL SERVICES
 CANADIAN ARMY MEDICAL SERVICES
 Director-General of Medical Services.
 DATE *APR 8 1919*
 13, BERNERS ST. LONDON, W.1

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.

We concur

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.)

*We recommend that he be discharged
" Having been found medically unfit
for service."*

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.



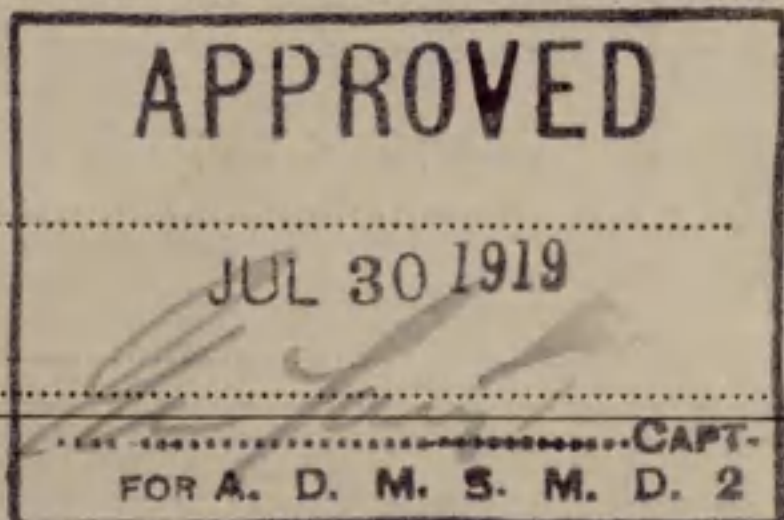
[Handwritten signatures]
President.
Members

PLACE.....
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.



PLACE.....
DATE.....
APPROVED BY.....

.....President.
.....Members

Assistant Director of Medical Services.
DATE.....

Director-General of Medical Services.
DATE.....

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).)

ml

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

Mole on cheek near right ala of nose

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.)

not applicable

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? *6 mos*

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

*France 11 days
England 7 mos
Canada 1 mo.*

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *no*
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? *yes*
(If not, briefly state why)

17. Recommendations.

*Discharge from army as
medically unfit.*

[Signature]

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, *H. E. Amoss* 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.....

H. E. Amoss Cpl. Rank.
Signature of invalid examined.

[Signature]

C.L.

Form I, 1237
14

MEDICAL CASE SHEET.

115

No. in Admission and Discharge Book. <i>M4T7530</i> Year.	Regimental No.	Rank.	Surname.	Christian Name.
	<i>342817</i>	<i>Cpl.</i>	<i>Amoss.</i>	<i>J.C.</i>
	Unit.	Age.	Service.	
	<i>C.L.A.</i>	<i>39/10</i>	<i>38.</i>	<i>30/12</i>

Station and Date. *10.2.19*

Disease *GSW. Leg. Frac. tibia & fibula*

OCCUPATION *school teacher*

TEXT OF KIT *wife, 113 Pembroke St. Toronto*

DELISTED *July 20 1916,*

ENGLAND *September 1916,*

FRANCE *November 1916,*

FOUNDED *September 20 1918 near Cambrai*

HOSPITALS *30 C.C.S.
4 Gen. Hosp.
Tranmere Aux Mil Hosp
Epsom Conv Hosp.*

OPERATIONS

REMARKS *ATS 1500 units 30/9/18*

SUMMARY OF P.S.C.A.M.S.P. *30/9/18 gsw back leg post tib vessels divided, tib cracked, wd excised. DB removed flavine pack. 3/10/18. Partial suture Thomas splint Epsom. 30/1/19. wd healed leg badly swollen 2/2/19. wd back of calf has broken down*

Station
and Date.

7" wound on posterior surface
of left leg. - near its center
is a sinus 2" x 1 1/2" discharging
pus and leading down
to some dead bone

A number of small incisions
in left leg - now healed - for
the evacuation of pus.

~~slight~~ slight movement
in left foot

leg and foot swollen
and oedematous

Elmer D. Miller

nasal chancres

14-2-19. nose. Septum to left.

Tonsils. Small
Cervical glands palpable.

Rhinit. clear.

Ears; eardrums retracted.

hearing - no complaint.

H. J. Brown

15-3-19 Electrical Examination

There is a complete R.D. in the muscles of left
foot, supplied by the internal popliteal nerve. There
is no response to faradism, Galvanism, or Condenser Currents.

Lieut. Clarke
Capt.

18/3/19. Wound healed, scar on mid lower third left
leg adherent. He lacks about 40 percent of the
movement of left ankle joint. Circulatory,
Respiratory, nervous & genito-urinary
systems normal.

Lieut. Clarke
Capt.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderately 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.)

(a) Weakness of ~~right~~ ^{left} leg (b) Limitation of dorsiflexion of ankle

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.)

Objective Wound 1.5" long, healed 2 weeks, on calf of ^{left} leg. There is some loss of muscle. This wound has caused some contraction of tendo Achillis so that ankle cannot be dorsiflexed beyond an angle of 90°. Great toe is stiff, dorsiflexion limited. Other toes also stiff but to a less degree. There is ~~anesthesia~~ ^{anesthesia} over sole of foot indicating an internal popliteal lesion which has, with this exception, recovered.

Subjective Weakness of leg and numbness of sole. Patient can walk with little difficulty.

(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 No Genito-Urinary System No
(If pulse rate is abnormal, B. P. will be taken.) (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

Urine normal

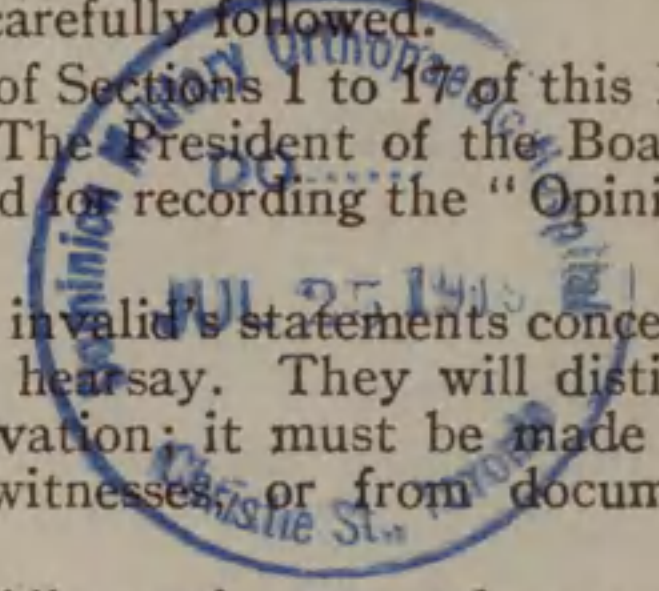
10. (a) History (of the condition referred to in Section 9 (a).)

Was struck by fragment of I.T.E. shell in ^{left} calf. AFW 3118 states that posterior tibial vessels were divided and tibia sustained a ~~fracture~~ fracture. Previous board papers give history of lesion of internal popliteal nerve.

THIS FORM WILL BE USED FOR ALL RANKS
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

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 D.O.H. Toronto DATE July 22nd - 1918

1. 1 (a) Unit D.D. #2 (b) Regimental No. 342817 (c) Rank CPL.
 (d) Surname AMOSS (e) Christian name HAROLD EDWIN.
 (f) Home address 113 Pembroke St Toronto
 (g) Next of Kin Mrs Mary Amoss (h) Relationship Wife
 (i) Address of Next of Kin 113 Pembroke St Toronto

2. Age last birthday 39 Date of birth April 22nd - 1880

3. Enlistment, or Appointment (if an Officer) (a) Place Barrefield (b) Date July 20th 1916

4. Personal description:
 (a) Height 5'-10" (b) Weight 142 (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc.

G.S.W. scar 4" long middle & lower left leg

5. Former trade or occupation High School Principal

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
	3	2

<u>Patents Smt.</u>	PERIODS	
	From	To
Canada	20 - 7 - 1916	4 - 10 - 1916
England	54 - 10 - 1916	14 - 12 - 1916
	21 - 10 - 1918	16 - 3 - 1919
France or other theatres of War	14 - 12 - 1916	11 - 10 - 1918
<u>Eng & Canada</u>	16 - 3 - 1919	Date

7. Original disease, or injury 1) Flesh wound posterior lower left leg.
2) Fracture of left tibia
3) Lesion of left internal popliteal nerve

(a) Date of origin Sept 13th 1918 (b) Place of origin Near Cambrai

(c) Cause G.S.W.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT # *7*

NAME OF SOLDIER

Amos, N.E.

REGIMENT

RANK

Cpl.

No. *342817*



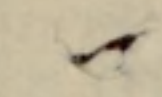
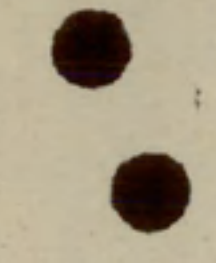
INSTRUCTIONS

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.

Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
											U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>July 25/19.</i>																					<i>Complete</i>
<i>July 25/19.</i>																					<i>Dentally fit</i>
																					<i>Final Board. Exam. S.O.A. Toronto</i>
																					<i>Major</i>
																					<i>C.F. Lewis Capt</i>
																					<i>16. Propylaxis</i>
																					<i>1 amalgam # 16</i>
																					<i>2 Extractions</i>
																					<i>1 amalgam # 16</i>
																					<i>1 amalgam # 16</i>



Harold Edwin.

Christian Name

AF088.

Surname

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
Barnfield Petawawa	20/7/16 9/9/16										
AUX. MIL. HOSPITAL, TRANKERE, BIRKENHEAD.											
Off ^{1st} W. G. H Liverpool		11	10	18	29	1	19	Sw leg U (fract. tibia)	Trans. to Gen. Genl. Hosp. Woodcote Park, Epsom 111	R. S. L. Cain	
M. G. H. Epsom		29	1	19	10	2	19	do	13 Wound back of calf has broken out. Transfer to Basingstoke	W. A. King	
		10	2	19	28	4	19	do	77 Wounds healed, scar on mid lower third left leg adherent. He lacks about 40 percent of full movements of ankle joint. There is complete R. D. in the muscles of left foot supplied by the internal popliteal nerve. Circulatory, Respiratory, nervous and genito-urinary system normal	W. A. King Capt. Lane	
S. S. Megaw		23	5	19				do	to	C. Preston	
D. O. H		26	6	19					Wd. healed. Some contraction of tendo Achillis preventing dorsiflexion of ankle beyond angle of 90°	W. A. King Capt.	

111 ORIGINAL ORIGINAL
MEDICAL HISTORY SHEET # 342817

Surname Amoss Christian Name Harold Edwin.

Examined on 20 day of July 1916
 at Barriefield Camp
 Birthplace { City or Town Conestoga Ont Rank Capt M.O.
 County Elgin County

Approved by C. W. Mulayson
 Rank Capt M.O.

Apparent age 36 yrs. 3 Mos.
 Trade or occupation Collegiate Principal
 Height 5 feet 10 Inches M.O.
 Weight 145 lbs. M.O.
 Chest measurement { Minimum 34 inches M.O.
 Maximum expansion 3 1/2 inches M.O.
 Physical development Fair M.O.
 Small-pox Marks M.O.

Vaccination Marks { Arm Right Left X
 Number three
 When Vaccinated last Six years ago Aug 25/16 C. W. Mulayson M.O.
 (a) Marks indicating congenital peculiarities or previous disease M.O.

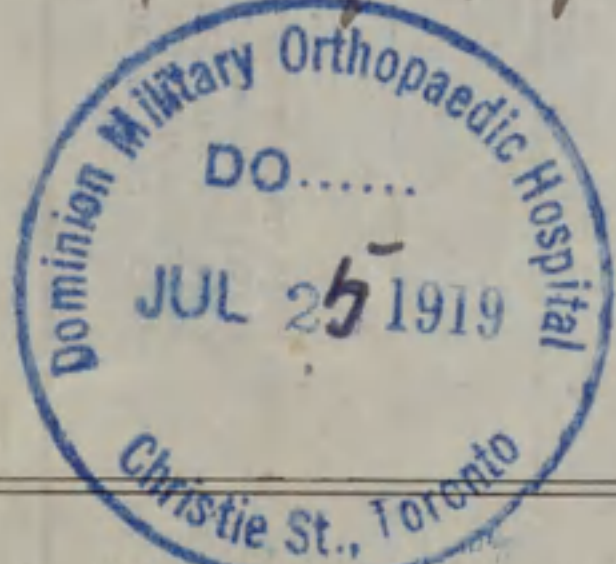
(b) Slight defects but not sufficient to cause rejection
Aug 10/16 C. W. Mulayson M.O.
Aug 19/16 " M.O.
Aug 23/16 " M.O.

Enlisted on 20th day of July 1916 at Barriefield, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>7th Bty</u> RESERVE BRIGADE C.F.A.	<u>342817</u>		<u>20/7/16</u> <u>16 OCT 1916</u>
Transferred to	<u>3rd-D. A. C</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Hot Can Gun Hosp</u>	<u>24-3-19.</u>	<u>Lesion of Internal Popliteal nerve (left)</u> <u>Partial Ankylosis left knee</u> <u>adherent scar left leg.</u> <u>1. Weakness of left leg.</u> <u>2. Laceration of deep fascia of foot.</u>	<u>Invalid to Canada.</u> <u>C. W. Mulayson Capt</u> <u>See page 2</u>



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.

CANADIAN

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.				
10-10-18	10 th Dec C.A. Wounded.		Bar. Field	3-10-18	CL2369
17-10-18	do Inj. Wounded. Probed to CARD.		Bar. "	10-10-18	F=132. H=291d/18 ¹⁰ CARD
30.5.19	mil C.A. H.A. Invalided to Canada		Epsom	30.5.19	— CL B 562
5-6-19	CARD. SOS Inj. to Canada		Witley	23.5.19	— 156

J. Eq

Rank

Gr.

Name

AMOSS, Harold Edwin

Reg'l No.

342817

Unit

Dft. B. Bgde. C.F.A.

If in perm. Corps,
What Unit?

Married or Single Married.

Place and Date of Enlistment

Barrie field. 20th July. 1916.

Place of Birth

Corinth. Ont.

Name and Address, Next-of-Kin

Janet Mary Ellen Amoss.

113 Pembroke St. Toronto. Canada.

Relationship

Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. P.B. No. 15978
File #
Category *Amoss*

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>	S-S-Saxonia	13. 10. 16	
16. 10. 16	o/c R Bde	Taken on Strength	S,cliffe	13. 10. 16	PT 2. 0-263
14-12-16	" "	S.O.S. to 3 rd D.A.C.	" "	14-12-16	" " 325
22-12-16.	3 rd D.A.C.	Attached 3 rd D.A.C. on arrival in field		14-12-16	" " 202
6-1-17.	do.	bease to be attached 3 rd D.A.C. on being posted to 10 th Bde C.F.A.	do.	19-12-16	" " 5.
7-1-17	10 th Brigade	Transfer from 3 rd D.A.C.	do	19-12-16	" " 3
9.6.17	"	App'd of Bomb ^{dr} with effect	"	1.6.17	" " 105
26.11.17	"	Promoted Bdr	"	25.8.17	" " 179
4-2-18	"	S.O.S on posting to Anty Pool.	Bde	21-1-18	" " 14. Pte 144.6-2-18 2 nd Post
2-3-18.	Anty Pool	SOS posted to 10 th Bde	"	27.2.18	" " 29.47 PTE 032 5.3.18 10 th Bde

I.F.B. 108 CHECKED
 22 DEC 1918
 WSR

No. 342817 RANK

Gr.

NAME

Amoss, H E

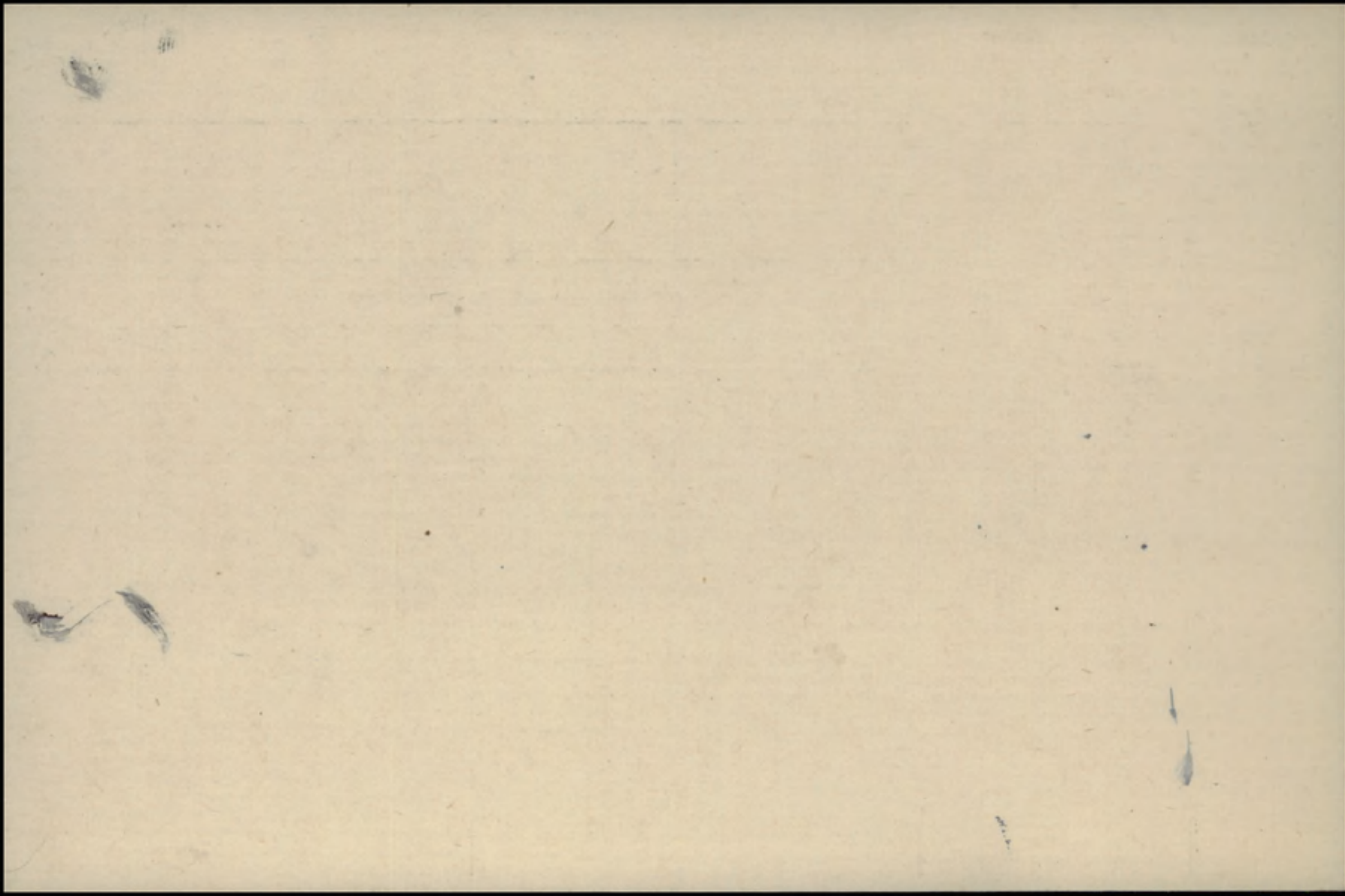
T. O. S. 20-7-16
D044. 20-7-16

UNIT

72nd Battery. CFA. C E 7

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 20	July 31	n		
Aug		n		
Sept		n		
Oct no dates		n	Proceeded o/s Oct-1-16	D0140.21-10-16.



10-10-78

Name **Amoss** ^{Harold Edwin} Rank **Pr.**Reg. No. **342817**Unit **10th Bde Cya.**Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-10	4 C Hsh	Camiers	Jw L. Leg	339	0620	4633-7
11-10	1 st W.G. Hsh	Faz. L'evol	do	33	3	28921
30-1	Mail box Epsom		do	34	69	6012
11-2	469 Basingstoke		do	34	75	6805
29-4	Mail box Epsom		do	35	39	10243
23-5	Evac to Can Lado			35	62	9090
	S.S. 501 No 2					

1 - 8 - 1919
304 Cambridge Gen. Hospital
Basingstoke

**A. & D.
CARD**

AT.....

A. & D. No. *M. 4. T. 7580* PL. OF ACTION.....

RANK *Cpl.* REG. No. *342817* UNIT *b. 2 a. 10. Bde.* SICK OR WOUNDED

NAME *Amoss, H. B.* AGE *38* RELIGION *Pres.*

PLACE IN HOSPITAL *b. low.*

DIAGNOSIS *Frac. Tibia & Fibula*

ADMITTED *10/2/19* FROM *M. C. H. Epsom*

DISCHARGED..... TO.....

TRANSFERRED *28 APR 1919* *M. C. H. Epsom*

SERVICE AT HOME *6 mons* IN FIELD *24 mons*

RESULTS *I to C*

(See Document Card for M.H. Sheet and other Documents.)

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

B373 ¹	West. Gen., Fazakerley Liverpool	11-10-18	G.S.W.R. Leg fract. tibia
B467	Mil Com: W. Colt R. Epsom	30-1-19	" " " " " "
B475	H. Loan Gen: B.S.	11-2-19	" " " " " "
B539	Mil Com: W. Colt R. Epsom	29-4-19	- - - - -
B562	Injured to Canada	23-5-19	" " " "

LEDGER No. 302

SERIAL No. 6.7694

REG. No. 348817 NAME Amos, J. C.

RANK Cpl. CORPS #200 C.F.A. AGE _____ SERVICE _____

OS. HOSPITALS DATE OF ADMISSION
1 C. M. H. Toronto 4-6-19

2

3

DIAGNOSIS o.s. G.S.W. - Leg fract Tibia

TRANSFERRED TO Dom Ortho Toronto 26-6-19

DISPOSITION Dis to unit 30-7-19

CATEGORY _____

*auth R Roll
26/9/17 JAB*

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Janet M. E. Amass*
Address *113 Pembroke St-
Toronto Ont-*

By Whom Assigned *Amass. Harold E*
Regtl. No. *342817*
Rank *G/S*
Corps *72nd (Queen) Battery*

Rate *20⁰⁰* *OCT 1 1916*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>consolidated accts.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

111 111
11111

111
111
111

111

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2
(Assignee)

Janet M. E. Amass

Name of Soldier

*Amass Harold E
72nd Battery*

PAYMENTS.

L. L. Job 5470—Req. 6888.

342817

20th OCT 1 1916 Remarks.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>L 24016</i>	<i>20</i>	
Nov.		<i>28147</i>	<i>20</i>	
Dec.		<i>C 37402</i>	<i>20</i>	
Jan.	<i>ch 1917</i>	<i>H 35575</i>	<i>20</i>	
Feb.		<i>H 41524</i>	<i>20</i>	<i>20 (ju)</i>
March		<i>H 47535</i>	<i>20</i>	<i>20 L</i>
April		<i>I 99</i>	<i>20</i>	<i>20 L</i>
May		<i>I 6147</i>	<i>20</i>	
June		<i>I 12728</i>	<i>20</i>	<i>20 W</i>
July		<i>L 19675</i>	<i>20</i>	<i>lu</i>
Aug.		<i>" K 26768</i>	<i>20</i>	<i>lu</i>
Sept.		<i>J 34137</i>	<i>20</i>	<i>20</i>
Oct.				<i>240</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

AP

WJL

*200
200
200
200
200*

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.				

20/7/16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-18.
H. Q. 1772-39-818.

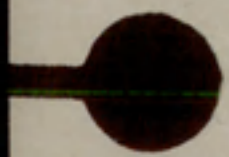
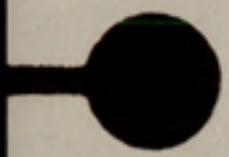
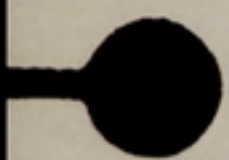
SEPARATION ALLOWANCE

Name Janet M. E. Amoss Name of Soldier Amoss Harold E.
 Address 113 Pembroke St Regtl. No. 342817
Toronto Rank Gunner
Ont Corps 72nd Queen's Battery
 Relation to Soldier }
 wife, child or mother } wife
 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				





SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Janet M. E. Amoss

wife
PAYMENTS.

Name of Soldier

Amoss Harold E.
Quinn

L. L. Job 310.-Reg. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		Z 13989	27	27
Sept.		K 14526	20	20
Oct.		D 17568	20	20
Nov.		D 20709	20	20
Dec.		D 24711	20	20
Jan.	1917	D 28193	20	20
Feb.		D 31014	20	20
March		D 34093	20	20
April		E 156	20	20
May		E 3609	20 → 207	20
June		F 7369	20	20
July		E 10414	20	20
Aug.		G 13448	20	20
Sept.		F 17406	20	20
Oct.			20	Pro 287, ✓
Nov.				
Dec.				
Jan.	1918			
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.				

Date of Enlistment

20-7-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

A

2180

Date of Assignment

July 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25 ⁰⁰	20
	1-12-17	1-9-18

P.C. 3257 P.C. 2753
M.O. 45819

RATE OF ASSIGNMENT

20		
----	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 342 817
 Rank *Gr.* Promoted Reverted Discharge
 Soldier's Name *Harold E. Amoss.*
 Battalion *75th Queens Batty.*
 Beneficiary *Janet M. E. Amoss*
 Relationship *Wife* M.F.W. 2554 29/18
 Address

PARTICULARS OF ASSIGNMENT

Name *Janet M. E. Amoss*
 Address *113 Pembroke St. Toronto, Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 20, 17		287	240	527	
Oct	C 50993	20	20	40	U P spells name Amoss
Nov	D 52152	20	20	40	
Dec	C 60498	20	20	40	
Jan 18	C 65525	30	20	50	
Feb	B 97080	25	20	45	
March	A 99305	25	20	45	
April	H. 7096	25	20	45	
May	A 12031	25	20	45	
June	B 14899	25	20	45	
July	Y 27871	25	20	45	
Aug	A 30387	25	20	45	
Sept	A 37064	25	20	45	
Oct	A 43699	25	20	45	
NOV	A 51740	25	20	45	
DEC	A 62915	45	20	65	
JAN 1919	B 71123	30	20	50	
FEB	H 78146	30	20	50	
MAR	D 83847	30	20	50	
APR	E 1405	30	20	50	
MAY	F 6385	30	20	50	
	H 9533	30	20	50	
		862	460		



AUDITED.

Attested
M. E. G. G. G.
 3-6-19, M.F.W. 187
 116896
 M.O. 2.

M. F. W. 128
 400M-6-17-1772-30-141
 L. L. 2320-M. & D. 7133.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	342817	lpl	Amoss	Harold
Year	Unit.		Age.	Service.
1919	10 th Canadian F. A.		38.	2 ⁶ /12
Station and Date.	Disease <i>SW left leg (fract tibia & Pat Tibial</i>			
	<i>vessels divided. Progress satisfactory.</i>			
	<i>Transferred Paed. Cas. Hosp. E. Prov.</i>			
	<i>R. Blair</i>			

AUX. MIL. HOSPITAL,
TRANKMERE, BIRKENHEAD.

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

* Strike out whichever inapplicable.

ASSIGNED PAY. EFFECTIVE DATE: <u>1/10/16</u>	* ENGLAND CANADA.	SEPARATION ALLOWANCE. EFFECTIVE DATE: <u>1/15/19.</u>	ENGLAND or CANADA.			
AMOUNT: <u>20⁰⁰</u>	NAME: <u>AMOSS, HAROLD EDWIN</u>					
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		NUMBER: <u>342817.</u>				
Mrs. Jane M.E. Amoss 113 Pembroke St. Toronto. Wife		PARTICULARS OF RANK OR APPOINTMENT				
		AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
		<u>80179.</u>	<u>25/1/17</u>	<u>25/8/17</u>	<u>Bn</u>	
		UNIT AND TRANSFERS				
		ORIGINAL UNIT: <u>Res Bde CFA</u>				
		DATE ACCOUNT FIRST OPENED: <u>1/16</u>				
		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO	
		<u>17.</u>	<u>21/1/18</u>		<u>CRA.</u>	
		<u>32.</u>	<u>5²⁸/18.</u>	<u>27²⁸/18.</u>	<u>28²⁸/18.</u>	<u>10 Bde CFA</u>

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
<u>1/4</u>	<u>130</u>	<u>13da.</u>	<u>949</u>				
<u>4/4</u>	<u>808</u>		<u>4867</u>				
			<u>5354</u>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL CE
<u>80179.</u>	<u>25/1/17</u>	<u>105.</u>	<u>10</u>	

PARTICULARS OF RENDERING NON-EFFECTIVE: Discho Cau 1/4. Res A 111 to Res U.D. ?

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar.	Moal. Ind.								130 37		
Apr	Bdres Pay	3450		cap AR 108 10 Bde 17/4/18 - 197. ✓ 25/4/18.	714 357				20 - 144 47		
		3450			10 71				134 06		
May	B Pay	3565		Sal AR 111, 9 Bde 8/5/18.	446				20 - 149 11		
		3565		✓ 179. 10 - 28/5/18	714 11 60				138 11		
June	B Pay	3450		Sal AR 9380, 7/6/19.	111 93				70 - 152 61		
		3450		AR 183 10 Bde 8/6/18	17 84						
				Ldw. 11445, 19/6/18	9 73				13 11		
		3450			139 50				20 -		
July	Bdres Pay	3565		cap 389 10 Bde 10/7/18	357				70 - 28 76		
		3565			357				20 -		
Aug	B Pay	3565		Sal AR 653. 10 Bde 15/8/18	446				70 - 40 84		
		3565		" 495 " 20/8/18.	357				36 38		
					803				20 -		
Sept		3450		cap 653. 10 Bde 23/9/18	10 71				20 - 47 31		
		3450			10 71				36 60		
Oct	Bdres P	3565		as					20 -		
		3565							20 - 57 25		
		3565							20 -		

13
73
39
91
9.49

forward

NUMBER 342 817 RANK *Bar* NAME *A MOSS, Harold Edwin.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918									52.25		
Nov	<i>Bar</i>	34.50		<i>AS</i>				20			
Dec	"	35.95		<i>Alban #1</i>					98.05		
Jan	"	35.05		<i>Spool 5/11/18 487</i>							
				<i>Henry 2/13/18 1067A 11/17/18 2433</i>							
				<i>AS</i>				20			
				<i>AS</i>				20	68.85		
		105.80			29.20			60			
Feb	<i>Bar P.</i>	32.20		<i>C.A.P.</i>				20	81.05		
				<i>14637 H.C.G.H. 1/4</i>	4.87				76.18		
Mar	<i>Bar Pay</i>	35.65		<i>C.A.P.</i>				20	91.83		
		67.85			4.87			10			
Apr	<i>Bar</i>	34.50						20	106.33		
	<i>ST 4/4 - 17th Bdu.</i>	9.49									
	<i>50104 1/4 Cods</i>										
				808 Bus 4/4	48.67						
				130 " 1/4	4.87						
				117 9.65 3/5	4.87						
				372 Eps 8/5	58.47						
				2885 " 14/5	24.33						
				1649 " 14/5	24.33				15.58		
		43.99			131.10			20			

91.83
 9.49

 101.32
 53.54

 47.78
 14.50

 62.28

See

Exp. to be made 23.50 9 1/2 101.

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

REGT. No. 342817 RANK BDR NAME (IN FULL) AMOSS, H.E.

Form with fields: M. OR N., NEXT OF KIN, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, TRANSFERRED TO, DATE, AUTHORITY, DATE OF ATTESTATION, ASSIGNED PAY \$, DATE EFFECTIVE, PAYABLE TO, ADDRESS, STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Table with columns: MONTH, NO. OF DAYS, PAY AND F.A. (RATE, AMOUNT), OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1, 2, 3), CASH PAYMENTS (COL. NO. 1, 2, 3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS.

BALANCE FROM PREVIOUS ACCOUNT

T.O.S. 23,514.00 158.00 1816 158.00

W.S.G. PAID IN FULL

Dr. Bae. J. not carried forward Payment W.S.G. M.D. #2 W.S.G. Paid by #2 D.D.

Put Forward

183 day	420	180	600		280	120	400	140	60	
				Alaoi Nov 28 1368368 1368369.	70	30	500	20	30	we
				u Ruv q Jan 22 1712174 1712175	70	30	600	#	#	ye
	420	180	600		420	180	600			

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

CASUALTIES

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

Service Badge
 Class *a*
 No. *287395*
 issued.

1. No. <i>342817.</i>		
2. Rank <i>L/Cpl</i>		
3. Name <i>AMOSS, Harold Edwin</i>		
4. Unit <i>72nd Bty(2D.D.)</i>		
5. Date of Discharge	<i>AUG 1 1919</i>	Place <i>TORONTO, ONT.</i>
6. Reason for Discharge..... <i>"MEDICALLY UNFIT".</i> H		
7. Authority (<i>2D.D. Part 11 Daily Order 211</i>)		
8. Proposed Residence after Discharge..... <i>113 Pembroke St. Toronto, Ont.</i> M		
9. CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?..... <div style="text-align: center; margin-top: 20px;"><i>H. E. Amoss</i></div> Signature of Soldier.		
10. CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... No. 2 District Depot Toronto, Ont. TORONTO, ONT. AUG 1 1919 Date..... <div style="text-align: right; margin-top: 20px;"><i>Duice Thompson</i></div> Signature..... (O. C. Discharging Unit.)		