

DUPLICATE

#2 M. D. 2nd Depot Battalion 2nd C. O. Regiment  
Regtl. No. 3310027

Hand  
4-19-18  
25/2/18

PARTICULARS OF RECRUIT  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One.)

1. Surname BLACKLOCK  
2. Christian name Norman Russell  
3. Present address Simcoe. Ont. Canada.  
4. Military Service Act letter and number Simcoe. Ont. Can. Jany 5th 1918  
5. Date of birth Jany 6th 1876 (816294)  
6. Place of birth Hamilton. Ont. Canada.  
(town, township or county and country)  
7. Married, widower or single Single.  
8. Religion C of E.  
9. Trade or calling Machinist  
10. Name of next-of-kin Mrs Ann Jane. Blacklock.  
11. Relationship of next-of-kin Mother.  
12. Address of next-of-kin Campbellsville. Ont. Canada.  
13. Whether at present a member of the Active Militia No.  
14. Particulars of previous military or naval service, if any No.  
15. Medical Examination under Military Service Act:—  
(a) Place Simcoe. Ont. (b) Date Oct 22nd 1917 (c) Category A2

DECLARATION OF RECRUIT

I, Norman Russell Blacklock, do solemnly declare that the above particulars refer to me, and are true.

Norman Russell Blacklock (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 31 yrs. mths.  
Height 5 ft 6 1/2 ins.  
Chest measurement } fully expanded 37 1/2 ins.  
                              } range of expansion 2 1/2 ins.  
Complexion Dark  
Eyes Grey  
Hair D Brown.  
Distinctive marks, and marks indicating congenital peculiarities or previous disease. Scar On Wrist.

J. D. ...  
O. C. 2nd Depot Btl.  
2nd C. O. Regt.

Place Brantford. Ont. Date January 5th 1918

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 33100 27 (Rank) Pvt  
Name (in full) Norman A Blacklock enlisted in  
the 2nd Bn 22d CEB  
CANADIAN EXPEDITIONARY FORCE at Bruxelles on the 5  
day of Jan 19 18  
HE served in France Belgium  
and is now discharged from the service by reason of Demobilization.  
Medical Unfitness.

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

Age <u>32</u>	Marks or Scars <u>Scar on wrist - G.I.W. 30-9-18</u>
Height <u>5-6 1/2</u>	
Complexion <u>Fair</u>	
Eyes <u>Gray</u>	
Hair <u>Dark Brown</u>	

N A Blacklock  
Signature of Soldier

[Signature]  
Issuing Officer

Date of Discharge HAMILTON, ONT.  
**NO. 2**  
**APR 25 1919**  
**DISTRICT DEPOT.**

Capt  
FOR Rank  
O. C. No. 2 District Depot.  
Date 25 Apr 19 19

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.

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

DISCHARGE CERTIFICATE

СВИДЕТЕЛЬСТВО ОБ ОТПУСКЕ

C. E.

Forms  
1. 1237  
14

Medical Officer :

Whether U.K. or Expeditionary Force : **FRANCE**

Army Form I. 1237.

(If latter, state which).

**MEDICAL CASE SHEET.\***

Ward :

F.C.

No. in Admission and Discharge Book  
2081.  
Year  
1918.

Regimental No.  
3310024.

Rank.  
Pte.

Surname.  
Blacklock.

Christian Name.  
N. R.

Unit.

Age.

Service.

54 Canad. C. 40.

32.

19/2. 2.

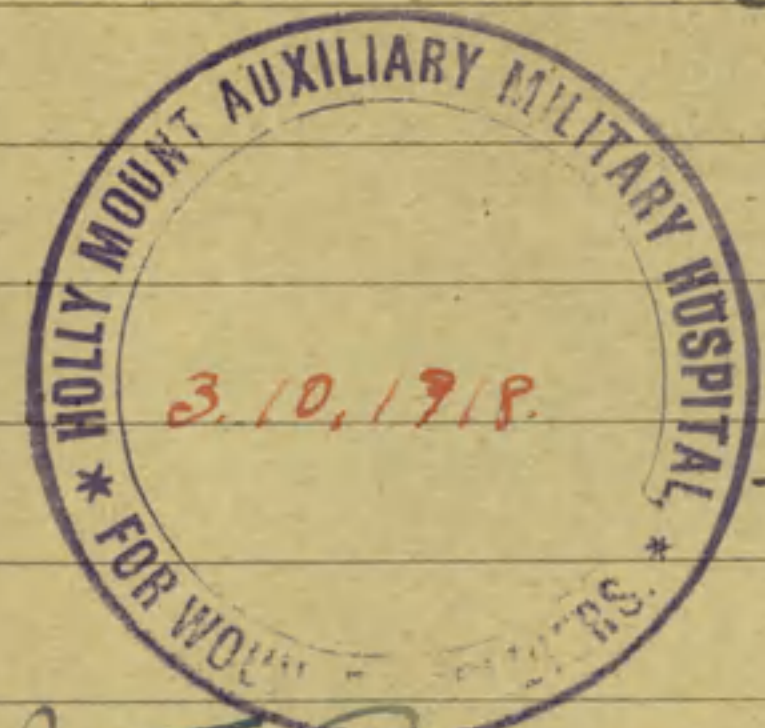
2nd WESTERN GENERAL  
Station and Date.

G. S. W. Hand. L.

Disease Date of Onset

30 - 9 - 18.

Hollymount  
Tattington  
3.10.18.



Sod. Sal  
Carbol 2p.

Transfer Class.

20/10/18  
5/11/18

A.T.S. 500 Units.  
A.T.S. 500 "  
~~A.T.S. 500 "~~

22/11/18  
14/1/19

To see Dentist.  
Discharged L.

13-1-19  
15-1-19

Transferred Bank Maiden  
Woodcote Park Epsom  
Salbu.

Next of kin :

38 Peel St  
Hamilton  
Ontario.

Antitetanus Inoc <sup>n</sup> .	
Units.	Date.
500	25-10-18.
[P.T.O.]	

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



MEDICAL HISTORY SHEET.

ORIGINAL

B676

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname Blacklock Christian name Norman Russell
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 816294
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Simcoe, Ont.

8 OCT 1918

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 22nd day of October 1917, by the undersigned medical board sitting at Simcoe, Ont.

5. Age as stated 31 Years Months. 6. Apparent age 31 Years Months
7. Height 5 Feet 6 1/2 Inches. 8. Weight 138 Pounds.
9. Chest measurement { Minimum 35 Ins. Maximum 37 1/2 Ins.
10. Complexion Dark { Eyes Grey Hair D. Brown
11. Physical development Good { Good Fair Poor
12. Smallpox marks None
13. Number of vaccination marks { Right arm Left arm 1
14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease V. D 40 L. D 30 R. Scar on right wrist.

Signature of Man Norman Russell

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A 2.

President. Member. Member.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for 12/2/18 and 10/8/18.

DUPLICATE FROM MEDICAL BOARD

Joined 2nd day of January 191 at Brantford. Can.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes entries for 2nd Depot Batt'n, 2nd C.O.R., 3310027, 5-1-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entries for I.C.C.F., Wibley Camp, 14-2-19, 26.5.19, nil, nil, G. J. McAllister, H. W. Rogers.

N. B.—This sheet is 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



Christian Name

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				
		3	10	18	15	1	19	68 by J Hand	105	W. 30-9-18 - Informed. Transfer.	<i>[Signature]</i>
								do	17	Wound healed, least opportunity no evidence of disability, has done his job for 57.	<i>[Signature]</i>

2nd WEST GENERAL HOSPITAL

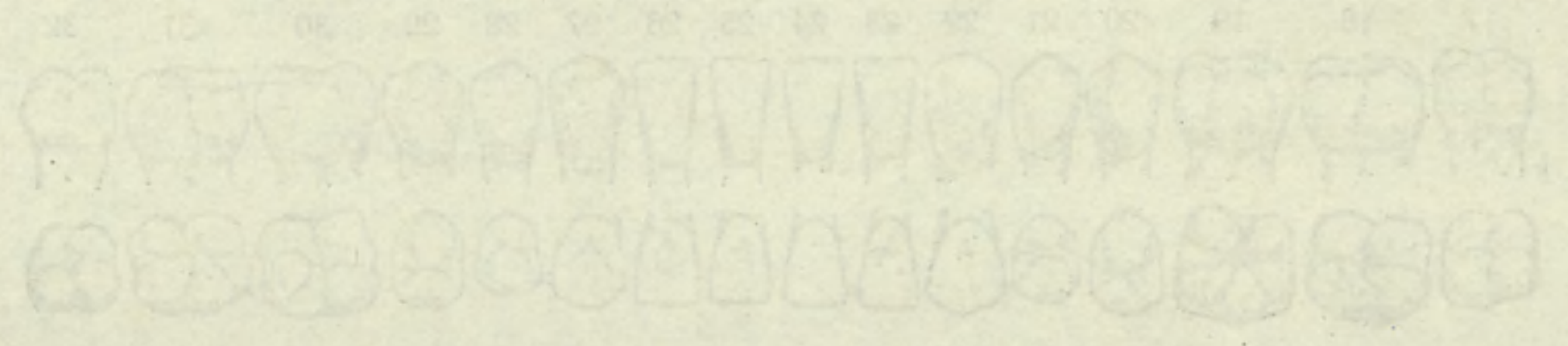
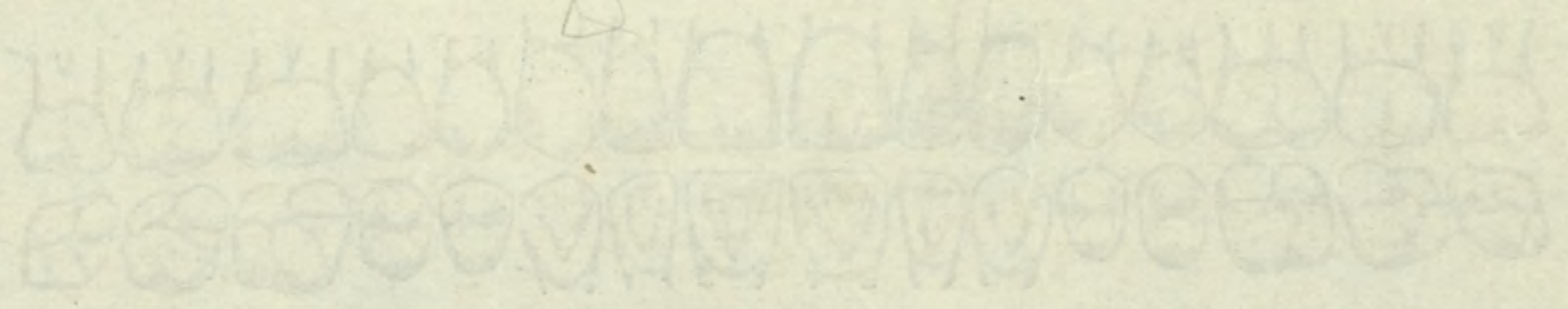
31 JAN 1919



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On history of recent history of same to be made in red ink.
3. On such cases to be made on this sheet as will show:

  1. Condition on examination in red.
  2. Condition on leaving Canada.
  3. Condition on discharge.



No.	Name	Age	Sex	Profession	Residence	Country of Birth	Condition on Examination	Condition on Leaving Canada	Condition on Discharge

NAME OF PATIENT  
 SEX  
 AGE  
 OCCUPATION  
 RESIDENCE  
 COUNTRY OF BIRTH  
 DATE OF EXAMINATION  
 DATE OF LEAVING CANADA  
 DATE OF DISCHARGE  
 NAME OF DENTIST  
 SIGNATURE OF DENTIST  
 NAME OF CLINIC  
 ADDRESS OF CLINIC  
 CITY AND PROVINCE

DEPARTMENT OF HEALTH  
 CANADA  
 DENTAL EXAMINATION SHEET

DEPARTMENT OF MILITIA AND DEFENCE. *AWA*

WAR SERVICE GRATUITY.

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *Norman, Russel* 2. Surname *Blacklock*
3. Rank *Pte* 4. Original Unit *sub B 2nd B.O.R.* 5. Reg. No. *3310027*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*38 Pearl Street N  
Hamilton Ontario*
7. Date of enlistment in the C.E.F. *Jan 5 - 1918*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge
9. Relationship of such dependent
10. Address, in full, of such dependent
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier?
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:— *NA*
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? *NA*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. *NA*
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  
*Jan 5/18 to Feb 6/18 1 month in 2nd B.O.R. Canada, Feb 1/18 to July 1/18 - 5 months in 54th Batt. in France, England and July 1/18 to Oct 1/18 3 months*
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.

*No.*

20. ~~Have you been issued with a War Service Badge? If so what class?~~ *SS*

21. Have you, during the present war, served in the Imperial Forces? *No.*

22. Are you entitled to receive, 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.

*No.*

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.? *Yes.* If not, give: (a) Date of discharge

*25/4/19*

(b) Reason for discharge. *Demobil.* *SS*

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.~~ *SS*

26. ~~Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.~~ *Yes.* *SS*

*34th Bn. 01/8/18 to 30/10/18*

27. (a) ~~Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?~~ *SS*

(b) ~~If so, are you in receipt of full pay and allowances from that Department?~~

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: *Norman R Blacklock*

Place of Residence: *Hamilton 38 Pearl St West*

Declared before me at: This.....day of.....19....

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*[Signature]*

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

DUPLICATE

H.Q. 54-21-23-53

To be made out in duplicate.

M.S.A.

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 COMPANY**  
 ..... **2nd. DEPOT BN. 2nd. C. O. R.**

(2) Regimental Number ..... **3310027**

(3) Full Name of Soldier..... **Blacklock Norman Russell**

(4) Place of Birth..... **Hamilton Ont.**

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

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

(9) Is your Father alive? *yes John Blacklock*  
If so, state name and address *10 McNeil St Hamilton Ont*

(10) Is your Mother alive? *yes*  
If so, state name and address *Mrs Ann Jane Blacklock*  
*10 McNeil St Hamilton Ont*

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

*W J Bleakley Capt*  
Officer Commanding.

Date *Jan 30<sup>th</sup> / 18*

462

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

29 MAR 1919  
WITLEY, SURREY

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. 3310027 Rank PTE Surname BLACKLOCK  
(Given name in full)

Unit or Corps 8th Cav. Res. Bn Birthplace NORMAN RUSSELL  
Harrow Ont.

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

### 1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 7 in. Colour of Eyes Grey  
Nutrition Good  
Pulse 72  
Condition of arteries Good  
Vision Rt. 4/6 Left 4/6  
Hearing (conversational voice) Rt. 21 ft.  
Left 21 ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin.)  
g.w. 30.9.18.

Opinion as to general health and physical condition Fit

### 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 No  
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.

(If space is insufficient, continue on back of form.)

[OVER]



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....*Walter*.....(Overseas)

Date .....*26.3.49*..... Signed .....*25 J. Black*.....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 .....*J. R. Black*.....

(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 Medical Board.)

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

[OVER]

Rank **Drft** Name **BLACKLOCK, Norman Russel,** Reg'l No. **3310027**  
 Unit **2nd C.O.R.D., TO 3th Res** What Unit? **Perm. Corps** Married or Single **Single**

Place and Date of Enlistment **Brantford, Ont. Jany. 5th. 1918** Place of Birth **Hamilton, Ont. Canada**

Name and Address, Next-of-Kin **Mrs Ann Jane Blacklock,** Relationship **Mother**  
**Campbellsville. Ont. Canada**

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

8588  
 JRCAN

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		18-3-18	S/S TELEA <sup>3dw</sup>
25.3.18	8 Res	T.O.S. from leave	Edling Pte	8.3.18	DD 84 a <sup>2B10</sup> <sup>3dw</sup> <sup>15 pay</sup>
20.8.18	"	S.O.S. on posting to 54 Bn	Witley	19.8.18	DD 232 54 Bn <sup>20880/26</sup> <sup>78</sup>
10.10.18	3. E. 9. H Bilogne	Wounded	Field	2.10.18	Serial No. A 4621-7
12.10.18	2. C.O.R.D.	T.O.S. on posting from 54 Bn	Witley	3.10.18	DD 241 (54 Bn DD 126 <sup>9/15</sup> <sup>18</sup> )
5.2.19	"	On comd to 166 B	"	31.1.19	DD 30 (166 B DD 34 <sup>d/5.2.19</sup> )
18.2.19	8 Res	T.O.S. from 2 <sup>nd</sup> C.O.R.D.	"	18.2.19	DD 49
21.2.19	2. C.O.R.D.	Leaves att'd to 166 B + S.O.S.	"	18.2.19	DD 44 (166 B DD 48 <sup>d/19.2.19</sup> )
31.3.19	8 Res	to 8 Res Pm S.O.S. to M.D. 2 Rlyfl	"	1.4.19	DD 90 after O.I.
17.4.19	M.D. 2	S.O.S. to Canada. S.L. 44 Dispersal Draft J-15	Rlyfl	16.4.19	+ M.D. 2 DD 81 <sup>d/5.4.19</sup> DD 91



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

Canadian Printing and Stationery Services, London

## DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) BLACKLOCK. N. R.  
REGIMENT 8<sup>th</sup> Can. Rec. Bn. RANK Private No. 3310027

Date of Examination in England 28-3-19 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 7, 8
2. EXTRACTIONS \_\_\_\_\_
3. CROWNS \_\_\_\_\_
4. DENTURES \_\_\_\_\_
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

**Dental Certificate issued.**

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
- (b) In England
- (c) In France

Signature of Dental Officer [Signature]



*W. S. B. Law A*  
*7th Lt*  
**M.S.A.**

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

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

-500M.—9-16  
H. Q. 1772-39-9'0.

**Casualty Form—Active Service.**

*Dpt 260RD 408 Res*

Unit, Regiment or Corps.....  
Regimental No. 3310027 Rank Pte Name Norman Russell Blacklock.  
Enlisted (a) Jan 5th 18 Terms of Service (a) Def War time C. E. F. Service reckons from (a) Jan 5th 1918  
Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked Canada <u>7-3-18</u>			
		Arrived England <u>18-3-18</u> ✓			
<u>25-10-18</u>	<u>8th Res</u>	T.O.S. from Canada ✓	<u>E. Sandling</u>	<u>8-3-18</u>	<u>Pt. 2 D.O. #84</u>
<u>20/1/18</u>	<u>8th Res</u>	Proceeded overseas for Service with <u>54 Bn.</u>	<u>Witley</u>	<u>19/8/18</u>	<u>DO. 232</u>
<u>21 AOU 18</u>	<u>C. I. B. D.</u>	<u>T. O. S. 57TH BN ON ARRIVAL</u>	<u>FRANCE</u>	<u>21 AOU 18</u>	<u>N. R.</u>
<u>23 AOU 18</u>	<u>C. I. B. D.</u>	<u>S. O. S. TO C. C. R. C.</u>	<u>FIELD</u>	<u>23 AOU 18</u>	<u>N. R.</u>
<u>23 AOU 18</u>	<u>C. C. R. C.</u>	<u>T. O. S.</u>	<u>,</u>	<u>23 AOU 18</u>	<u>N. R.</u>
<u>27 AOU 18</u>	<u>C. C. R. C.</u>	<u>S. O. S. TO UNIT</u>	<u>,</u>	<u>27 AOU 18</u>	<u>N. P.</u>
<u>31 AOU 18</u>	<u>UNIT</u>	<u>JOINED UNIT</u>	<u>,</u>	<u>29 AOU 18</u>	<u>B. 213</u>
<u>5.10.18</u>	<u>do</u>	<u>Evac wounded</u>	<u>do</u>	<u>30.9.18</u>	<u>B213.</u>

CERTIFIED COPY  
26 AUG 1918  
CAN. RECORDS, LONDON.

DO. No. 88  
*Mr Sandling's Due*

(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				
9.10.18	1 C.C.S.	Lt W L Hand adm	1 C.C.S.	30.9.18	3036.2525 W3054.W6452 W3083.6188 D.O. 126 of 15.10.18 <i>Johnston</i> for Lieut - Col. adq.
2.10.18	3 Can Gen	to G.S.W. L. Hand adm	105 a.y.	1.10.18	
3.10.18	do	Invalided (wd) & posted to 2nd B.O.R.D. Witley N.S. Cambria	3 Can Gen	2.10.18	
10.10.18	3.644. B'logne	Doonell	Field #	2.10.18	Serial Ha. 4621-7 D.O. 241 (34. Bu. D.O. 126 of 15.10.18)
12.10.18	2 B.O.R.D.	L.O.S on furlough from 54. Bu.	Witley	3.10.18	
19.2.19	Ceases to be attached on proceeding to 8 Reserve				D.O. No. 48 of 19.2.19 <i>H. Price</i> Adjutant, Canadian Command Depot,
18.2.19	8th Res.	L.O.S. from 2nd B.O.R.D. Witley		18.2.19	D.O. #49.
31.3.19	"	sol to md 2 Wing Rhyl		1.4.19	D.O. #90 <i>Price</i> ASST ADJT FOR O.C. 8th CANADIAN RES.

(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					

Attached C.C.C.K. P. .... Part  
2 Orders pending transfer to C. E. F.  
Canada.

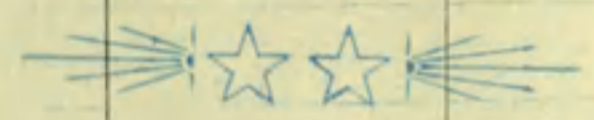
Ceases to be attached on transfer  
to C.E.F. Canada. Part 2 Orders... 91.....

*12/4/19*  
*[Signature]*

Lieutenant for  
Officer Comd'g M. D. 2. C. W.  
Kinmel Park Camp, Rhyl.

Embarked Liverpool SS BELGIC

April 16th 1919



Disembarked Halifax Apl 23/19 \*

*W. Wilson*

Capt & Adj. \*

APR 16 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO

PART II D. O. 120

APR 25 1919 S.O.S. No. 2 District Depot

Part II, D. O. No. .... 120

*[Signature]*  
Lieut.  
For O. C. No. 2 District Depot

Nothing to be written in this margin.



# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.  
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (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.
--	-----------------------	----------------

(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)
---	---	-----------------------------------

(22) Extended { (23) Re-engaged {

(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, Shoering-smith, &c.

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

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

\_\_\_\_\_ Hospital.

Ward \_\_\_\_\_

No. of Bed \_\_\_\_\_

Date \_\_\_\_\_

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
3310027.	Lt Blacklock, R.A.	St. Ban.	L. Hand.

SHORT HISTORY OF CASE.

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

*2. 4/13 injury*

*30.9.18.*

*(C)*

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 22840 *Ant. h.*

*Fract. of 4<sup>th</sup> metacarpal united with some displacement inwards of distal fragment.*  
*No FB.*

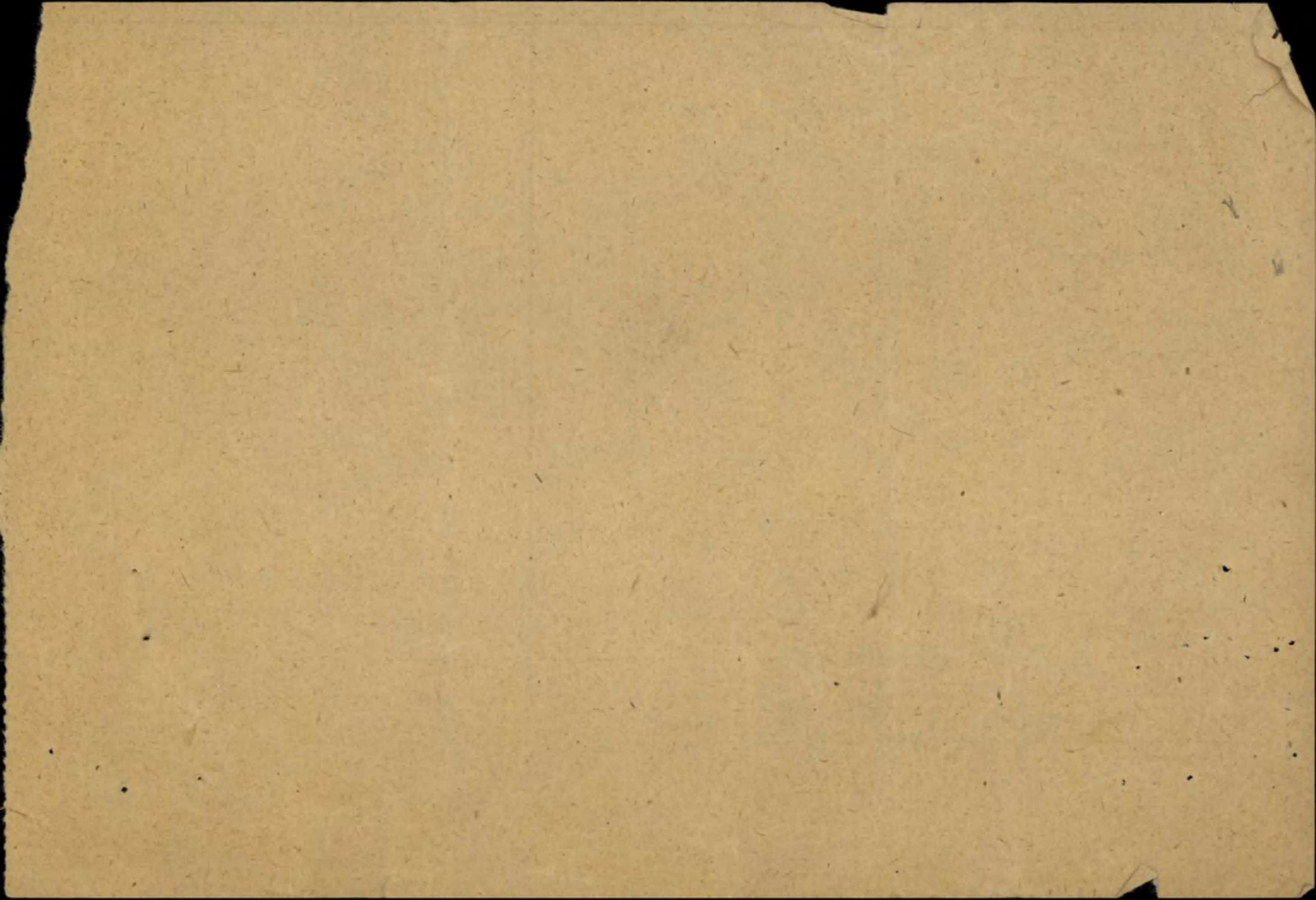
Signature of M.O. \_\_\_\_\_

Date \_\_\_\_\_

Signature of Radiographer *L. J. Bythorn*

Date 2 DEC 1918

CAPT., R.A.M.C., I.F.



*Bas*

Ward E

No. of Bed \_\_\_\_\_

Date 9-18.

Regl. No.	Rank and Name.	Corps.	Part to be X-Rayed.
130246	Pvt Broadfoot	72 Cavalry	

SHORT HISTORY OF CASE.

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

*R leg*  
*? fract. tibia*

REPORT ON RESULT OF X-RAY EXAMINATION.

(To be completed by Radiographer.)

No. of Plate 10835A.  
*fractured part of shaft*  
*Incomplete*

Signature of M.O. *Shurless*

Date 11 Sep.

Signature of Radiographer *Shurless*

Date 13/9/18

th. B. Rank 50

IX III  
IV V

Surname

Christian Name or Names

Reg. No.

Blacklock

N.R.

3310027

Rank

Unit

Plt

2 C.O. 54

Cas. List.

2nd Lt. G.H. Manchester 3.10.18

9.10.18 B338-2

B.W.L. Hand Sgt Rm.

20.1.19 B423

2 Epsom Caval. 16.1.19

7.2.19 B439-2

Discharged 31.1.19

A.M.D. 2 DEPT.

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









LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

B423-2)	Phil. Cow. Epson	16-1-19	gsw. of Hand
B439-2)	" " " Mis	31-1-19	Bullet wd. " "

REG'T'L. No. 3310027

NAME Blacklock Norman Russell

H. Q. FILE NO. 649

RANK AND CORPS Pte. 54-Bu Form 2nd Co. 2nd spg

FOLLOWS  
No. (marked)  
FOLLOWS

CABLE		NATURE OF CASUALTY
No.	DATE	
		not Mrs. Anna Jane Blacklock Campbellville, Ont.
151-5		
N 382	11-10-18	Adm 2 West Gen N. Manchester
H. L. B338	9-10-18	Oct 3rd 1918. Gsw l hand.

16.1.19. wds healed. Hb + L. negativis.  
no disab

27.1.19. D E.

G. O. Ireland.  
Bapt.

D.M.S. 1317. 10M.  
5798-18-3-18.

1.29.69<sup>0</sup>

Convalescent Hospital,  
Woodcote Park, Epsom.

HOSPITAL

A. & D. No.

Ward

I

Unit

54 Can Bu

Sick or Wounded.

Regtl. No

3310027

Pl. of Act'n

2nd W. Y. Mchests

Rank

Pl

Name

Blacklock N.R.

Age

32

Religion

C.E.

Service compl'd

17 1/2

Time with Field Force

4/12

Diagnosis

Gsw. Lt Hand (Flank)

Admitted

15-1-19

Discharged

2<sup>nd</sup> 31-1-19

Transferred

1002. Witty

Record further remarks on back.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

M.S.A. *lo/* SURNAME. *Blacklock*

CARD NO. *J. 2. 1010*  
*25-4-19*  
FOLL. *20120 of 30-4-19*  
*0 250*

CHRISTIAN NAMES *Arman Russel*

REGL. No. *3310027* RANK *Pte*

UNIT *2<sup>nd</sup> Cen. Ont. Regt. 2<sup>nd</sup> Lps. Bn.*

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Blacklock, Mrs. Ann Jane*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *Campbellville, Ont.*

COUNTRY OF BIRTH *Canada* *Hamilton, Ont.* DATE *Jan. 6<sup>th</sup> 1876*

PLACE OF ATTESTATION *Brantford, Ont.* DATE *Jan. 5<sup>th</sup> 1918*

*0/28/3/18 1168*  
*2*

*K/6 25-4-19 311*  
*56 Pte*

DESP. MAR 16 1923  
~~REGN. NO.~~ 2189



CS

YM

Number 33 100 27

Rank

~~Private~~

Surname

BLACKLOCK

Christian Name

Norman Russel

Units

54<sup>th</sup> Bn Can Inf Theatre of War France

Date of Service

21-8-18

Remarks

3

Latest Address

~~38~~

Pearl St N,  
Hamilton

Roll No.

Out

200m. -6-21.

Page 195-76

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# B

7687

Feb. 1918

OVERSEAS CONTINGENTS *Enlisted 5/18*

RATE OF SEPARATION ALLOWANCE

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AUTHORITY FOR NEW ACC'T.

*N.R.*

RATE OF ASSIGNMENT

20.00			
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### PARTICULARS OF SEPARATION ALLOWANCE

No. *3310027*  
 Rank *Pte.* Promoted Reverted Discharge  
 Soldier's Name *Blacklock Norman Russel*  
 Battalion *A. Coy. 2nd. Bn. 2nd. C. O. R.*  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs. Thomas Blacklock*  
 Address *10 Mc Neil St. Hamilton, Ont.*  
 Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Mar 1918</i>	<i>M 77494</i>		<i>40</i>	<i>40</i>	<i>R</i>
<i>Apr</i>	<i>@ 2380</i>		<i>20</i>	<i>20</i>	<i>S</i>
<i>May</i>	<i>E 9098</i>		<i>20</i>	<i>20</i>	<i>S</i>
<i>June</i>	<i>d 17191</i>		<i>20</i>	<i>20</i>	
<i>July</i>	<i>x 31517</i>		<i>20</i>	<i>20</i>	
<i>Aug</i>	<i>B 28941</i>		<i>20</i>	<i>20</i>	
<i>SEP</i>	<i>10 34932</i>		<i>20</i>	<i>20</i>	
<i>OCT</i>	<i>3 46689</i>		<i>20</i>	<i>20</i>	
<i>NOV</i>	<i>B 50293</i>		<i>20</i>	<i>20</i>	
<i>DEC</i>	<i>6 64336</i>		<i>20</i>	<i>20</i>	
<i>Jan 19</i>	<i>D 73961</i>		<i>20</i>	<i>20</i>	
<i>Feb</i>	<i>D 81790</i>		<i>20</i>	<i>20</i>	
<i>March</i>	<i>7 82609</i>		<i>20</i>	<i>20</i>	
<i>Apr</i>	<i>E 3556</i>		<i>20</i>	<i>20</i>	
<i>MAY</i>			<i>300</i>		

*E. W. imball*

M. F. W. 128.  
400M-617-1772 39-1141  
L. L. 2320-M. & D. 7983.

*ch. 5 3/78*

*R. Amstrong*

*M.I.D. 2.* A/c Closed *30/4/19*  
 Ret'd per *Belgie*  
 Date *23/4/19* M.F.W. 187 *2/5/19*  
 Closed *A. J. S.*  
*m. R. D 100 406*

**AUDITED.**

*M. A. D. 19*

*6251515  
L-2R  
51979*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 126.  
 400M-17-1772 33-1141  
 L. L. 22320-M. & D. 1963.

MEDICAL CASE SHEET.\*

100

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	3310027	PL6	Blacklock,	W.R.
Year	Unit.	Age.	Service.	
	54 <sup>th</sup> Bn	32	12/1	

Station and Date.

10 JAN 1919

MC # Chron

27 119

Disease G.S.W. Left hand flesh  
Wound healed, heart & lungs negative,  
no evidence of disability PT2 & 2 D 11.  
Discharged from P.M. for D.

*G. Allan* Capt. C.A.M.C.  
No. 1 Division

86344T 1003 4-9-18  
10-8-18

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their  
 (6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)



\* Strike out whichever inapplicable

ASSIGNED PAY	ENGLAND or CANADA	SEPARATION ALLOWANCE	ENGLAND or CANADA
EFFECTIVE DATE: 1-2-18		EFFECTIVE DATE: -	
AMOUNT: 20 <sup>00</sup>		AMOUNT: -	

NAME: BLACKLOCK Norman Russell  
NUMBER: 3310027

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Thos. Blacklock n/r  
10 McNeil St.  
Hamilton  
(Brother)  
stopped % 1/4/19

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.6 ban		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT: 2nd Dep Bn - 2nd BOR  
DATE ACCOUNT FIRST OPENED: 1-3-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
			8th Res Bn
	1-9-18	219.18	54 Bn

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>8/7/19</del>	<del>ours</del>	<del>Witley</del>	<del>14.60</del>				

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
L.P.6 ban	1-	-	10	

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans. to ban. 1/4/19 N.P. B. 4521 Witley to Witley - M.D. a. 13/3/19 } R.O.C. Cr. 23.39

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
March 31st	Balance forward								16 13		
April	Ptes Pay	33 00		AR 180 12/4/18 8 Res ✓ 4 87				20 -			
				✓ 1 1/3/18 Halifax ✓ 5 00							
				✓ 737 28/3/18 8 Res 4 87							
		33 00			14 74			20	14 39		
May	Ptes Pay	34 10		AR 1080 12.5.18 ✓ 4 87				20			
				✓ 1385 16.5.18 ✓ 14 60							
		34 10			19 47			20	9 02		
June	Ptes Pay	33 00		AR-2260-13/6- ✓ 2 43				20			
				✓ 2605 26/6/18 ✓ 4 87							
		33 00			7 30			20	14 72		
July	Ptes Pay	34 10		AR 2897 10/7/18 ✓ 4 87				20			
				✓ 3396 26/7/18 ✓ 2 43							
		34 10			7 30			20	21 52		
Aug	Ptes Pay	34 10		AR 3664 11/8/18 ✓ 7 30				20			
				✓ 3970 17.8.18 ✓ 4 87							
		34 10			12 17			20	23 45		
Sept	P.P.	33 -		A.P.				20			
				A.R. 1154 7/9/18 11 G.S.B. - 3 57							
				" 1200 17/9/18 II - 3 57							
		33 -			7 14			20 -	29 31		

Carried forward

NUMBER 3310027 RANK

Plt NAME BLACKLOCK N.R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Brought forward								29 31		
	Plt's Pay	34 10		AP				20	43 41		
		<del>34 10</del>						20			
Nov	Plt's Pay	33		at				20			
				Ab.R. 51907 15/11/18. Lt. J. H. McHenry	9 73						
Dec		34 10		at P.				20			
				Ab.R. 59700 19/12/18. " "	9 73				51 05		
Jan		34 10		at P.				20	65 15		at ahead 3/1/19
		101 20			19 46			60			
Feb		30 80		at P.				20	75 95		
	12 Days Sick Furlough 31/1/19 - 12/2/19	8 76		A.R. 6864. 31-1-19. Sp. Av. 24 33 ✓	24 33						
	D.O.S. 7-2-19. I.C.C.D.			B.P. 21243 ✓ 45-0-0	24 33						
March	Plt. Pay	34 10		A.R. 11287 13-2-19 1st C.C.D.	9 73				26 32		
				at P.				20	40 42		
				A.R. 8145. 20-2-19. 8 Res.	2 43				37 99		
				" 8418. 8-3-19. ✓	14 60				23 39		
		73 66			75 43			40			
April				194 H.H. 19. K.P. Endorsed ①	9 73				13 66		
					9 73						

checked  
at length  
12/2/19

8080 Canada H 44 16/4/19

# DISPERSAL "J"

AUDITOR *[Signature]* PAYMASTER

*B4398*

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

REGT. No. *3510027* RANK *Pte.* NAME (IN FULL) *BLACKLOCK N.R.R.*

M. & R.S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN							
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
						<i>38 Pearl St N. Hamilton Ont</i>	
IS SEPARATION ALLOWANCE PAID	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
<i>nil</i>					<i>5/1/18</i>		
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY	DATE EFFECTIVE	
					<i>20<sup>00</sup> closed 30-4-19 by Ottawa</i>		
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Thos Blacklock</i>		
					ADDRESS		
					<i>10 M<sup>e</sup> Milb St</i>		
						<i>Hamilton Ont.</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE	DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
						<i>Hamilton</i>	<i>25-4-19 Demob. D.O. 120</i>

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
			\$	C.																				\$
<i>31/3/19</i>					<i>23</i>	<i>39</i>																<i>23 39</i>	<i>Balance b/f</i>	
<i>31/5/19</i>	<i>31</i>	<i>10</i>	<i>34</i>	<i>10</i>																			<i>Endorsed</i>	
					<i>35</i>	<i>00</i>																	<i>Paid 1-4-19 1-5-19</i>	
					<i>70</i>	<i>00</i>																	<i>1st pay W.S.G.</i>	
									<i>4</i>	<i>87</i>	<i>5</i>	<i>00</i>			<i>40</i>	<i>00</i>							<i>A.P. April &amp; May</i>	
									<i>102</i>	<i>89</i>										<i>162</i>	<i>49</i>		<i>Travel &amp; Boat</i>	
															<i>70</i>	<i>00</i>							<i>70<sup>00</sup> W.S.G. as above</i>	
					<i>20</i>	<i>10</i>																	<i>6<sup>00</sup> 6<sup>00</sup> Dep. P.M. expenses</i>	
																							<i>20<sup>00</sup> G.P. pay</i>	
<i>122 Dya</i>			<i>W.S.G.</i>																				<i>eng. in error</i>	
			<i>280</i>	<i>00</i>																<i>76</i>	<i>60</i>	<i>223</i>	<i>40</i>	<i>Due Soldier</i>
					<i>300</i>	<i>00</i>																	<i>1st W.S.G. Paid by #2 D.D.</i>	
																							<i>May 20 21 53 71 70</i>	
																							<i>June 20 663 671 70</i>	
																							<i>July 19 71 181 70</i>	
																							<i>Aug 19 134 146 13 40</i>	
			<i>280</i>	<i>20</i>		<i>300</i>									<i>293</i>	<i>40</i>		<i>6</i>	<i>60</i>	<i>300</i>			<i>W.S.G. PAID IN FULL</i>	

BALANCE FROM PREVIOUS ACCOUNT

T.O.S. *16/4/19* D.O. *120*  
SUBS. TO D.O.

*[Signature]* CAPTAIN  
FOR PAYMASTER WAR SERVICE GRATUITY



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

WAR SERVICE BADGE CLASS A 154324  
 M.D.2  
 SERVICE GROUP 31 SHORT FORM.  
 PROCEEDINGS ON DISCHARGE.  
 OCCUPATIONAL GROUP 13 (Demobilization.) A.

Hamilton  
 Brothers  
 Machinist

1. No.	3310027.	
2. Rank.	pte	
3. Name.	Blacklock Norman B	
4. Unit.	8th Res 2nd C.O.P.s	
5. Date of Discharge	APR 25 1919	Place HAMILTON, ONT.
6. Reason for Discharge	DEMOBILIZATION	
7. Authority.	No. 2, D.D., Part II, D.O. No. 120	
8. Proposed Residence after Discharge	35 Pearl St Wth Hamilton Ont	
CERTIFICATE TO BE SIGNED BY SOLDIER.		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
M. F. W. ?		
Norman Russet Blacklock		
Signature of Soldier.		
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place	HAMILTON, ONT.	
Date	APR 25 1919	
Signature	[Signature]	
(O. C. Discharging Unit.)		

Embarked Liverpool SS BELGIC  
 April 16th 1919  
 Disembarked Halifax Apr 23/19  
 Capt & Adj.

Date 14 APR 1919