

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

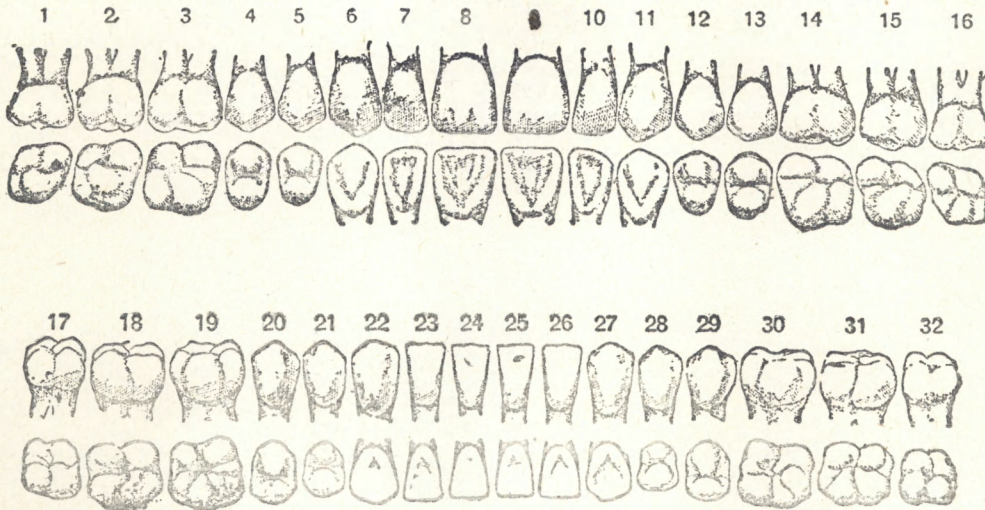
DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) BLINKO A. R.

REGIMENT 1st Res. RANK Lieut. No. _____

Date of Examination in England 1/5/19. 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 _____

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES _____

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

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

Douglas Brown
Capt

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.

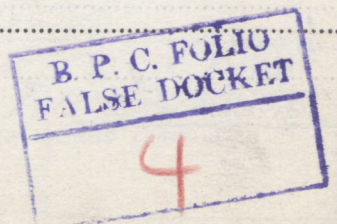
STATION CC. of H. Montreal Bath DATE 24-3-19

1. 1 (a) Unit 29th Can. Battl. (b) Regimental No. _____ (c) Rank Lieut.
 (d) Surname Blinko (e) Christian name Alfred Ralph
 (f) Home address Shaughnessy Heights, Vancouver B.C.
 (g) Next of Kin Mrs. S.A. Blinko (h) Relationship mother
 (i) Address of Next of Kin Shaughnessy Heights Vancouver B.C.
2. Age last birthday 24 Date of birth Sept. 29. 1894
3. Enlistment, or Appointment (if an Officer) (a) Place Vancouver B.C. (b) Date 8-4-15
4. Personal description: Slender
 (a) Height 5' 11 3/4" (b) Weight 168 (Est) (c) Complexion medium
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Birthmark at left side of neck
professional golfer
5. Former trade or occupation _____

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 <u>3 11/12</u>	Days <u>17</u>
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	PERIODS	
	From	To
(Officers statement)		
Canada	<u>8-4-15</u>	<u>5-5-15</u>
England	<u>{ 30-5-15</u> <u>8-11-16</u>	<u>14-9-15</u> <u>28-3-15</u>
France or other theatres of War	<u>{ 14-9-15</u> <u>28-3-15</u>	<u>5-11-16</u> <u>16-2-19</u>

7. Original disease, or injury Dermatitis
 (a) Date of origin 4-12-18 (b) Place of origin Germany
 (c) Cause Infection



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

(Dermatitis)
No disability.

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.)

General condition good. Well nourished and good color. Skin clear. Slight humic murmur over precordium. No cardiac symptoms or evidence of heart trouble.
Feels well and has no complaints.

(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		

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

M.C.S. - To 44th C.C.S 4-12-14 Eczematous condition calf of left leg. To 20th Gen. Hosp. 21-12-18 Under treatment, two months. To Royal Hubert Hosp. 16-2-19 Practically cleared by 19-3-19 To C.C.H 22-3-19 no disability.

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).)

Starts

M.H.S. Fracture of right elbow accidental Sept. 1916. Recovered with no disability.

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

No.

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

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

N.A

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

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

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? *No appreciable disability*

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

Local treatment and rest.

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. *No contra-indication to general service*

J. J. [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).

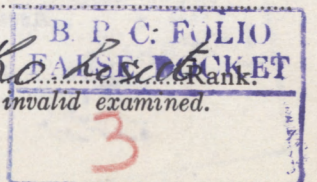
I, the undersigned, *Lieut. A. R. Blinko*, have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of.....

[Signature]

A. R. Blinko

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.

The board concurs.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A)	(Yes or No.)	<i>Yes</i>
(" B)	(Yes or No.)	} <i>N.A.</i>
(" C)	(Yes or No.)	
(" D)	(Yes or No.)	
(" 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.)

It is fit for general 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.

PLACE *C.C.H. Metchuk Bath*

DATE *24.3.14*

Shannon Noel Come President.
W. J. ...
John ... Cpt. Come Members

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

APPROVED BY

Assistant Director of Medical Services.

Director-General of Medical Services.

DATE.....

DATE.....

I concur in the findings of the Board of Medical Officers here recorded.
Captain, B.A.M.S. for Canadians, D.M.S.

Name, Blinko,
A.

Military Medal.

Rank, Corpl.
76355.

Auth. L. G. 29780.

Unit. Can. Inf.
29th Battalion

Date. 11-10-16

SURNAME:

Blinko

M.M.
X. 9. 29/180

JII CARD NO.
8809

CHRISTIAN NAMES

Alfred

REGL. NO. 76355

RANK

Rt. Lieut.

RO 2098
Demol. 24-5-19
Temp. Lieut. 24/3/18
Turner 2896
Batt.

UNIT 29th

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Blinko, Mrs. S. A.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Enfield, M'sex., Eng.

COUNTRY OF BIRTH

England, Enfield, M'sex.

DATE

Sept. 29th 1890

PLACE OF ATTESTATION

Vancouver.

DATE

May 11th, 1915.

Sailed from Montreal Per

S.S. Mississinabie 20-5-15
R/L 16-5-19 324 Lieut.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Professional Golfer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

24

YEARS

7

MONTHS

HEIGHT

5

FEET

10

INCHES

CHEST MEASUREMENT

33 1/2

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Ruddy

EYES

Blue

HAIR

medium

DISTINGUISHING MARKS

4 Vacc. marks on rt arm - 4
Vacc. on left arm.

MEDICAL EXAMINATION.

PLACE

Vancouver, B.C.

DATE

May 1st 1915.

awarded "Military Medal" 107076 Auth LG. 117076

Number

Rank

Lieut

B

Surname

BLINKO.

Christian Name

ALFRED. RALPH.

V

Units

Theatre of War

France

Date of Service

20-5-15

17-9-15

10-5-19

Remarks

A.R.

Latest Address

Shaughnessy Heights Golf Club

Vancouver B.C.

Roll No

B. Page 9930.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

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

A.G. 10425-5M.

6055-8-12-17.

m.m.

Name Blinko A.R.

File No. 8-13-1767

Regt. No. 76355

Rank apsgt

Unit B.C. Regt.

Sent to W.O. 5/4/18

List No. 365

Action taken Lo be sent

Effective 24/3/18

Gazetted date 13 APR 1918

No. 30628

Page 4497

G.O.G. Orders

No.

Date

Checked by

Date

Name Blinks^o. ~~Alfred~~ Rank L/Cpl.

Reg. No. 76355

Unit ~~29th. Battalion.~~ ^{Alfred} 6th Bde M.G. Coy.

*2nd Division
Civil Medal*

Next of Kin Mrs. S.A. Blinks 142. Lancaster Rd Enfield
(Mother) Middlesex. England

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
15-11-15.	6th Can Field Amb	Trench Feet	84.			
18-11-15.	Div Rest Stat	2nd Can Div	Do.	84.		
24-11-15.	Rejoined Unit.		Do.	90.		
19-8-16.	3. Scottish Gen Hosp	Glasgow	G.S.W. Fract	B127.		
	do Reptd....		Rt Elbow Slt.	B127.	ML1578	22-8- 23-8-16
12-9	KCRCH Bushey Pk.	Frac.	R. Elb. Slt. Acc.	B72		B83/15-9
16-10	Discharged		do	B109		

NAME

Blinky Alfred

H. Q. FILE No. 649-

REGT'L. NO.

76355

RANK AND CORPS

Lt Cpl.

29th. Batt.

CABLE

NO.

DATE

(From 75th Bn)

NATURE OF CASUALTY

NO.

1764

FOLL. XX

M 11578

22-8-16.

Adm. to 3rd Scottish Gen.

Hosp. Glasgow Aug. 19th 1916.

wounded right arm fractured. ✓

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
84.(1)	No 6 Cav. Gld. Amb.	15-11-15	Trench feet.
84.(1)	2nd. Cav. Div. Post Station	18-11-15	" "
90(1)	Qc. 29th Batt rep. Rejoined unit.	24-11-15	Trench feet.
B127	3rd Scottish Gen., Glasgow	19-8-16.	G.S.W. Fract. R. Elbow Sgt.
B72	3rd Scottish Gen., Glasgow	19-8-16	G.S.W. Fract. R. Elbow
B83	To Kemplan X Bushy Park	12-9-16	Fract R. Elbow Sgt. (Accid)
B109	Dürch " " "	16-10-16	" " " "

Deleted as per H. L. B. 130.

NAME

"m.m"
B Linker a. R.

REGT. No.

RANK AND UNIT

Lieut 29th Par.

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

1168-1.

20. ^{N.S.} Gen Comiers 16-12-18. Dermatitis

1219.

Royal Herbert: Woolwich ~~16-1-19~~ 16-2-19 as per 1243

1247.

Com. Com Officers: Matlock 23.3.19.

1252.

Disc. 31-3.19

Name **BLINKO Alfred** Rank **L/Cpl.**

Reg. No. **76355**

Unit **29th Battn.**

Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<p>For further Cas. see 6th Bgde. Mach. Gun Comp.</p>						

No. *76350* RANK*Plt*

NAME

Slinko Alfred.

T. O. S.

UNIT

29th Battalion

M. D.

*11*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

<i>1915 May 1</i>	<i>1915 May 31</i>	<i>e</i>		
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UNIT SAILED
MAY 20 1915

M M

Name BLINKO

Lieut

A Fred

Rank
Ralph

Reg. No.

Unit

29th Can Battrn

Next of Kin Mrs S. A. Blinko (mother)

142 Lancaster Rd
Enfield
Middlesex

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
10-12	57th COS	40384	Dermatitis			
16-12	20 Gen Hos Camiers (100)		It Leg	1168		
16-1-19	Royal Herbert Hos Woolwich			1218		
16-2-19	corret dis permission			1243		
23-3-19	ban leave off Hosp Mallock 7001			1247		
31-3	Discharged 7003			1252		

Surname	Christian Name	Serial No.
BLINKO	A. R.	
Rank	Unit	
Lieut.	29th.Batt'n.	
Medical Board held at	Date	Condition found by Board
Matlock Bath	24-3-19	Dermatitis.
Fit for General service.		

Remarks.

Surname
BLINKO
Rank
Lieut.

Christian Name
A. R. (MM).
Unit
29th Batt'n.

Casualty List	No.20 General, Camiers 16-12-18
19-12-18/1168.	"Dermatitis". <i>a</i> 16- 1 ² -19,
19-2-19/1218-2	H.S. Royal Herbert, Woolwich
20-3-19/1243.	note. (Date).
25-3-18/1247.	C.C.O.H. Matlock Bath 23-3-19
31-3-19/1252-2.	Discharged:-31-3-19

A.M.O. 2 DEPT.

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

Surname *Blinks* Christian Name or Names *A.* Reg. No. *76355.*
 Rank *Pte.* Unit *29th Batt.* Co. *2 C.D.* Troop *Machine Gun Cos.* Batty.
 Hospital *No 6. Can. Field Amb.* Date of Admission *15. 11. 15.*
 Transferred *3rd Scot. Gen. Glasgow* Hosp. *19. 8. 16*
 Hosp.
 Hosp.

Diagnosis *Fract. Forearm*
 (1) *Open frac Rt. Elbow ser.*
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnoses: if more than one state present

DISPOSITION *Transferred.* *18. 11. 15.*
Rej. Unit! - 24. 11. 15 -
 Date

REMARKS
L.L. 29. 11. 15 #84
" 6. 12. 15 #90 *O/C. Batt. Rpts.*
" 23. 8. 16 B127.
C.L. 26-8-16 B 130 note. notified on C. List
26. 8. 16. B72. of 29 Batt. B127. 23/8/16

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

B.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname

Christian Name or Names

Reg. No.

Blinko

A.

46353

Rank

Unit

Co.

Troop

Batty

7cpl

2 Div M G Co

Date of Admission

Transferred

3 Sect. Gen Glasgow

Hosp.

19. 8. 16

Kings Can Red X Busley

Hosp.

19. 9. 16

Ontario and Orington

Hosp.

Hosp.

Diagnosis

*S. wa frac R. Elbow
(accidental)*

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

CP 26.8.16 B472

Dis 16.10.16

REMARKS

" 15. 9. 16 B83

" 20. 10. 16 #B1109

A.M.D. 2 DEPT.

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

W/R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ASSIGNED PAY.

as Sgt. 76355.
in [unclear]

UNIT.

RANK.

mess

NAME OF RATE OF P. AND A.

DATE AUTH.

Beneficiary

Address

Amount. \$

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

1st Regt
29 B =

Pay \$ 2⁰⁰ Pd
F.A. \$ 0⁶⁰
Messing \$ 1⁰⁰

Leut

30³/₁₈ Dec 36
246 B.

add: Outfit all = 24³/₁₉ \$ 100

DATE

PARTICULARS

OK. NO.

CR.

DR.

ASSIGNED PAY PAID IN CANADA

BALAN

1918

918-19

1919-20

Apr 1 bank acce 14373

" " Outfit " 16331

20 P.A. fr 24-31³/₁₈ Mess fr 30-31³/₁₈ fr P.I. 142-21. No 1243. 22 80

20 do do Bank 730. 165 01. 142

20 Pay R. 108 -

" 22 Bank 0959. 108 - 142

25 Credit Bal fr Pay II. 23³/₁₈. No 235. 142 21

May Pay R. 111 60

" 22 Bank 2474. 111 60

June Pay R. 108.

22 Bank 4063. 108.

July Pay R. 111 60

Bank 5404. 111 60

Aug Pay R. 111 60

Bank 6952. 111 60

Sep Pay R. 108.

Bank 8930. 108.

Oct Pay R. 111 60

Bank 10667. 111 60

Nov 6 Adv. P. & A. " 11364. 48 67

13 Jo R. Clk 25¹⁰/₁₈ fr 12-19. 6. Lnt 64 Nov. No. 633. 63 15

14 " 1/2 Gen 25¹⁰/₁₈ fr 8-11. Lnt 71. Nov. No. 892. 1 95

27 Pay Req. adj from 12/9/18 140 -

Bank 12623. 26 23

Go next page

Y.

as Sgt 76355.
in uniform

UNIT.

RANK.

mess

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

1980 14

1st Res Bn
29 B =

Pay \$ 2⁰⁰ Pa
F.A. \$ 0⁶⁰
Messing \$ 1⁰⁰

Lieut

30³/₁₈ Dg. 365-5⁴/₈
L46. B. No 1243.

Name Glinko
Initials Alfred Ralph
Bank of Montreal
Trafalgar Sq

advance issued. Yes or No.....

add: Outfit all = 24³/₁₉ \$ 100

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

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

INITIALS

918-19

1919-20

at Alice

14373

fi

16331

9-0-0 } 750⁰⁰
42-7-5

to 24-31³/₁₈ Mess for 30-31³/₁₈ for P. 142-21. No 1243.

22 80

to Bank 730.

165 01

142 21

R.

108 -

Bank 0959.

108 -

142 21

at Bal for Pay II. 23³/₁₈.

No 235.

142 21

R.

111 60

Bank 2474

111 60

R

108.

Bank 4063.

108.

R.

111 60

Bank 5404

111 60

Y R.

111 60

Bank 6952

111 60

Y R.

108

Bank 8930

108

ay R.

111 60

Bank 10667

111 60

du. P. & A.

" 11364

48 67

to 25¹⁰/₁₈ to 12-19-6. L464 Prov. No. 633.

63 15

111 82

to 25¹⁰/₁₈ to 8-1-17. L464 Prov. No. 892.

1 95

Req. adv from 12/9/18

140 -

26 23

Bank 12623

26 23

to next page

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

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

29 Bw.

Pay

F.A.

Messing

LT

Name

Initial

Bank

P. Bl...

Alfred

M...

Trafalgar

Add outfit all ^{ee} = 24³/₁₉ / 100.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITY To be initialed by P.M. in ev
1918						0	
Dec 5	<i>Wp cheq 317.3813/1323⁰⁰ 100 for Hd Cash 30W 758. Bank of Montreal</i>	13167		18 80			
11	<i>Local. In ltr. 8/11/14. 1. 1st 5. Dec.</i>	96		19 71			
	<i>Pay R.</i>		124				
1919							
Jan 21	<i>Pay (R) Can.</i>	13485		85 49		0	
			124				
	<i>Bank</i>	15442		124		0	
	<i>Feb</i>		112				
20	<i>Pay (R) Feb</i>	17006		112		0	
	<i>Bank</i>		124				
22	<i>Mar</i>	18394		124		0	
27	<i>Add. Outfit allee.</i>	434	100				
27	<i>do</i>	18807		100		0	
		18394					
Apr	<i>Pay R</i>		120				
15	<i>Advance apr Pa 15</i>	526		73			
	<i>Bank</i>			47			
24		1004					
29	<i>Advance May Pa</i>	1252		124		<i>Dr 124</i>	
May 16	<i>Pay (R)</i>		124				

*Retd to ca
L.P. 31/5/19
L.P. N. E. Lee
From ledge*

UNIT.	RANK.	NAME.
NAME OF	RATE OF P. AND A.	DATE
29 Bvt.	Pay	
	F.A.	
	Messing	

Name *Plinko*
 Initials *Alfred Ralph*
 Bank *Bank of Montreal*
Trafalgar Square

Add Oupst all = 24³/₁₉ / 100.

CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
<i>13167</i>		<i>18 80</i>		0		
<i>13167</i>		<i>19 71</i>				
<i>13485</i>		<i>85 49</i>		0		
<i>15442</i>		<i>124</i>		0		
<i>17006</i>		<i>112</i>		0		
<i>18394</i>		<i>124</i>		0		
<i>18807</i>	<i>100</i>			0		
<i>18394</i>		<i>100</i>		0		
<i>526</i>		<i>120</i>				
<i>1004</i>		<i>173</i>				
<i>1252</i>		<i>47</i>				
		<i>124</i>		<i>Dr 124</i>	<i>Retd to Can</i>	
					<i>L.P.C. to 31⁵/₁₉ (Seaford)</i>	
					<i>L.P.C. to N.E. Ledger 12.</i>	
					<i>From Ledger 14. 12⁶/₁₉.</i>	

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

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	REGT. No.	ORIGINAL UNIT C.E.F.
NEXT OF KIN		English R.P.C. 207 to	31.5.19			1st Res
ADDRESS						PLACE OF ATTESTATION
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE					DATE OF ATTESTATION
TO WHOM PAID	RELATIONSHIP					ASSIGNED PAY \$
ADDRESS						PAYABLE TO
						ADDRESS
						STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
						DISCHARGED
						PLACE

Olympic May 10/may 16/1919.

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		
	NO. OF DAYS	RATE	AMOUNT	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	
								NO.	DATE	NO.	DATE	NO.	DATE							\$
31.5.19	300							15.5.19												
<p>Certified that all payments have been made on this account for which covering authority has been received to date.</p> <p><i>A. H. L.</i> Lieut., Paymaster, Demobilization Pay M.D. No. 11</p> <p>War Service Gratuity Service 3 years 3 months</p>																				
183 days	549					549 00		June 23	810628				50 00							
								July 24	825972				90							
								Aug 24	1148081				93							
								Sept 24	1568832				90							
								Oct 24	1599812				93							

BALANCE FROM PREVIOUS ACCOUNT

R.M.

A.O. Palmer

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

A. J. Brown Capt.,
Officer i/c War Service Gratuity
M.D. No. 11

549 00

Rank *Pvt. Lt. Cpl.* Name

BLINKS Alfred.

Reg'l No. **76355.**

Unit **29th Bn.**

If in perm. Corps,
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Vancouver. B.C. May 1st 1915.**

Place of Birth **Enfield. Middlesex**

Name and Address, Next-of-Kin **Mrs S.A.Blinks. Enfield. Middlesex. Eng**

Relationship **Mother** **20 SEP 1918**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.					
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date											
<i>1915</i>																						
<i>June</i>																						
1	30	30	1	30	30	10	3	10	43	25	15 th	10	✓				10 ⁰⁰ Clothing Repair					
										71	30 th	15	✓	13	30	28	30	14	70	AWL 3 days ¹³⁰ 1900		
1-4-15	31-7-15	31	1	31	31	10	3	10	14 40	102	15 th	10	✓									
										148	31 st	25	✓			35	13	80		Promoted 1/1/16 ^{BD 2248} but unpaid as owing to excess establishment		
<i>Adjustment Exchange</i>								1	60	1	60							1	60			
1/8/15	31/8/15	31	1	31	31	10	3	10		49 50	189	15 th	24	35				36	52	12	98	
1/9/15	30/9/15	30	1	30	30	10	3			33	313	30 th	5	35				5	35	40	63	
1.10.15	31.10.15	31	1	31	31	10	3	10		34	10	379	3 rd	4	36			11	34	63	39	
1.11.15	30.11.15	30	1	30	30	10	3			33		528	12	3	57			3	57	92	82	
1.12.15	31.12.15	31	1	31	31	10	3	10		34	10	590	6	12	21			12	21	114	71	
1.1.16	31.1.16	31	1	32	31	10	3	10		35	65	763	15	3	49			19	19	131	19	
												713	15	15	70							
<i>July</i>	1-29	29	1 ⁰⁰	3190	29	10	290	10	35	898	29	849	15	3	49			10	47	165	85	
										798	1	798		3	49							
<i>March</i>	1-31	31	1 ⁰⁰	3410	31	10	310			3720	965	25	6	98				10	47	192	58	
				312.55			30.50	21.95	365.00					169	12			3	30	172	2192	58

Checked *[Signature]*

BALANCE TRANSFERRED TO NEW LEDGER.

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

S
Enfield Middlesex.
M^{rs} S.A. Blinko.
Enfield Middlesex England.
Mother.

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To be Lt Col without pay in excess of establishment	26.7.15	PHOT 224
Prom Capt	5.10.15	" " 7 of
App ⁿ of Sgt with pay	19-8-17.	" " 226.

ADMISSIONS TO HOSPITAL, &c.

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

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	No. OF DAYS	RATE	AMOUNT \$	C.	No. OF DAYS	RATE				AMOUNT \$	C.	No.	DATE	No.	DATE
1916															

P.830-25M-21-2-18.

LAST PAY CERTIFICATE.

PARTICULARS.

- L.P.C. Issued, date 17/4/18
- Authority Comman Coy 46 List B.H.B. 9/4/18
- Discharged to Comman Coy 46
- Pay Book Verified 17/4/17
- Balance shown on L.P.A. \$ 142 21
- Balc. shown on Ledger Sheet \$ 142 21
- Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit
		<i>Me</i>		

365
36
3720
36
3720
24 00
53 50
13 20
36
3720
36
3720
20 42 40
33 60

1055 1A-4 1105 20-4
1123 1A 1A
1265 16/6
1220 2/6
1284 3/6 1374 12/7
1391 29/7
1387 29/7
2821 18/10
170 31/10 K.R.C.
F831 22/10 1712 4/10
804 3/12 145 16-11 1627 28-9
210 28/12 248 5-1
354 29/1 K.T.B.

K.R.C.
1465 12/9
2234 19/9
1486 19/8

- Ass'd Pay Cancelled A3M forms rendered
- Sep. Allow. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Albraw
Certified Correct.

J. S. ...
Officer i/c Group "A."

MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
To be Lt Col without pay in excess of Prov Corp's establishment	26.7.15	PH 224
	5.10.15	" " 7 of 7
Appnt of Sgt with pay	19-8-17	" " 226

ADMISSIONS TO HOSPITAL, &c.

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

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS							
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE	AMOUNT					1		2		3			
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE		
1916																							
Apr. 1-30	30	1 ¹⁰	33		30	1 ¹⁰	3								21 95	365							
May 1-31	31	1 ¹⁰	34 10		31	"	3 10								37 20		1065 1A-4	1105 20-4	FC 3 5/5				
June 1-30	30	1 ¹⁰	33		30	"	3								36		1265 16/6	1220 2/6					
July 1-31	31	1 ¹⁰	34 10		31	"	3 10								37 20		1284 3/6	1374 12/7					
Aug. 1-20	20	"	22		20	"	2 00								24 00		1391 29/7	1387 29/7					
21/8-31/8	11		12 10		11		1 10								53 50								
1-30/9	30		33		30		3								18 20						K.R.B. 1465-13/6 2234 19/6 1486 19/8		
1/10-31/10	31		34 10		31		3 10								37 20		2821 18/10						
1/11-30/11	30		33		30		3								36		970 31/10	K.R.C. →					
1/12-31/12	31		34 10				3 10								37 20		F831 22/10	1712 4/10					
1-31/1/17	31	1 ²⁰	37 20												520	42 40	804 30/12	451 16-11	1677 28-9	1518 30-9	1799 12-10		
Feb			33 60												33 60		N 4	210 28/11	248 5-1				
			743 85																354 29/1	K.T.B.			

PROMOTIONS, &c.

EFFECTIVE DATE	AUTHORITY
26.7.15	PH 224 26/7/15
5.10.15	" " 7/7-2-16
19-8-17	" " 226. 19/8/17

HOSPITAL, &c.

NAME OF HOSPITAL

REG'L. No. **70355** RANK *Spl.* NAME **Blinko Alfred** 38

IF IN PERMT. CORPS } UNIT **29th Bata** TRANSFERRED TO **C.B. Co.** DATE **21.8.16** AUTHORITY **P127. 23.8.16**

PERMANENT FORCE ALLOWANCES TRANSFERRED TO **2nd Gen** DATE **31/5/17** AUTHORITY

PLACE OF ATTESTATION **Vancouver B.C.** TRANSFERRED TO **2nd Gen** DATE **11/8/17** AUTHORITY **AR**

DATE OF ATTESTATION **May 1st 1915.** TRANSFERRED TO **BLERD** DATE **11/1/17** AUTHORITY

ASSIGNED PAY MONTHLY \$ **Nil** DATE EFFECTIVE **1/1/18** " **Comm B.E.T.** DATE **1/2/18** AUTHORITY **1/4/18**

PAYABLE TO _____ RELATIONSHIP **20 SEP 1918**

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

PAYABLE TO _____ RELATIONSHIP _____

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

DISCHARGE DATE AND PLACE **23-3-18. England.** REASON AND AUTHORITY **Comm Om Hb Auth List B46. 9/4/18.**

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

ACQUITTANCE ROLLS

ACQUITTANCE ROLLS						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
2		3		4		1	2	3	4				CREDIT	DEBIT				
No.	DATE	No.	DATE	No.	DATE													
												172 42	192 58					
1105	20-4					3 49	3 49					6 98	221 60					
						3 41		9733	6327			164 01	9479					
1265	16/6						5 11					10 22	120 57					
1220	2/6						5 11					10 34	147 43					
1374	12/7					5 11	5 23					1832	153 11					
						524						38 229						
						13 08							166 31					
								2 43				7 14	195 17					
								2 43				2 43	229 94					
								2 43				8225	183 69					
						487	1460	973	1730	487		150	4530	175 59	198			Inspects 1 day pro. 20509 18/11/16
								243	973			120	1338	204 63				2.3.2.11.16 to 12.11.16 20.8.1916
								487		39			526	2297				auth 1 day 13-11-16
						11793	5543	121 02	68 53									NO 22 1222 14/11

Small Ledger Sheet

76355, CPL. BLINKO. A

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3
			\$	c.						\$	c.	NO.	DATE	NO.	DATE	NO.	DATE	NO.
1917													11793	5543	12102			
March 31	1 ²⁰	37	20					37	20					511				
April 30		36						36						973				
May 30		36						36						487	487			
May 1		1	20					1	20					747				
June 30	1 ²⁰	36	-					36	-					243				
July 31		37	20					37	20					754				
Aug 10		12						12						767				
Sept.		25	20					25	20					767				
		33						33						985				
		1000	65					1000	65					15066	8499	12589		

747 CCD 1/3
 683 " 7/13
 633 19359 CCD 1/3
 408 CCD 1/3
 10.2 CCD 1/3

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. RED. PAY	SEP. ALLGE. ENG.	MONTH	PARTICULARS	CR. 1
1917									42261					
Oct.	Sept. pay		37	20					45981			Feb	Sept. P	37
			37	20										33
			36											33
Nov.	Sept. pay		36		AR 987 1 st Res	31/10		973				Mar		37
					✓ 980	✓ 26/10/17		1460						30
					✓ 933	✓ 15/10		1217						30
					✓ 1042	✓ 15/11		973						65
					✓ 408	✓ 15/6		1947						10
					✓ 609	✓ 30/7		2433						2140
					✓ 524	✓ 12/7		2433						
					✓ 737	✓ 31/8		1947						
					✓ 476	✓ 30/6		1947						
					✓ 808	✓ 15/9		1947						
					Q4005 #172	25/10		132						
					ON AR 697 Seaford	15/8		1946						
					AR 1091 1 st Res	30/11		973						
					AR 1136 1 st Res	6/11		1217						
					AR 1193	2/12		1947						
								3164						
Dec	6. p.		37	20					32973					
			73	20										
Jan/18.			37	20										

Credit 30% on in
 debit 1 day from 19/11/17
 #130 debit at 130.3
 Under/credited diff
 between Che. 50% pay
 19/11/17 23/11/17
 217 days @ 30% 6510

12480

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			
5543	12102	6853								
511					32	23817				
973					243	27174				
487						30774				202 CCA
742	487				1521	29373				
243					767	32206				
						35926				203 BPD 11/8/17
						37126				
						39646				
					985	42261				
8499	12589	4853								

DEBITORS	CR1	CR2	PARTICULARS	DR1	DR2	DR3	DR4	BALANCE	DEFERRED PAY ENG.
				3164					
			Dr. ad 8/2. 29. 1st les.	1948					
			ad 1258. 1st les 3/12.	4867				26714.412 ⁵⁰	
				9979				30074.429 ⁰⁰	
3720									
3360									
3360									
3720			Dr. 3583 B. Hill 4/2/18	3893					
30			13886 .. 8/3/18	2433					
			EPM. Pen 11/96 28/3/18	12167					
			Dr. 4009. B. Hill 6/3	73					
			12375 .. 3/1/18	973					
			12094 .. 7/1/18	487					
			Overcredited by allow in Jan 1917 of 452 sh. be			40			
			Overcredited pay as cpe 24/3 to 31/3 = 8 days @ 120			960		14221.471 ⁸⁰	
12450				27253		10		14221	
			N. d. P. 6 Bal. 23/3/18	14221					
				14221					
				1005	67				
				169	12				
				1174	79				



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ACCESSION 1992-93/166 VOL _____ PAGE(S) 83
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FILE/DOSSIER BLINKO, ALFRED RALPH LT
DATE June 2013