

Unit Army Medical Corps Rank lieutenant Name Wordsworth Mesgrove Elliott
Training Depot No. 10

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Elliott
- (b) What are your Christian Names? Wordsworth Mesgrove Brook
2. (a) Where were you born? (State place and country) Millbrook, Ontario, Canada.
- (b) What is your present address? Y. M. C. A. Vaughan St., Winnipeg, Manitoba Canada.
3. What is the date of your birth? December 3rd, 1874
4. What is (a) the name of your next-of-kin? Amelia Clara Jones Elliott
- (b) the address of your next-of-kin? Simcoe, Ontario, Canada.
- (c) the relationship of your next-of-kin? Wife
5. What is your profession or occupation? Physician
6. What is your religion? English Church
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? Army Medical Corps
9. State particulars of any former Military Service. none
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

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

W. Elliott (Signature of Officer.)

Taken on strength (place) Winnipeg, Manitoba, Canada.

(date) October 3rd 1918.

[Signature] Captain
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

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

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date October 3rd, 1918.

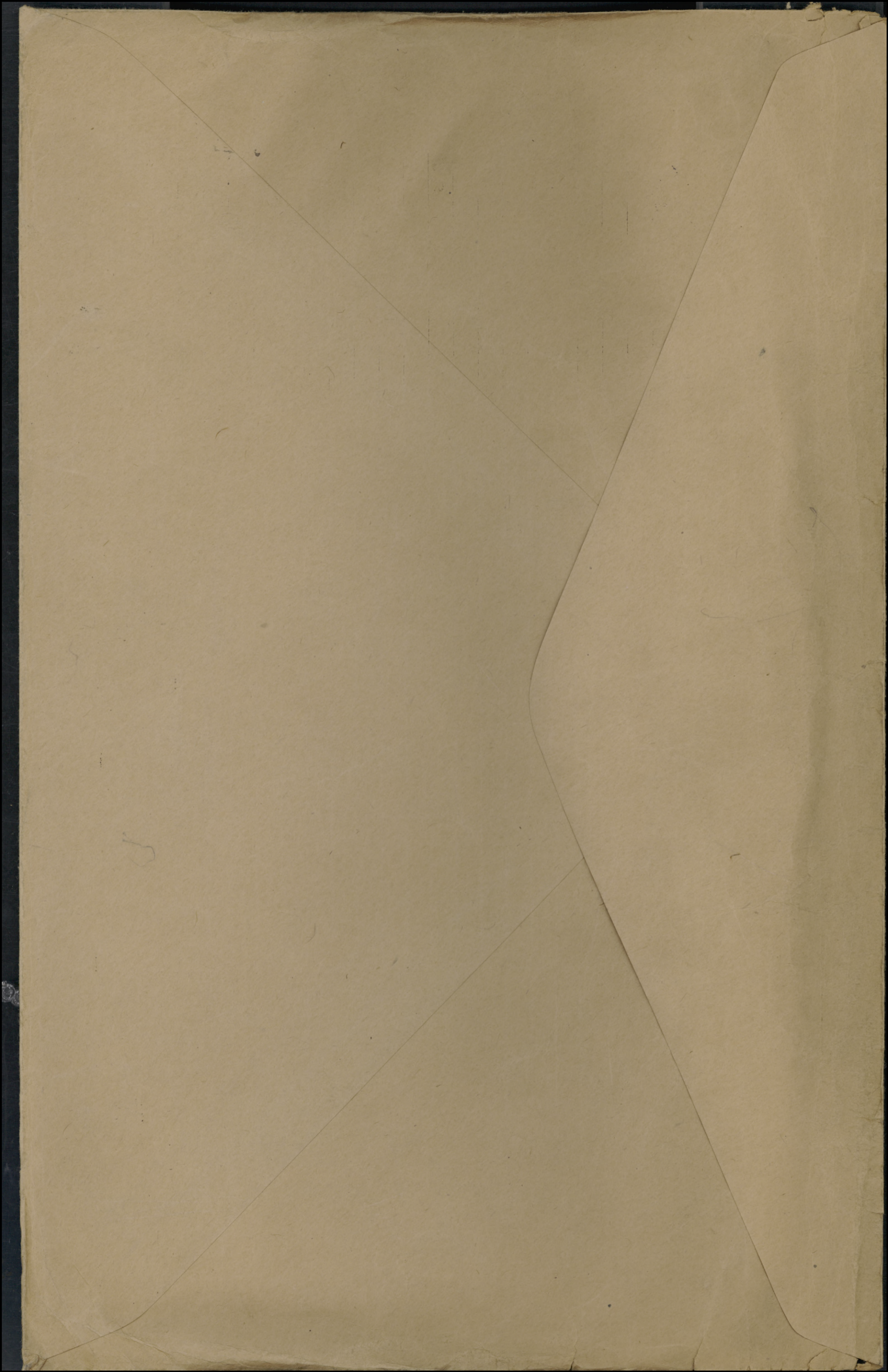
Place Winnipeg, Manitoba, Canada.

*Insert here "fit" or "unfit"

B2
MOBILIZATION
MEDICAL BOARD
APPROVED FIT
[Signature] Medical Officer.
[Signature] MEMBER
MEMBER

*Blue 29-1178
Elliott
29-1178*

1455



CANADIAN EXPEDITIONARY FORCE

Certificate of Service

J.C.F. 2-37

ISSUED TO OFFICERS AND NURSING SISTERS

E.S.

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

(Name in full).....Wordsworth Hogrove ELLIOTT.....

Enlisted in.....the Canadian Army Medical Corps Training Depot #10.....

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

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

in.....the Canadian Army Medical Corps Training Depot #10.....

CANADIAN EXPEDITIONARY FORCE on the.....third.....day

of.....October.....191.....9.....

He SERVED in CANADA,.....with the Canadian Army Medical Corps Training Depot #10, attached Clearing Services Command (Quebec) Canadian Army Medical Corps Military District #2......

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

of.....July.....191.....9.....by reason of.....General demobilization.....

Dated at Ottawa, this.....twenty-third.....day

of.....December.....191.....9.....

.....J.M......
Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

This is to certify that

(Name in full)

CANADIAN EXPEDITIONARY FORCE, on the day of AND WAS APPOINTED TO COMMISSIONED RANK

CANADIAN EXPEDITIONARY FORCE, on the day of

HE SERVED IN CANADA

AND WAS STRUCK OFF THE STRENGTH ON THE day of

BY REASON OF

ON THE day of

Director of Personnel Services

1945

NAME

Elliot, Wm

REGIMENTAL NO

RANK

Capt.

ENLISTED AT

Oct 3. 1918.

PROMOTIONS, &c.
AND DATE

DATE

IF SERVED PREVIOUSLY, STATE UNIT. &c.

MARRIED, WIDOWER, OR SINGLE

Married.

NEXT OF KIN

Mrs. C. M. Elliot.

RELATIONSHIP

ADDRESS OF

Simcoe, Ont

ASSIGNMENT OF PAY \$

C

TO

ADDRESS

C/o J. Porter. Simcoe Ont

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

Surname *Elliott* H. Q.
Christian names *Wordsworth Masgrave* M. D. No. *27* *2* *12-12-18*
Regtl. No. Rank *Lieut* T. O. S. *Oct-3rd 1918*
Unit *C.O.M.C. (I.D.)* D. O. Pt. II *294* of *21-10-18*
Perm. Cond. Staff S. O. S. *10-7-19* 19... Reason *Demob*
Auth. *90219-7-8-19 Camb*
RD-2104-2-8-19 #2

Next of kin *Elliott Mrs. Clara A.* Relationship *Wife*
Address *Simcoe, Ont.* Also notify:

BORN—Place *(Canada), Mill Br. Ont.* Date *Dec. 3rd. 1874*
ATTESTED—Place *Winnipeg, Man.* Date *Oct. 3rd. 1918*
O/S R/C *22-5-19* *329*
Lieut



Date of Dis-embarkation.....

Place.....

M. F. W. 84.
5m.-2.17.
1772-39-993.
L. L. 15315.-M. & D. 7567.

Lt W. M. Elliott

P.C.S

PERIOD		PAY			FIELD		CREDIT	SUB- SISTENCE	TOTAL CREDITS	ASSIGNED PAY	OTHER CHARGES	Casual Payments	TOTAL DEBITS	Cheque No.	AMOUNT PAID	REMARKS
From	To	Days	Rate	Amount	Days	Amount	LAST ACCOUNT									
<i>May</i>	<i>28</i>		<i>1716</i>					<i>199 74</i>	<i>Draw 29/2/19 to 11/4/19</i>	<i>12/4/19-13/5/19</i>					<i>199 74</i>	
<i>June</i>	<i>16</i>		<i>2294</i>					<i>53 00</i>	<i>22/5/19 to 31/6/19</i>						<i>53 00</i>	
<i>July</i>	<i>15</i>		<i>3342</i>					<i>144 75</i>	<i>31/5/19-30/6/19</i>						<i>144 75</i>	
			<i>3715</i>					<i>29 25</i>	<i>1-7-19 to 8-7-19</i>						<i>29 25</i>	
								<u><i>426 74</i></u>							<u><i>426 74</i></u>	

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

M. OR S. _____ REGT. No. _____ RANK *Capt.* NAME (IN FULL) *Elliott W.M.* (BLOCK LETTERS SURNAME FIRST)

IF IN P.F. WHAT UNIT? *22 P.C.S.*

ADDRESS *170 rue de la...* PLACE OF ATTESTATION *Clearing Services Command.* TRANSFERRED TO DATE *29-5-19* AUTHORITY *DO 91*

DATE OF ATTESTATION _____ TRANSFERRED TO DATE _____ AUTHORITY _____

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE _____ ASSIGNED PAY \$ *40.00* DATE EFFECTIVE _____

TO WHOM PAID *Mrs. C. A. Elliott* RELATIONSHIP *Promoted Capt.* PAYABLE TO *Mrs. Clara Amelia Elliott* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

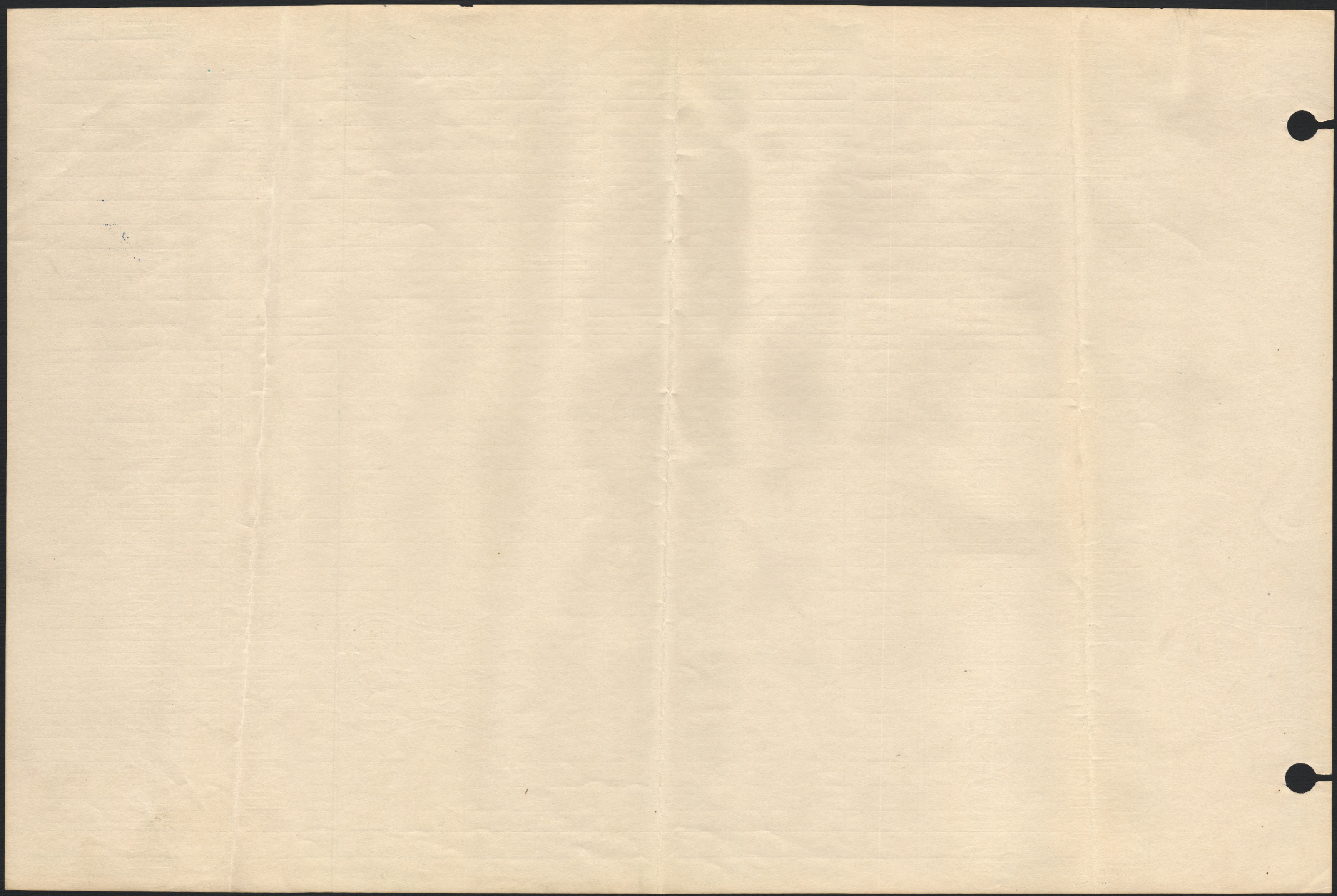
ADDRESS *Simco, Ontario* ADDRESS *Simco, Ontario*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED *Transferred to MP 2.* PLACE _____ DATE *9.7.19* REASON *DO. 96* AUTHORITY *DO. 96* IF ENTITLED TO POST DISCHARGE PAY *Yes*

CHIEF CONDUCTING PAYMASTER CLEARING SERVICES COMMAND.

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		S. A.		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	S.	C.	S.	C.	S.	C.	S.	C.	S.	C.	
			\$	C.	\$	C.																	
1919																							
April	29	3 ⁰⁰	87	00	56	10	29	24	22	22	120	30	80	00					200	30			1720 Cr. Bal as per R.P.C. advanced by Pm S on 30/4/19
May	31	3 ⁰⁰	93	00	76	50	11	61	1198	22	81	37	80	00	124	33			185	70			143 33 has increase pay for 1/4/19
June	30	4 ⁵⁰	135	00	143	35	4	00	1974	4	143	35	171	50					394	85			3-10-18 to 1-4-19 3222 Diff. in Pay. do
July	9	7 ⁵⁰	67	50	350	00	122	57	2772	30	633	00							723	45			1-4-19 to 20-6-19 87 ⁵⁰ as per R.C.T. Voucher
					81	96													81	95			1-4-19 to 20-6-19 87 ⁵⁰ as per R.C.T. Voucher
																							29 30 48 80 33 15 R.P.C. prepared 27-8-19



M. OR S. *M.* PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. RANK *Capt* NAME (IN FULL) *Elliott, Woodworth Mosgrove* (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *camc* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP PARTICULARS EFFECTIVE DATE AUTHORITY

ADDRESS *ceased to be att'd. Cfg. Ser. Comm. 10.7.19. 200219* PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *3/10/18* TRANSFERRED TO DATE AUTHORITY

IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *1.7.19* ASSIGNED PAY \$ *40.00* DATE EFFECTIVE *1.7.19*

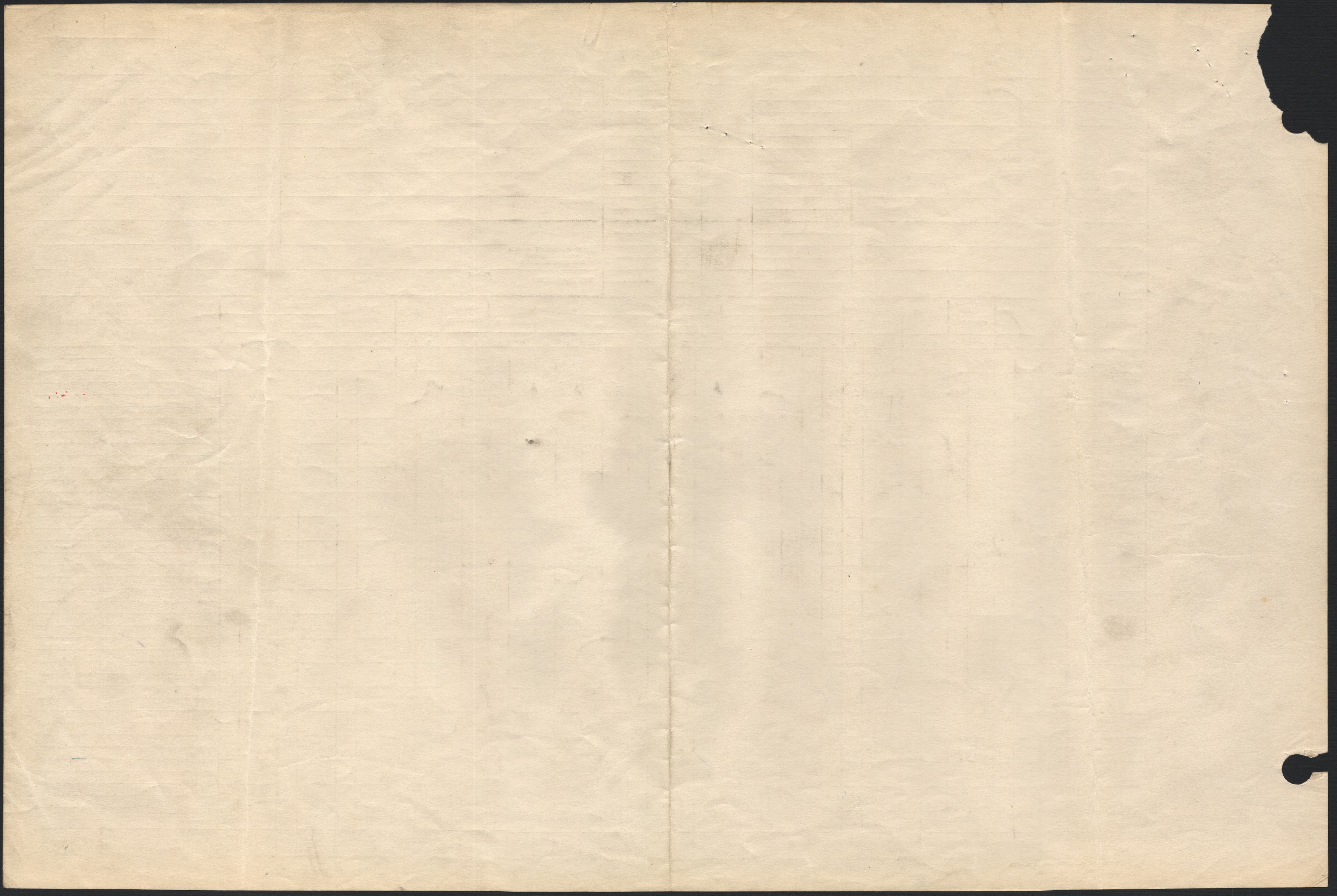
TO WHOM PAID *Ms C. Elliott* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Simcoe onk* ADDRESS *Ms C. Elliott Simcoe onk* ADDRESS *cto J. Porter Simcoe onk*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED *For.* PLACE *For.* DATE *10.7.19* REASON *General order No. 219* AUTHORITY *Do. 219* IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2				COL. NO. 3	DEBIT	CREDIT	DEBIT	
<i>July 10/18</i>	<i>1</i>	<i>70</i>	<i>70</i>	<i>50</i>				<i>54.55</i>	<i>13</i>		<i>175</i>		<i>69.30</i>				<i>Balance \$1880.00</i>	
			<i>18.80</i>	<i>13</i>													<i>Intro led to 9.7. 1880-10.7. 18</i>	
			<i>460</i>	<i>120</i>	<i>580</i>												<i>W.S.G. S.A.</i>	
<i>92 days</i>	<i>5</i>		<i>460</i>	<i>120</i>	<i>580</i>												<i>AR 158</i>	
			<i>460</i>	<i>120</i>	<i>580</i>												<i>Nov 4th 1464092-1464093</i>	
																	<i>30.5 - 180 - 380 - 155 - 40 - 155 - 40 - 580 - Closed</i>	
																	<i>ASST. PAYMASTER, C.A.M.C., M.D.V.</i>	



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

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

250M.—1-16,
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Army Medical Corps Training Depot No. 10.

Regimental No. Rank Lieutenant Name XXXXXXXXXWordsworth Mcserove ELLIOTT

C. E. F.

Enlisted (a) 3rd Oct '1918 Terms of Service (a) War Service reckons from (a) Oct. 3/1918

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) Physician

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<u>EMBARKED.....</u>			
	<u>M.D.2.</u>	<u>Attached to C.S.C.</u>	<u>Quebec</u>	<u>29/3/19</u>	<u>D.O. # 91</u> <u>A. Hunt</u> OFFICER IN CHARGE CLEARING SERVICES COMMAND
<u>9.7.19</u>	<u>Quebec</u>	<u>S.O.S. on Return to M.D.2</u>	<u>C.S.C. Quebec</u>	<u>9.7.19</u>	<u>D.O. 196 15/7/19.</u> <u>A. Hunt</u> Officer i/c Records Clearing Services Command

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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.
10-7-19		<p> <i> Lt S Demoholization (R.O. 2104) </i> </p>			<p> <i> Off Sweepers </i> </p>

2

W. J. Woodsworth

MEDICAL HISTORY SHEET

Surname *Elliot* Christian Name *Woodsworth M.*

Examined { on _____ day of _____ 191____
 at _____

Approved by _____

Birthplace { City or Town _____ Rank _____ M.O. _____
 County _____

	Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
Apparent age _____			M.O. _____
Trade or occupation _____			M.O. _____
Height _____ feet _____ Inches			M.O. _____
Weight _____ lbs.			M.O. _____
Chest measurement { Minimum _____ inches			M.O. _____
	Maximum expansion _____ inches		M.O. _____
Physical development _____			M.O. _____
Small-pox Marks _____			M.O. _____

Vaccination Marks { Arm Right Left	Number	Date	Result	VACCINATIONS
When Vaccinated last _____				M.O. _____
(a) Marks indicating congenital peculiarities or previous disease _____				M.O. _____
_____				M.O. _____

(b) Slight defects but not sufficient to cause rejection	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O. _____
			M.O. _____
			M.O. _____

Enlisted on _____ day of _____ 191____ at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>Same</i>	<i>Capt</i>		
Transferred to	<i>Amazons</i>			<i>Dec 12/1918</i>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Surname *Elliott*

Christian Name *Woodsworth M.*

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				
<i>New Milbrook Woods</i>		<i>11</i>	<i>10</i>	<i>18</i>	<i>18</i>	<i>18</i>	<i>18</i>	<i>7</i>	<i>Treatment, Rest in bed, cold compresses, See log & form. Remarks. Return to duty</i>	<i>M. Woodsworth</i>	

20 Card

Medical Examination upon leaving the Service

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

33-M-46

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

Rank *Lieut.* Name *Wordsworth Mosgrove* Surname *Elliott*

Unit of Corps *C. A. M. C.* (If a soldier) Regtl. No.

Born at *Hillbrooke Ont.* on, (date) *Dec. 3, 1874.*

Signature (for identification) *W. M. Elliott Lt*

DEPT MILITARY HEADQUARTERS
M. D. 10
WINNIPEG
DEC 19 1918
H.S.
CANADA

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. 1. No. 2. No. 3. No.

Weight *135* lbs. Colour of eyes *Grey.*

Height *5 ft. 6 in.* Identification Marks *1 Vaccination scar on left arm. Small scar on inner side of left leg due to compound fracture.*

2. NUTRITION AND DIATHESIS? 1. Good in childhood.

2. No particular.

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

3. NERVOUS SYSTEM? Is there a history of previous disability? 1. Normal. 2. No.

4. RESPIRATORY SYSTEM? Is there a history of lung trouble? 1. Normal. 2. No.

5. HEART?

Abnormal Sounds? *No.*

Abnormal Size? *No.*

Pulse Rate? *78* Intermittence or Irregularity? *No No* Muscular Tone? *Good.*

6. ARTERIES.—(a) Any hardening or nodulation? 1. No. 2. No.

(b) Blood Pressure. *135 Systolic. 98 Diastolic.*

7. DIGESTIVE SYSTEM? (Condition of teeth and tonsils to be included). *Normal.*

APPROVED
NOV 22 1918
Ellsworth
FOR A. D. M. S., M. D. NO. 10
WINNIPEG MAN.

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? *1015* Reaction? *acid* Albumen? *No* Sugar? *No*

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

NOV 20 1918
MILITARY DIST. No. 10, WINNIPEG

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. *No.*

11. Opinion as to the health and physical condition of the one examined? *Recommend fit for general service. Category A "2".*

Examined at *Winnipeg.* Signed *W. M. Elliott Lt* M. O.

Date *Nov. 18, 1918.* Signed *J. Ellulory Capt* M. O.

E. M.

W. M. Elliott Lt
Signature note of Soldier.

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

Medical Examination upon leaving the Service
of an Officer in general service or a Soldier fit for duty

This form is to be filled out by the examining physician and the commanding officer of the unit. It is to be filled out when a Soldier or Officer is being discharged from the service and is to be returned to the Medical Department.

Name		Rank	
Service No.		Company	
Regiment		Branch	
Date of Examination		Place of Examination	
Name of Physician		Signature of Commanding Officer	
<p>1. General Appearance: (a) Good (b) Fair (c) Poor (d) Very Poor</p>			
<p>2. Head: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>3. Eyes: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>4. Ears, Nose, Throat: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>5. Heart: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>6. Lungs: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>7. Stomach and Intestines: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>8. Genitourinary System: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>9. Muscles and Bones: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>10. Nervous System: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>11. Special Senses: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>12. Blood Pressure: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>13. Urine: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>14. Stool: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>15. Spinal Fluid: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>16. X-rays: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>17. Other: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>18. Remarks: (a) Normal (b) Abnormal (c) Deformed (d) Other</p>			
<p>19. Signature of Physician</p>			
<p>20. Signature of Commanding Officer</p>			

CASE HISTORY SHEET.

Deer Lodge Officers Hospital. Winnipeg, Man. Station.

No. Rank Capt. Name Elliott, Woodsworth M. Age 43

Unit C.A.M.C. Completed years of service Where and how long } Just joined

Date of admission 11-10-18 Date of discharge 18-10-18

Diagnosis Bursitis Place of origin Winnipeg

CONDITION ON ADMISSION AND PROGRESS OF CASE. Up, but markedly limping due to PAIN in left KNEE joint. Is also when tenderness swelling all around patella, while movement is difficult. NO Temp.

OTHER SYSTEMS normal

12/10/18 Much improved

14/10/18 - 15/10. Re-inflamed by getting up against order. Re-applied Cast & Rest. Then bandage Cotton & adhesive and crutches when up.

16/10. Very much better

HISTORY. Fall down while training (military) for captain, on 10/10/18.

FAMILY HISTORY. Negative

(Tuberculosis, mental or nervous diseases.)

TREATMENT. Rest in bed, Good compresses, Ice bag to knee

(Especially any specific or special form.)

CONDITION ON DISCHARGE. Swelling & pain disappeared. Able to walk without pain (or crutches)

To Duty at Osborne med Board. (when he was previous to injury)

Date 11/2/18

A Shanks Capt. c.m.c. Medical Officer i/c case.

17864
6^u

CL. HISTORY SHE.

OFFICERS' DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICERS

1. Name

(a) Full name as shown on your service papers

(b) Rank and position held at the time of your discharge

(c) Date of your discharge

(d) Name of the unit to which you were assigned

(e) Name of the theatre of operations

(f) Name of the command to which you were assigned

(g) Name of the command to which you were assigned

(h) Name of the command to which you were assigned

(i) Name of the command to which you were assigned

(j) Name of the command to which you were assigned

(k) Name of the command to which you were assigned

(l) Name of the command to which you were assigned

(m) Name of the command to which you were assigned

(n) Name of the command to which you were assigned

(o) Name of the command to which you were assigned

(p) Name of the command to which you were assigned

(q) Name of the command to which you were assigned

(r) Name of the command to which you were assigned

(s) Name of the command to which you were assigned

(t) Name of the command to which you were assigned

(u) Name of the command to which you were assigned

(v) Name of the command to which you were assigned

(w) Name of the command to which you were assigned

(x) Name of the command to which you were assigned

(y) Name of the command to which you were assigned

