

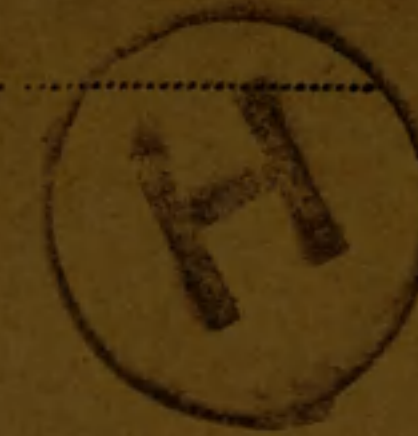
BP 18.11.11

8079

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Statement of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name BARNES JAMES.
 Regt. No. 347723. Rank Pte.
 Corps 4th Div. Army. Col.
Dec 12. '17

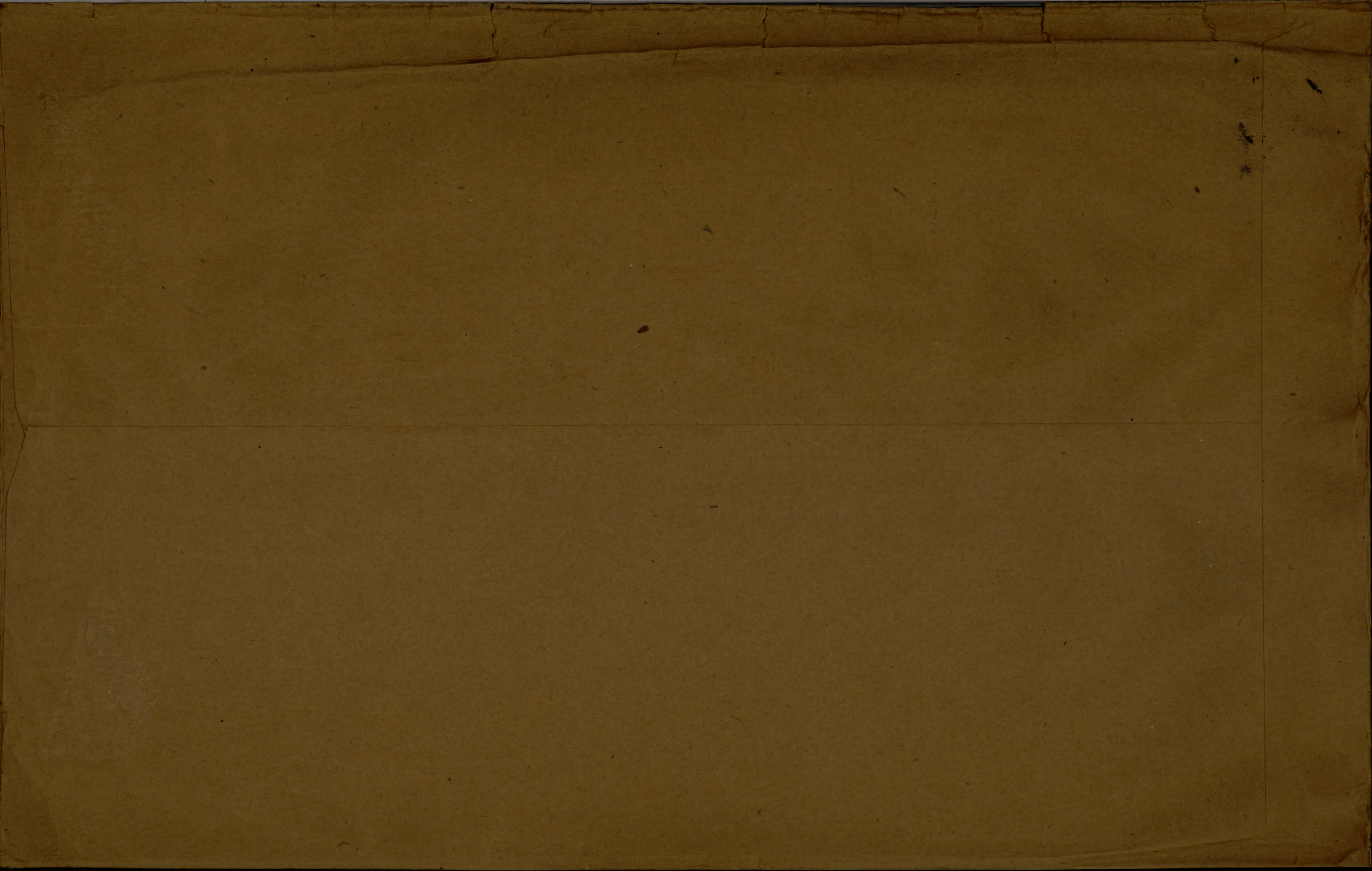


Handwritten scribble

Q. 122-1
M. J. W 82-1

Handwritten notes and scribbles

12.26
14.26
29-27
2



4th DIV'L. AMM. COL'N.
ATTESTATION PAPER.

No. *327723*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. *Duplicate*

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname? *Barnes*
- 1a. What are your Christian names? *James*
- 1b. What is your present address? *168 8th Avenue Leachmere Que.*
2. In what Town, Township or Parish, and in what Country were you born? *England Burnley*
3. What is the name of your next-of kin? *Thos. Barnes*
4. What is the address of your next-of-kin? *168 8th Avenue Leachmere Que.*
- 4a. What is the relationship of your next-of-kin? *Mother Sister*
5. What is the date of your birth? *22 Feb 1898*
6. What is your Trade or Calling? *Laborer*
7. Are you married? *No*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *58th Westmount Rifles*
10. Have you ever served in any Military Force?
If so, state particulars of former Service. *No*
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *James Barnes*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein; for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *April 10* 191*6*. *James Barnes* (Signature of Recruit)
S. Champion (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Barnes*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *April 11* 191*6*. *James Barnes* (Signature of Recruit)
S. Jewell Ogilvie (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Montreal* this *11th* day of *April* 191*6*
James Champion (Signature of Justice)

Description of James Barnes on Enlistment.

Apparent Age.....18.....years.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 7 1/2 ins.

mole on right side of back

Chest measurement. { Girth when fully expanded.....33 ins.
 Range of expansion.....23 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Dark brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*.....fit.....for the Canadian Over-Seas Expeditionary Force.

Date.....April 10 1916

[Signature]
 Medical Officer.

Place.....Montreal

*Insert here 'fit' or 'unfit.'

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Barnes.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature].....(Signature of Officer)
 Lt. Col. Sec. 4th Div. Amn. Col.

Date.....April 11 1916

C.E.F. (SIBERIA)

M. X. 20
28-6-20.

NAME

Barnes
Barnes James

REGT'L. No.

347723

RANK AND CORPS

Det. 2nd Bde CA

H. Q. FILE No. 649

FOLLOWS

NO.

(Form)

CABLE

NO.

DATE

NATURE OF CASUALTY

#1 sect 4th det Amb

FOLLOWS

3-1
M6215

18-10-17

Died at no. 2 7th Amb Oct. 12/17
Cerebral Hemorrhage

A. F. B
20906
Rouen 17-10-17

Died of sickness No 2 7th Amb
Oct 12th 1917. Rec'd 18-12-17.

1st. sect.
4th det. CA.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 538	#5 Brit Wimeroux	22-4-17	Chilblains
A 539.	to #3 Large Rest Camp Boulogne	24-4-17	" "
A 545.	#4C. F.A.	20-4-17	" "
A 545.	to #6C. F.A.	20-4-17	" "
A 562	Rept from Base re joint	14-5-17	" "
A 67.	#2C. F.A.	12-10-17	Med. Cerebral Haemorrhage

S' NAME.

Barnes

am CARD No. ✓

CHRISTIAN NAMES

James

FOLL

D

REGL. No.

347723

RANK

Dr.

UNIT

no 1 Sect. 4th Div. Amm. Col.

FORMER CORPS

38th Westmount Rifles

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Barnes, Thomas

RELATIONSHIP TO SOLDIER

Father

ADDRESS

168, 8th Ave., Lachine, P. Q.

COUNTRY OF BIRTH

England, Burnley.

DATE

Feb. 25th 1898

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Apr. 11th 1916

018 12/9/16 529 / 2

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

18 YEARS

MONTHS

HEIGHT

5 FEET

7 1/2 INCHES

CHEST MEASUREMENT

30 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dark Brown

DISTINGUISHING MARKS

Mole on right side of back

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Apr. 10th 1916

Present address: - 168, 8th Ave., Lachine, P. Q.

No 347723 RANK *Pte*

NAME *Barnes, James*

T. O. S. 11-4-16
D.O. 11 of 11-4-16

UNIT # *1* section *4* *th* Division, Ammunition, Column

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Apr. 11</i>	<i>Apr. 30</i>	<i>✓</i>		
<i>May:</i>		<i>✓</i>		
<i>June:</i>		<i>N.</i>		
<i>July:</i>		<i>N.</i>		
<i>Aug:</i>		<i>N.</i>		



BARNES

R.L. 25-B. 4411

Name James Rank *Dr* Reg. No. 347723

Unit *2nd Bde 67a*

Next of Kin *Canada*

RP

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1917</i>	<i>2nd Hd Amb.</i>	<i>Central</i>	<i>hemorrhage</i>	<i>a-67</i>	<i>M6215.</i>	<i>5449</i>
<i>12-10</i>	<i>DIED</i>				<i>a-36</i>	<i>cf 14-10-17</i>
	<i>OTTAWA CABLED</i>		<i>17-10-17</i>			

Drw. 2 Bde ✓



TLH. Rank *Drw* Name BARNES, James. Reg'l No. 347723.
 Unit 4th. Div. Amm. Col. If in perm. Corps, }
 No. 1. Section. What Unit? } Married or Single Single.
 Place and Date of Enlistment Montreal, April 10th. 1916. Place of Birth England, Burnley.
 Name and Address, Next-of-Kin Thos. Barnes,
 168, 8th. Ave., Lachine, Quebec. Relationship Father.

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship



Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

N/A. R.B. No. 3104
 25-BH411
 FNE R.L.
 Category *Dead*

Auxiliary

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. S.S. NORTHLAND 22-9-16.					
13. 3. 17.	4th. Div. D.O. to 15th. Bde.		Witley	17.3.17	<i>PTO 57</i>
18. 3. 17	15th. Bde SOS proceeding seas with 82nd Howitz Bde		"	17.3.17	<i>PTO 56</i>
30. 4. 17	2nd. Bde. 205 British Red X Hospital		Wimereux	22.4.17	<i>Ch. a. 530</i> <i>Chilblain</i>
1. 5. 17	" 3 Large Rest Camp		Boulogne	24.4.17	<i>539</i>
6. 5. 17	" 6 Cam Field Ammunition Ex 4 Cam Field Ammunition		"	20.4.17	<i>545</i>
8. 5. 17	" Posted from 1st Bde		Field	18.3.17	<i>PTO 70 + 1 bac. 102 d/8.5.17</i>
2. 6. 17	" Rejoined Unit		"	14.5.17	<i>Ch a 562</i> <i>Chilblain</i>
17-10-17	" Died in 2nd Field Amb Det.		"	12-10-17	<i>67 Cerebral Hemorrhage</i> <i>PTO. 159 d/17-10-17</i>

A.F.B. 103
 16 APR 1917
 P.H.O. 52
 15th Bde d/14.3.17

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

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

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

1ST SECTION

Unit, Regiment or Corps 4TH DIVISIONAL AMMUNITION COLUMN

Regimental No. 347723 Rank Private Name Barnes James

Enlisted (a) 10th apr. 1916 Terms of Service (a) Duration of war. Service reckons from (a) 10th apr. 1916

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) Labour & incivil life

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. Arrived, England.	Halifax. Liverpool.	12/9/16 22/9/16	
	<u>4th Bde. CFA</u>	<u>Transferred to 15th Bde. CFA.</u>	<u>Witley</u>	<u>13/3/17</u>	<u>Part II Order No 72</u> <u>Amir Wilson</u> <u>for CO 4th Divisional Ammunition Column.</u>
	<u>O.C. 15th Bde CFA</u>	<u>T.O.S. 15th Bde. CFA posted to 82nd How Bty</u>	<u>Witley</u>	<u>13.3.17.</u>	<u>Part II D.O. No. 52</u>
	<u>O.C. 15th Bde. CFA.</u>	<u>Strucd. off strength on Proceeding Overseas.</u>	<u>Witley</u>	<u>17.3.17.</u>	<u>Part II D.O. No. 56</u> <u>Robertson</u> <u>Capt. Adjutant, 15th Bde. CFA.</u>

CERTIFIED CORRECT.
13/11/17
26 APR 1917
CAN. RECORDS, LONDON.

(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.]

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				
18-3-17.	Landing Arrd. from England with 82nd. Btty. Return. as reinforcement is attd. to 1st. C.D.A.C. & posted to 2nd. Bge. C.F.A.			18-3-17.	No. 7897. A.H.Q. 9-52 d/1-4-17. P 11 Ord. No. 102 d/8-5-1
18-3-17.	A.H.Q.	Taken on 2nd. Bge. C.F.A.	Field.	18-3-17.	9-52 P 11 08 70 d/8-5-1
21. 4. 17	467 Amb	Chulblains 20 th 17	to 667 Amb.	20. 4. 17	Asb Des 436 d/ 30. 4. 17
" 5. 17	667	Adm A. from Boulogne	667	1. 5. 17	Non Roll
28. 4. 17	Unit	to hospital	AS	21. 4. 17	B 213 Des 440 d 7. 5. 17
22. 4. 17	6 667	Effects of cold. Chulblains 20 th 17	to 1 Train	21. 4. 17	Asb Des 440 d 7. 5. 17
"	167 Amb	Chulblains Sev 20 th 17	to 667	20. 4. 17	Asb Des 441 d 9. 5. 17
"	Con Dep	Sick adm	1 Con Depot	22. 4. 17	W 303.4 Des 442 d 10. 5. 17
7. 5. 17	667	Left for Unit	Field	8. 5. 17	Non Roll
22. 4. 17	14 Gen	Chulblains	to 1 Con Depot	22. 4. 17	W 303.4
24. 4. 17	1 Con Dep	Sick	to 3 Rest Camp	24. 4. 17	W 303.4 Des 446 d 14. 5. 17
19. 5. 17	Unit.	Rejoined from Base	Field	14. 5. 17	B 213 Des 455 d 28. 5. 17
13. 10. 17	267 Amb.	Died (Cerebral Haemorrhage)		12. 10. 17	KT 16/26173 P 11 Ord 159

Chas. D. Maxwell
 Lt for Lt Col
 A.S.G.

4th DIV'L. AMM. COL'N.

Original

MEDICAL HISTORY SHEET.

347723

Surname Barnes Christian Name James

Examined { on 10 day of Apr 1916
 at Montreal
 Birthplace { City or Town Burnley
 County England

Approved by [Signature]
 Rank Cap M.O.

Apparent age 18
 Trade or occupation Labourer
 Height 5 Feet 7 1/2 Inches.
 Weight 117 Lbs.
 Chest measurement { Minimum 30 inches.
 Maximum expansion 33 inches.
 Physical development good
 Small-Pox Marks none

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

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last as a child
 (a) Marks indicating congenital peculiarities or previous disease none

Date.	Result.	VACCINATIONS.
<u>18/7/16</u>		<u>C.P.M.</u>
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
Refer to dental corps

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24.4.16</u>		<u>[Signature]</u>
<u>4.5.16</u>		<u>[Signature]</u>
<u>13/5/16</u>		<u>[Signature]</u>
<u>16/10/16</u>		<u>[Signature]</u>
		M.O.
		M.O.
		M.O.

Enlisted on 11 day of April 1916 at Montreal Que

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>1st Sec. 4th Div. Amm. Column</u>	<u>347723.</u>		<u>April 11/16</u>
Transferred to	<u>1st Bde. C.S.A</u>	<u>✓</u>	<u>✓</u>	<u>March 13/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname *Barnes* Christian Name *James*

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>Peterawaia</i>	<i>June 17/16</i>										
<i>Witley Camp</i>	<i>Sept 22/16</i>										
No.4 C.F.A.		20	4	17	20	4	17	Chilblains		A 545-A.545	
No.6 C.F.A.		20	4	17	22	4	17	-do-		A.538	
No.5 British Hosp. Wimereux.	Red X	22	4	17	24	4	17	-do-		A.539	
No.3 L.R. Camp B'logne		24	4	17	14	5	17	-do-	R.F.B. Rejoined Unit	A.562 DT	

FORM OF WILL.

I, James Barnes (Name in full)

Regimental Number 347723 serving in _____

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

my father Mr. T. Barnes
168 8th Ave.
Lachine Que.
Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 31 Aug day of _____ A. D. 1916

J Barnes Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness [Signature]
Address of Witness 102 cloase St. Montreal P.Q.
Occupation of Witness Menuisier Eugene
Signature of Second Witness [Signature]
Address of Witness 194 Milton St, Montreal.
Occupation of Witness Sabonnier

FORM FOR WILL

I, _____ of the County of _____ State of _____ do hereby certify that the foregoing is a true and correct copy of the original of the will of _____ deceased, as the same appears from the records of the probate court of the County of _____ State of _____

Witness my hand and seal of office this _____ day of _____ 19____

Notary Public for the State of _____

Signature of Notary

This is a true and correct copy of the original of the will of _____ deceased, as the same appears from the records of the probate court of the County of _____ State of _____

Attest my hand and seal of office this _____ day of _____ 19____

Surname **Barne s** Christian Name or Names **J,** Reg. No. **347723**
 Rank **Dvr** Unit **2nd.C.F.A.** Co. **Can. Art. (2^B)** Troop **347723** Batty.
 Hospital **5 B.R.C. Wimereux** Date of Admission **22-4-17**

Transferred **3. L. Rest Camp** Hosp. **24.4.17**
4 Can Fld Amb Hosp. **20.4.17**
no 2 C.F.A. Hosp. **12-10-17**

Diagnosis **Chilblains**
 (1) Later Diagnosis (if changed) **Cerebral Hemorrhage.**
 (2)
 (3)

Additional Diagnosis: if more than one state present

Died. 12-10-17

DISPOSITION

Date

C.L. 30-4-17 A538

Reg. Unit. 14-5-17
 REMARKS

1.5.17. A539.

8.5.17 A545

2.6.17 A562.

" 18-10-17 A67⁽¹⁾

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London,

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

✓ BARNES Dvr. ✓ J. ^{arnes} 347723, ✓ 2B. Can Art. ~~4th D.A.C.~~ - 649-B-20865

Not Eligible for Star 14-15.

Medals &
Decorations father

Thos. Barnes, Esq.,
168-8th Ave.,
Lachine, P.Q.

(Serial no. 479476.)

Memorial X mother

as above

Sarah Barnes,
address above

3839

20

Resp. JUL 9 1920 (7M.) C. 14590.

Scroll Desp. FEB 1 1921 Reqn. No. 2-18861

Plague Desp. OCT 27 1921 Reqn. No. P13869

M

463

Number *047723* Rank *Cor*

Surname *BARNES*

Christian Name *James*

Units *C. T. A.* Theatre of War *France*

Date of Service *17.3.17*

Remarks *(H) Thos. Barnes, Eng.*

Latest Address *168-8th Ave.,
Lachine, P.Q.*

Roll No. *73" Page 18818*

200m.-6-21.

DESP. JAN 4 1923
REGN. NO. 16750

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Ms Sarah Barnes*
 Address *168 8th Avenue
 Larchmont N.Y.*
 # *4*
 Rate *5.00*

By Whom Assigned *Barnes Jas*
 Regtl. No. *347723*
 Rank *N*
 Corps *4th Cavalry 1st Sect*

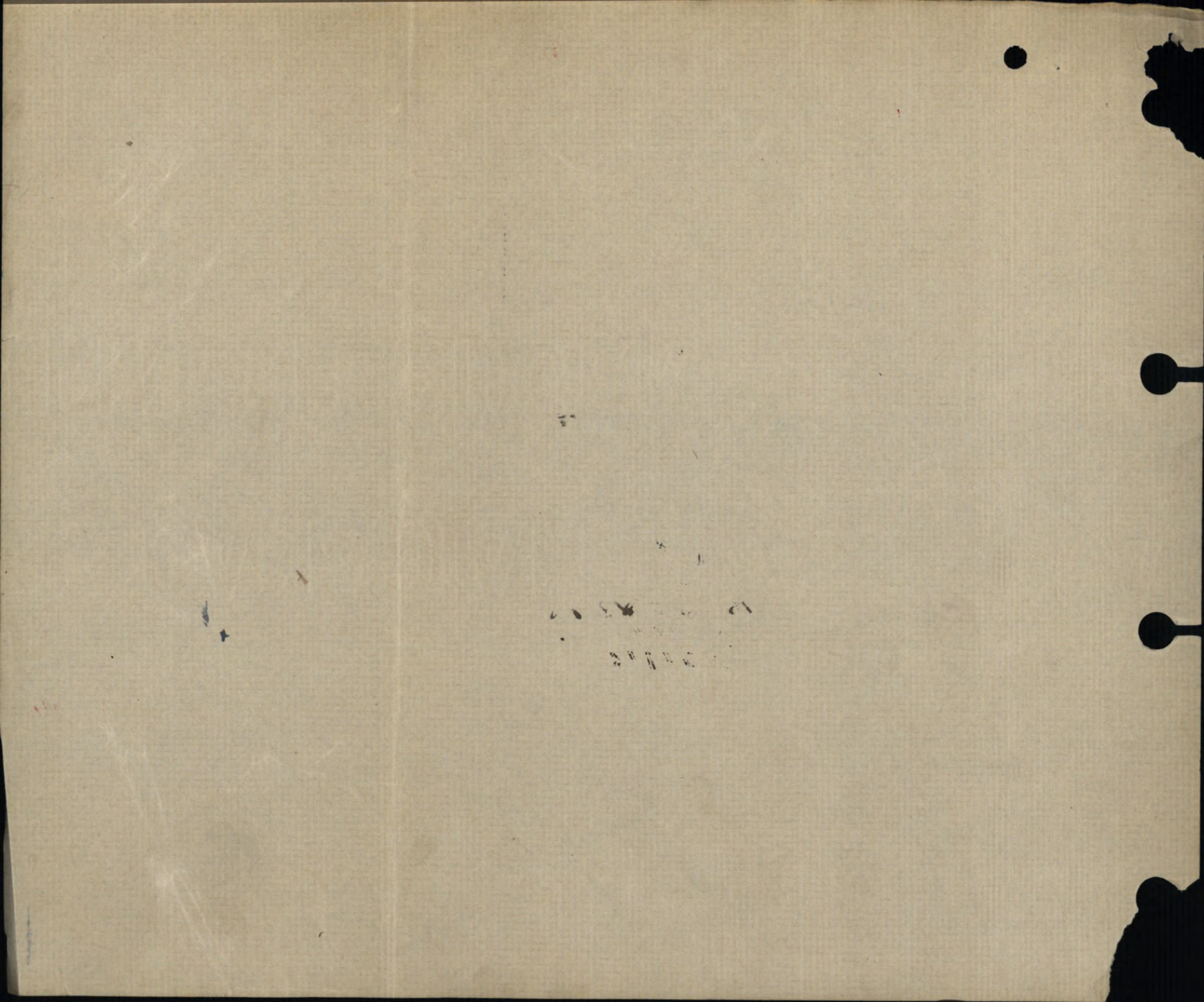
SEP 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Pensions Notified Date *22/10/17*
~~Killed in Action~~
~~Died of Wounds~~ } Date *12/10/17*
~~Missing~~
 C. I. S. *(A)* *19/10/17* Clerk *B. March*
 Date Noted *22/10/17* 1917



Mr Sarah Barnes

ASSIGNED PAY

OVERSEAS CONTINGENTS

Barnes Jas

Sheet No. (Assignee)

PAYMENTS.

Name of Soldier

347723 4 Dalsi Sect

L. L. Job 5470—Req. 6888.

SEP 1 - 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		<i>L 19155</i>	<i>15</i>	
Oct.		<i>M 19031</i>	<i>15</i>	
Nov.		<i>N 23641</i>	<i>15</i>	
Dec.		<i>R 34054</i>	<i>15</i>	
Jan.	1917	<i>Y 37221</i>	<i>15</i>	
Feb.		<i>442508</i>	<i>15</i>	<i>15 R</i>
March		<i>248603</i>	<i>15</i>	<i>15.6.</i>
April		<i>7 183</i>	<i>15</i>	<i>15.2</i>
May		<i>X 6514</i>	<i>15</i>	
June		<i>B 14282</i>	<i>15</i>	<i>15-45</i>
July		<i>Y 19834</i>	<i>15</i>	<i>5</i>
Aug.		<i>2 28983</i>	<i>15</i>	<i>2</i>
Sept.		<i>Z 36004</i>	<i>15</i>	<i>210.00</i>
Oct.		<i>K 47620</i>	<i>15</i>	<i>195-Act closed 31/10/17. Bear BN March 22/10/17.</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

HC

A

15.00

210.00

ln P. 7. 4. 6. 7. 1. 31/10/17. Bear BN March 22/10/17. 195-Act closed 31/10/17. Bear BN March 22/10/17.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Sep. 1, 1916.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15-</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *347723*

Rank *SN* Promoted Reverted Discharge

Soldier's Name

Jas. Barnes

Battalion *4 D.D.C. 1st. Sect.*

Eeneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs. Sarah Barnes*

Address *168-8th Ave. Lachine P.Q.*

Change of Address

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Sept 30 - 17</i>			<i>195</i>	<i>195</i>	
<i>Oct.</i>	<i>K. 47620</i>		<i>15</i>	<i>15</i>	
<i>Nov.</i>			<i>15</i>	<i>15</i>	
			<i>210</i>	<i>XX</i>	

P. D. & Co FX. 31/10/17. B. N. March 22/10/17
sect. closed 31/10/17. " " " "

172137 EP

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.		Promoted		Reverted			Discharge		Name
Rank									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. 128
400M-6-17-1772-39-1141
L. L. 22320-M. & D. 7983.

34423. Ddt. Barnes. J.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT			
			\$	c.			\$	c.			\$	c.				\$	c.	NO.	DATE	NO.	DATE	NO.	DATE												
June				332										11	10	343					48	89	63	28	16	43	150	09	278	99	64	21			
July	31	100		34												34	10	287	7/6		567					15	15	83	41						
Aug	31			34												34	10	343	24/6/14	459	6/4	568		268		15	33	03	94	48					
Sept	30			32												33		375	5/15		535					15	23	02	104	46					
				433																															
				444																															
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SEP. ALLC. ENG.																								
Oct	Bal For	104	46						104																										
	Gnr PTA	34	10						15																										
				AR 433 2 nd Dec 8/9/14	2	68																													
				493 22/0/14	2	68			118	20																									
		34	10		5	36			15																										
Nov				AR 857 2 nd CTA 5 th 17	3	57																													
					3	57			114	63																									
				Balance transferred to N. E. Branch					114	63																									
Apr				Transferred to N. E. Branch 4/18 25/1/16 22/1					114	63																									

Checked M. [Signature]

Checked G. Kennedy