

NAME

BEVINS, FREDERICK WALTER

REGT. NO.

2152551

UNIT

1st Div Art

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

17916

DISCHARGE

Category

DEMOB.

DESERTION

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

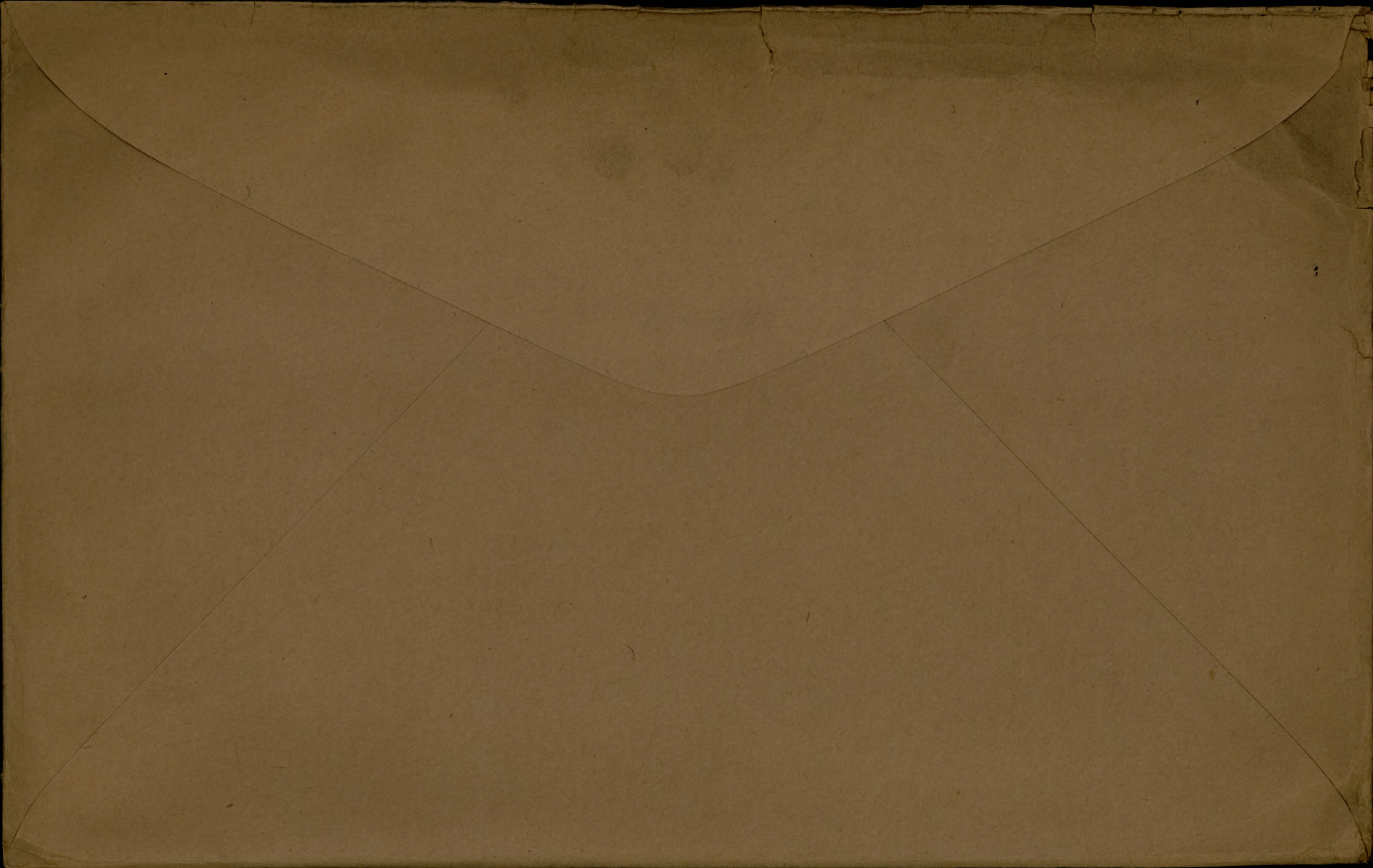
LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

3 *Misc.*1 *B.P.C. 871*1 *C.O.B.*1 *M 74-07.*



ATTESTATION PAPER.

No.

2152551

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Bevins	13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? <i>No</i> 14. If so, what was the nature of the disability? <i>No</i> 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? <i>No</i> 16. If so, what was the reason? <i>No</i>
1a. What are your Christian names?	Frederick Walter	
1b. What is your present address?	31 Lymburner Avenue, St. Cunegonde, Montreal, Quebec	
2. In what Town, Township or Parish, and in what Country were you born?	Burton-on-Trent, Staffordshire, England	
3. What is the name of your next-of-kin?	Mrs. Elizabeth Bevins	
4. What is the address of your next-of-kin?	31 Lymburner Avenue, St. Cunegonde, Montreal, Quebec	
4a. What is the relationship of your next-of-kin?	Wife	
5. What is the date of your birth?	January 26th., 1892	
6. What is your Trade or Calling?	Printer	
7. Are you married?	Yes	
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes	
9. Do you now belong to the Active Militia?	No.	
10. Have you ever served in any Military Force? 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, Frederick Walter Bevins, 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 June 11th., 191 7. F. W. Bevins (Signature of Recruit)
H. W. Berry (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Frederick Walter Bevins, 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 June 11th., 191 7. F. W. Bevins (Signature of Recruit)
H. W. Berry (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, Quebec this 11th day of June 191 7.

H. W. Berry (Signature of Justice)

Description of Frederick Walter Bevins on Enlistment.

Apparent Age.....25.....years.....5.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft.....3.....ins.

Chest measurement { Girth when fully expanded.....35.....ins.
Range of expansion.....4 1/2.....ins.

Complexion.....Fair

Eyes.....Blue

Hair.....Fair

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

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).

Eyesight R. E. = 20
" L. = 20
Hearing R. Ear =
" L. =

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*.....for the Canadian Over-Seas Expeditionary Force.

Date.....191.....

Place.....

*Insert here "fit" or "unfit".

Medical Officer.

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:—

CATEGORY "A" II
"A" Fit for General Service

Declared FIT by MEDICAL BOARD
MOBILIZATION CENTRE, M. D. #4

President, S. M. B.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Frederick Walter Bevins.....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.

Date.....191.....

(Signature of Officer)
Lieut. C. F. A.
Commanding, Overseas Draft-7th Brigade, C. F. A.

Duplicate

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge

Class "A" No.

THIS IS TO CERTIFY that No. 2152551 (Rank) Gunner.

Name (in full) BEVINS, Frederick Walter, enlisted in
the 7th Brigade, Canadian Field Artillery.

CANADIAN EXPEDITIONARY FORCE at Montreal, P.Q. on the eleventh
day of June 19 17.

HE served in Headquarters, 2nd Brigade, Canadian Field Artillery.

and is now discharged from the service by reason of Demobilization.

England & France
~~Medical Unfitness~~

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

Age 27 yrs. 3mos.

Marks or Scars

Height 5 ft. 3 in.

Complexion Fair.

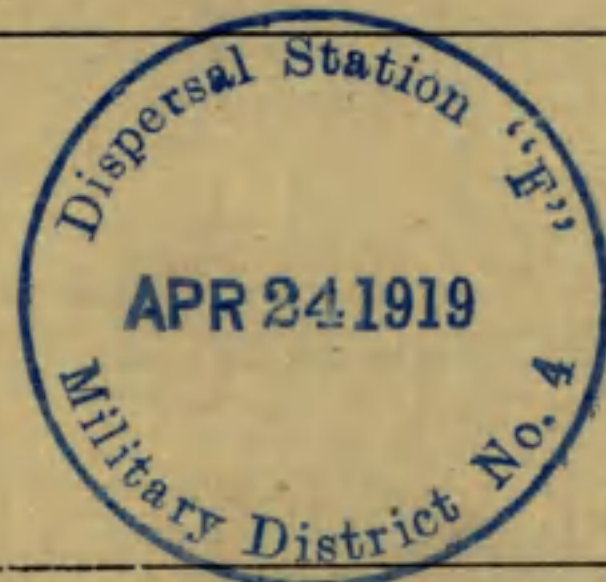
Eyes Blue.

Hair Fair.

F. W. Bevins

Signature of Soldier

Date of Discharge



[Signature]
Issuing Officer

Lieutenant
Officer in Charge, Discharge Section, Dispersal Station 'F'
Rank

Date *Apr. 24th* 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.

Rank Gunner Date of att. June 11th. 1917.
Regimental Number 2152551 Date of Discharge April 24th. 1919.
Unit 1st. Div. Art.
Name BEVINS Frederick Walter,
Address 27 Turoot St., MONTREAL, QUE.
B.P.C. District Office Montreal D.D. # 4

Attestation Form:-

Weight on enlistment: 117 pounds
Marks of Identification: Vacc. scars left arm.
Rank at attestation: Gunner

Casualty Form:-

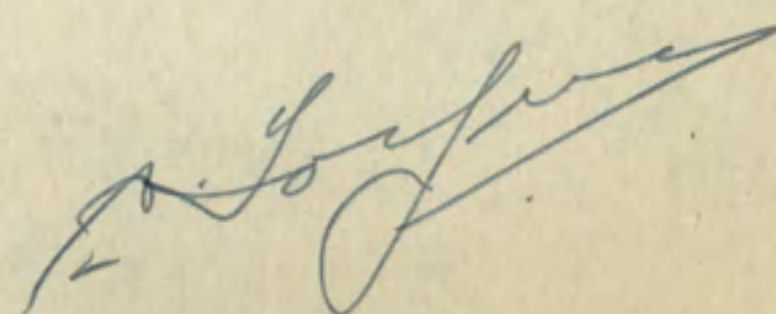
Minor defects: Defective hearing due to Eustachian
tubal catarrh caused by tonsillar
hypertrophy and climatic conditions.

Rank when disability
was incurred: Gunner

Misc.: Specialist's report attached.

Conduct:-

Venereal Disease: Nil
Conduct: Good
Self inflicted wound: Nil



(9) Is your Father alive?

If so, state name and address

Yes.
Frederick James Bevin 27 Turcot St Montreal

(10) Is your Mother alive?

If so, state name and address

Yes.
Sarah Bevin 27 Turcot St Montreal.

(11) If your Mother is a widow

Are you her sole support, or not?

Nil.
Nil.

(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.

Nil.

(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.

Nil.

(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.

Yes.
No.

(15) Are you insured?

If so, in what Company?

Nil.

Have you made arrangements for payment of your Insurance premium?

Nil.

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

Whitfield
Commanding, Overseas Drafts, 2nd Brigade, C.F.A.
Officer Commanding.

Date

June 11th / 1917

6

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- 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.
- All questions, etc., must be answered.
- 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.
- Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

Overseas Draft 7th Brigade, C.F.A.

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... 2152551

(3) Full Name of Soldier..... Frederick Walter Bevins

(4) Place of Birth..... Burnton-on-Trent Staffordshire

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

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

(b) Present Postal Address..... 31 Lyburner Ave
St. Louisgond
Montreal Que.

(7) Are you a widower?..... No

(8) Have you any children?..... Yes
 If so, give number of boys and girls..... One Girl
 Also their names and ages..... Mildred Elizabeth Bevins
14 Month of age

ON HIS MAJESTY

FASTEN ENVELOPE
NATIONAL ECONOMY. OPEN by cuttingForm R 122.
2353-100M-9-1-16

C.R. Rank

Name

BEVINS. Frederick Walter.

Reg'l No. 2152551.

Unit

If in perm. Corps,
What Unit?

Married or Single Married.

Dft. 7th, Egde. C, F, A, to Res. Arty.

Place and Date of Enlistment Montreal. June 11th, 1917.

Place of Birth Burton-on-Trent,
England.

Name and Address, Next-of-Kin

Mrs. Elizabeth Bevins.

31 Lymburner Ave., St. Cuneconde, Montreal,
Que., Canada.

Relationship

Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—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 5 7 17 S/S JUSTICIA.

Taken on strength

6.7.17

1 Res Art

Schiffe

5.7.17 P.H.O. 15

19.10.17

1st " "

S.O.S. to 2nd Res Arty

Gmr. Willey

19.10.17

P.H.O. 120 d 2nd Res Arty 121

17.11.17

2nd " "

Res Bde

"

17.11.17

149 d Res Bde 11.7/18/17

23.11.17

Res Bde

S.O.S. proceeding of seas

"

22.11.17

" 6117

27.11.17

Ship Ped.

T.O.S. on arrival in France.

Field

24.11.17

P.H.O. 116.

17.12.17

2nd Bde

T.O.S. from ship Ped.

"

3.12.17

194 d Ship Ped. 129/16.12.17

24.3.19

"

Proc to Eng

"

20.3.19

- 22

To Canada

14.4.19

49-F-113

15.4.19

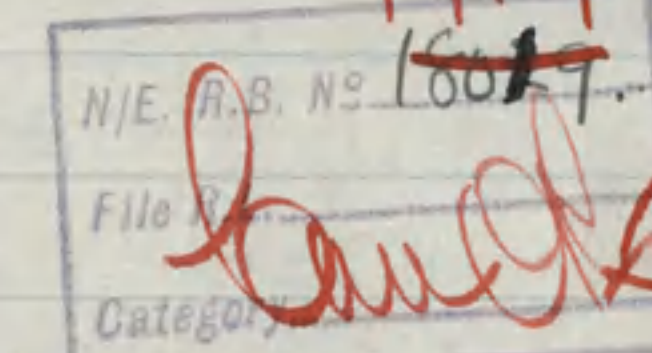
Ewing CCC

S.O.S. on Proc. to Can

B'shott

14.4.19

— 18



Group 6

B. 108. (a) CANADIAN CORPS CAMP BRAMSHOTT.
No:- Officer Commanding..... 2nd Bde. C.F.C.

The following is a special MA report on the undermentioned.
Your M.O.'s attention should be called to it, and the case should
now be paraded with this report in triplicate, the Medical History
Sheet and the Casualty Form

to the ^{LONG} ~~Board~~ as there ^{IS} ~~is~~ a disability of the EAR.
Name. BEVINS, F.W......Number. 2152651.....Rank. Capt
Unit. 2nd Bde. C.F.C......Former Occupation. Decorator
Original Disease or Injury. Eustachian Tube Catarrh
Date of Origin. Dec 1917.....Place of Origin. France
Cause. Tonsillar Hypertrophy & Climatic conditions
Present disability. Deafness right Ear

History of present condition
Dec 1917. noticed first - has not improved

Did the disabling condition have origin before enlistment? No

If so, has it been aggravated by service? No

Was the disability been caused or aggravated by Intemperance or
Improper Conduct or by unreasonable refusal to accept treatment? No

What is the probable duration (in months) of the disability? 3 months

Can the former trade or occupation be resumed? Yes

NOSE
Throat Hypertrophy Tonsils
Lymphoid tissue roof of Pharynx

EAR							
Rt:-	15 ft 3"	=	-	50/20"	normal	retracted	
VOICE: GUTTERAL; WEBER: RILME: SCHWABACH:					MEATUS:	DRUMHEAD:	
Lt:-	20 ft 5 feet	=	-	50/20"	normal	normal	

Eustachian Tube Catarrh

Category recommended. A.....Major CAMC.
Date. 22/3/19.....19. Officer i/c Eye & Ear Dept.,
Medical Boards, C.C.C., BRAMSHOTT.
Walker Graham Capt

OVERSEAS DRAFT 7th BRIGADE, C.F.A.
MEDICAL HISTORY SHEET

2152551
Group 6

Surname Bevins Christian Name Frederick Walter

Examined { on 11th day of June 1917
at Montreal, Quebec

Birthplace { City or Town Burton-on-Trent,
County Staffordshire, England

Apparent age 25

Trade or occupation Painter

Height 5 feet 3 inches

Weight 117 lbs.

Chest measurement { Minimum 31 inches
Maximum expansion 35 inches

Physical development Good
Small-pox Marks none

Vaccination Marks { Arm Right Left
Number 1914

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Slight flat feet

Approved by



Rank

M.O.

Date

Fit or Unfit

EXAMINED FOR RE-ENGAGEMENT

Declared FIT by MEDICAL BOARD
MOBILIZATION CENTRE, M. D. #4

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date

Result

VACCINATIONS

M.O.

M.O.

M.O.

Date

Result

ANTI-TYPHOID INOCULATIONS, ETC.

M.O.

M.O.

M.O.

Enlisted on 11th day of June 1917 at Montreal

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	OVERSEAS DRAFT 7th BRIGADE C.F.A.	2152551		
Transferred to	1st BATTERY, 1st BRIGADE M.I.C. POys. to C.F.A. France			5 JUL 1917 22/11/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Manohat</u>	<u>April 8</u> <u>1919</u>	<u>Weakness</u> <u>Hearing</u>	<u>Fit</u> <u>Edmund</u> <u>cast</u>

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

Christian Name.

Walter.

[illegible]

CERTIFIED CORRESPONDENCE
30 NOV 1917
CAN. RECORDS, LONDON.

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				
17.11.17.	Ab 2 nd Bde CFA	Lost to Rist Bde CFA on absorption	Witley	18.11.17.	Bapt. II - 149. M. M. M. CAPT. & ADJUTANT, 2ND BRIGADE, CANADIAN RESERVE ARTILLERY
18.11.17	Ab 1st Bde CFA	Lost from Rist Bde CFA	Witley	18.11.17.	Bapt. II - 1
23.11.17	Ab. Pas. Bde CFA	Proceeded overseas to CFA	Witley	22.11.17.	Bapt. II 6. Cap M. M. M. Adjutant, Reserve Brigade, C.F.A.
24-11-17	C.G.B.D. Arr'd Reinf. T. on S. Can, Arty. Pool			24-11-17	NR(385) 116, d/27-11-17.
26-11-17	do Left for C.G.R.C.		Field	26-11-17.	NR(760)
do	C.G.R.C. Arrived at C.G.R.C.		do	do	NR(74)
23.11.17	Adly	Lost to 2nd Bde CFA	Field	3.12.17	cele NR d 3.12.17 / 96) KR 481 - Pa Ord 129
"	"	Lost 2nd Bde CFA	"	3.12.17	Part 11 Ord. 194
8.12.17	2nd Bde	Joined Unit	"	5.12.17	B:13
9-1-18	do	Granted 14 days leave to	U.K.	8-11-18	Bapt. II. P.D. 122.
7-12-18	do	Rejoined from do		27-11-18	Bapt. II.
	C.E. Lettwin.	PROCEEDED TO ENGLAND S.O.S O.M.F. of C. ON PROCEEDING TO CANADA FOR DEMOBILIZATION			NR. Leahwell Lieut. Col. AAG

Bevins Frederick Walter

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

500M.—9-16

H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Overseas Draft 7th Brigade, C.F.A.

Group 6
2152551
Unit, Regiment or Corps
Regimental No. 2152551 Rank Gunner Name Frederick Walter Bevins
Enlisted (a) June 11/17 Terms of Service (a) War Service reckons from (a) June 11/17
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) Nil Painter

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				
6.7.17	Embarked Justicia Disembarked do. Ob 1st Bde. C.R.A.	T.O.S. on arrival from Canada and will be shown as "On Command" to segregation camp other pool	Halifax Liverpool	25.6.17 27.7.17	
15.7.17	Ob. 1st Bde. C.R.A.	Having reported from Liverpool camp to be shown as "On Command".	Shorncliffe	5.7.17	B.O. Part II no 15.
19-10-17	Ob. 1st Bde. C.R.A.	S.O. to 2nd Bde. C.R.A.	Witley	14-10-17	B.O. Part II no 129
29-10-17	16.C. End. T.O.S. 2nd, Bde. C.R.A. and posted to E Battery	Proceeded overseas to C.F.A. France.	Witley	18-10-17	B.O. 121

(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.]

CAPT. & ADJT.
For O.C. 1st BDE, CAN. RES. ARTY.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

BEVING F.W.

REGIMENT

2nd Bgd. C.F.A.

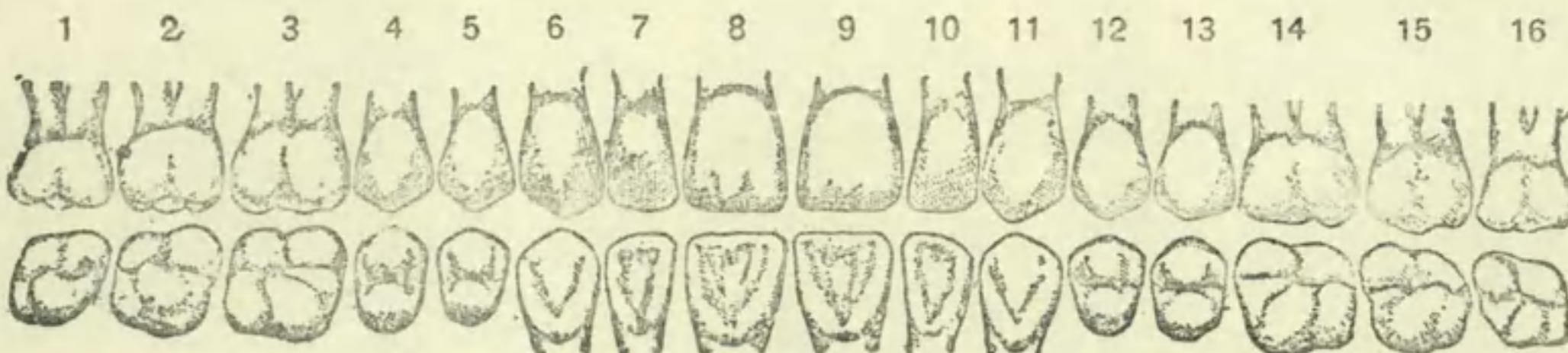
RANK

Sgt.

No.

*2152551*Date of Examination in England *22-3-19.*

Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

29-30-31

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

G. J. Sheehan
Lient. Col.
A. D. S., M. D.

HAS HE EVER REFUSED DENTAL TREATMENT? *—*

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

(a) In Canada

(b) In England

(c) In France

BRAMSHOTT CAMP
 HANTS.

Signature of Dental Officer

[Signature]

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

9-9.

Subj: C. H. H. Penna RHO 5125221
F. H.

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

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

500M.—9-16

H. Q. 1772-39-910.

Casualty Form—Active Service.

Unit, Regiment or Corps. ~~1st Bde. H.Q. CFA~~ 2nd Bde. H.Q. CFARegimental No. 2152551 Rank Gnr Name BEVINS, Frederick Walter
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } 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				
9-5-19.	O/S	T.O.S. D.D.#4	Montreal	15-4-19.	D.O.Pt. II#129.
9-5-19.		S.O.S. D.D.#4. Demob.	Montreal	23-4-19.	D.O.Pt. II#129. R.O. 1420.

G. H. Fletcher Lieutenant,
Assistant Adjutant,
District Depot No. 4.

(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.]

[illegible]

1838 Broadway West
 Vancouver. B.C.
 7-9-17
Cal.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.

25m-4-17.

H. Q. 1772-39-819.

To Whom

Address

Rate 20 =

wife
 Mrs Eliza Bevins
~~31 Lyndburner Ave~~
~~St. Cuneegonde~~
~~Montreal Que~~

By Whom Assigned

Regtl. No. 2152551

Rank *Im*

Corps

*7 Bdy 1st**Bering Fred W*

JUL 1 1917

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				



MILITIA AND DEFENCE ASSIGNED PAY

M. F. W. 12a.
18m.—4-17.
1772—39—819.

OVERSEAS CONTINGENTS

Sheet No. 2

(Assignee)

Mrs Eliza Berrins

wife
PAYMENTS.

Name of Soldier

Berrins Fred W
7th Bty 4th
Gun

L. L. Job 19227—M. & D. 7814.

2152567

20 =

Remarks.

JUL 1 1917

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1917		
Feb.			
March			
April			
May			
June			
July		F 26609 20	
Aug.		B 29005 20	
Sept.		A 20167 40	
Oct.		E 47245 20	
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

F 26609 Rild Can'd. 2/8/17
CD 1
40 to ady for 1838
mailed 11/9/17
West
Vancouver B.C. 8-9-17
WAC

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

D/E 11-6-17
MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.
H. Q. 177-39-313.

SEPARATION ALLOWANCE

Name Elizabeth BevinName of Soldier Bevin, Fred WAddress 31 Lyndbarn AveRegtl. No. 2152551St. CunecondeRank GunnerMontreal, P. Q.Corps 4th Brigade C. F. A. o/s Draft

Relation to Soldier

To what Corps belonging

wife, child or mother

when called out

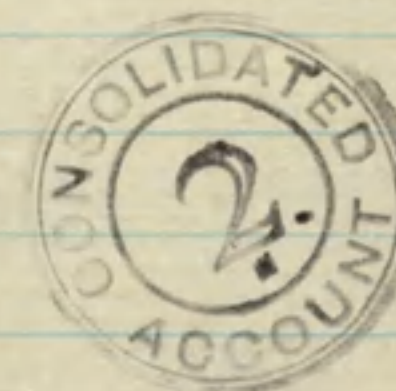
Wife

1838 Broadway

PAYMENTS

Vancouver

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914	10/9/14		
Sept.				
Oct.				
Nov.				
Dec.	1915			
Jan.				
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.	1916			
Jan.				
Feb.				
March				



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Elizabeth Bevins

Wife
PAYMENTS.

Name of Soldier *Bevins, Fred W*
Gunner 2152557. *7th Bri CFA*

L. L. Job 4503.-Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.	Receipts
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June					
July		<i>B 13233</i>	<i>33.</i>	<i>X</i>	
Aug.		<i>B, 15098</i>	<i>20</i>	<i>B</i>	
Sept.		<i>M 19512</i>	<i>20</i>	<i>T</i>	
Oct.		<i>G 22646</i>	<i>20</i>	<i>B</i>	
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

73 80 WDC

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

6574

July 1-1917

RATE OF SEPARATION ALLOWANCE

20.	2500	30
1-12-17	1-9-18	

P.B. 3257 P.B. 2753
M.O. 29489

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 252551

Rank Gr. Promoted

Reverted

Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

Fred W. Bevins
7 Bde. C. F. A. Dft.
Elizabeth Bevins
Wife

390 Ligonier Ave.
St. Charles Montreale Que.

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Mrs Eliz Bevins

390 Ligonier Ave

St. Charles Montreale Que

1 258 Broadway Wash. Vancouver B.C.

2 623-7th Ave. N. Vancouver B.C.

3 27 Turcot St. St. Henry Montreale Que

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917				1454-4-5	
Sep.	D 23646	20	60	133	
Oct.	E 44245	20	20	40	
Nov.	C 54966	20	20	40	
Dec.	D 59598	20	20	40	
Jan 1/18	A 55456	30	20	50	
Feb.	C 90129	25	20	45	
Mar.	A 97438	25	20	45	
Apr.	X 11717	25	20	45	
May	E 8009	25	20	45	
June	D 16163	25	20	45	
July	X 30466	25	20	45	
AUG	E 22865	25	20	45	
SEP	B 40568	25	20	45	
OCT	B 45542	25	20	45	
NOV	A 61745	25	20	45	
DEC	A 66120	45	20	65	
JAN	D 72927	30	20	50	
FEB	A 80841	30	20	50	
MAR	A 91646	30	20	50	
Apr	E 2845	30	20	50	
May		578	440	1018	

Issue no further cheques until
better address.

P. Reacta suspended
MR 075697.

A/c Closed 30-4-19

Ret'd per... Olympic

Date 21-4-19 M.F.W. 187 29-4-19 MR #4

Clerk... A. L. L.

MRB. 97813 29-4-19 (Der.)

M. F. W. 123.
400M-17-1773 39-1141
L. L. 22320-M. & D. 7193.

AUDITED.



Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF ASSIGNMENT

4

M. F. W. 128.
400M.-6-17-1772 39-1141
L. L. 22320-M. & D. 7993.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Painter.

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

25

YEARS

5

MONTHS

HEIGHT

5

FEET

3

INCHES

CHEST MEASUREMENT

35 1/2

INCHES

EXPANSION

4 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair

DISTINGUISHING MARKS

Not Stated.

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

June 11th 1917.

*Present Address, 31 Lymburner Ave.
Montreal, P.Q.*

SURNAME.

Berrins

4(F) CARD NO. ✓

CHRISTIAN NAMES

Frederick Walter

REGL. NO.

215255

RANK

Gr

UNIT

7th C. F. A. Bde (3rd P.D.)

FORMER CORPS

*Nil**SOS Dis 23-4-19
DO 12989-5-19
Demo 4. P.D.*

NEXT OF KIN.

NAMES IN FULL

Berrins, Mrs Elizabeth

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

*31 ~~Lymburner Ave., Montreal,~~
27 Turcot St., St. Henry, P.Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England

PLACE OF ATTESTATION

*Burton, on Trent
Montreal, P.Q.*

DATE

DATE

*Jan 26th 1892
June 11th 1917**OS 25-6 1/4 1924**R/C 21-4-19 309
99 Gnr(F)*

Q. Number 2152551 Rank Enr. B
Surname BEVINS
Christian name Frederick Walter
Units C F A. Theatre of War France
Date of Service 22-11-17
Remarks
Latest Address ~~27 Jarnett St.~~
206 St. Philip St
Montreal, Que
Roll No. 18975

ate

Character on
discharge

Date and place of
enlistment

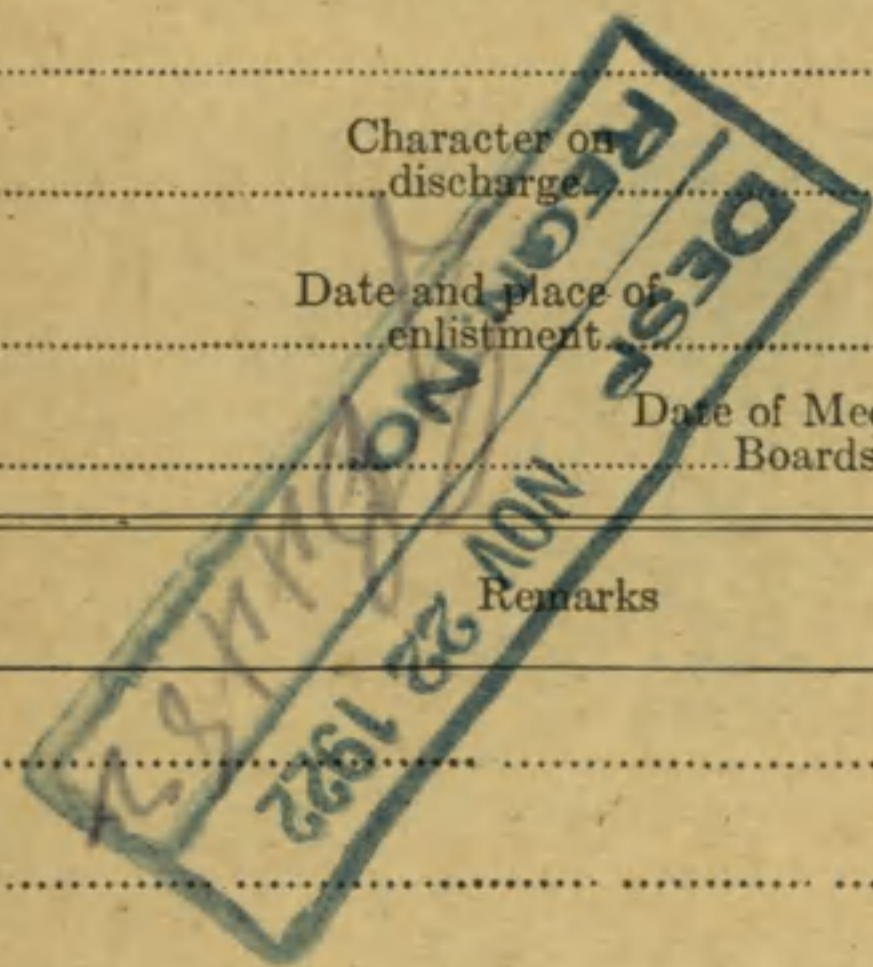
Date of Medical
Boards

Remarks

Pt. 2 Order No.

urname first.

(over)



No. *2152551* RANK *Gmc*

NAME *Rebins. J. W.*

T. O. S. *11-6-17*
June payroll-

UNIT *7th. Brigade. 6 F. A.*
Overseas Draft.

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1917</i> <i>June 11</i>	<i>1917</i> <i>June 30</i>	<i>✓</i>		

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

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards issued by the B.R.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- 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."
- 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.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- 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.

1. (a) Unit 2nd Bn. 63rd (b) Regimental No. 2132530 (c) Rank Private
 2. Age last birthday 27
 3. Enlistment, or Appointment (if an Officer) (a) Place Montreal, P.Q. (b) Date June 1917
 4. Personal description: (a) Height 5' 3" (b) Weight 125 (c) Complexion Fair
 (d) Colour of hair Blue (e) Colour of eyes Blue (f) Identification marks, Scars, etc. 3
 5. Former trade or occupation Gasometer Repairer
 6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted.)

Years	Days
1	298 days

Periods	From	To
Canada	11.6.17	5.7.17
England	5.7.17	23.11.17
France or other theatres of War	23.11.17	Present

7. Original disease, or injury. Erectile dysfunction
 (a) Date of origin Dec 1917
 (b) Place of origin France
 (c) Cause Chronic condition

M.F.B. 227.
 1772-30-117.

OPINION OF THE MEDICAL BOARD

- Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

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.)
 B (Yes or No.)
 C (Yes or No.)
 D (Yes or No.)
 E (Yes or No.)

- 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.
 (e) Strike out condition not applicable.

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

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.

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.
 Signed _____
 Witness, _____
 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.

DATE April 8. 1919
 PLACE Montreal
 President James E. H. H. H.
 Members _____
 APPROVED BY _____
 Assistant Director of Medical Services.
 Director-General of Medical Services.
 DATE _____

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.)

*Deafness (Rt Ear)
Defective hearing*

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.)

En report 22/3/19 by W Graham Capt came states
Ear
at 15' 3" = 50" normal untreated
voice 6' watch Weber Rinne Schwabach Meatus Drumhead
Lk 20 5ft = 50" normal normal
Eustachian tube catarrh
Throat: Hypertrophy tonsils
and lymphoid tissue roof of pharynx

(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*

Feet are slightly flat but have not caused any disability. Soldier states he has never had trouble with his feet

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

Dec 1912 first noticed deafness
Has not improved

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).)

none

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

3 vaccination scars Lt arm

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

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

not applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *a+b 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? *3 months*

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

none

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

no

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

17. Recommendations

nil

W. J. Jameson Capt Clame
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned *H. W. Bevis* have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of *nothing*

G. F. H. Bevis

2029

G. F. H. Bevis 2/59 5/11

Rank.
Signature of invalid examined.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 179).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39) (If enclosed in a special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing Statement (P. 851).
12. Last Pay Certificate (P. 851).
13. Pay Book (P. 851).
14. War Service Gratuity (Form M.F.W. 2235).
15. Sundry Documents.

Group B3
Checked by No. 15
Date 11 APR 1919

War Service Badge
Class "A" No. 242509

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. 2

1. No.	<u>2152 551</u>	
2. Rank.	<u>Sergeant</u>	
3. Name.	<u>Berins, Frederick, Walter</u>	
4. Unit.	<u>1st Div. Art.</u>	
5. Date of Discharge	<u>23-4-19</u>	Place <u>Montreal</u>
6. Reason for Discharge	<u>Demob.</u>	
7. Authority.	<u>R.O. 1420 DD#4 D.O. Pt. II-129.</u>	
8. Proposed Residence after Discharge	<u>27 Durovett St Montreal, Que.</u>	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. <u>B39.</u> <u>Montreal</u> <u>April 24. 19</u> <u>F. W. Berins</u> Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <u>Montreal</u> Date <u>Apr 24. 19.</u> Signature <u>[Signature]</u> Lieutenant Officer in Charge, Discharge Station	

B. 1695
87



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

REGT. NO. 2152551 RANK *gwr.* NAME (IN FULL) *BEVINS, F.W.*

AUDITOR PAYMASTER

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		<i>L. E. S.</i>	<i>15/4/19</i>	<i>D.O. 129</i>	<i>arty I</i>		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
<i>Yes \$30.00</i>	<i>1/5/19</i>	<i>S.O.S. 9.8C.</i>	<i>27-5-19</i>	<i>24th J 517.19</i>	<i>11/6/17</i>		
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
<i>Mrs. E. Bevins</i>	<i>(wife)</i>				<i>20.00</i>	<i>1/5/19</i>	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
<i>27 Turcot St</i>					<i>Mrs. E. Bevins</i>	<i>(wife)</i>	<i>same as S.A.</i>
<i>St. Henry, Montreal P.Q.</i>					ADDRESS		<i>Bank of Montreal</i>
					<i>27 Turcot St</i>		
					<i>St. Henry, Montreal, P.Q.</i>		<i>St. Henry Branch</i>
					STOP PAYMENT FORM	EFFECTIVE	
					ASSIGNED PAY		
					RENDERED, DATE		
					DISCHARGED	PLACE	DATE
						<i>Montreal</i>	<i>23/4/19</i>
						REASON	
						<i>Removal</i>	
						AUTHORITY	
						<i>Suppt 251</i>	
						IF ENTITLED TO	
						DISCHARGE	
						PAY	

BALANCE FROM PREVIOUS ACCOUNT

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		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT			
			\$	C.	\$	C.												\$	C.	
1/4/19 29/4/19	29	1.10	31.90	35.00 40.00												44.15	44.15	44.15		Plc. Dr. Eng. L.P.C. Cin. cl. 3.50 per 29.10.0 A.P. apd. 20.00 Pea. apd. 6.60 24/4/19-29/4/19 S.A. apd. 7.00 24/4/19-29/4/19
			SA 23.00		SA 23.00										SA 30.00	SA 30.00	7.00			
			Other Credits												Other Charges					
			W.S.C.S.A.												W.S.G.S.A.					
			280												70					
															660.63					
															7					
															70					
															40					

RELATIONSHIP OF DEPENDANT

Wife

AUTHORITY

11

11

100

0

FELSON

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

see next page

2152551. Luv. Berens Freat Walter

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	
DATE	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.
MONTH PARTICULARS				CR. 1	CR. 2				PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEP. RED. PAY	SEP. ALLGE. ENG.												
1917																															
Nov																															
										</																					

ASSIGNED
PAY.

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND OR
CANADA.

NAME: *BEVINS. Fred Walter*

EFFECTIVE
DATE: *1-7-1917*

EFFECTIVE
DATE: -

NUMBER: *2152551*

AMOUNT: *20⁰⁰*

AMOUNT: -

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

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

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

*Mrs E Bevins
31 Lyuburner Ave
St Marys
Montreal*

UNIT AND TRANSFERS

ORIGINAL UNIT *Dft 7th Bde*

DATE ACCOUNT FIRST OPENED: *1-7-1917*

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T'S'D

UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>13.3.19</i>	<i>7281</i>	<i>C. B. A.</i>	<i>46⁰⁰</i>				
<i>24.3.19</i>	<i>7671</i>	<i>"A" Wing</i>	<i>45⁰⁰</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE
ALL'CE

PARTICULARS OF RENDERING NON-EFFECTIVE

Discharge to Canada - Cuthy. M. B. 5347 - Bramhall. M. D. No. 9. 26-3-19. Bramhall. Dr. Lel. 4/1/19

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Apr</i>	<i>Mod Bae for G.P.</i>	<i>33</i>		<i>AR 28 4/4/18 2 Bde</i>	<i>446</i>			<i>20</i>	<i>16 26</i>		
				<i>- 78 2/4/18</i>	<i>357</i>						
				<i>AR. 1098 8/12/17</i>	<i>892</i>				<i>1231</i>		
<i>May</i>	<i>G.P.</i>	<i>33</i>			<i>1695</i>			<i>20</i>			
		<i>3410</i>		<i>AR 132 7/5/18 2 Bde</i>	<i>446</i>			<i>20</i>	<i>21 95</i>		
<i>June</i>		<i>3410</i>			<i>446</i>			<i>20</i>			
		<i>33</i>		<i>AR. 245 1/6/18 2 Bde</i>	<i>446</i>			<i>20</i>	<i>76 92</i>		
				<i>- 311 2/6/18</i>	<i>357</i>						
<i>July</i>	<i>Lt.</i>	<i>33</i>			<i>803</i>			<i>20</i>			
		<i>3410</i>		<i>✓ 351 3/7/18 1 Bde</i>	<i>446</i>			<i>20</i>	<i>3656</i>		
<i>Aug</i>	<i>Lt.</i>	<i>3410</i>			<i>446</i>			<i>20</i>	<i>5066</i>		
		<i>3410</i>						<i>20</i>			
<i>Sep.</i>	<i>Lt.</i>	<i>33</i>						<i>20</i>	<i>6366</i>	<i>Ble 5A</i>	
		<i>33</i>						<i>20</i>		<i>8-11-18</i>	
<i>Oct</i>		<i>3410</i>		<i>car</i>				<i>20</i>	<i>7776</i>	<i>600</i>	
		<i>3410</i>						<i>20</i>			
<i>Nov</i>		<i>33</i>		<i>car</i>				<i>20</i>			
				<i>at 60429 8/11</i>	<i>7300</i>						
				<i>AR 2922 30/11</i>	<i>373</i>						
<i>Dec</i>		<i>3410</i>		<i>car</i>							
				<i>AR 1086 4/12</i>	<i>1679</i>			<i>20</i>	<i>2544</i>		
<i>Jan</i>		<i>3410</i>		<i>car</i>				<i>20</i>			
		<i>1072</i>			<i>9352</i>			<i>60</i>			

