DISCHARGE DOCUMENTS

27393

R. O. No.....

H. Q. No.....

Name, BONE LEVI

Regt, No, [illegible] Pte.

Corps, 187

"Medical

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... K 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids..... 1

Medical History Sheet..... X 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate..... 1

Index Card.....

Casualty Card..... X

Non-Effective Card.....

Part II Offer Card..... 1

Change of Address Card..... 1

Honour & Award Card.....

Cards - 2
A.F.B. - 122 - 1
Identity Card - 1
S. [illegible] - 1
Miscl. - 1

PC - 1

K.C.S.B. - 1

12/4/20

12-4-20

2-3-20

P6-4-20

11/29

24-29

30-29

1

11-10

12

12

1

19-2-16

16-4-19

16-3

37

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

187TH OVERSEAS BATT'N. C. E. F.

TRIPLICATE

ATTESTATION PAPER.

No. 883081

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Bone
1a. What are your Christian names?	Levi
1b. What is your present address?	Crossfield Alberta
2. In what Town, Township or Parish, and in what Country were you born?	Parish of Fairfield Buxton Derbyshire
3. What is the name of your next-of kin?	Annie Maria Bone
4. What is the address of your next-of-kin?	Crossfield Alta
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	September 21 st 1874
6. What is your Trade or Calling?	Farmer
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?	Yes
10. Have you ever served in any Military Force? If so, state particulars of former Service.	Only in Militia during camp
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, Levi Bone, 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.

Levi Bone (Signature of Recruit)

Date May 2d 1916 Ivan Casey (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Levi Bone, 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.

Levi Bone (Signature of Recruit)

Date May 2d 1916 Ivan Casey (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 Crossfield this 2d day of May 1916.

E. A. Monroe (Signature of Justice)

M. F. W. 23.
100M.—1-15.
H. Q. 1772-39-841.

Description of Levi Bone on Enlistment.

Apparent Age 41 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft 5 ins.
Chest measurement — Girth when fully expanded	42 1/2 ins.
Chest measurement — Range of expansion	7 1/2 ins.
Complexion	Fair
Eyes	Brown
Hair	Brown
Religious denominations — Church of England	✓
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).

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 May 2nd 1916. D. V. Williams

Place Crossfield Alta

Medical Officer.

*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.

Levi Bone 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 May 18th 1916 C. W. Robinson (Signature of Officer)

LT. COL.
O. C. 187th O. BATTALION, C. E. F.

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... 187TH OVERSEAS BATTALION CANADIAN EXPEDITIONARY FORCE

(2) Regimental Number 883081

(3) Full Name of Soldier..... Levi Bone

(4) Place of Birth Parish of Fairfield, Buxton, Derbyshire, England.

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

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....

M. F. W. 67.

300M.—5-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....

If so, state name and address .....

(10) Is your Mother alive ?.....

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....

.....

.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?.....

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

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

.....
Officer Commanding.

NOV 23 1916

Date.....

C W Robinson ..... LT. COL.
O. C. 197th O. BATTALION, C. E. F.

C Co

187TH OVERSEAS BATTN. C. E. ORIGINAL

883081

MEDICAL HISTORY SHEET.

Surname Bone Christian Name Levi

Examined on 2nd day of May 1916 at Crossfield, Alberta.

Approved by D. W. Williams M.B.

Birthplace City or Town Buxton, Derbyshire County England

Rank ..... M.O.

Apparent age 41

Trade or occupation Farmer

Height 5 Feet 5 Inches.

Weight 184 Lbs.

Chest measurement Minimum 36 inches. Maximum expansion 42½ inches.

Physical development Excellent

Small-Pox Marks no

Vaccination Marks Arm Right. yes Left. Number two

When Vaccinated last In 1894

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

1. Left inguinal hernia (Reducible)
2. Teeth in bad condition which are being repaired.

Date.	Fit or Unfit.	Examined for Re-engagement.
2/5/17	Fit	J. Adams Capt. Asst
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
27/11/16		E H Wade M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
27/11/16	1 a/b	E H Wade M.O.
14/12/16	1 a/b	E H Wade M.O.
		M.O.

Enlisted on 2 day of May 1916 at Crossfield

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	187th. EN	883081		2/5/16
Transferred to	21st. Reserve Battalion (Alberta).			2/2/17.
	Alta Reg Depot			8/5/17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
~~Bramshott Camp, Hants.~~ 16 APR. 1917 APPROVED	16-4-17 Geo A Russell Capt. C.A.M.C. for Colonel, A.D.M.S. Canadian Troops, Bramshott Camp.	Myalgia of Arms Knees & hips	Gill, O.C. Corps PRESIDENT. MEDICAL BOARD, BRAMSHOTT.
Calgary	17/5/18	Myalgia & Inguinal Hernia Left.	E H Beach Capt.

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.

M. F. B. 313.

400M.—1-16.
H. Q. 1772-39-439.

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

★PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

Report No. 4388	CATEGORY "E"	No. of M.H.C. File	No. of Local File	No. of H.Q. File
"I" Unit	Bone, Levi (Surname, Christian Name)			
M. D. No. 13	Permanent Address Crossfield, Alta.			

No.★ 883081 Rank Pte. Original Unit 187 Bn. Service Unit★ C.F.A.

Age★ 43 Height 5 ft. 5 ins. Complexion Fair Eyes Br. Hair Br. Conduct

Date of enlistment 2/5/16 Where enlisted Crossfield Where seen service★ England

Ship returned by Delta 20 Date of arrival 21/3/18 Port of arrival Halifax

Birthplace★ England Religion C. of E.

Cause of disability 1. Myalgia 2. Inguinal Hernie, Left
1. Service Conditions 2. Unknown

Condition in detail which prevents the soldier from earning a full livelihood

Short, fairly well nourished man. Eats and sleeps well, While in England April 1917, developed pain and stifness in back and right knee. Did only light duty afterwards. At present after exertion has pain and stiffness in back and right knee. Nothing abnormal found on examintaion except slight tenderness over right knee joint. States his condition is much worse in damp weather. Had left inguinal hernia before enlistment which was operated on in Aug. 1916. Was all right until Nov. 1917 when he noticed that it was bulging again. There is at present marked bulging over left inquinal canal. The canal is dilated and there is an impulse on coughing. There is a slight systolic murmur over second left Costal cartilage. No enlargement of heart. Pulse 90. Other system normal.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity 1. 6 mo. 2 Permanent, unless operated on.

Does it render him permanently unfit for Military Service?

Is further treatment or use of appliances recommended, if so which?

Destination to which transportation issued

Members of Board Capt. J.D. Stewart, Capt. J.F. Coc, Capt. J.D. McKay

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife	Annie W	33			Good
Children 1	Lillian	15			"
2	William	13			"
3	Margaretta	6			"
4	George	2			"
5					

Name and address next of kin Mrs. Annie M. Bone, same Address

Notification of return to be sent to

Occupation prior to enlistment Farmer And for how long followed

Regular trade or occupation

Average earnings previous to enlistment Variable Any other income?

Name and address of last employer

Rent per month. If owner of or purchasing property amount due and annual payment $ 400.00 $

Taxes 40.00 If Homestead, or Farm, where located

If carrying life or accident insurance, annual premium $1.00 Per A Name of Society

If unable to follow previous occupation, name preference

References I declare that the above statement is correct.

Witness H. Gray

Date 17/5/18 Place Calgary Signature Levi Bone

Remarks by Interviewer:

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class Amount per year, $ Period granted for Dating from

First payment date

Form No. 5b.

Reports of men returned for duty to be typed on White (Red printed) Forms.
A. General Service. C. Service in Canada. (White red printed forms).
B. Service abroad, not general. D. Treatment. (Pink copies).

Reports on men returned for Discharge under Sp. Auth. on White (Black Printed) Forms.
E. 1. Discharge, no pensionable disability. (Yellow copies).
E. 2. Waiting Reclassification. (Pink copies).
E. 3. Discharge with claim for pension. (Blue copies).

DEPENDENTS	NAME	AGE	WHERE IS EMPLOYED	ADDRESS	STATE OF HEALTH
Wife					
Children					
	1				
	2				
	3				

INFORMATION TO BE FURNISHED BY SOLDIER

Complete name of Board . . . . . Destination to which transportation issued

Is further treatment or use of appliances recommended? If so what?

Does it impair ability to perform military service;

Is disability due to or aggravated by service;

Degree of incapacity—Ent. Board . . . . . Reexamining Board

Cause of disability . . . . . Duration . . . . .

Birthplace . . . . . Relation . . . . .

Data of enlistment: Where enlisted Term of enlist

Data of entrance into service . . . . . Where serving . . . . .

Age . . . . . Height . . . . . Complexion . . . . . Eyes . . . . . Hair . . . . . Condition

No. . . . . Rank . . . . . Original Unit . . . . . Service Unit . . . . .

M.D. No.					
Report No.	Unit	CATEGORY	Assigned Duties	Date assigned	Date relieved	Initials
			Subsequent Duties			

CONFIDENTIAL INFORMATION

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

Form No. 49

First payment date

PENSION—Class Amount per year. $ Period granted for Date line from

Amount forwarded to H.O. Unit. $ Credit Clothing allowance $

Last Pay Cert. Cl. " $ Cl. " $ Amount held at Depot H.O. " $ L.P.O. serving Depot $

Remarks by Interviewer:

Date Place Signature

Witness

References I declare that the above statement is correct.

If unable to follow previous occupation, name preference

If certain life or accident insurance, annual premium $ Name of Society

Taxes If Homestead, or Farm, where located

Rent per month. If owner of or interested property amount due and annual payment $ $

Name and address of last employer

Yearly's certificate previous to enlistment Any other income?

Highest rank or occupation

Occupation prior to enlistment And for how long followed

Nonification of return to be sent to

Name and address next of kin

NAME	AGE	WHERE IS EMPLOYED	ADDRESS	STATE OF HEALTH

INFORMATION TO BE FURNISHED BY SOLDIER

Complete name of Board . . . . . Destination to which transportation issued

Is further treatment or use of appliances recommended? If so what?

Does it impair ability to perform military service;

Is disability due to or aggravated by service;

Degree of incapacity—Ent. Board . . . . . Reexamining Board

Cause of disability . . . . . Duration . . . . .

Birthplace . . . . . Relation . . . . .

Data of enlistment: Where enlisted Term of enlist

Data of entrance into service . . . . . Where serving . . . . .

Age . . . . . Height . . . . . Complexion . . . . . Eyes . . . . . Hair . . . . . Condition

No. . . . . Rank . . . . . Original Unit . . . . . Service Unit . . . . .

M.D. No.					
Report No.	Unit	CATEGORY	Assigned Duties	Date assigned	Date relieved	Initials
			Subsequent Duties			

CONFIDENTIAL INFORMATION

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

Form No. 49

First payment date

PENSION—Class Amount per year. $ Period granted for Date line from

Amount forwarded to H.O. Unit. $ Credit Clothing allowance $

Last Pay Cert. Cl. " $ Cl. " $ Amount held at Depot H.O. " $ L.P.O. serving Depot $

Remarks by Interviewer:

Date Place Signature

Witness

References I declare that the above statement is correct.

If unable to follow previous occupation, name preference

If certain life or accident insurance, annual premium $ Name of Society

Taxes If Homestead, or Farm, where located

Rent per month. If owner of or interested property amount due and annual payment $ $

Name and address of last employer

Yearly's certificate previous to enlistment Any other income?

Highest rank or occupation

Occupation prior to enlistment And for how long followed

Nonification of return to be sent to

Name and address next of kin

NAME	AGE	WHERE IS EMPLOYED	ADDRESS	STATE OF HEALTH

INFORMATION TO BE FURNISHED BY SOLDIER

Complete name of Board . . . . . Destination to which transportation issued

Is further treatment or use of appliances recommended? If so what?

Does it impair ability to perform military service;

Is disability due to or aggravated by service;

Degree of incapacity—Ent. Board . . . . . Reexamining Board

Cause of disability . . . . . Duration . . . . .

Birthplace . . . . . Relation . . . . .

Data of enlistment: Where enlisted Term of enlist

Data of entrance into service . . . . . Where serving . . . . .

Age . . . . . Height . . . . . Complexion . . . . . Eyes . . . . . Hair . . . . . Condition

No. . . . . Rank . . . . . Original Unit . . . . . Service Unit . . . . .

M.D. No.					
Report No.	Unit	CATEGORY	Assigned Duties	Date assigned	Date relieved	Initials
			Subsequent Duties			

CONFIDENTIAL INFORMATION

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

Form No. 49

First payment date

PENSION—Class Amount per year. $ Period granted for Date line from

Amount forwarded to H.O. Unit. $ Credit Clothing allowance $

Last Pay Cert. Cl. " $ Cl. " $ Amount held at Depot H.O. " $ L.P.O. serving Depot $

Remarks by Interviewer:

Date Place Signature

Witness

References I declare that the above statement is correct.

If unable to follow previous occupation, name preference

If certain life or accident insurance, annual premium $ Name of Society

Taxes If Homestead, or Farm, where located

Rent per month. If owner of or interested property amount due and annual payment $ $

Name and address of last employer

Yearly's certificate previous to enlistment Any other income?

Highest rank or occupation

Occupation prior to enlistment And for how long followed

Nonification of return to be sent to

Name and address next of kin

NAME	AGE	WHERE IS EMPLOYED	ADDRESS	STATE OF HEALTH

INFORMATION TO BE FURNISHED BY SOLDIER

Complete name of Board . . . . . Destination to which transportation issued

Is further treatment or use of appliances recommended? If so what?

Does it impair ability to perform military service;

Is disability due to or aggravated by service;

Degree of incapacity—Ent. Board . . . . . Reexamining Board

Cause of disability . . . . . Duration . . . . .

Birthplace . . . . . Relation . . . . .

Data of enlistment: Where enlisted Term of enlist

Data of entrance into service . . . . . Where serving . . . . .

Age . . . . . Height . . . . . Complexion . . . . . Eyes . . . . . Hair . . . . . Condition

No. . . . . Rank . . . . . Original Unit . . . . . Service Unit . . . . .

M.D. No.					
Report No.	Unit	CATEGORY	Assigned Duties	Date assigned	Date relieved	Initials
			Subsequent Duties			

CONFIDENTIAL INFORMATION

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

Reports on strength. Forms. (Red printed (Black Printed on White (Blue printed for Discharge under Sp. Auth. on Medical Certificate of Disability for Discharge.) (Green printed for Transfer to Reserve.) (Yellow printed for Retirement.) (Pink printed for Reclassification.) (Buff printed for Discharge with Honor.) (Orange printed for Discharge without Honor.) (Brown printed for Dishonorable Discharge.) (Gray printed for Deserters.) (Canary printed for Absentees.) (Salmon printed for Prisoners.) (Green printed for Insane.) (Blue printed for Interned in Neutral Countries.) (Drab printed for Missing.) (Lavender printed for Dead.) (Ivory printed for Casualties.) (Goldenrod printed for Enlistment.) (Manila printed for Duplicate.) (Tan printed for Duplicate.) (Pink printed for Duplicate.) (White printed for Duplicate.)

SUPPLEMENTARY

B-77

CANADIAN CONTINGENT EXPEDITIONARY FORCE

DISTRICT DEPOT
H. Q.-D. AND H. S.

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 083081 Rank Pte. Name Done, L.

Corps 187th Bn. who was* Discharged

On 13-6-18 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Adjust. Aug. Pay List 191..., to 13-6-18 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay ..... days at $ ..... c.		
Advances by Cheques No.			Field Allow. ..... days at $ ..... c.		
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing Allce.	27	00
Payment on transfer or discharge No. 0517	27	00	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	27	00	Total	27	00

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of Assigned {Pay for the month of.....191.... / and Sep'n Allce. for month of .....191....} (to) Assignee.....

(Address) .....

.....

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge Med. Unfit authority D.O. 57

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date August 15, 1918

Place Calgary, Alta.

Capt.
Paymaster, Casualty Co'y, District Depot No. 13
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

Form D.M.S. 1348 (Revised).
2075—30m—2/12/16.

EXAMINATION
BY
STANDING MEDICAL BOARD, BRAMSHOTT.

16—4—1917

No. 883081 Rank Pte Name Bone—L.

Local Unit 21st Res. Bn. 187th Bn Overseas Unit Age 46

Examination held in Bramshott area.

DISABILITY.

~~Overseas~~—Local.
(scratch one out)

Myalgia + Arthritis of Knees Hips.

PRESENT CONDITION.

The main complaint is arthritis which began in Feb. 1917. Up to that date he had carried on well full duty. The variable weather has bothered him and is likely responsible for his present disability. He has been doing fatigue work.

Board recommends :

1. Fit for Duty.
2. Fit for duty after ..... weeks physical training.
3. Fit for Base duty ..... weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures :

Members { O.L. Cooper Cole Pres.
J. A. Dickson Major
H. Fraser Lam Capt }

Approved.

Bramshott 16—4 1917 Geo. A. Russell Capt. C.A.M.C.
for A.D.M.S. and G.O.C.,
Canadian Troops, Bramshott.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

191

No. Rank Name

Local Unit Overseas Unit Age

Examination held in Bramshott area.

DISABILITY.

Primary—Local
(Scratch one out)

PRESENT CONDITION.

1. Fit for Duty.
2. Fit for duty after weeks physical training.
3. Fit for Base duty weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signature :

Members

Approved :

Brigadier 191

for A.D.M.S. 2nd Can. D.O.C.
Canadian Troops, Bramshott.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA. B 590

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian Names ..... Levi ..... 2. Surname ..... Bone .....
3. Rank ..... Pte ..... 4. Original Unit ..... 187 ..... 5. Reg. No. 883081
6. Address, in full, to which future payments of gratuity are to be forwarded ..... Cromfield ..... alto .....
7. Date of enlistment in the C.E.F. ..... May 2, 1916 .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge ..... Annie Maria Bone .....
9. Relationship of such dependent ..... wife .....
10. Address, in full, of such dependent ..... Not known to me now Left my address on 1st of October 1918 .....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? ..... no .....
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
..... 21 ..... reserve ..... Batt ..... Brandon .....
..... March ..... to ..... June ..... 1917 .....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? ..... Yes .....
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service .....
..... not applicable .....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served ..... with 187 from May 2 1916 to March 1 then 21 reserve Brandon then Can. Forestry Corps until Feb 1918 Discharge 26.1918
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... no .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? ..... no .....

M.F.W. 2595.
1772—-39—1389.
1160—D.P.—250M-12-18.

M.F.W. 2595-8-1
12-1-19
Levi Bone

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ...yes...15...Light horse for two years

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ...received three months Post Discharge from headquarters 13 Dist

20. Have you been issued with a War Service Badge? If so, what class? ...Class B...

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ...no...

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ...no...
(b) If so, was such reversion in consequence of misconduct or inefficiency? ...no...

24. Are you now serving in the C.E.F. ...no... If not, give:—(a) Date of discharge ...June...26...1918... (b) Reason for discharge ...Sickness unfit for further military duty

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit...no...

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit...no...

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ...no...
(b) If so, are you in receipt of full pay and allowances from that Department? ...no...

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: Levi Bruce

Place of Residence: Crossfield alta

Declared before me at: Calgary

This 27th day of March 19.19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the ~~Peace~~, or Commissioner for the Administration of Oaths. Edward J. Brett

---

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

C.A.D.C.5009.
20M-19-2-18.

883081

Pt Bone L

DENTAL CERTIFICATE.

The following Certificates will be attached to the Medical History Sheets of all Other Ranks being returned to Canada for disposal.

C F C

Date of Examination.	Present Dental Condition.	In case of loss or decay of teeth. Is the loss due to wounds, injury or disease directly attributed to Active Service?	Has he ever declined Dental Treatment.	Recommendation.
27/9/16	Fit 9 fillings			

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 187 Bn. (transferred to C.E.F.)

Regimental No. 883081 Rank Pte Name Bone Levi

Enlisted (a) 2-5-16. Terms of Service (a) D of W. C. E. F. Service reckons from (a) 2.5.16.

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) Farmer

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				
18.4.18.		TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO 109 W. H. Death Lieut. Col. Officer Commanding District Depot No. 13			
13.6.18.		DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO 57 AUTHORITY HQ.16.1.25 dated Ottawa 5.12.17. C.L. 330. W. H. Death Lieut. Col. Officer Commanding District Depot No. 13			

(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				

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

187TH OVERSEAS BATTALION
CANADIAN EXPEDITIONARY FORCE

Unit, Regiment or Corps

Regimental No. 883051 Rank Private Name Bowe - Levi

C. E. F.

Enlisted (a) 24/May 2/16 Terms of Service (a) Duration of War Service reckons from (a) May 2 - 1916
Age 18 MONTHS.

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) Pte. Farmer - Pte

Report: Date	Report: 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.
		Embarked	Canada	15-12-16	H.M.T. OLYMPIC.
		Arrived	England	28-12-16	
FEB 10 1917	O.C. 187	Trans to 21 st Res. Bn. Alta.	Witley	2/2/17	D.O. #37 - 10/2/17 Lt Brown for O.C. 187th O. BATTALION, C. E. F.
18 FEB 19	O-C-21st Res. Bn.	Taken on Strength 21 st Res. Bn. Alta.	Seaford.	2/2/17	Pte. II B. 84 9/2. London L.O. 271 d/-20-1-17 -
17.4.17.	21st Res Bn:	Posted to Alberta Reg: Depot	Bramshott	16.4.17	A.D. Munson Pte D097
17.4.17	21st Res Bn.	Attached to 21st Res Bn.	Bramshott	16-4-17	Pte D097. A.R.O. Pte D040 d/16-4-17.
8/5/17	21st Res Bn	Ceases to be attached to 21st Res Bn	Bramshott	8/5/17	Pte D 118. A.D. Munson Lieut. & Asst. Adjt 21st Reserve Battalion (Alberta)

(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				
10-5-17	Brandhall	S. O.S. on Transfer to Can Forestry Corps A.R. Orders 10-5-17	Sunningdale	10-5-17	W.A. Lyndon Major A/Officer Commanding acta Regtl Depôt
16/5/17	D of T.O.	S. O.S. Base Depot C.F.C. on transfer from A R D	Sunningdale	10/5/17	P.S. II 1015 Lieut & Asst Adjt.
27. 2. 18	TAKEN ON STRENGTH C.D.D, BUXTON Pt.	11 ORDER No. 48			Lieut,-Col. Commanding Canadian Discharge Depôt.
12 MAR 1918	EMBARKED FOR CANADA FROM LIVERPOOL				Lieut,-Col. Commanding Canadian Discharge Depôt.

Transferred to No. 13 Casualty Unit 27/3/18

Auth. District Order No. 96

Officer Commanding No. 13 Casualty Unit

~~*Discharged from the Service by No. 13*~~

Casualty Unit ~~*Auth*~~

Officer Commanding No. 13 Casualty Unit

Name BONE, Levi. Reg'l No. 883081

If in perm. Corps, What Unit? Married or Single Married.

Place and Date of Enlistment Crossfield. 2nd May 1916. Place of Birth Parish of Fairfield, Buxton, Derbyshire.

Name and Address, Next-of-Kin Annie Maria Bone.

Crossfield, Alta. 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.

H/E R.B. No. 1553.
Elle R.L.
Category Lieut. R.

Report. Date.	Report. From whom received.	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.
		Arrived in England S-S Olympic 26*12*16			
10-2-17	O.C. 187th	To Sou Tfs & 21st Res Bn Seaford	Westley	2-2-17	Pte II. 00. 37
18-2-17	O.C. 21st Res	To Sou Tfs for 187th Bn	Seaford	2-2-17	" " " 40
17-4-17	✓	S.O.S to Alta Regt Depot I will remain attd to this Unit			A.R. Depot Pte O.H.O - 18-4-17
			Bishopstd.	16.4.17	Pte 097
3.5.17	21st Res	Leave to be attd on rtn to Alta Regt.	✓	5.5.17	Do 118 / Alta Regt Do 60 d/5.5.17
11.5.17	Alta Regt	S.O.S on trans to Can F. Corps	✓	11.5.17	" 63 B.Dep.C.F.C. Pte O. 15 d/16.5.17
25/2/18	B.D.C.F.C.	On Command to Buxton Hc	Nthdale	25.2.18	" 48.
26.3.18	"	Ceases on com Buxton I.S.O.S. on embarkation to Canada for disposal by P.C.	"	12.3.18	" 73

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.					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

1817-4-2.

Name Bone, Levi
Surname Christian Name

Regimental Number 883081 Rank Pte. Address (in full) Crossfield, Alta.

Unit C. F. C.

Original Unit

District where paid M.D.13.

Date of Discharge 13-6-18.

P. D. P. Filing Number 3-176-13.

Rates:—Regimental pay $1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ 25.00 month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
175 10	3042	2466-18	58 00	2980	24-7-18	58 00	2984	24-8-18	59 10		175 10

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks:

File No. 1817-L-#1

WAR SERVICE GRATUITY.

INV 20-11-19 Lv 48

Register No. B2561

Reg. No. 883081 Cte

Name Bone Leoie

Address High Prairie

Dependent Annie M Bone

Address Not Known

Dec'n No. ..... W. S. G. File No .....
Award ..... days at $ ..... per day $ .....
S. A. ..... months at $ ..... per mo. $ .....
Less P. D. P. Credited

Pay Soldier $ 174.90
Less further debit balance
Not due paid

Pay Dependent $ Nil.

Chased sent 3/11/20 for Birth Certf of Children 31/12/20

Lt. S B Smart.
Com- W H Turner
Clerk G Whitelaw

Days 153 Rate 70 Due 350.00

Less P.D.P. credited 175.10

Less further Dr. Bal. or overpayment. -

Net 174.90

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
		23-1-20								
19-1-20	49841	548371	174	90		1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by M. D.
Date 19-1-20

R Evans
20/11/19

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Annie Maria Bone Wife

Name of Soldier Bone Levi Corpl

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.		Z10519	70		70
Sept.		Y-14915	20		20
Oct.		Y18820	20		20
Nov.		21114	20		20
Dec.		Z 24662	20		20
Jan.	1917	Y 28381	20		20
Feb.		Y 31368	20		20
March		Y 34057	20	250	20
April		Y2000	20		20
May		Y3H10	20		20
June		I 6359	20		20
July		Y 10104	20		20
Aug.		C 14148	20		
Sept.		C 17565	20	330	
Oct.		Y 22873	20		
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

L. L. Job 310—M. & D. 6574.

15 – 16
5

15 – 5 – 16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Annie Maria Bone

Address Crossfield, Alberta

Relation to Soldier wife, child or mother } Wife

Name of Soldier Bone Levi

Regtl. No. 883081

Rank Pte – Corpl.

Corps 187th Batt.

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED ACCOUNT 5

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Annie M. Bone. Wife

Name of Soldier Bone, Levi.

L. L. Job 4503.—Req. 6832.

8 83081. a/cpl. 187 Bn.

DEC 1 1916

$15.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		V 36353	15	
Jan.	1917	U. 36706	15	
Feb.		V 38474	15	15 R
March		W H5281 R	15	15 L
April		C 828	15	15 W
May		T L 610	15	
June		Y 13416	15	15 M
July		V 20376	15	C
Aug.		X 26430	15	6
Sept.		W 35896	15	D
Oct.		L 47688	15	~
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

W. B.

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.				

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

Wife.

To Whom Mrs Annie M. Bone.

Address Crossfield. Alta.

Rate $15.

By Whom Assigned Bone. Levi.

Regtl. No. 883081.

Rank A/cpl.

Corps 187 Bns.

DEC 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				

CONSOLIDATED ACCOUNT 2

No. 883081 Rank Pte. Surname Bone

Christian Names Levi

Unit 187th.Battn. #13 Casualty Unit

H. Q. File No. District File No.

DATE	DISPOSITION OF MILITARY HISTORY SHEET AN ENTRY TO BE MADE EACH TIME THE MILITARY HISTORY SHEET IS TRANSFERRED FROM ONE BINDER TO ANOTHER	AUTHORITY TO BE QUOTED IN EVERY CASE
27-3-18	Taken on Strength	A.C.I. 2 Dec. 96 - 6/4/18

DATE	DISPOSITION OF MILITARY HISTORY SHEET AN ENTRY TO BE MADE EACH TIME THE MILITARY HISTORY SHEET IS TRANSFERRED FROM ONE BINDER TO ANOTHER	AUTHORITY, TO BE QUOTED IN EVERY CASE

Number 883081 Rank Pte

Surname BONE.

Christian Name Levi.

Units 187th Bn Can Inf Theatre of War England

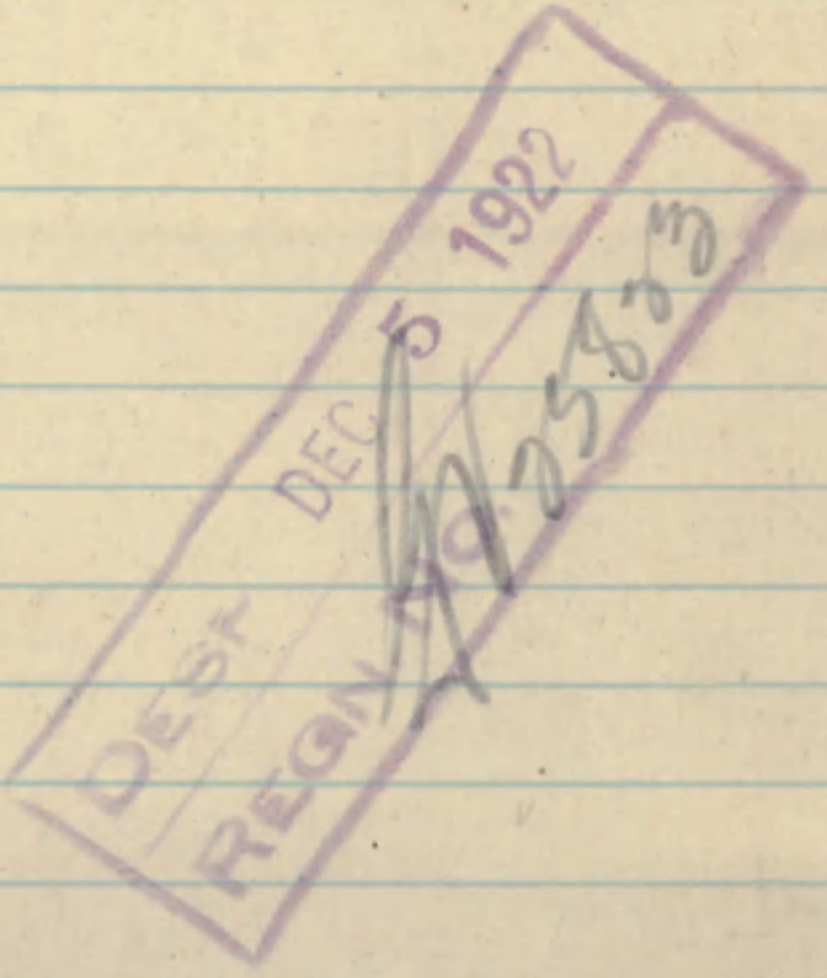
Date of Service 26-12-16

Remarks

Latest Address Crossfield Alta (G.P.O.)

Roll No. A Page 43-18

200m.-6-21.


DEC 5 1922
DEPT
REGISTRY
No. 23533

No. 883081 RANK Pte. NAME Bone L.

T. O. S. 15-5-16 UNIT 187th Battalion C. E. O.
D. O. 17, 15-5-16.

M. D. 13.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 15	May 31	C		
June 1	June 4	M.		
June 5	June 30	V		
July		V		
Aug.		V		
Sept.		V		
Oct.		V		
Nov.		V		
Dec 1	Dec 14	M.	Reverts to ranks at own request 7-12-16	D. 6193, 7-12-16
Dec 15	Dec 31	M.		

REG. NO. 981 NAME (SURNAME FIRST) Bone Li

RANK Chi CORPS P. S. of C.

AGE 42 SERVICE

NAME OF HOSPITAL Sarcee Camp PLACE Calgary

DATE OF ADMISSION 17 - 8 - 16

DISEASE Hernia

DISCHARGE 23 - 8 - 16

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

H. Q. Reference

No. 883081 Rank Pte Unit 21 Horse

Surname ~~Levi~~ LEVI

Christian names ~~Bone~~ BONE

Kindly forward Medals, to which I am entitled by reason of my service in England.

(Theatre of War)

with 187 & 21 Reserve & Can For Co

(Unit with which served in Theatre of War)

No.

Street HIGH PRARIAE

Town

County

Levi Bone

(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

O. H. M. S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M-1-21.

CARD NO. 4

S.O.S. Lis. 13/6/18 T3
Cat. E. FOLL. Pt. II 574
13/6/18 #1320.29.

SURNAME. Bone

CHRISTIAN NAMES Levi.

REGL. No. 883081 RANK ~~Pte~~. Cpl.

UNIT 187th. Bn.

FORMER CORPS only in Militia during Camp.

NEXT OF KIN.

NAMES IN FULL Bone, Mrs. Annie Maria

RELATIONSHIP TO SOLDIER wife

ADDRESS Crossfield, Alta.

CHANGE OF ADDRESS

COUNTRY OF BIRTH England, Buxton, Derby. DATE Sept. 21st. 1874

PLACE OF ATTESTATION Crossfield, Alta. DATE May 2nd. 1916

O/S 21-12-16

R/C 20-3-18 7/66 13

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-325.

From Halifax per S.S. "Olympic" 2/12/16. 13/12/16

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Farmer RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 41 YEARS 7 MONTHS

HEIGHT 5- FEET 5- INCHES

CHEST MEASUREMENT 42 1/2 INCHES EXPANSION 7 1/2 INCHES

COMPLEXION Fair EYES Brown HAIR Brown.

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Crossfield, Alta. DATE May 2nd. 1916

Present Address:- Crossfield, Alta.

*Name BONE, Levi Rank Pte. Regtl. No. 883081

Fyle Depot ~~[illegible]~~ 130-B77

Original unit 187th Present unit C.F.C. M. or S. Age 43 Religion C. of E. Ref. H.Q. M7. B.705

Port, ship, and date of arrival Halifax. Olympia 22-5-19

Next of kin Mrs. Annie M. Bone (wife) Crossfield. Alta.

Address on leave Crossfield. Alta.

Address on discharge Crossfield, Albetta.

Transportation issued Yes / No Date

Character on discharge VERY GOOD

Previous occupation Farmer

Date and place of enlistment 2-5-16 Crossfield. Alta.

Diagnosis 1. Hydrocia 2. Inguinal Hernia left

Date of Medical Boards 13-5-16

Date.	Remarks	Pt. 2 Order No.
T. O. S.		
16-4-18	Posted to Casualty 16-4-18	109
13-6-18	Discharged From His Majesty's Service. 13.6.18.	57

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192.
60M-3-18. (D.P.) 353.
1772-39-1243.

Date of Enlistment

15-5-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

Dec. 1-16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~1/11/17~~ 25		

P.C 3757.

RATE OF ASSIGNMENT

15.			

1/4 pk Spark

PARTICULARS OF SEPARATION ALLOWANCE

No. 883081

Rank ~~Gnr~~ A/cpl. Promoted Reverted Discharge

Soldier's Name Levi Bone

Battalion 187 Battn

Beneficiary Annie Maria Bone

Relationship Wife

Address

Oct. 31/17 350 165 515

PARTICULARS OF ASSIGNMENT (Wife)

Name Mrs. Annie M. Bone.

Address Crossfield Alta.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Nov. '17	B 56861	20	15	35		M.R.O. 2 B. issued. 26-3-18.
Dec	B 61197	20	15	35	W	A.P. A/c Closed 31-3-18
1918 Jan	B 65631	30	15	45	M	$240.00 Ret'd per S.S. Olympic.
Feb	A 92426	25	15	40		S.A. Date 23-3-18 F.X. 26-3-18 to M.D.13.
Mar	A 99710	25	15	40	✓	$470.00 Clerk [illegible]
		470	240			Closed

1817-2-1

M. F. W. 128
400M.—6-17—177-39-141
L. L. 22330—M. & D. 1688.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7493.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company — Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	883081
Rank	Private
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Levi Bone.
Corps (Squadron, Battery or Company)	The 187th.O.Battalion.
Date of Discharge	June 13th.1918.
Place of Discharge	Calgary, Alberta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 43 years 8 months.
Height 5 feet 5 inches.
Complexion Fair.
Eyes Brown.
Hair Brown.
Trade Farmer.
Intended place of residence (To be given as fully as practicable.) Crossfield, Alberta.

Descriptive Marks

2. The above-named man is discharged in consequence of

Being Medically Unfit For Further Service On Account Of
----------Sickness----------

Authority H.Q. 16-1-25 dated Ottawa 5/12/17 O.D. 330

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

VERY GOOD

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Crossfield

12.4.20

(OVER)

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....Calgary, Alberta.....

W.W. Nasmyth

Commanding..... Lieut.-Col.
Commanding District Depot M. D. 13

(Date).....June 13th. 1918.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... Levi Bourque X .....*(Signature of Soldier.)*

(Date)..... E. H. Morrow .....*(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....2.....years.....24.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place).....Calgary, Alberta.....

(Signature) A.M. White Lieut.
Officer i/c Discharge Section District Depot M. D. 13

(Date).....June 13th. 1918.....

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Levi Bourque X

(OVER)

(Cont'd from first page.)

There is at present marked bulging over left inguinal canal. The canal is dilated and there is an impulse on coughing.
There is a slight systolic murmur over second left costal cartilage.
No enlargement of heart. Pulse 90. Other systems normal.

(At Station or Hospital where finally disposed of.)

Station and Hospital } ..... Arrived from } .....

Date .....

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.

Station

Corps

Regimental No. Rank

Name

Disability

Date

Hospital or Station transferred to for final disposal. }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of invalids.

Militia Form B. 227.
100 m-2-16.
H. G. 1772—39—117.

MEDICAL HISTORY OF AN INVALID.

B. P. C.
ORIGINAL

1. Station. Calgary
2. Regiment or Corps. 187th Batt.
3. Regimental No. and Rank. 883081 Pte.
4. Name. Levi Bone
5. Age last Birthday. 43
6. Enlisted on 2-5-16 at Crossfield, Alta.
7. Former Trade or Occupation. Farmer

8. General remarks on his :—
   (a) Conduct. N. A.
   (b) Habits. N. A.
   (c) Temperance. N. A.

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date. May 13, 1918

9. Service. 2 Years. 11 Days.

	PERIODS.	
	From.	To.
187th Batt.	2-5-16	2-2-17
21st Res. Batt.	2-2-17	10-5-17
C. F. C.	10-5-17	date.

10. (a) Disease or disability. (1) Myalgia. (2) Inguinal Hernia Left.
    (b) Date of origin. (1) April 1917. (2) Previous to enlistment.
    (c) Place of origin. (1) England. (2) Canada.
    (d) Cause. (1) Service conditions. (2) Unknown.

11. Present Condition. (Most Important).
(To include full description of present disabling condition or conditions.)

Short, fairly well nourished man. Eats and sleeps well. While in England, April 1917, developed pain and stiffness in back and right knee. Did only light duty duty afterwards. At present after exertion has pain and stiffness in back and right knee. Nothing abnormal found on examination excent slight tenderness over right knee joint. Says his condition is much worse in damp weather. Had left inguinal hernia before enlistment which was operated on in August 1916. Was all right till November 1917 when he noticed that it was bulging again.

(Cont'd on last page)

12. (a) Is the disability the result of service or climate ? (1) Yes. (2) No.
    (b) Has it been aggravated by intemperance, vice or misconduct ? No.

M. F. B. 227,
100 M—2-16.
1772-39-117.

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

Scar of operation for left inguinal hernia.
Scar on forehead.

(b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

(1) On duty. (2) Previous to enlistment.

(c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Ordinary service in England.

14. Treatment

No hospital treatment for myalgia. Operated for left inguinal hernia in August 1916 at Calgary General Hospital.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

(1) N. A. (2) Yes.

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

(1) Six months. (2) Permanent unless operated on.

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

18. State if for discharge on account of unfitness for Service.

Would recommend that he be discharged as unfit for further service.

E. H. Freese

Medical Officer by whom the case is brought forward.

B.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

10.

11.

Yes

12.

15.

16.

17.

19. Is he unfit for Military Service. Yes.

20. Recommendations : Class 'E' Discharge

Signatures :—

J. A. Burch ..... President.
Capt. C.A.M.C.

F. P. Cox .....
Capt. C.A.M.C.

W. McKay .....
Capt. C.A.M.C. } Members.

Station. Calgary

Date. May 17th, 1916.

Date. 22. 5. 18

J. A. Burchell .....
Asst. Director of Medical Services.

Approved.

Date. .....

.....
Director-General of Medical Services.

1817-L-11 B.2561

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

S. A. & A. F. NOV 17 1919 E.R.

OTTAWA, CANADA.

P.C. 19-11-19 9W.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Orders-in-Council (P.C. 3165), dated 21st December, 1918, as amended by P.C. 285, dated 8th February 1919, and P.C. 1168, dated 23rd June 1919.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written in.

On completion this Declaration is to be returned to THE ASSISTANT DIRECTOR PAY SERVICES OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Reg. No. 883081 2. Rank Pte 3. Original C.E.F. Unit 187th Bn

4. Christian Names Levi 5. Surname Bone

6. Address, in full, to which future payments of gratuity are to be forwarded
High Prairie
Alta

7. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in the Naval or Land Forces of Canada or the British Empire on or since the 4th August, 1914. Answer in the following order in space allotted.

	Regt. No.	Rank on Enlistment.	Unit. (State whether Active Militia, Permanent Force, C.E.F. or Naval. If R.A.F. state Wing.)
		CANADIAN SERVICE.	
1st Enl.	883081	Pte	187 Bn
2nd Enl.			
3rd Enl.			
4th Enl.			
		IMPERIAL SERVICE.	
Imp. Enl.			

ACCOUNTS BRANCH NOV 15 1919 PASSED BY E. R.

	Date of Enlistment.	Date of Discharge.	Rank on Discharge.	Unit from which discharged	Place of Discharge.	Reason for Discharge.
		CANADIAN SERVICE.				
1st Enl.	20/5/16	15/6/18	Pte	187th	Calgary	M.U.
2nd Enl.						
3rd Enl.						
4th Enl.						
		IMPERIAL SERVICE.				
Imp. Enl.						

M. F. W. 2595 (b)
494-D.P.-100M-6-19.
1772-39-1389.

17/20

303

8. (a) Did you revert overseas to a rank lower than the temporary substantive rank held by you on your arrival in England? no (b) If so, give date and ranks and state if such reversion was in consequence of misconduct or inefficiency no

9. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit: yes
187 Batt 21 reserve Batt Brantford
Canadian Forestry Corps Sunnydale

10. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no

11. Have you been issued with a War Service Badge? If so, give number and class B

12. Are you at present a member of and in receipt of pay and allowances from any Canadian Naval or Land Forces? If so, give unit no

13. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received, from where paid, and on what dates post discharge pay 3 months
for 100 dollars

14. Are you entitled to receive, or have you received any payment in the nature of Post Discharge Gratuity from the Imperial Forces? If so, state amount received, or to which you are entitled no

15. Were you at the time of enlistment a civil employee of the Dominion or a Provincial Government? If so, state what Government, what Department, and whether civil pay was issued on your account while you were on active service no

16. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-Establishment? no
(b) If so, are you in receipt of full pay and allowances from that Department? no

17. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Annie Maria Bone

18. Relationship of such dependent wife

19. Present address, in full, of such dependent dont know

20. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? If so, give his regimental number, rank, unit and full name dont know

REMARKS wife assisted on my getting discharge but shall have custody of Children

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Signature of applicant: Levi Bone

Place of Residence: High Prairie Alta

Declared before me at: Calgary

This 5 day of Nov 19 19

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Adminstration of Oaths. B. G. Reddall

NOTICE.—If the dependent has not forwarded a Statutory Declaration to Ottawa, in connection with Separation Allowance, it will be necessary to forward one with this application. These are for wife, M.F.W. 148, mother, M.F.W. 147, and guardian, M.F.W. 149, and may be obtained from the Assistant Directors Pay Service, or the Patriotic Fund. Guardian forms must be completed by the present guardian.

Space below this line to be used only by the Assistant Directors Pay Service.

POST DISCHARGE PAY.

Dates paid.	Amounts paid soldier.	Amount paid dependent.
24-6-18.	58 00	
24-7-18.	58 00	
24-8-18.	59 10	175 10

H.6.11

REMARKS

Certified correct. W Edwards Major

Assistant Director Pay Services, Mil. Dist. No. 13

Date 5/11/19

3

P. 559
MARRIED OR SINGLE Married

PLACE OF BIRTH Turfield, Buxton, Derbyshire, England

NAME AND ADDRESS OF NEXT OF KIN Mrs Annie Maria Bone, Crossfield, Alberta, Canada.

RELATIONSHIP OF NEXT OF KIN Wife.

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

ADMISSIONS TO HOSPITAL, &c.

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

B112

REG'L NO. 883081 RANK Private NAME Bone, Levi

IF IN PERMT. CORPS WHAT UNIT } UNIT 19th Odn. C.E.F. TRANSFERRED TO 21st Res. Batt'n DATE 16 2/2/17 AUTHORITY 2037

PERMANENT FORCE ALLOWANCES TRANSFERRED TO Alta D.S. DATE 21/6/17. AUTHORITY 8097

PLACE OF ATTESTATION Crossfield, Alberta, Canada TRANSFERRED TO C.F.C. Eng. DATE AUTHORITY Nominal Roll

DATE OF ATTESTATION 2nd May, 1916 TRANSFERRED TO C/C Eng Nor Coy DATE 1/2/18 AUTHORITY

ASSIGNED PAY MONTHLY $ 15 00/100 DATE EFFECTIVE 1st December, 1916.

PAYABLE TO Mrs Annie Maria Bone, Crossfield, Alberta, Canada RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1-3-18 REASON Discharged to Canada

DISCHARGE DATE AND PLACE Canada 21-2-18 REASON AND AUTHORITY A.G. 5-1-33 19/2/18.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) For disposal C.J.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

SEP 11 1918 CANADIAN CONTINGENT

1. L.P.C. issued, date 21/2/18
2. Authority A.G. 5-1-33 19/2/18
3. Discharged to Canada
4. Pay Book verified 21/2/18
5. Balance shown on L.P.C. $ 34 37
6. Balance shown in Ledger Sheet $ 50 46
7. Full particulars of entries making difference between 5 and 6 if any.

No.	Date.	Unit & Particulars of entries.	Amount. Debit	Credit
B476	5/1/18	~~Casual~~	~~4 87~~	
B476	29/1/18	"	~~7 75~~	
B443	14/2/18	"	~~1 47~~	
			34 07	

Net difference $ 34 07

8. Assigned Pay cancelled A.F.B. Forms rendered 1/3/18
or
9. Separation Allowance and Assigned Pay continued to dependent in England and transferred to Accounts Branch for payment

Certified correct
Officer i/c Group.

ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
																		25 90				Balance from Canada
	25 90	25 90																				
		34 10	1	11/1/17	33	29/1/17					2 43	7 30			15 00		24 73	35 27		8 27	27 00	
		16 50													15 00		15 00	36 77				Left to 21st Res Bn 16-2-17
		16 50	256	1-3	316	29-3					29 20	14 60										8 30 1/Other on Pay roll Feb 16-28. B/F
14 30		48 40	181	14-2	294	15-3					4 86	4 87			15	32	6 88 5	16 32			16 32	0 33 9 B/F 005313. 24-2-17
		33													15		15	34 32			34 32	
		34 10	25	4/4							4 86				15 –		36 89	31 53			31 53	
			108	30/4							17 03											
		27													15		15	38 53				
40 20		31 40									58 38	26 77			30	32	17 5 47					
		11																49 53				
		24 13													15		15	68 63				
		34 10													15		15	87 73.				
		33													15		15	105 73				
40 20		326 20									58 38	26 77			135	32	220 47					
40 20		326 20									58 38	26 77			135	32	220 47					

P. 559

MARRIED OR SINGLE: Married.

PLACE OF BIRTH: Turnfield, Buxton, Derbyshire, England.

NAME AND ADDRESS OF NEXT OF KIN: Mrs Annie Maria Bone. Crossfield, Alberta, Canada.

RELATIONSHIP OF NEXT OF KIN: Wife.

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

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 883081 RANK Private NAME Bone, Levi

IF IN PERMT. CORPS / WHAT UNIT — UNIT 18th Obst. C.C.S. TRANSFERRED TO 2nd Res. Batn DATE 16/2/17 AUTHORITY 2037

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO Alta R.D. DATE 21/6/17 AUTHORITY 8097

PLACE OF ATTESTATION Crossfield, Alberta, Canada — TRANSFERRED TO C.F.C. Eng. DATE AUTHORITY Nominal Roll

DATE OF ATTESTATION 2nd May, 1916 — TRANSFERRED TO Effle Eng. Nov Effl DATE 1/3/18 AUTHORITY

ASSIGNED PAY MONTHLY $ 15 00/100 DATE EFFECTIVE 1st December, 1916.

PAYABLE TO Mrs Annie Maria Bone, Crossfield, Alberta, Canada RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stopped EFFECTIVE 1-3-18 REASON Discharged to Canada

DISCHARGE DATE AND PLACE Canada 21-2-18 REASON AND AUTHORITY A.G. 5-1-33 19/2/18.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

For disposal C.G.

OFFICE OF THE PAYMASTER GENERAL SEP 11 1918 CANADIAN CONTINGENT

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY NO. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917														25 90	25 90															25 90				Balance from Canada
Jany.	31	1.00	31	00	31	.10	3	10							34 10	1	11/1/17	33	20/1/17					2 43	7	30		15 00		24 73	35 27		8 27	27 00	
F.A. Feby	15	1.10	3 10 16	50											16 50													15 00		15 00	36 77				Left to 2/ist Res Bn 16-2-17
March	31	"	5 00 34	10										1H 30	48 40	181	14-2	294	15-3					2920	1460		4486	4487	15	32	6885	16 32		16 32	0 33 0 Other cr/s Payroll Feb 16-28 Feby $1005313. 24-2-17
Apl	30	"	33												33														15		15	34 32			34 32	
May	31	"	34	10											34 10													4486 1703	15 —		3689	3153			3153	
June	20	"	22											40 20	22 31 42														15		15	38 53				Ydt. Alta R.D. 21/6/17.
			173	10																				58 38 26 77					32	105 47					
June	10	1.10	11												11																49 53				
July	31		34	10											34 10														15		15	68 63				
Aug.	31	1.10	34	10											34 10														15		15	87 73.				
Sept	30		33												33														15		15	105 73				
			286	00										40 20	326 20									58 38 26 77				135	32	220 47					
			286											40 20	326 20									58 38 26 77				135	32	220 47					

883081 Pte Bone L.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
	286													40 20	326 20

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4
								58 38	26 77		

ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
135	32 220/17	220					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	SUPPR. REQ. PAY	ALLCE. ENG.
Oct.		~~105 73~~							105 73 Nil		
	Pay.	34 10							15		
				D.A.R.O. 3091 13/8/17. 6th Bn. Eng.	9 73				115 10		
		34 10			9 73				15		
Nov				apCan					15		
Dec	P Pay	67 10		AR, B77, BD 15/10/17.	7 30						
				AR B201 BD 29/10/17	9 73						
				AR B287 BD 14/11/17.	9 73						
				DMAR 3098 do 15/9/17	9 73						
				DMAR 2552 CFC 18/6/17	17 03						
				AR 2748 BD 17/7/17	9 73						
				DMAR 2217 CFC 16/5/17	7 30						
				DMAR 3452 do 29/9/17	9 73						
				DMAR 2938 do 27/7/17	7 30						
				CapDec					15		
		67 10		DMAR 2325 CFC Eng. 29/5/17	9 73				30 54 89	Nil	
					97 31						
Jan	PP	34 10		Cap					15		
				AR B355 BD 28/10/17.	4 87						
				AR B417 BD 6/12/17.	9 73						
				AR B497 do 17/12/17.	9 73						
				OR AR 3161 do 29/8/17	7 30				15 42 36	Nil	
		34 10			31 63						
Febry	21 days P Pay	23 10		CaPay					15 50 46		
				AR B876 9-1-18 Rdpt	4 87						
				AR B966 29/1/18 "	9 73				15 35 86		
		~~23 10~~			14 60				35 86		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	SUPPR. REQ. PAY	ALLCE. ENG.
Mar				AR 21863 CAR Bonc. 7/3/18	9 73				35 86		
				DMAR Bills: B.D.G.Y.G. 1/4 2/18.	19 44				6 66		
					29 10						
June				Dr Bal. to Can.	6 66				Nil		
					6 66						

4236
2370
6546
29 60
35 86

A.3 M. FORM REN'D. 5th/Aust EFFEC 1/3/18.
DISCHARGED TO Canada DATE 21/2/18
PAY BOOK VERIFIED 21/2/18.
C.E. BAL. $16.39 L.P.C. REN'D 21/2/18.
AUTHY. A.G.T.-3-33 of 19/2/18.

For Disposal
Checked P. Walker L.P.C.