

931627

ORIGINAL
ATTESTATION PAPER.
No. 2 CONSTRUCTION, B II. C.E.F.

No.
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Wallace
- 1a. What are your Christian names?..... Samuel E. Esmond.
- 1b. What is your present address?..... #632 Antoine St. Detroit, Mich. U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Durham N. C. U.S.A.
- 3. What is the name of your next-of-kin?..... John W. Wallace.
- 4. What is the address of your next-of-kin?..... #498 Sentz St. Charleston, West Va. U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... Sept. 16th. 1892
- 6. What is your Trade or Calling?..... Chauffeur.
- 7. Are you married?..... No.
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes.
- 9. Do you now belong to the Active Militia?..... No.
- 10. Have you ever served in any Military Force?..... No.
If so, state particulars of former Service.
- 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, Samuel Wallace, 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.

Samuel E. Wallace (Signature of Recruit)
John Minton (Signature of Witness)

Date..... November 13th..... 1916.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel Wallace, 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.

Samuel E. Wallace (Signature of Recruit)
John Minton (Signature of Witness)

Date..... November 13th..... 1916.

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 Windsor, Ont. this 13th day of November 1916.

James G. Gwyn (Signature of Justice)

Description of Wallace Samuel on Enlistment.

Apparent Age 24 years 1 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft 5 1/2 ins.

*Mole
 Mole on the left
 cheek.*

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

Complexion Colored

Eyes Brown

Hair Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date November 13th, 191 6

Place Windsor, Ont

[Signature]
 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.

Samuel Wallace 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.

C. H. Reis Capt for Lt-Col (Signature of Officer)

Date November 13th 191 6.

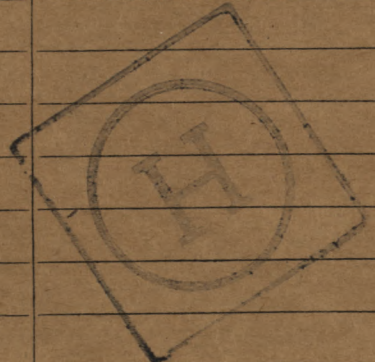
REGIMENTAL DOCUMENTS

NAME WALLACE SAMUEL

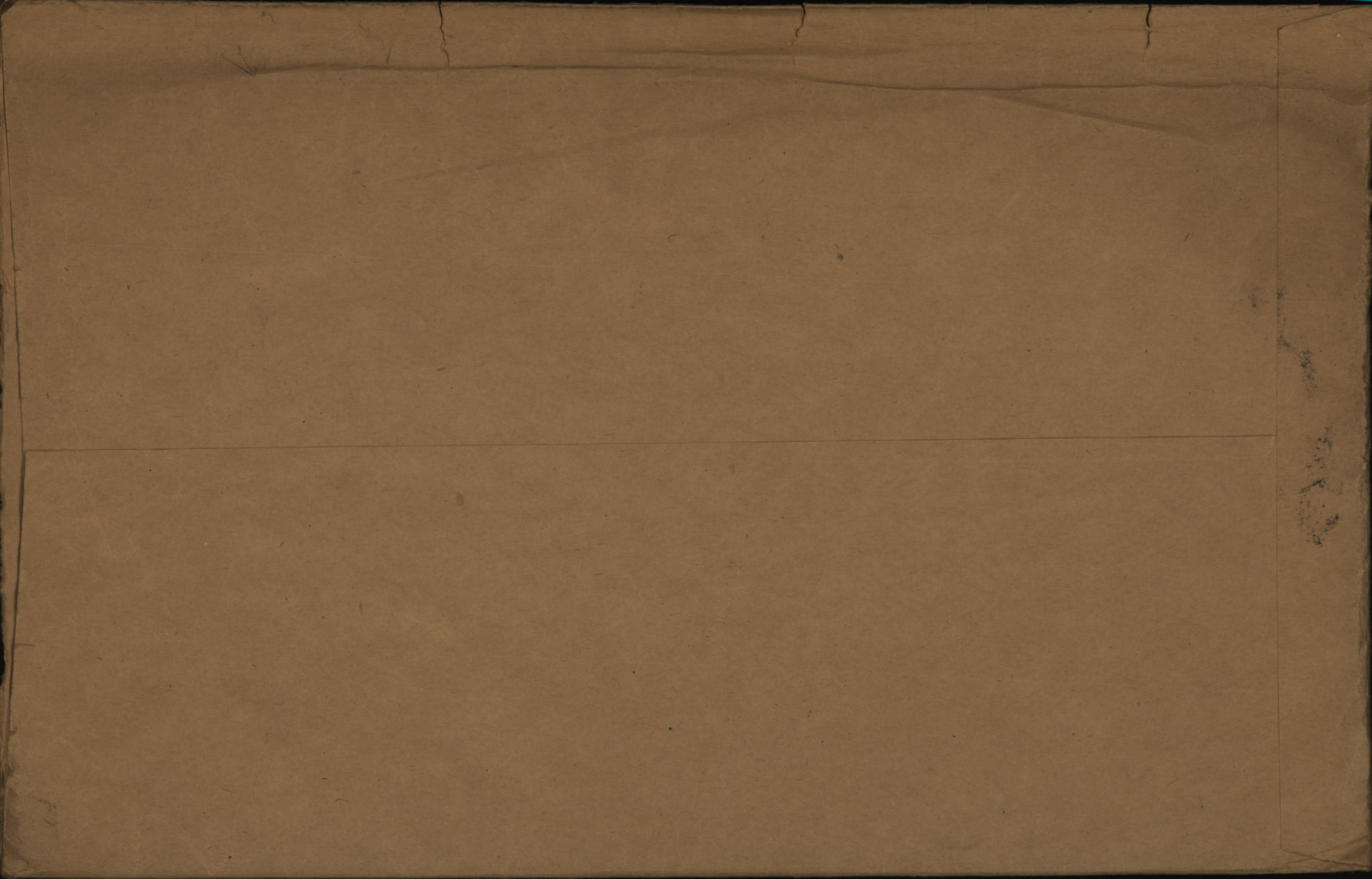
REGT. NO. 931627

UNIT 702 Const Bn H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
2 X ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH Category	
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)						
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)						
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
5 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE Category <i>Demob.</i>	
1 DENTAL HISTORY SHEET (M.F.B. 465)						
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
1 MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCFEDINGS, 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)						DESERTION
1 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)						
1 <i>m75K/92</i>						
1 <i>m266-1</i>						
1 <i>R102</i>						



03588



H.P.
Number 931627 Rank ~~Sgt.~~ 13

Surname WALLACE

Christian Name Samuel Emouet.

Units C.O.R.C.C Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address ~~495 Sents St.~~ 709 Young St.,
Charleston W. Va.

Roll No. ~~Virginia, U.S.A.~~

200m.-2-21.M. Page 13285 Kanawha. ~~U.S.A.~~
U.S.A.

DESP. MAY 18 1922

REGN. N.

40/3389

No. 931627. RANK Pte.

NAME Wallace Samuel.

T. O. S. 13-11-16

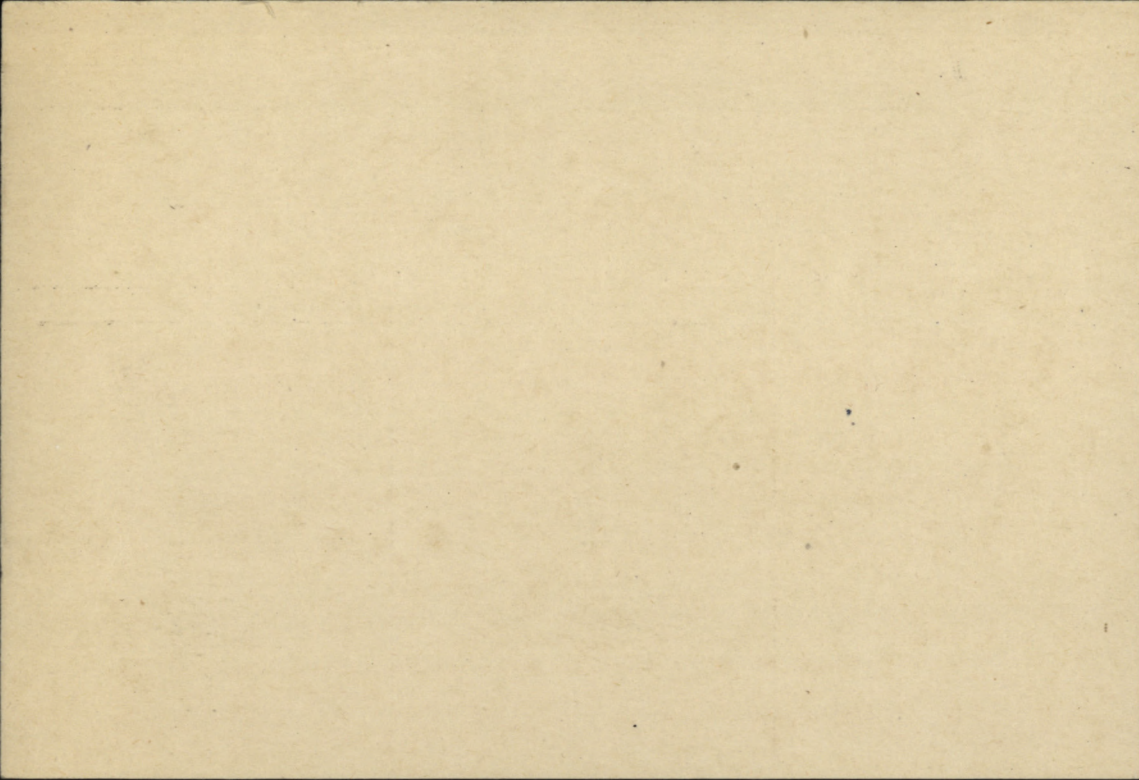
UNIT

No. 2. Construction Battalion.

S. O. 80 17-11-16

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916	1916			
Nov 13.	Nov 30	✓		
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	✓		
	Mar	✓		



SURNAME.

Wallace,

CARD NO. *V*

CHRISTIAN NAMES

Samuel E.

Amv. 188

FOLL.

S.O.S. 71-2-1920 206/119

REGL. No.

931627.

RANK

Pvt.

UNIT

No. 2. Construction

Br.

FORMER CORPS

Inf.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wallace, John W.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*498 Sutz St. Charleston,
West Virginia,
U.S.A.*

Archie. P. A. A. P. 19-4-78

COUNTRY OF BIRTH

U.S.A. Durham. N.C.

DATE

Sept. 16th. 1892.

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Nov. 13th. 1916.



R/ 5-2-1926 T

From Halifax per S.S. Southland 28/3/17

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Chauffeur

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

24.

YEARS

1.

MONTHS

HEIGHT

5.

FEET

5 1/2

INCHES

CHEST MEASUREMENT

35.

INCHES

EXPANSION

1.

INCHES

COMPLEXION

Not stated

EYES

Not stated

HAIR

Not stated

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Nov. 13th, 1916.

Present Address - 632 Antoine St. Detroit Mich. U. S. A.

*Name. WALLACE, Samuel Rank. Pte. Regtl. No. #931627
 Original unit 2nd Con. Bn. Present unit 2nd Con. Bn. M. or S. Age. 27 Religion. M. Fyle Depot. IDD10-W-400
 Ref. No. 1D-30-W-1184

Port, ship, and date of arrival. Halifax, Baltic. 5-2-19.

Next of kin. Father. John W. Wallace, 498 Sentz Stm Charleston, W, Va, U.S.A.

Address on leave

Address on discharge. 498 sentz St. Charleston, W. Va. U.S.A.

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation. Chauffeur Date and place of enlistment. Windsor, Ont. Nov. 13th. 1916.

Diagnosis NA Date of Medical Boards Feb. 19-19 London, Ont.

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>29-1-19</u>	<u>No. 1. D. D.</u>	
<u>8-2-19</u>	<u>Posted to Cas. Co. and granted furlough with subs. all. to 17-2-19.</u>	<u>49</u>
<u>21-2-19</u>	<u>from H M S on demobilization PDP</u>	<u>51</u>

*-Name will be given in full; surname first. ... ~

Date.

Remarks.

Pt. 2 Order No.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS DISTRICT

NAME OF SOLDIER

Wallace, Samuel

REGIMENT

2 Cans

RANK

Private

No.

931627



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoæ	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
	<i>Feb 18</i>																					
	<i>1919</i>																			<i>EXAMINED BY</i>		<i>Cap 1. 3. 4. 5. 6. 14. 15. 17. 18. 20. 19.</i>
																				<i>P. S. McMillen Capt.</i>		<i>30. 31</i>
																						<i>Ex 2. Slight Pyorr.</i>

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931627 Rank Pte. Surname Wallace,
 (Given name in full)
Samuel
 Unit or Corps 1. D. D. Birthplace Durham, Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 126 lbs. Height 5 ft 5 1/2 in. Colour of Eyes Blue
 Nutrition Fair
 Pulse 80
 Condition of arteries Normal
 Vision Rt. 20x20 Left 20x20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Negative.

Opinion as to general health and physical condition Good A2

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Yes Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Had a sore on Penis 1911 - evidently not Specific as man has never had any secondary signs, and has had no treatment.
 Blood test in England negative. Blood taken here.
 No service disability. Category A2.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..London, Ont...(Canada)

Date Feb. 19/19..... SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature *S. E. Wallace*

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

MEDICAL HISTORY SHEET.

Surname Wallace Christian Name Samuel

Examined { on 13th day of November 1916
at Windsor, Ont.

Approved by D. Murray
Rank Capt. M.C.

Birthplace { City or Town Durham,
County North Carolina, U.S.A.

Apparent age 24

Trade or occupation Chauffeur

Height 5 Feet 5-1/2 Inches.

Weight 130 Lbs.

Chest measurement { Minimum 33 inches.

Maximum expansion 35 inches.

Physical development Fit

Small-Pox Marks None

Vaccination Marks { Arm Right Left.
Number 1

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection
Left eye 20/20 Right eye 20/20

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>20-1-19</u>	<u>A</u>	<u>Plummer</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>17/2/17</u>	<u>24%</u>	<u>Shelley</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/2/17</u>	<u>24%</u>	<u>Doc Murray</u> M.O.
<u>4/4/17</u>	<u>24%</u>	<u>Doc Murray</u> M.O.
<u>3/5/17</u>	<u>24%</u>	<u>Doc Murray</u> M.O.

Enlisted on 13th day of November 1916 at Windsor, Ont.

	CORPS.	REG'T. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>#12 Construction</u>	<u>931627</u>		<u>13/11/16</u>
Transferred to	<u>Bath C.E.F</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor, Ont.</u>		<u>on enlistment</u>	
<u>J.R. Bruckdale</u>		<u>Geo. Hewitt</u>	<u>Russell</u>
	<u>Major, A.M.C.</u>	<u>Capt., A.M.C.</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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931627 (Rank) PRIVATE

Name (in full) WALLACE, Samuel enlisted in

the 2ND. CONSTRUCTION BATTALION C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR ONTARIO on the THIRTEENTH

day of NOVEMBER 19 16.

HE served in FRANCE (WITH NO. 2, CONSTRUCTION BATTALION)

and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age 26 YEARS

Height 5' 5 1/2"

Complexion DARK

Eyes BLUE

Hair BLACK

Marks or Scars

N I L

Signature of Soldier

DISCHARGE SECTION
FEB 21 1919
No. 1 District Depot

Date of Discharge

Issuing Officer

CAPTAIN
Rank

for **O. C. Discharge Section, No. 1 D. D.**

Appointment

Signed at LONDON, ONT. this TWENTY/FIRST day of FEBRUARY 19 19

in Military District No. (ONE)

File Reference No. 1.DD.10-W-400.

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

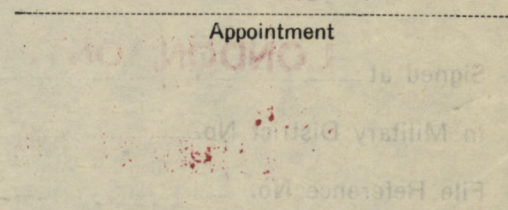
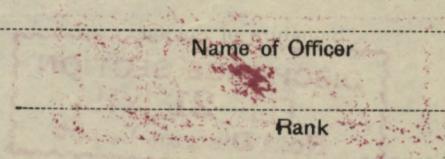
On demobilization to
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

Name of Officer

Rank

Appointment

RECEIVED
MILITARY DIVISION
1918



LAST PAY CERTIFICATE

Regt. No. 931627 Rank pte Name Wallace Samuel
 Corps Infantry who was Discharged
 on 21st 7/9 to

The following is a statement of the account of the above named
 from 1st 7/9 to 21st 7/9

Bal Dr	from mon. of	Bal. Cr.	from mon. of
	from L.P.C.		from L.P.C.
ASSIGNED PAY:		Regt. Pay	<u>21</u> dys. @ \$ <u>100</u> <u>21</u>
SEPARATION ALLOWANCE:		F'ld. All.	<u>21</u> dys. @ \$ <u>10</u> <u>210</u>
OTHER CHARGES:		SEPARATION ALLOWANCE:	
PAYMENTS:		OTHER CREDITS:	
		Clothing Allowance	<u>85</u> <u>00</u>
		Subsistence,	
<u>P2034</u>	<u>149 95</u>	Bal. Dr. (to be deducted)	
Bal. Credit (to be pd.)		(from soldier \$) <u>149</u> <u>95</u>
<u>Business</u>	<u>149 95</u>	(from Dependent \$) <u>149</u> <u>95</u>
<u>PDP</u>			

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ <u>100</u> per month	at \$ <u>100</u> per month	Subscribed \$
has been <u>pd</u> to	has been <u>pd</u> to <u>W. Wallace</u>	Pd. by other
		Units \$
		Pd. by this
		Unit \$

Dependent or Beneficiary: John H. Wallace
 Address: 498 S. 1st St. Charleston W. Va.

REMARKS: Discharged 21st 7/9 1051 USA
Demol.

Date of Enlistment 13-12-16
 If married and if Separation Allowance card submitted No

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of this Unit.

Date: FEB 21 1919
 London, Ontario.

S. D. Patterson Captain.
 Paymaster No. 1 District Depot.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B.227 is the only form applicable.

FOR ALL RANKS
PROCEEDINGS OF A MEDICAL BOARD (short form)

Place Date

Number Rank Name

Corps Age Height Weight

Religion Has he been Overseas

(1) Disease or Injury

(2) Cause

Where incurred Date

(3) Disability

(4) Present condition (describe fully)

(5) History

(6) Probable duration of Disability

(7) Is officer or other rank fit for Category, A B C D
(answer yes or no).

(8) If for treatment, specify nature of

Place Date

Approved A.D.M.S., M.D.

Place Date

DUPLICATE

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..... **No. 2 CONSTRUCTION, B'n. C.E.F.**.....

(2) Regimental Number 931627.....

(3) Full Name of Soldier Samuel Wallace.....

(4) Place of Birth Durham Co. C......

(5) Are you married, or not? No.....

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

(b) Present Postal Address X 632 Franklin St Detroit, Mich.

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

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

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

Also their names and ages.....

X

(9) Is your Father alive? *yes*

John W. Wallace

If so, state name and address *H. G. Seng St. Charleston West Vir.*

(10) Is your Mother alive? *no*

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? *no*

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.

C. W. Reis Capt
for Officer Commanding.

Date *NOV 19 1916*

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

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

350M.—5-16

H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Const. Batt'n. CEF?
 Regimental No. 931627 Rank Pte. Name Samuel Wallace.
 Enlisted (a) Nov. 13th/16 Terms of Service (a) 6 months Duration of War 6 months Service reckons from (a) 13/11/16
 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) .. Chauffeur

CERTIFIED CORRECT.
 6 JUN 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			
	Embarked Canada	Halifax NS	25/3/17	
	Disembarked England	Liverpool	7/4/17	
	Proceeded overseas	Seaforth		
				Pl 2 Lt. 1st # Chaplain Capt M. Capt rd off
	Landed in France	17-5-17	N.R.	
21.5.17.	forfeits 5 days pay for Making away with Iron Rations	Field.	21.5.17.	132069 Part 4 119 25/7/17
17.8.18	Granted 15 days leave	unk.	15.8.18	B213 10150 7/11/18
7-9-18	Request from leave	Field	29-18	B213

(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.

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				

19/10/18 *ae* 10 days I.P.H. 2. 12-10-18 for
 and for 9 30 hrs 11.20.18 till
 6 am 12-10-18 (30 fubs 1 day pay table)

B. 213
1000 53 of Oct 1918

11¹²/₁₈ *aa* Trans to Eng & posted
 to N.S. Reg depot Bramshott 14¹²/₁₈

ba Hewitt Lieut. for Lt. Col., A. A. G.
 Canadian Section, G. H. O. 3rd Echelon, B. E. F.

14.12.18 *K.S.P. 10* S.O. S. attached to 26.6.19
 for Qrs + Rations B's hatt 14.12.18

10. O. 305

15.1.19 *NSRD* ON COMMAND TO *1000 Kimmel Park*
Rhyf BRAMSHOTT 15.1.19

PART II D.O. *NSRD* 31¹²/₁₈ 27¹²/₁₈
 12. 15/1/19

15-1-19 *do* *1000 C.C.C. Kimmel Park* for
 return to Canada. Part II Orders
 No. *24-1-19* Causes to be *24-1-19*
 C.C.C. Kimmel Park on embark-
 ing for Canada, Part II Order
 No. *24-1-19*

ba. Smyth LIEUT.
 OFFICER 1/4 RECORDS,
 NOVA SCOTIA REGTL. DEPOT.

29, 1. 19 *for Mayer* Sailed from *Commanding in D 1 Wing*
to Jorash Liverpool *Kimmel Park Camp*
at
W. J. Sully
Baltic

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *NO. 1 DISTRICT DEPOT*

Regimental No. Rank Name
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				
<i>29.1.19</i>	<i>Summ 15</i>	Taken on strength No. 1 District Depot	<i>London D.C.</i>	<i>79</i>	
		<i>Proc.</i>	<i>F. G. Herman</i>		<i>Lieut</i>
			<i>NO. 1 DISTRICT DEPOT</i>		
		FEB 21 1919 LONDON, ONT, DISCHARGED			
		DEMobilIZATION			
					<i>J. O. Bette. Recd.</i>
					<i>O. C. Discharge Section, No. 1 D. D.</i>

(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.

Casualty Form - Active Service

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				

J.P. Rank Name WALLACE, Samuel E. Reg'l No. 931627.
 Unit No2. Const Bn. If in perm. Corps }
What Unit? } Married or Single Single.
 Place and Date of Enlistment Windsor, Ont. 13th Nov. 1916. Place of Birth Durham, N.C.
U.S.A.
 Name and Address, Next-of-Kin John W. Wallace.
 498 Sentz. St. Charleston. West. Va. U.S.A. Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 6964
 File R.L.
 Category OR CAN

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 per S.S. Southland		7.4.17	
14.6.17	1st Const Bn.	Arrived in France	Field	17.5.17	1612-18 NSRD
19.12.18	2nd Co. Coy	Sos to NSRD		14.12.18	4714805-8/1612-18 NSRD
15-1-19	NSRD	O/c to C.D.D. Rhyf	B'kott	15-1-19	D.O.12
18.2.19	NSRD	Ceases o/c to C.D.D. Rhyf. & Sos to Canada M.D.1.	Ripon	29.1.19	D.O.38.

A.F.B. 103 CHECKED
 30 MAY 1917

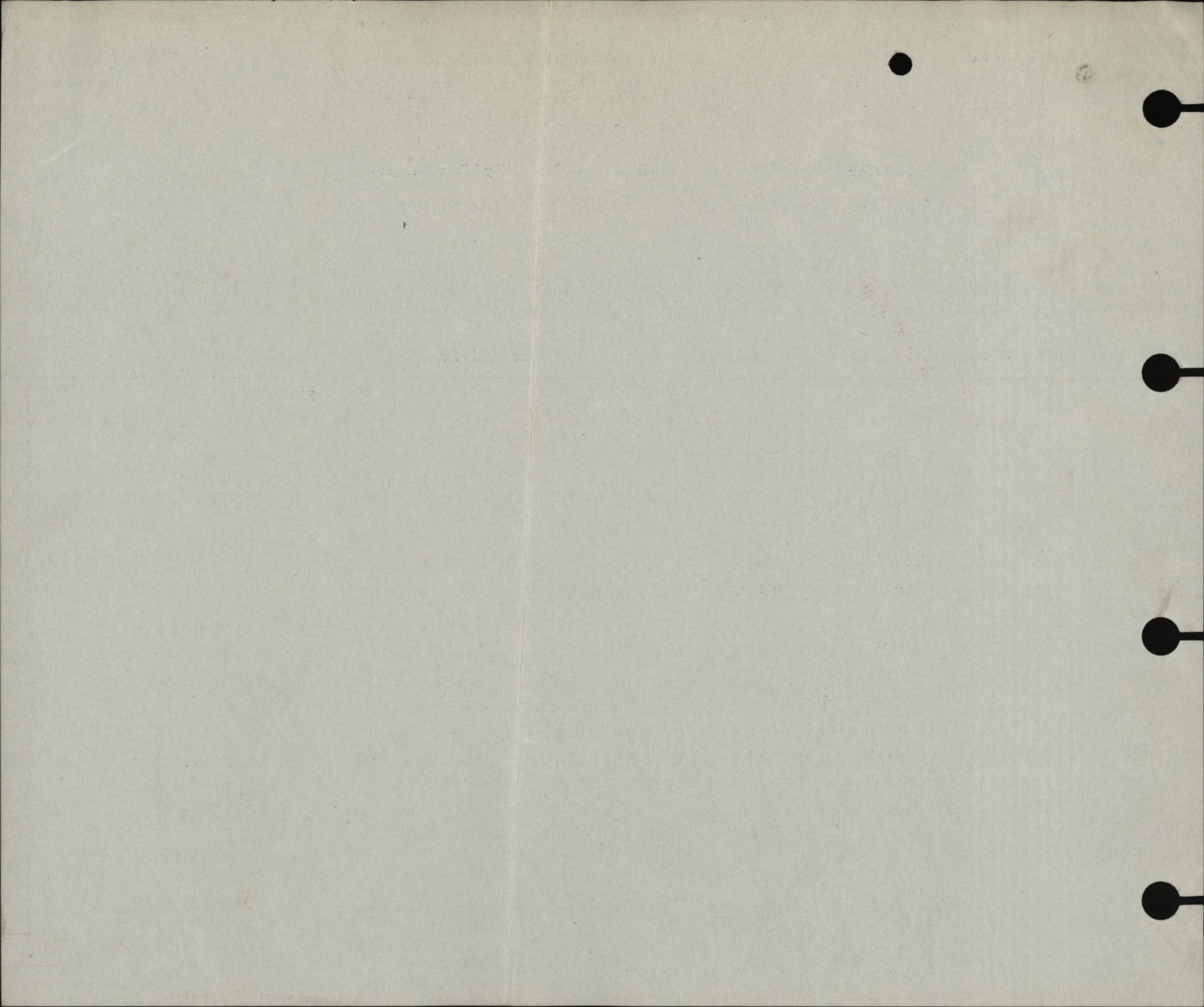
MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs J. Wallace* By Whom Assigned *Wallace S.*
 Address *498 Senty St.* Regtl. No. *931627*
Charleston W Rank *pte*
Pa. U.S.A Corps *2 Con Bn.*
 Rate *25.00*

SPECIAL PERMITTANCE

Sched 465. 26.11.17 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915	1917		
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916	47554	25-	
Feb.				
March				



PC 931627. Wallace SR.

15th Dec
15th

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
MONTH PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLOC. ENCL.															
										205.59																	
NOV	PP.	33			R.R. III 25 th 1/2	25.00																					
					AR 832 28 th 1/2	3.57																					
					- 555 12 th 1/2	3.57																					
					- 978 25 th 1/2	3.57																					
DEC		34	10		- 10 26 10 th 1/2	3.57		15		218.41																	
JAN	1918	PP.	67	10		29.28		15																			
			34	10																							
					- 1264 23 rd 1/2	12.49																					
					- 1438 21 st 1/2	7.14				217.88																	
			34	10		19.63		15																			
FEB			30	80		Assigned Pay				15																	
					- 1867 24 th 1/2	3.57																					
			30	90		- 1608 14 th 1/2	3.57			226.54																	
						7.14		15																			
MAR	1918		34	10		Assigned Pay				15																	
					AR 2016 14 th 1/2	7.14																					
					- 2324 18 th 1/2	7.14				231.36																	
			34	10		14.28		15																			

ASSIGNED ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

EFFECTIVE DATE: 1st Decr. 1917 EFFECTIVE DATE: -

AMOUNT: 1500 AMOUNT: -

NAME: WALLACE Samuel E. NUMBER: 931627

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Plt

UNIT AND TRANSFERS

ORIGINAL UNIT: 2 Construction Bn
DATE ACCOUNT FIRST OPENED: 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S' D	UNIT TRANSFERRED TO
		28/1/19	Canada Sect

Stopped effect 1.1.19

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
9/1/18	6762	C.F.C.S.	4.66				
10/1/18	3594	B.R.D.G.	9.73				
			14.39				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

new asst B 68472 LIN 20/8/18

PARTICULARS OF RENDERING NON-EFFECTIVE: Disch to Can Auth MR 161 17/18 LPC on Bales 159 09/18 Ledger 173 21/18

MO 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								231 36	120	
Apr	P. Pay	33		Can asst Pay				15			
				AR 9-8/14 CFC Jura	3 57						
				AR 273-22/4 - 1	3 57				242 22		
		33			7 14			15			
May	P. Pay	34 10		Can asst				15			
				AR 414 9/5 CFC Jura	3 57						
				428 2/5 - - -	3 57				254 18		
		34 10			7 14			15			
June	P.P.	33		asst Pay				15			
				AR 785 7/6 CFC 5	3 57						
				✓ 878 2/6 Jura	3 57				265 04		
		33			7 14			15			
July	PP.	34 10		Can asst				15			
				AR 955 10/7 CFC 5	3 57						
				✓ 1099 25/7	3 57				277 00		
		34 10			7 14			15			
Aug	PP	34 10		Can asst				15			
				OP 25178 LIN 20/8	4 87						
				OP 24244 LIN 16/8	4 87						
				AR 1262 10/8	3 57						
				CP 25908 22/8 LIN	4 87						
				AR 2516 15/8	97 33						
				OP 26989 26/8 LIN	2 43						
				AR 1439 19/8 CFC 5	3 57				130 49	120	
		34 10			165 31			15			

earned pro

NUMBER

931627
931627

RANK

R6

NAME

WALLACE S. B.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Bro forward					13079	120	
Sep	PR	33		land				15			
				AR 1678 5/9 6765	357						
				AR 1882 24/9 ✓	357			15	14165	120	
		33			714						
Oct.	✓	3410		cap.				15			
				2264 bfc 12.10	373						
				2058. 24/10 2 const lev.							
				sentenced 10 Aug 3. P. 2. 12.10.18.							
				arr 9.30 pm 11.10.18. leave 12.10.18.	1210				14492		
		3410			373	1210		15			
Nov.	✓	33		cap.				15			
Dec	✓	3410		2700. 11.11 cfc 5.	373						
	Int on def pay	875		2919 26.11 ✓	1306						
				cap				15			
				6762 10.12 ✓	466						
				2594 18.12 ✓	972				15909		
		7538			3118			30			
				4027 3.1. BROS.	487						
				1405. 22.1 Enderall. ✓	487						
				201. 27.1. Enderall. ✓	972				13902		
					1947						

P. 878.

Extract D.O. N. **●** *f.*

Unit.- *L. C. C. D.* Date:-

Reg. No. **●** ank

Name

Struck off Strength of O.M.F. of C.
on transfer to C.E.F. Canada. *M.D. 1.*

931627. Plie

2nd Lt. A. B. Stone
WALLACE.

Canada S.

29. 1. 19.

Acted on

Ledger Ck.

1874

1874

1874

1874

1874

1874



This space to be for numbers

War Service Badge

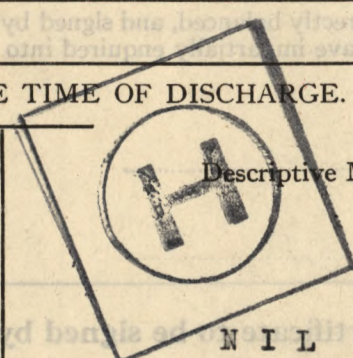
Class A No. 82495 Issued

Proceedings on Discharge.



js.

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

No.	931627	
Rank	PRIVATE	
Surname.....	WALLACE	
Christian Name.....	SAMUEL	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.		
Corps (Squadron, Battery or Company)	No. 2 CONSTRUCTION BATTALION C.O.M.F.	
Date of Discharge	FEB 21 1919 <i>D 051 20/2/19</i>	
Place of Discharge	LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	26	years..... months.
Height.....	5	feet..... 5 $\frac{1}{2}$ inches.
Complexion	DARK	
Eyes	BLUE	
Hair	BLACK	
Trade	CHAUFFEUR	
Intended place of residence	498 SENTZ STREET	
(To be given as fully as practicable.)	CHARLESTON W. VIRGINIA U.S.A.	
		 <p>Descriptive Marks NIL</p> <p><i>Deceased pur to 16/36 649-W. 15749</i></p>
2. The above-named man is discharged in consequence of		
ON DEMOBILIZATION		
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 hand writing 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.	
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100M.-1-17.
H. Q. 1772-39-113.

(OVER)

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).....

(Date).....

Commanding.....

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) LONDON, ONT. J. Wallace (Signature of Soldier.)

(Date) FEB 21 1919 (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.....years.....days.

11. Confirmation of Discharge.

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

(Place) LONDON, ONT.

(Date) FEB 21 1919

(Signature) J. Chute, Clerk for O.C. Discharge Section, No. 1 D.I.

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.)

J. Wallace

<p>Attestation Paper, Militia Form B. 235</p> <p>Proceedings on Discharge, B. 218</p>	<p>Reg. Conduct Sheet, Militia Form B. 203</p> <p>Conduct Sheet, B. 203, Squadron, Battery, Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of:</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Copies of Convictions by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid*, B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p> <p>*Only if discharged "Medically unfit"</p>

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.

Reservations referred to as Part 8.
 (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235. 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 Cer- tificate, " 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.

Additional Documents in the case of a Soldier who takes his Discharge as his own request.

When a Soldier who has been engaged for a term of years will request to be discharged from the Majesty's Service.

(Signature of Soldier)

Statement of Service.

When a Soldier has been engaged for a term of years, and the date at which the Record of Service is completed, ... years ...

Total years ...

Confirmation of Discharge.

When a Soldier has been engaged for a term of years, and the date at which the Record of Service is completed, ... years ...

(Signature)

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Dec. 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

ANOTHER ACCOUNT IN
L. spec. remittance Ledger
 Ledger
 Ledger
 Ledger

W 1134

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

525-112 PR

No. *931627*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *S. Wallace*
 Battalion *# 225 Cons. Battn*
 Beneficiary
 Relationship
 Address

Name *John W Wallace* (Father)
 Address *# 498 Sintz St* *MAR 13-10 1/18*
 Change of Address *Charleston W.*
 1 *John W Wallace Pa. U.S.A.*
 2
 3
 4

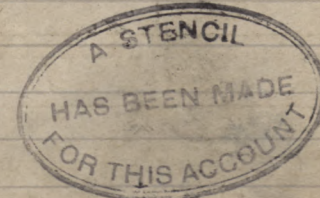
Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1918</i>				
<i>Jan</i>	<i>U 66806</i>		<i>30</i>	<i>30</i>
<i>Feb</i>	<i>L 72483</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>W 94914</i>		<i>15</i>	<i>15</i>
<i>April</i>	<i>Y 7662</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>J 22735</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>Z 16653</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>Z 28097</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>Z 40916</i>		<i>15</i>	<i>15</i>
<i>Sept</i>	<i>Z 55117</i>		<i>15</i>	<i>15</i>
<i>Oct</i>	<i>Z 70158</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>Z 84726</i>		<i>15</i>	<i>15</i>
<i>Dec</i>	<i>Z 100789</i>		<i>15</i>	<i>15</i>
<i>Jan</i>	<i>Z 115254</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>Z 128182</i>		<i>15</i>	<i>15</i>
			<i>225</i>	

018718-S-5 REMARKS

R mailed 3/1/18 MR 012 Rend 6/5/18 and 2.M. 20-12-17

M. F. W. 128.
FORM. 6-7-1772-89-1141
L. L. 22320-M. & D. 1993.

28/2/19 A/c Closed
 Ret'd per *Battie*
 Date *2-19*
 Clerk *W. H. 11 2/19*
MO 55087 Senter off 13/19 OK 11/9 RW



10-Wa-123

73

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S. *S.*

1417

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

REGT. NO. *931627* RANK *Pfc.* NAME (IN FULL) *WALLACE Samuel*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>2nd Cn. Bn.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST) <i>Samuel no assigner</i>		
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO <i>#1 D.D.</i>	DATE <i>29-1-19</i>	AUTHORITY <i>2049</i>	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION <i>13-12-16</i>	TRANSFERRED TO	DATE	AUTHORITY	
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$ <i>15.00 Paid to 28-2-19</i>	DATE EFFECTIVE			
ADDRESS					PAYABLE TO <i>John W Wallace</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
					ADDRESS <i>498 Sintz St. Charleston W. Va U.S.A.</i>				
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE			
					DISCHARGED <i>London</i>	DATE <i>2-1-19</i>	REASON <i>Demol.</i>	AUTHORITY <i>2051</i>	IF ENTITLED TO POST DISCHARGE PAY <i>Yes</i>

Nil.

MONTH	100 PAY AND F.A. 10		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT	C.	AMOUNT	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3		AMOUNT	C.	AMOUNT	C.	DEBIT	CREDIT	DEBIT	CREDIT	
Balance from previous account																						<i>31/12/18</i>
<i>Jan 1st to 31st</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>		<i>49.75</i>	<i>8.</i>							<i>30</i>		<i>4.87</i>		<i>9.73</i>		<i>109.34</i>		<i>49.75</i>	<i>King's a.v. Jan Feb. on Boat.</i>
<i>1-2-19</i>	<i>21</i>	<i>1.10</i>	<i>23.10</i>		<i>35.00</i>														<i>149.95</i>		<i>91.85</i>	<i>10.5.29/19 to 6.6.8-19 D.O.49 91.85 D.O.49 Sub 28/19 to 17/19</i>
WAR SERVICE GRATUITY																						
<i>21/2/19</i>			<i>350</i>												<i>70</i>				<i>70</i>		<i>280</i>	<i>2031 31/2/19</i>
<i>21/3/19</i>			<i>280</i>												<i>70</i>				<i>70</i>		<i>210</i>	<i>293/14</i>
<i>21/4/19</i>			<i>210</i>												<i>70</i>				<i>70</i>		<i>140</i>	<i>72163</i>
<i>21/5/19</i>			<i>140</i>												<i>70</i>				<i>70</i>		<i>70</i>	<i>82925</i>
			<i>350</i>												<i>70</i>				<i>70</i>		<i>0</i>	<i>21/6/19 294159</i>
					<i>350</i>										<i>350</i>				<i>350</i>		<i>0</i>	<i>A. Priest Capt.</i>

