Duplicate

931259

4/11/16 H 1

ATTESTATION PAPER.

No.

No. 2 Construction Batt'n, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Williams
1a. What are your Christian names? John
1b. What is your present address? 188 Maynard St Halifax N. S.
2. In what Town, Township or Parish, and in what Country were you born? Preston, Hfx. Co. Nova Scotia
3. What is the name of your next-of kin? Miss Margaret Williams
4. What is the address of your next-of-kin? Preston Hfx. Co. N. S.
4a. What is the relationship of your next-of-kin? Sister
5. What is the date of your birth? 7-2-1893
6. What is your Trade or Calling? Labourer.
7. Are you married? Single
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. No
11. Do you understand the nature and terms of your engagement? Yes.
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Williams, 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.

John Williams (Signature of Recruit)

Date 12 - 9 - 1916 W. E. Chandler Sergt. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Williams, 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.

John Williams (Signature of Recruit)

Date 12 - 9 - 1916 W. E. Chandler Sergt. (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 Halifax N.S. this 12 day of Sep. 1916.

Wellington (Signature of Justice)

A Justice of the peace in and for the City & County of Halifax, N. S.

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39-841.

Description of John Williams on Enlistment.

Apparent Age 23 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3 1/4 ins.

Chest measurement:
- Girth when fully expanded 36 ins.
- Range of expansion 2 ins.

Complexion Dark.

Eyes Brown

Hair Black

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist ~~or Congregationalist~~ Yes
- 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).

Scar on left breat. scar on left fore arm. Scar on left knee. Scar on top of left foot

Weight 138 lbs.

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 Sept 12th 1916 J. M. Murdoch

Place Halifax N.S. Capt A.M.C.

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.

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

(Signature of Officer)

Date 191 .

REGIMENTAL DOCUMENTS

NAME WILLIAMS JOHN REGT. NO. 931259 UNIT 2 Cir Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					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)		23676			
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	G+W 3997					
1	M+W 192					
1	Leave 1375					
1	C and C 15 W 9A					
1	M+W 67					
1	B 122					
	1 in dep box					

W. 2589
100M-11-18
1772-39-1377

Dm R.

Number 931259 Rank ~~Pte~~ Spr

Surname WILLIAMS

Christian Name John

Unit C.O.R.C.E. Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address 110 Maitland St
Halifax N.S.

Roll No. B Page 3901

SURNAME. Williams

CHRISTIAN NAMES John

REGL. No. 931239 RANK Pte

UNIT No 2 Construction Bn

FORMER CORPS Nil

CARD NO.

SOS dis 14-2-19
20044 of FOLL. 13-2-19
Deceased #6200

NEXT OF KIN.

NAMES IN FULL Williams Margaret

RELATIONSHIP TO SOLDIER Sister

ADDRESS Preston, Halifax N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Preston N.S. DATE Feb 7th 1893

PLACE OF ATTESTATION Halifax N.S. DATE Sept 12 1916

R/C 20/1/19 256/41.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Laborer RELIGION Baptist

DESCRIPTION.

APPARENT AGE 23 YEARS 7 MONTHS

HEIGHT 5' FEET 3 ¼ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 2 INCHES

COMPLEXION Dark EYES Brown HAIR Black

DISTINGUISHING MARKS Scar on left breast, scar on left forearm, Scar on left knee. Scar on top of left foot.

MEDICAL EXAMINATION. PLACE Halifax N.S DATE Sept 12th 1916

Present address 188 Maynard St.,
Halifax. N.S.

*Name Williams A. Rank Pte Regtl. No. 93/259

Fyle Depot 74-W-566

Original unit 2 Con Bn Present unit H.C. D.D. M. or S. Age Religion Bapt Pref. H.Q.

Port, ship and date of arrival Halifax N.S. "Empress of Britain" 27/1/19

Next of kin Sister Miss M. Williams

Address on leave 110 Maitland St. Halifax N.S.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer Date and place of enlistment Halifax N.S. 12/9/16

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
29/1/19	T.O.S. from 12/1/19 Posted Convy Co	29
14-2-19	DISCHARGED at Halifax, N. S	94

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

(over)

Date.	Remarks	Pt. 2 Ord[illegible] No.

M. F. W. 192
150m.—5-18
1772-39-1243

Always

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

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

Casualty Form—Active Service.

Unit, ~~Regiment or Corps~~ No 2 Construction

Regimental No. 931259 Rank Pte Name John Williams

C. E. F.

Enlisted (a) 12-9-16 Terms of Service (a) Period of war + 6 months Service reckons from (a) 12-9-16

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)

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.	Halifax N.S.	23/3/17	
		Disembarked England	Liverpool	7/4/17	
	O.C. Hr Const Bn	Proceeded overseas	Seaford		A 2 Ap 4
				MAY 17 1917	A Harper Capt for Capt & Adjt
		Landed in France 17-5-17 N.R.			
11/10/17.	OC	5 days FP No 1 for neglect of duty.	La Jonx	4/10/17.	B209 P136 dt 25/10/17
31.8.18	OC unit	Granted 14 days leave uk.		27.8.18	B213 pr 51 of Sept 1918
14-9-18	do	Returned from leave	Zuid.	13.9.18	B213

CERTIFIED CORRECT.
MAY 17 1917
6 JUN. 1917
CAN. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
11/12/18.	A.A.G.	Trans. to England & posted to W.S. Regt Depot	Bramshott	14/12/18.	K.R. 3424
					Lieut for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
17-12-18.	G.S.R.D.	T.O.S. & attached to 2nd C.C.D. for Quarters & Rations.	Bishott	14-12-18.	D.O. 805.
	NSRD.	ON COMMAND TO C.D.D. Kinmel Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27/12/18
12/1/19		S.O.S. on T.C. on transfer to Depot Dispatching Canada Shelley No 4 Kinmel Park. R.M. Hammond Lieut			C.A. Knight LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
		Embarked for Canada 12/1/19			
12.1.19	Okeas. T/O/S.	No. 6 D.D. Hfx. Cary Co. 22.1.19	No 29.		A.M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
14-2-19		DISCHARGED at Halifax, N. S	DO 44		C.W. MacAloney CAPTAIN. O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name WILLIAMS, John | Reg'l No. 931259.

Unit No. 2. Const Bn. | If in perm. Corps What Unit? | Married or Single Single.

Place and Date of Enlistment Halifax. N.S. 12th Sept. 1916. Place of Birth Preston. Halifax Co. N.S.

Name and Address, Next-of-Kin Miss Margaret Williams.

Preston. Halifax Co. N.S. Relationship Sister.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. V., Ld.—9-46-16.

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 via S.S. Southland		7.4.17	Arrived
14-6-17	2nd Corps	Arrived in France	Field	17.5.17	P 100 115
16-12-18	NSRD	TOS from 2nd Ccay	Pk Bskt	14-12-18	30 & 71 d/ 19-12-18 2nd Ccay
25.1.19	H.S.R.D.	Ceases o/s to Rhyl & Lost to E.F. Canada	Rhyl	12.1.19	18.

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.				

To be made out in duplicate.

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 Batt'n, C. E. F.

(2) Regimental Number 931259

(3) Full Name of Soldier John Williams

(4) Place of Birth Preston N. S.

(5) Are you married, or not? —

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

(b) Present Postal Address ~~110 Maitland Street Halifax N. S.~~

(7) Are you a widower? No

(8) Have you any children? —

If so, give number of boys and girls —

Also their names and ages

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address No

(10) Is your Mother alive? No

If so, state name and address No

—

(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.

Cousin

Miss Mary Tolliver

110 Maitland street Halifax N.S.

(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. H. Reis Capt

for Lieut.-Col. Officer Commanding.

No. 2 Construction Batt'n, C. E. F.

Date OCT 21 1916

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. 931259 Rank Pte. Surname Williams
(Given name in full)
John Albert
Unit or Corps D.R. #6 Birthplace Preston N.S.

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 4 in. Colour of Eyes dark brown

Nutrition good

Pulse 76

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Opinion as to general health and physical condition good

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 no 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.

110 Maitland St, Halifax, N.S.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.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 Ottawa .....(Canada)

Date Feb 10/19. Signed .....M.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 a Medical Board).

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

931259

MEDICAL HISTORY SHEET

ORIGINAL

Surname Williams Christian Name John

Examined { on 12th day of Sept 1916. at Halifax N.S.

Birthplace { City or Town Preston County Halifax N.S

Apparent age 23 years

Trade or occupation Labourer.

Height 5 feet 8½ Inches

Weight 138 lbs.

Chest measurement { Minimum 84 inches Maximum expansion 86 inches

Physical development Good.

Small-pox Marks Nil

Vaccination Marks { Arm Right Left Number

When Vaccinated last never

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by J. M. Murdoch Rank Capt A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
15/3/17	L.G.R	Dan Murray	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
25/10/16	L.G.R	H.V. Kent Major A.M.C.	M.O.
31/10/16	L.G.R	H.V. Kent Major A.M.C.	M.O.
7/11/16	L.G.R	H.V. Kent Major A.M.C.	M.O.

Enlisted on 12th day of September 1916 at Halifax N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		931259		12/9/16
Transferred to No. 2 CONSTRUCTION, B.R. C.E.F.				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname William Christian Name John

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

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

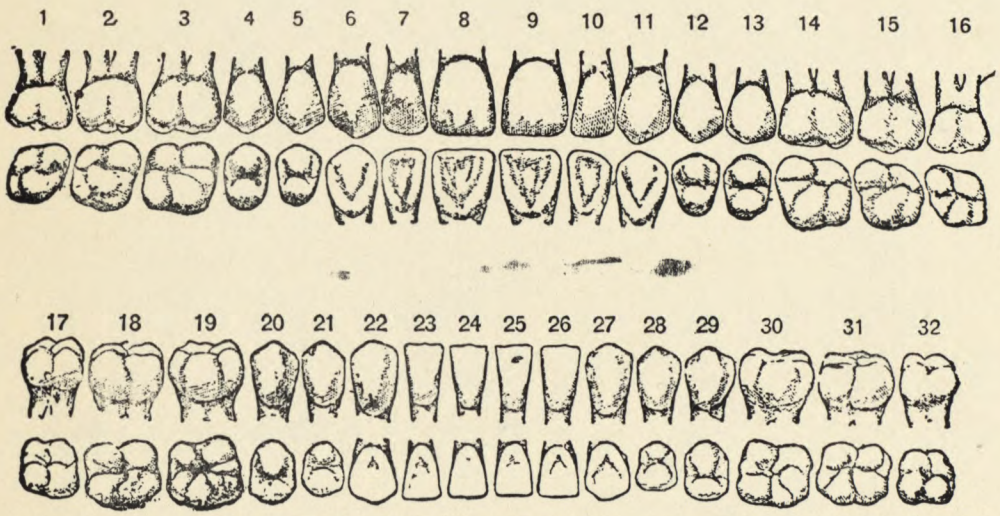
DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) WILLIAMS J MDL

REGIMENT No 2 Construction Co RANK Pte No. 931259

Date of Examination in England 31/12/18 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 13,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (*a*) In Canada
- (*b*) In England No.
- (*c*) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer J K Summerscales

P. 559

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Preston Hfx Co. N.S.

NAME AND ADDRESS OF NEXT OF KIN: Miss Margaret Williams, Preston Halifax Co. N.S.

RELATIONSHIP OF NEXT OF KIN: Sister.

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. 931259 RANK NAME Williams John.

IF IN PERMT. CORPS WHAT UNIT UNIT 2nd Con. Bn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Halifax N.S.

DATE OF ATTESTATION Sept 12th 1916

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	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
							Sepd.						29 10	29 10																29 10				Bal. from Canada
Oct 1/20	30	1.10	33	00										33 00													—			62 10		15 —	47 10	
MAY 1.31	31	1.10	34	10										34 10	35 1/5 11 19/4								9 73 4 86				—		14 69	81 61		30 —	51 61	
June 1.30	30	—	33	00										33 00	65 14/5								4 87				—		4 87	109 74		45 —	64 74	
July 1.31	31	—	34	10										34 10													—		—	143 84		60 —	83 84	
Aug —	—	—	34	10										34 10													—		—	177 94		75 —	102 94	
Sep 1.30	30	—	33	—										33 —										2 57 3 57 3 57 3 57 3 57 3 56			—		17 84	193 10		90 —	103 10	
			201	30									29 10	230 40									1946	—	17 84		—		37 30	193 10				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep	Bal	~~193 10~~							193 10		
Oct	R.P.	34 10		AR 583.27/7 2 Bonds to Mr. Alt 270	3 56		—	—			
				" 632 11/9/7 " " " "	3 57						
				" 472 13/8/7 " " " "	3 56						
				Sta 5 do. FP2 = 4/10/7 20 136.25-10/7		5 50			211 01		
		34 10			10 69	5 50	—				

9th 931259. Williams J

DATE		PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
		No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			
MONTH		PARTICULARS		CR 1	CR 2			PARTICULARS							DR 1	DR 2	DR 3	DR 4	BALANCE		DEFER PED. PAY	SER. ALLOE. ENG.													
		Oct Bal																	211 01																	
NV		P.P.		33 -				AR.833. 23 7/17. C.7.C.							3 57		-																			
								" 979. 25 10/17 "							3 57																					
DEC		..		34 10				" 1097 10 11/17 "							3 57		- -		267 40																	
				67 10											10 71																					
JAN	1918	P.P.		34 10				" 1265. 23 11/17 2 Bounty Men							12 49		- -																			
								" 1439. 22 12/17 " "							7 14				281 87		150															
				34 10	- -										19 63		- -																			
FEB		"		30 80				" 1868. 24 10/18. C.7.C.							3 57		- -																			
								" 1600. 4 1/18. Jura "							3 57				305 53																	
				30 80											7 14																					
MAR	1918	"		34 10				aR 2016. 14 3/18. C.7.C. Jura							7 14						180															
								" 2334 18 3/18.							7 14				325 35																	
				34 10											14 28																					

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Note:- L.P.6 made up from New pay book. Old pay book lost. L.M.S. P/S.

NAME:- WILLIAMS John

NUMBER:- 931259

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bn

DATE ACCOUNT FIRST OPENED:- 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
18.12.	3595.	R.R.D.	9.73				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dis'd Can. 1.1.1919. AR. 161. 17.12.18. L.P.6. ~~415~~ 2b Ledger:- 325 35/100.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Forwd								325 35	180	
Apl	P. Pay	33 –		AR 10 8/4 CFC Jma	3 57						
				✓ 273 23/4 –"–	3 57				351 21	195	
		33 .			7 14						
May	P. Pay	34 10		AR 415 7/5 CFC Jma	3 57						
				✓ 429 23/5 –"–	3 57				378 17	210	
		34 10			7 14						
June	P. Pay	33 –		AR 715 7/6 CFC 5.	3 57					225	
				✓ 878 27/6 ✓ Jma	3 57				404 03		
		33			7 14						
July	P Pay	34 10		AR 956 10/7 CFC 5	3 57						
				✓ 1100 25/7 ✓	3 57				430 99	240	
		34 10			7 14						
Aug	P Pay	34 10		AR 1263 10/8 CFC 5	3 57						
				AR 1477 25/8 ✓	3 57						
				AR 3252 24/8 ✓	97 33						
				AR 1624 28/8 ✓	3 57				354 05	255	
		34 10			108 04						
Sep	P.P.	33		CR 29907 2/9 London	48 67						
				CR 32004 9/9 London	2 43				338 95	270	
		33			51 10						
Oct	✓	34 10		2264 12.10 CFC 5	560						
				2329 26.10 ✓	3 73				363 72		
		34 10.			9.33						

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 23/10/19

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									363 72	785	
Nov.	PP.	33		Rly W. Vic - Folkstone. 10.9.18.	1 46						
Dec.		34 10		2700. 11.11 CFCS.	3 73						
	Int on PP to 31.12.18.	13 12		2912 26.11 ✓	13 06				32569.		
				3595 18.12 ✓	9 73				41596 200		
		8022			2798						
				183. 10.1. Endorsed. Rly.	9 73						
				S.O.S. to Canada 12.1.19.							
				DO. 18. 25.1.19 NSR					40623		
		—	—		9 73	—	—	—			

W. S. Badge 977009
Class "A" issued

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. 931259

Rank Private

Surname Williams

Christian Name John

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) #2 Construction Bn. C.E.F.

Date of Discharge February 14, 1919

Place of Discharge Halifax, N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 26 years — months.

Height 5 feet 4 inches.

Complexion Dark

Eyes Dark

Hair Dark

Trade Laborer

Intended place of residence (To be given as fully as practicable.) 110 Maitland St., Halifax, N.S.

Descriptive Marks

Nil.

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

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 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.

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)

Pres. noted and
14-3-19
9-7

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) Halifax, N.S. John X his William (*Signature of Soldier.*)
mark witness W R Smith

(Date) February 13th 1919 W. R. Smith (*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) Halifax, N.S.

(Date) 26-2-19

(*Signature*) D. A. Ross LIEUT. COL.

No. 6 DISTRICT DEPOT.

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.)

Nil

his
John Williams
mark
witness W. R. Smith

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.
Squadron / Battery / Company Conduct Sheet,	"	B. 263a.
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."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931259 (Rank) Private

Name (in full) John Williams enlisted in

the #2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Halifax, N.S. on the 12th

day of September 1916

HE served in France

and is now discharged from the service by reason of Demobilization

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

Age 26 years – months

Height 5 feet 4 inches

Complexion Dark

Eyes Dark

Hair Dark

Marks or Scars Nil

John Williams
Signature of Soldier

Witness W R Smith

C W MacAloney
O. C. DISCHARGE SECTION No. 6 DIST.

Rank

Appointment

Date of Discharge February 14, 1919

Signed at Halifax, N.S. this 13th day of February

in Military District No. 6 (Six)

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

r Occupation .....

ualifications of Value in Civil Life .....

.....

nd Decorations .....

.....

.....

.....

..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

the on ce- con- tificate will not be com- pleted.

D.M.S. 1375.

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

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

Rank: Pte. Name: Williams Surname: John.

Unit or Corps: 17th Res. Bn. (If a soldier) Regtl. No. 931259.

Born at: Preston. N.S. on, date: 1892.

Signature (for identification): X

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 150 lbs.

Height 5 ft. 4 ins.

no

2. **NUTRITION AND DIATHESIS?**

Good

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

3. **NERVOUS SYSTEM?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—S.G.? 1024 Reaction? ac Albumen? 0 Sugar? 0

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

no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at: Kinmel Park Signed: [illegible] Capt. M.O.

Date: 2/1/19 Signed: [illegible] Capt. M.O.

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

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. 931259 Rank Pte. Name Williams, J.

Corps M.S.R.D. who was* Discharged

On 14-2-19 191...., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191....,

to 14-2-19 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	11	15
Advances by Cheques No. 13278	100	00	Regt'l. Pay 45 days at $ 1 c.	45	00
Advances by Cheques No. M.S.R. 13038	70	00	Field Allow. 45 days at $ 10 c.	4	50
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Regt. Fund		05	Other Allowances* Clothing	35	00
Payment on transfer or discharge No. 13510	261	96	Other Credits* L.P.O.	266	36
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	00
Total	432	01	Total	432	01

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned

Pay for the month of 191...
and Sep'n Allce. for month of 191... (to) Assignee

(Address) NIL

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

On Transfer of an Officer.

Out 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 No.

(3) cause of discharge Demob. authority D.O.44

(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 19-2-19

Place Halifax, N.S. CAPT *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.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

(This form to be used for all ranks (Vide Articles 122, 130 and 131, Financial Instructions, 2nd Ed., C.E.F., 1916.)

Regimental No. ..... Rank ..... Name .....

Corps ..... who was .....

On ..... 191 ..... to .....

*Insert "discharged" or "invalidated."

The following is a statement of the account of the above named from ..... 191 ..... to ..... 191 ..... (8) ..... the inclusive date of transfer or discharge.

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

*Give particulars.

A monthly stoppage of $ ..... (1) has ..... (2) been paid on account of Assigned Pay for the month of ..... 191 ..... (2a) Assignee .....

and Sep'n Allow. for month of ..... 191 .....

(Address) .....

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

On Transfer of an Officer.

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

REMARKS:

Note (1) date of enlistment .....

(2) Find for unit in Separation Allowance Card has been submitted .....

(3) cause of discharge ..... authority .....

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 21) 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 Ledger of the Unit.

Date .....

Place .....

(Sgd) ..... Paymaster.

N.B. The purpose of transmission of this form is to be made on a quadruplicate "Pay Card" to paymaster of new unit, duplicate to District Paymaster to accompany the pay sheet at end of the month and quadruplicate for retention as a record.

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

If a man on discharge is entitled to the month's Pay Disbursing 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 transport, with his discharge documents.

M. F. W. 24.

JAN 12 1919
Taken on Strength.....B.O.....29

AUDITOR | PAYMASTER

M. OR S. Eof B 21/1/19

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

REGT. No. 931259 RANK Pte. NAME (IN FULL) Williams J. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
10		AA

ORIGINAL UNIT C.E.F. N.S.R.D. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ Nil | DATE EFFECTIVE | 208

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 110 Maitland St. Halifax N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 14/2/19 | REASON Demob | AUTHORITY 2044 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Pay to D.O. 19
Jan. 1					11 20				11	20																05						05			11 15		
1/19 14/2/19	45	1.10	49	50	35 266 36		11	15	362	01							132 18 100 —				135 10 261 96					05					362	01					x Cr. bal
																					13 38 70										70		70				
																	Edar Service Gratuity																				
	153		350	00					350	00	March 20/19				6147660						70	00					70	00							210	00	
											April 8/19				1499764						70	00													140	00	
											May 7/19				580868						70	00													70	00	
											June 8/19				596701						70	00													Nil	
			350	00					350	00											280	00					70	00			350	00					

C. R. Chew

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT	CREDIT	
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	