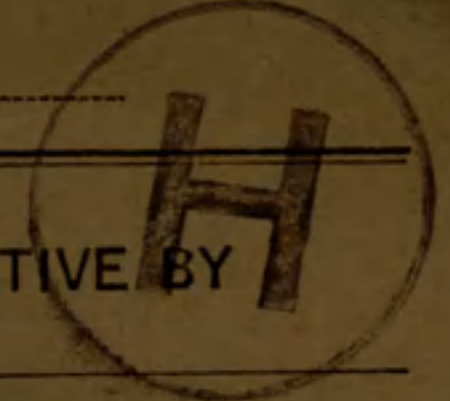


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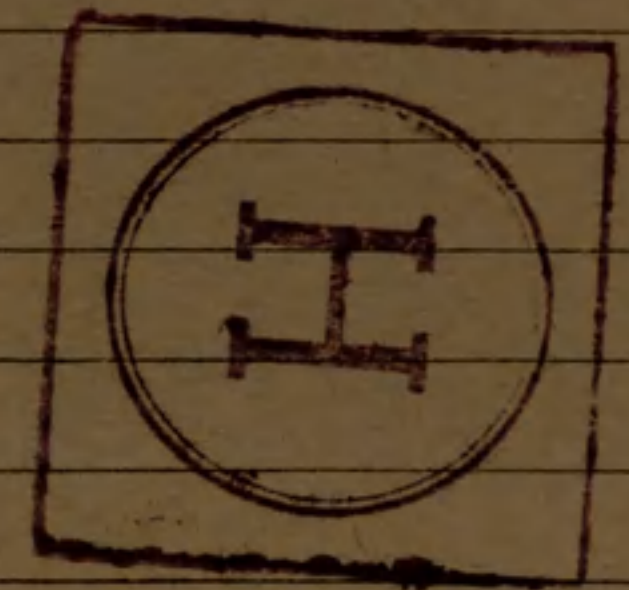
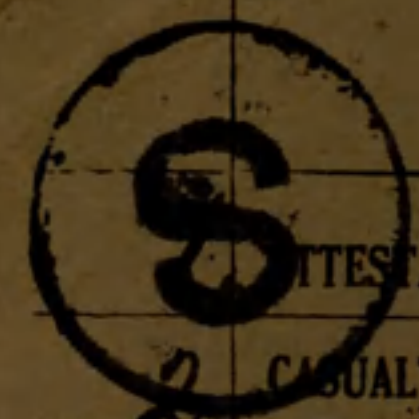
NAME **BROWN SAMUEL**

Pte REGT. NO. **931258**

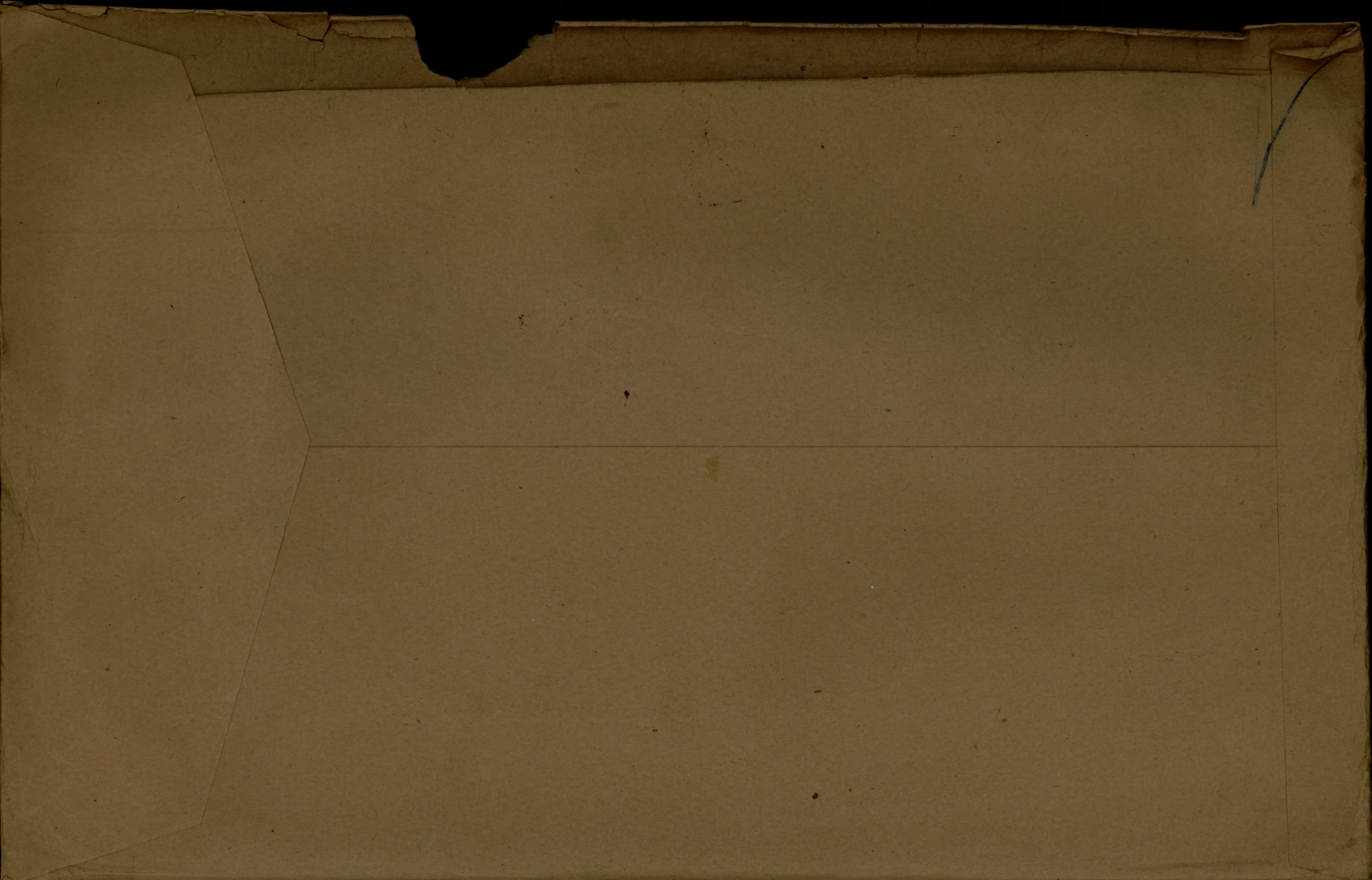
UNIT **Bn** H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 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)				45501	
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)					<i>Demob</i>
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)					
LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION
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>Cadosog</i>					8-26
1 <i>Disp cert</i>					10-26
1 <i>mso 762</i>					31-27
1 <i>maw 67</i>					3
1 <i>ass 252</i>					
1 <i>19122</i>					
1 <i>Hand card</i>					



403094



ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Brown*
- 1a. What are your Christian names?..... *Samuel*
- 1b. What is your present address?..... *Fairview 104 West St*
2. In what Town, Township or Parish, and in what Country were you born?..... *Halifax Nova Scotia*
3. What is the name of your next-of-kin?..... *Miss Dorothy Brown*
4. What is the address of your next-of-kin?..... *Fairview 104 West St*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
5. What is the date of your birth?..... *January 24th 1895*
6. What is your Trade or Calling?..... *Labourer*
7. Are you married?..... *yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?..... *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*

Miss Dorothy Brown
104 West St
Halifax
N.S.
Wife.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Samuel Brown*, 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 Brown (Signature of Recruit)
 Date *September 14th* 1916 *Robert W. Buchhe* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Samuel Brown*, 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 Brown (Signature of Recruit)
 Date *September 14th* 1916 *Robert W. Buchhe* (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* this *14* day of *Sept* 1916.

(Signature of Justice)

Description of Samuel Brown on Enlistment.

Apparent Age 21 years 9 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.)

Scar on back of right shoulder blade five inches long.

Height 5 ft. 8 1/2 ins.

Chest measurement: { Girth when fully expanded 37 ins.
 Range of expansion 3 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.)

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 14 1916 *C. Archibald*

Place Hulfer's BAPT AMC 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 Brown 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. W. Reis bapt (Signature of Officer)

Date OCT 20 1916 191 Comd'g No. 2 Construction Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge Issued,
Class. # No. 317891

THIS IS TO CERTIFY that No. 931258 (Rank) Private

Name (in full) Samuel Brown. enlisted in
the 2nd. Con. Bn.

CANADIAN EXPEDITIONARY FORCE at Halifax NS. on the 14th
day of September. 19 16

HE served in 2nd. C.C. Bn. France and Belgium.

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

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

<p>Age <u>24-4/12 Yrs</u></p> <p>Height <u>5'8 1/2"</u></p> <p>Complexion <u>Dark</u></p> <p>Eyes <u>Brown.</u></p> <p>Hair <u>Black.</u></p>	<p>Marks or Scars <u>Scar on back of right shoulder.</u></p>
---	--

Signature of Soldier

Date of Discharge

Dispersal Station "B"
JUN 5 1919
Military District No. 6

Issuing Officer *R. S. Bellman* Major

O. C. Dispersal Station "B"

Rank _____

Date MAY 29 1919 19____

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

SAMUEL

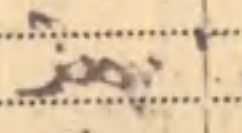
Name BROWN Rank Pte

Reg. No. 931258

Unit 2 Con CoyNext of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
25-8	1 S. N. Rouen		D.D.G.	A 304		3550-12
7-9	<u>Dischgd Camp Adjt.</u>					3913-1
3-10	10 G. N. Rouen	Ulcers leg		A 341		4650/5
14 10	Base Camp			A 350		4922/5
29-11-18	Dr. H. Aban court.		20.	A 388		9040-6.
4-12-18	51 G. N. Rouen		"	A 393		16161-6
13-1-19	Discharged.		"	A 424		6500-3.

Date	Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List



NAME

Brown S.

REGT'L No.

931258

H. Q. FILE NO. 649.

RANK AND CORPS

Pte., 2 Co N.

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

No.

DATE

FOLLOWS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 43	Jura La Joup (Jura)	12-10-17	Gastritis (Nova Scotia)
A 45	Discharged	14-10-17	" (2 cm) UDL
A 304	H. St. Julien	26-8-18	" " " " " "
A 316	Desich	7-9-18	" " " " " "
A 341	10 Gen Rouen	3-10-18	" " " " " " Uterus
A 350	Desich	14-10-18	" " " " " "
A 388	St. Abancourt	29-11-18	" " " " " " 20
A 393	St. Julien Etaple	4-12-18	" " " " " " 20
A 424	Desich	13-1-19	" " " " " " 20

SURNAME.

Brown

CHRISTIAN NAMES

Samuel

REGL. NO.

931258

RANK

Pte

UNIT

No 2 Construction

FORMER CORPS

Nil

6 B 2019099-7-19
CARD NO 5-6-19
303 21519
FOLL 168. 171619
6
Bn

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Cassidy Mrs Sam

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*Fairview, Halifax Co.,
N.S.*

COUNTRY OF BIRTH

Canada Halifax N.S.

DATE

Jan 24th 1895

PLACE OF ATTESTATION

Halifax N.S.

DATE

Sept 14 1916

A/C 29-5-19 337 pte

From Halifax, N.S. Southland. 28-3-17.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

21

YEARS

9

MONTHS

HEIGHT

5

FEET

8 1/2

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Scars on back of right shoulder. blades 5 in long.

MEDICAL EXAMINATION.

PLACE

Halifax N.S.

DATE

Sept 14th 1916

Present address. Fairview Halifax N.S.

Number. 93125-8 Rank. Pte Sgo

Surname. BROWN

Christian Name. Samuel

Unit. C. A. R. C. C. Theatre of War. France

Date of Service. 17-5-17

Remarks

Latest Address 4 West St. Halifax

Roll No. *3*

Page 375-4

PA
Print

B
X

Pa 29542 Rev M

Name *BROWN* Rank *Sgt* ✓ Reg. No. *931258*
 Unit *2nd Const Co* ✓
 Next of Kin *Canada*

9215

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>12.10.17</i>	<i>Jura St. La Joux (Jura)</i>	<i>Gestrin</i>		<i>a 43</i>		
<i>R 223</i>	<i>No list HA 15183</i>					
<i>14.10.17</i>	<i>Reich</i>	<i>do</i>	<i>do</i>	<i>a 45</i>		
<i>R 223</i>	<i>No list HA 15282</i>					

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Brown

S.

931258

RANK

UNIT

Co.

TROOP

BATTY

Pte

N.S.

2 Lon.

HOSPITAL

DATE OF ADMISSION

1.	Jura Hosp. La Joux (Jura)	12-10-17
1.	1 Staly. Hos. Rouen.	HOSP 25.8.18
2.	10. G. Rouen.	3.10.18
2.	Stn H. Abancourt	HOSP 29-11-18
3.	57. S.H. Etaples	4-12-18
3.		HOSP.
4.		HOSP.

DIAGNOSIS

1. Gastritis Ac.
2. v.s.g.
Ulcers R. Leg. at
J. S.S.
- 3.

DISPOSITION

	A43.	Dis.	14.10.17	DATE
C.L.	23-10-17			
"	25.10.17	a 45		
	29.8.18	a 304.0		
	12-9-18	a 316		
	11.10.18	a 341.		
	29.10.18	@ 350		
	57.12.18	a 388/2		
	11-12-18	a 393-		
	20.1.19	a 424.		

Dis 7-9-18
Dis. 14-10-18
" 13 1. 19

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

1511

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

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, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

- 1. Christian names *Samuel* 2. Surname *Brown*
- 3. Rank *Pte* 4. Original Unit *2CC* 5. Reg. No. *931258*
- 6. Address, in full, to which future payments of gratuity are to be forwarded *to Bank St Montreal*
- 7. Date of enlistment in the C.E.F. *Halifax N.S. Sept 14, 1916*
- 8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge. *Mrs Dorothy Brown*
- 9. Relationship of such dependent *Wife*
- 10. Address, in full, of such dependent *#4 West St. Halifax N.S.*
- 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:—
- 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?
- 14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. *No*
- 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.
- 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*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
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. *no*
20. Have you been issued with a War Service Badge? If so what class?
21. Have you, during the present war, served in the Imperial Forces?
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?
24. Are you now serving in the C.E.F.?
- If not, give:—(a) Date of discharge
(b) Reason for discharge
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
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
- (b) If so, are you in receipt of full pay and allowances from that Department?

DEMOBILIZATION
JUN 5 1919

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: *S. Brown*

Place of Residence:

Declared before me at: *Pepper York*

This day of *MAR 9* 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

W. H. Sutherland
Major

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>153 days</i>	<i>250.00</i>
			<i>5 months SA</i>	<i>150.00</i>
				<i>500.00</i>
			<i>less W.S.S.</i>	<i>70</i>
				<i>430.00</i>

Certified Correct.

District Paymaster

6009

W. P. New

No Prev. 02258-S-62

1198 3740

CANADIAN EXPEDITIONARY FORCE.
(Information for Pay and Allowance Board)

IMPORTANT - READ CAREFULLY.

The following questions must be carefully answered; the Declaration "A" below, made and signed by yourself and the Certificate "B" signed by one of the following; (1) Secretary of the Local Canadian Patriotic Fund or Red Cross Committee; (2) a Postmaster.

This document must be completed and returned within ten days after its receipt, otherwise Separation Allowance for the coming month may be unavoidably delayed. When completed this document is to be returned to,
DIRECTOR S.A. & A.P.,
CANADIAN BUILDING,
OTTAWA.

	Name in full of soldier.	Reg'l No.	Rank.	Regt. or Unit.
	<i>Samuel Brown</i>	<i>931258</i>	<i>Plt.</i>	<i>#2 Const Bn.</i>
1	Name in full of beneficiary. Address.	<i>Mrs. Dorothy Brown 4 West St. Halifax N.S.</i>		
2	Is soldier at present Overseas or in Canada? If in Canada state where stationed.	<i>overseas</i>		
3	Is he now a member of the Canadian Expeditionary Forces? If not, give particulars.	<i>Yes No. 2 Construction Battalion</i>		
4	What is your relationship to this soldier?	<i>wife</i>		
5	Give date and place of Marriage.	<i>6th October 1916 at Halifax, N.S.</i>		
6	Did the soldier contribute to your support during the year prior to enlistment? If not, why not?	<i>Yes</i>		
7	State amount of Separation Allowance received by you monthly, on this soldier's account.	<i>\$20.00 (Twenty Dollars)</i>		
8	State amount of Assigned Pay received by you from soldier monthly.	<i>\$15.00 (Fifteen Dollars)</i>		
9	Do you receive Separation Allowance from any other source? If so, give particulars.	<i>No</i>		
10	Are you in receipt of a Pension? If so, give particulars.	<i>No.</i>		
11	Is soldier in receipt of a salary from the Dominion or a Provincial Government on account of having been employed by them prior to his enlistment? If so, how much per month?	<i>No.</i>		

12 Have you any complaint to make about your Separation Allowance or Assigned Pay?

NO

(a) I do solemnly and sincerely declare that the fore-going is a true statement, in testimony of which I make this Declaration in presence of the undersigned.

Mrs Dorothy Brown
.....
(Signature (or mark) of Beneficiary.)

4 West Street, Halifax, N.S.
.....
(Present Address)

(b) This is to certify that the foregoing Declaration and signature (~~or mark~~) was made in my presence this *14th* day of *August 15*, 1918 and I believe her to be the person she represents herself to be.

J. Clayton Smith *Commissioner of the Supreme Court of N.S.*
Halifax, N.S.

E. S. Laurier
.....
Signature.

per MGH
Ser. Can. Patriotic Fund
Halifax Branch.

PLACE *Halifax N.S.*

DATE *Aug 15, 1918*

M. F. W. 2554.
100m.-6-18.(M).
1772-39-1333.

931258

ORIGINAL MEDICAL HISTORY SHEET

Surname Brown Christian Name Samuel

Examined on 14th day of September 1916
at Halifax S
Birthplace { City or Town Halifax
County Nova Scotia

Approved by W. C. Church
Rank capt a.m.e. M.O.

Apparent age 37 1/2
Trade or occupation labourer
Height 5 feet 8 1/2 Inches
Weight 138 lbs.
Chest measurement { Minimum 34 inches
Maximum expansion 37 inches
Physical development good
Small-pox Marks nil
Vaccination Marks { Arm Right Left
Number Two
When Vaccinated last 1908

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

(a) Marks indicating congenital peculiarities or previous disease

Date	Result	VACCINATIONS
<u>11/3/17</u>	<u>GR</u>	<u>Samuel</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/10/12</u>	<u>GR</u>	<u>H. V. Kent Major AMB</u> M.O.
<u>31/10/14</u>	<u>GR</u>	<u>H. V. Kent Major AMB</u> M.O.
<u>7/11/16</u>	<u>GR</u>	<u>H. V. Kent Major AMB</u> M.O.

Enlisted on 14th day of September 1916 at Halifax N.S.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>No. 2 CONSTRUCTION, B'n. C.E.F.</u>	<u>931258</u>		<u>14/9/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

4587
1201

DUPLICATE

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 *93/238*.....

(3) Full Name of Soldier *Samuel T. Brown*.....

(4) Place of Birth *Halifax N.S.*.....

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

(6) If married, state,
(a) Full name of your wife *Mrs Dorothy Brown*.....

(b) Present Postal Address *Halifax N.S.*.....

(7) Are you a widower? *—*.....

(8) Have you any children? *No*.....

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

Also their names and ages.....

(9) Is your Father alive? _____

If so, state name and address _____

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Irene Barty Cassidy RD
Campbell Rd Halifax N.S.

(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.

\$10.00

(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.

Wife
Mrs Dorothy Brown
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.

Yes

(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.

C. H. Reis Capt
for Officer Commanding.

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. 931258 Rank Plt. Surname BROWN
(Given name in full)
Samuel
 Unit or Corps U.S. R.D. Birthplace Thalifax N.S.

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

1. GENERAL DESCRIPTION:

Physique good Weight 168 lbs. Height 5-10 ft. Colour of Eyes brown
 Nutrition good
 Pulse 78
 Condition of arteries normal
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 2 ft. Left 2 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin)
4 in Scar near R. Shoulder blade - small one just below -
3 in Scar skin wound - L. arm - March 1918

Opinion as to general health and physical condition fit

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.

V.D.S. N-5-1918 to 8-9-18

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Repin (Overseas)

Date 80-2-19

Signed W. D. Miller 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 S. Brown

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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 a Medical Board).

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

[OVER]

DISPERSAL CERTIFICATE.

Original

1. Surname..... *Brown* Christian Names..... *Daniel*

Regtl. No. *931258* Rank { Temp..... *Pte* Regt. or Corps..... *NSRD*

Acting Unit..... *ZCC*

2. (a) Service Group..... *10*

(b) Occupational Group..... *13*

(c) Dispersal Area..... *B*

3. (a) Medical Category..... *A*

(b) Railway Station to which proceeding on Dispersal..... *Halifax ns*

(c) Post Office address in full..... *Halifax ns*

(d) P.O. or Bank in which soldier desires to have his Post (discharge or deferred (if any) pay deposited..... *To Bank of Montreal Halifax ns*

4. I certify:—

(a) that I carry no ammunition;

(b) that all the information given above is correct to the best of my ability;

(c) that I have completed a Questionnaire for the Department of Civil Re-Establishment.

Signature of O.C..... *J. Wood*

Signature of Soldier..... *D. Brown*

Date..... *22 MAR 1919*

NOTES.

1. Each alteration must be initialled by the O.C.
2. Forms will be clearly marked "Original," "Dup.," or "Trip." as the case may be.
3. All entries will be made in ink or type.
4. All information for Part 2 of form will be obtained in the case of Other Ranks, from Pay Books, and in the case of Officers from Record of Service Book (A.B. 439).
5. In every case Signature of O.C. and Soldier must be attached.
6. Soldiers' (duplicate) copy, together with Pay Book (A.B. 64) should be carried on the person, not in the kit.
7. In case of loss of Dispersal Certificate, soldier should report same to O.C. or Dispersal Draft Officer.

JM Rank **BROWN, Samuel.** - Reg'l No. **931258** -
 Unit **No. 2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Married.**
 Place and Date of Enlistment **Halifax N.S. 14th Sept 1916.** - Place of Birth **Halifax, N.S.** -
 Name and Address, Next-of-Kin **Mrs Dorothy Brown No 4 West Street**
Halifax N.S. Relationship **WIFE**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

N/E R.B. No. 11308
 File No. 11308
 Categor. **OR CAN**

H. W. & V., Ltd.-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.				
	<i>Lo</i>				
		Arrived in England via S.S. Southland		7.4.17	<i>AWW</i>
14-6-17	[#] 2 C.C.C.	Arrived in France	Field	17-5-17	115
22-10-17	NSR	Jura Hospit. La Joux (Swiss), Jura		12-10-17	6LA 43. Gastritis
24-10-17	"	Disch'd from Hospit	"	14-10-17	" 45 "
31.1.19	2 nd CC Coy.	Trans Eng. Posted NSRD.	He Field	24.1.19	801. NSRD 25 3.2.19
31.1.19	2 nd CC.	Forfeit field allowance & under " stoppages of pay 50¢ per diem while in Hosp. from 4.12.18 to 13.1.19 (41 days)	"		80.1.
14-3-19	NSRD	AWL from 21.3.19 until 21.30 forfeit 4 day pay by DTSY	Repon	63.15	

A.F.B. NO. 3 CHECKED
 28 MAY 1917

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.				
14-5-19	NSRD	Lost to No 6 m.d.w Phyl	pte Report	13-5-19	111 + MD6 1360/16-5-19
		<i>Sailing 66-B-74 M 21-5-19</i>			
21-5-19	M.P.6	S.O.S to Canada	" Phyl	21-5-19	-141

War Service Badge
"A" No.

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

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

330m.—5-16

H. Q. 1772-39-910.

Casualty Form—Active Service.

Unit, Regiment or Corps

No 2 Construction Batt C.P.F

Regimental No. 931258

Rank

pte

Name

Samuel Brown

C. E. F.

Enlisted (a) 14-9-16

Terms of Service (a)

period of war
46 months

Service reckons from (a)

14-9-16

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

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

CERTIFIED CORRECT,
17/5/17
JUN. 317
CAN. RECORDS, LONDON.

Embarked, Canada Halifax N.S. 25/3/17

Disembarked, England Liverpool 7/4/17

Proceeded, Oisea Seaford 17/5/17

O.P. #2
Comet Bu

Pt 2 of
A Major Capt.
for Capt + adpt

Landed in France 17-5-17 N.R.

1 month 5 days pay for

Making away with

Iron Rations

7/11. 21-5-17 B 20 by Piro 26/17

21-5-19

T. O. S.

No. 6 D. D. from

O/S

and posted

108

168

5-6-19

S. O.

S. on Discharge

W. J. ... Lieut.

Lieut.

Officer V3 Records

(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				
6 ⁶ / ₁₇	OC	20 days pay. 5 ⁶ / ₁₇ for 10 days (1) drunk in camp about 11. pm (2) creating a disturbance after lights out.	Fld.	5 ⁶ / ₁₇	B-2064 of 123. 154 ⁸ / ₁₇
12 ¹⁰ / ₁₇	Jura Hosp	Gastritis adm		12/10/17	W 3334/ab081
14.10.17	"	" discharged to duty.		14-10-17	" 126762
20-10-17	OC	Repl Unit from his p.	Fld.	14-10-17	B 213
5-1-18	OC	att to 1 Dist. CTC Alencon		30/12.17	B 213
25-8-1918	1 staty Hosp.	V.O.G. M. Admitted.		25-8-18	W 1317
24.8.18	43 Coy C & C	Emancipated to No 1. state hospital.		24.8.18	B 213.
8.9.18	1 staty Hosp.	V.O.G. Discharged to Camp Adjutant		7-9-18	W 3334.
8.9.18	1 staty Hosp	Perfect field allowance & is placed under disphage of pay at 50 chs per diem from 25.8.1918 to 7-9-1918. (14 days)			A 50 1643/6319 W 52 of Repr 1918
14.9.18	OC 43 b. 3 b.	Return from Hospital	Field.	13.9.18	B 213
21.9.18	OC	2. admission Hospital	Alencon	18.9.18	B 213.
2.10.18	OC	2. No 10 General Hosp	Sued.	3-10-18	B 213
3.10.18	10 Gen Hosp.	Ulcer Leg L "M" Admitted		3.10.18	W 6873
14.10.18	10 S. Hosp	Discharged		14-10-18	W 8365

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BROWN S.
REGIMENT NS R.D. RANK PTE No. 931258

Date of Examination in England _____ Date of Examination in France _____



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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 1 P. 31.
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____



HAS HE EVER REFUSED DENTAL TREATMENT? No.

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

- (a) In Canada —
- (b) In England —
- (c) In France —

Signature of Dental Officer J. E. Thompson, Capt.

1850
BROWN
P.F.F.
181000

u
r



War Service **Army** B. 103.
 Class "A" No.

Regimental Number **931258**

Casualty Form - Active Service.

Regiment or Corps **No 2 Cav. Search Company**

Rank **Private** Surname **Brown** Christian Name **Samuel**

Religion Age on Enlistment years months

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

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b) ...
 or Corps Trade and rate

Occupation **Private** Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service as reported in Army Form B.213, Army Form A. 36 or in other official documents. The authority to be quoted in each case	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36 or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
19.10.18	b. h. B.D	Arrived from the 10 Cav Regt	India	18.10.18	RAF 1572
11.11.18	b. h. B. Depot.	Left for 201 Sect 68	"	11.11.18	RAF 1452
9.11.1918	H. 3 Cav 68	Repairs from Base	"	5.11.18	1213
28.11.1918	O. B.	28 days. 7 P.M. 1. 7 forfeit 1 day Pay R.W. when on active Service A.W.O.S. from 22 ⁰⁰ 24-11-18. until 09.00 25-11-18. II absent from working Party at 13 ⁰⁰ 25-11-18. III he had to comply with an order.	India	25-11-18.	B 2069. (P. 68)
20.11.18	43686	20 20 Compound	India	26.11.18	1213

(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) Signaller, Sheering-Smith, &c. W 8675 - M2733 2000a 9/17 (25011) C. P. & S., Ltd., Form B.103 E/1607. P.T.O.

Cover

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
30-11-18	Stat Corp abancourt.	N.Y.D. Gononhara 2nd Det Corp B.W.I. dep. Forces les Eux		30-11-18	W 3898/208974
2 ¹ / ₃ 19	68th Bde.	Tran to Eng reported to Nova Scotia Reg Dep	Trambull	21-5-19	W 3898/208974
3-FEB 1919	N.S.R.D.	T.O.S. FROM POSTED TO			
10-5-19	N.S.R.D.	S.O.S. to Mil. Dist. No. 6 RHYL	RIPON	1-2-19	PART II D.O.
		Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No. 5519. Ceases to be attached C.C.C. Kinmel Park on embark- ing for Canada, Part II Order No. _____		<p><i>P. E. Apperley</i> LIEUT. OFFICER IN CHARGE, NOVA SCOTIA REGTL. DEPOT.</p>	
		Commanding _____ Wing, 6 Kinmel Park Camp.			
				21-5-19	

Chas. B. Chubb
Lieut. for Lt.-Col., A. & G.

Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Emb'd No. 21-5-19

MILITIA AND DEFENCE

M. F. W. 11a.
50m.-416
1772-39-518

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

D. Brown Wife
PAYMENTS.

Name of Soldier

Brown S.

L. L. Job 310.-Req. 6574

Month.	Year.	Cheque No.	Amt	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>L 24574</i>	<i>36</i>	<i>36</i>
Dec.		<i>R 27440</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>I 27870</i>	<i>20</i>	<i>20</i>
Feb.		<i>H 31060</i>	<i>20</i>	<i>20</i>
March		<i>H 34291</i>	<i>20</i>	<i>20</i>
April		<i>J 414</i>	<i>20</i>	<i>20</i>
May		<i>J 2615</i>	<i>20</i>	<i>20</i>
June		<i>K 7022</i>	<i>20</i>	<i>20</i>
July		<i>I 10089</i>	<i>20</i>	<i>20</i>
Aug.		<i>M 13808</i>	<i>20</i>	<i>20</i>
Sept.		<i>L 16855</i>	<i>20</i>	<i>20</i>
Oct.		<i>K 23208</i> <i>K 23207</i>	<i>20</i>	<i>m 256 20</i> <i>K 23207 cancelled</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

Married 6/10/16
MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Dorothy Brown* Name of Soldier *Brown Sam'l*
 Address *4 West St* Regtl. No. *931258*
Califay Rank *Pte*
W.S. Corps *# 2 const BN*
 Relation to Soldier } *Wife* }
 wife, child or mother } }
 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				



10/10/10

MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2. *Mrs Dorothy Brown*
 (Assignee)

OVERSEAS CONTINGENTS
Wife
 PAYMENTS.

Name of Soldier *Brown Samuel*
No 931258 Pte No 2 cont Bn

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15⁰⁰</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4704</i>	<i>15</i>	
May		<i>46878</i>	<i>15</i>	<i>15-45.</i>
June		<i>11368 2</i>	<i>15</i>	<i>15-13.</i>
July		<i>020722</i>	<i>15</i>	<i>B</i>
Aug.		<i>R 27625</i>	<i>15</i>	<i>OB</i>
Sept.		<i>33966</i>	<i>15</i>	<i>OB</i>
Oct.		<i>048562</i>	<i>15</i>	<i>105⁰⁰</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

JER

1917

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

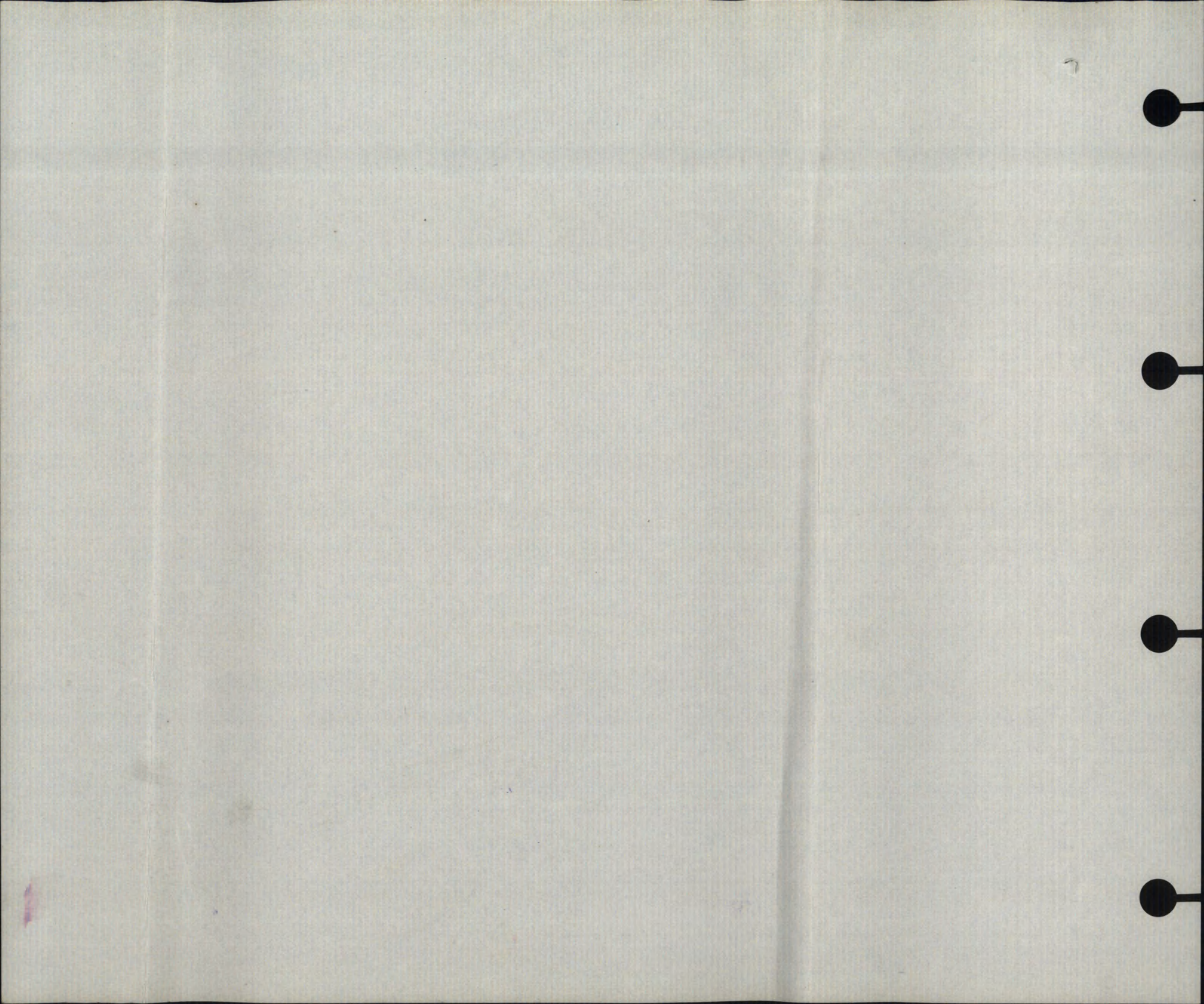
To Whom	Mrs. D. Brown.	By Whom Assigned	Brown, S.
Address	4 West St, Halifax, N.S.	Regtl. No.	931258.
		Rank	Pte.
		Corps	2 Con. Bn.
Rate	\$25.00		

SPECIMEN REMITTANCE

Sched # 467

29-11-17 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.		48236	25 -	
Jan.	1918			
Feb.				
March				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

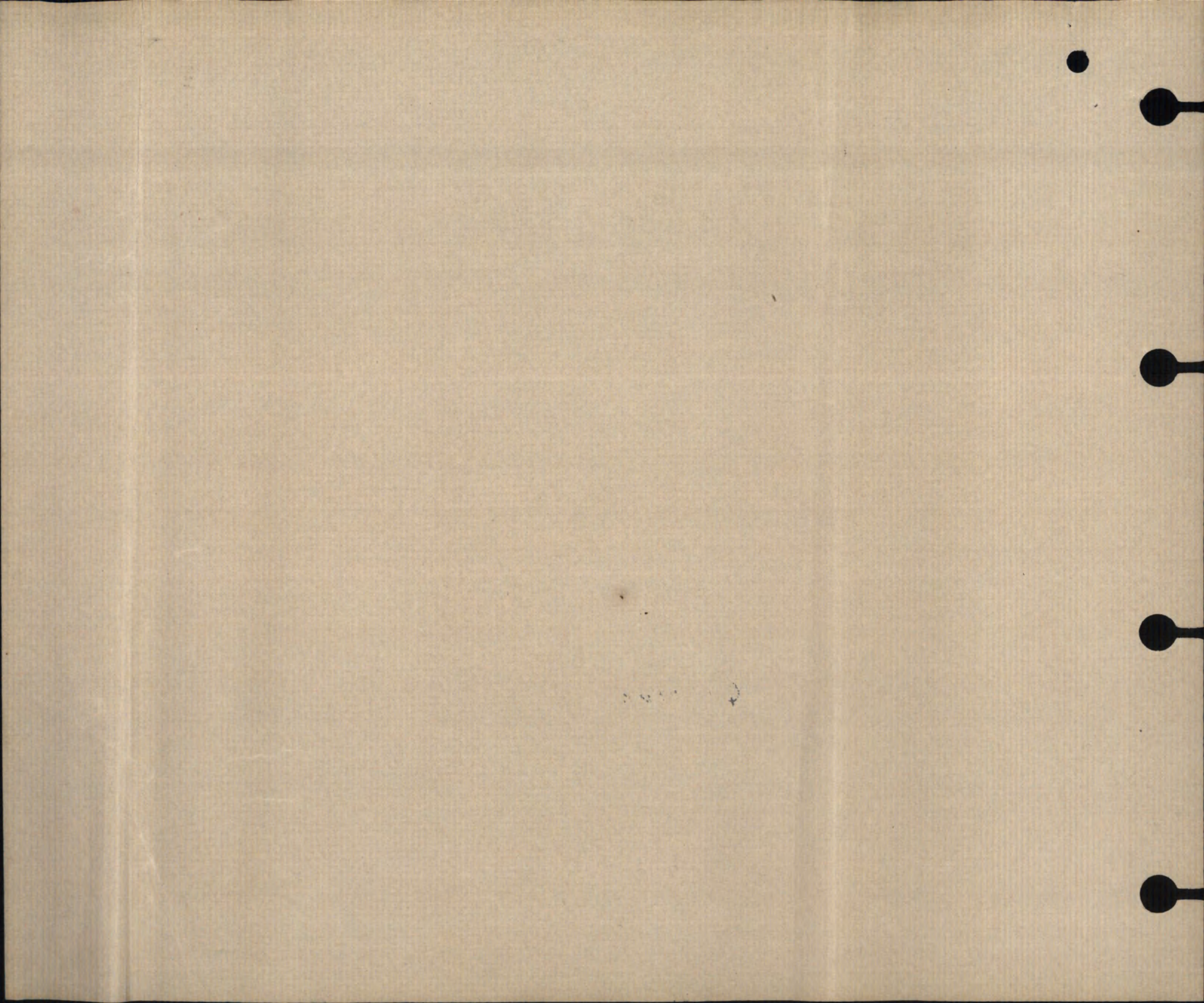
M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *Mrs Dorothy Brown* By Whom Assigned *Brown Samuel*
 Address *4 West St* Regtl. No. *931258*
Halifax Rank *Pte*
N.S. Corps *No 2 const Bn*
 Rate *15⁰⁰* APR. 1917

PAYMENTS

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





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

married 6-10-16

Separation and Assigned Pay Branch

B

13740

Apr. 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	1-12-17	30	
----	---------	----	--

RATE OF ASSIGNMENT

15			
----	--	--	--

92.3154 1-9-18
Pl. 2753
MO 40505

PARTICULARS OF SEPARATION ALLOWANCE

No. **931258**
 Rank **Pte** Promoted Reverted Discharge
 Soldier's Name **Samuel Brown**
 Battalion **No. 2. Constr. Batta**
 Beneficiary **Mrs Dorothy Brown**
 Relationship **wife**
 Address **M.W. 2554 - road 23-11-18**

PARTICULARS OF ASSIGNMENT

(wife)
 Name **Mrs. Dorothy Brown**
 Address **4 West St. Halifax N.S.**
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Oct 31-17		256 ⁰⁰	105 ⁰⁰	361 ⁰⁰	02258-1-62
Nov	C 57252	20	15	35	
Dec	B 62582	20	15	35	
Jan	N 65983	30	15	45	
Feb	C 96978	25	15	40	
Mar	A 104256	25	15	40	✓
Apr	A 1472	25	15	40	
May	S. 19068	25	15	40	
June	E. 15160	25	15	40	✓
July	V 307+1	25	15	40	✓
Aug	E. 27531	25	15	40	✓
Sept	A 41395	25	15	40	✓
Oct	J 45213	25	15	40	✓
Nov	B 56765	25	15	40	✓
DEC	A 68446	45	15	60	✓
Jan 1919	H 72511	30	15	45	✓
Feb	J 81403	30	15	45	H
Mar	J 84634	30	15	45	
Apr	S. 42935	30	15	45	
May	D 4001	30	15	45	
		491	390		

AUDITED

Ret'd per **Carmonia**
 Date **29/19** M.F.W. 187 **4.6.19**
 Closed **Sumpter**
 CM. D #6
 CM. X.O 122703.

M. F. W. 128
 400M. - 6-17-1772-38-141
 L. L. 22520 - M. & D. 7885.



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

15 MAY 1919

War Service Badge
 Class "A" No. 317891

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1. No.	931258
2. Rank.	Pte
3. Name.	Brown Samuel
4. Unit.	Res. N.S. P.W. Orig. 2nd. C.C. Bn. U in F. 2nd C.C. Bn
5. Date of Discharge	5/6/19
6. Reason for Discharge	Demobilisation.
Next of Kin	Wife
Occupation	Pipe-fitter Group 13.
Service in France	20 mod Group 10
Category	Baptist
7. Authority.	R.O. 1420
8. Proposed Residence after Discharge	Halifax N.S. G. 10 #4 West St Dispersal Station B
9. CERTIFICATE TO BE SIGNED BY SOLDIER.	
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate	
M. F. W.?	
Signature of Soldier: Samuel Brown	
10. CONFIRMATION.	
The discharge of the above named man is hereby confirmed.	
Place	
Date	HALIFAX N.S. MAY 29 1919
Signature	R. S. Bellman Capt. (O. C. Discharging Unit.)

Group A
 Checked by No. 20
 Date 16/5/19

80-1
 E. R. J.

Carman 29 5-19
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

AUDITOR *E* PAYMASTER *J*

M. OR S. _____ REGT. No. *93/258* RANK *Pvt.* NAME (IN FULL) *Brown, Samuel*
 NEXT OF KIN _____ ADDRESS _____ RELATIONSHIP _____ DATE _____ AUTHORITY _____
 ADDRESS _____ DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? *Yes \$30* DATE EFFECTIVE *1.6.19* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 TO WHOM PAID *Same as a.P.* ADDRESS _____
 ORIGINAL UNIT *U.S.R.* PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1.6.19*
 PAYABLE TO *Mr. D. Brown Wife* RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 ADDRESS *4 West St. City, Pa. 4th Dist. Beth.* *11-7-19 City 1511*
 STOP PAYMENT FORM ASSIGNED BY _____ EFFECTIVE _____
 RENDERED, DATE _____
 DISCHARGED *Pa* PLACE *Pa* DATE *5-6-19* REASON *Disch* AUTHORITY *Les. 190* IF ENTITLED TO POST DISCHARGE PAY _____

E.L.P.B.

MONTH	NO. OF DAYS	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
		AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT	
		\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
<i>28/2/19</i>				<i>48.55</i>																				<i>On Bal. Cpt. Alice</i>
<i>5/6/19 97</i>	<i>10</i>	<i>106.70</i>		<i>35.00</i>		<i>260.25</i>					<i>4.87</i>	<i>5.00</i>	<i>11.39</i>	<i>45.00</i>			<i>9.40</i>			<i>2.60</i>	<i>25</i>			<i>On M.P. 19</i>
				<i>70.00</i>																				<i>Adv. Bal. at 1.2</i>
																								<i>Bal. Dis. at 3</i>
																								<i>a.p. May apr Mar</i>
				<i>350.00</i>		<i>150.00</i>	<i>500.00</i>							<i>70.00</i>										<i>1st Part M.O.B.</i>
				<i>5</i>		<i>505</i>							<i>69.12</i>	<i>65</i>		<i>88</i>								<i>D. J. K.</i>
													<i>70</i>	<i>130</i>						<i>140</i>	<i>60</i>			<i>8880-7-8 15-7-15</i>
													<i>70</i>	<i>30</i>						<i>70</i>	<i>30</i>			<i>8999-15-19 2-8-19</i>
													<i>70</i>	<i>30</i>										<i>11333-6-7 4-9-19</i>
													<i>70</i>	<i>30</i>						<i>505</i>	<i>70</i>			<i>15055-50-1 4-10-19</i>
				<i>350</i>	<i>155</i>	<i>505</i>							<i>349.12</i>	<i>155.00</i>		<i>88</i>				<i>505</i>	<i>00</i>			

Certified that all payments due on this acct. have been paid.
[Signature]
 For Senior Officer Pay Services: M. O. 6

JUL 10 1919

GLE 931258 Brown S'

15⁰⁰

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.	No.	DATE	No.	DATE	No.	DATE				No.	DATE					
MONTH	PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.1	DR.2	BALANCE	DEFER. PAY	SER. ALLOC. ENG.														
Oct 1918											74 42																
Nov. P.P.			33								15																
					AR 317. 25 ⁷ / ₁₇ C.F.C.			3 57																			
					" 963. 25 ¹⁰ / ₁₇ "			3 57																			
					R 212. 29 ¹⁴ / ₁₇ VN 9393.			25 -																			
					" 1081. 10 ¹¹ / ₁₇ C.F.C.			3 57																			
DEC			34 70		DR. AR 617 11 ² / ₁₇ - Jan. pay			3 57			15	72 24															
JAN 1918	RP		67 10					39 28			30																
			34 10								15																
					AR 1150. 23 ¹² / ₁₇ 2 comb. P.P.			12 49																			
					" 1424. 21 ¹² / ₁₇ "			7 14																			
			34 00					19 63			15	71 71															
FEB			30 80		Assigned Pay						15																
					AR 2000. 5 ⁷ / ₁₈ 2 comb. alt. C.F.C.			3 57																			
					" 2480 21 ¹⁷ / ₁₈ "			3 57			15																
			30 60		" 2371. 5 ¹⁸ / ₁₈ " 11. 10. 10. France			3 57				76 80															
								10 71																			
MAR 1918			34 10		Ass. Pay						15																
					AR 2610. 20 ¹⁸ / ₁₈ "			3 57																			
					" 2868. 7 ³ / ₁₈ "			3 57																			
					" 3064. 19 ³ / ₁₈ "			3 57																			
			34 10					10 71			15	85 19															

* Strike out whichever inapplicable.

ASSIGNED PAY. EFFECTIVE DATE:- AMOUNT:-	ENGLAND OR CANADA. * CANADA.	SEPARATION ALLOWANCE. EFFECTIVE DATE:- AMOUNT:-	ENGLAND OR CANADA. * CANADA.
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NAME:- **BROWN Sam**
NUMBER:- **931258**

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.

Mrs Dorothy Brown wife
4 West Street
Halifax N.S.

Stop 1/3/19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>(Pl)</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2 Construction Bn*
DATE ACCOUNT FIRST OPENED:- *1st April 1917*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T 5P 0	UNIT TRANSFERRED TO

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>0400</i>	<i>51</i>	<i>3/4/19 8/6</i>	<i>207</i>				
<i>3/2</i>	<i>5735</i>	<i>R.B.D. £15-0-0</i>	<i>13</i>				
<i>4/2</i>	<i>5275</i>	<i>✓ £5</i>	<i>2433</i>				
<i>7/2</i>	<i>-</i>	<i>Rdu £5</i>	<i>2433</i>				

Dis to Can 29/19 AR 3164 12/2/19 Ripon - Ripon mt 6

Canada

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

PARTICULARS OF RENDERING NON-EFFECTIVE:-

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>MAR</i>	<i>Bal Ford</i>								<i>85 19</i>		
<i>apl</i>	<i>Pay va.</i>	<i>33</i>		<i>ass pay</i>				<i>15</i>			
				<i>AR 114 6/4 CFC 201</i>	<i>3 57</i>						
				<i>AR 296 2014 - " -</i>	<i>3 57</i>				<i>96 05</i>		
<i>May</i>	<i>P.P.</i>	<i>33</i>	<i>34 10</i>	<i>ass pay</i>	<i>7 14</i>			<i>15</i>			
				<i>AR 491 7/5 CFC 1</i>	<i>2 68</i>						
				<i>7 17 2/5 - " -</i>	<i>4 16</i>				<i>108 01</i>		
<i>June</i>	<i>P.P.</i>	<i>33</i>	<i>34 10</i>	<i>ass pay</i>	<i>7 14</i>			<i>15</i>			
				<i>AR 906 7/6 CFC 1</i>	<i>3 57</i>			<i>15</i>			
				<i>v. 1102 2/6 ✓</i>	<i>3 57</i>				<i>118 89</i>		
		<i>33</i>			<i>7 14</i>			<i>15</i>			
<i>July</i>	<i>PP.</i>	<i>34 10</i>		<i>ass pay</i>				<i>15</i>			
				<i>AR 1292 6/7 CFC 1</i>	<i>3 57</i>						
				<i>AR 1501 22/7 ✓</i>	<i>3 57</i>				<i>130 83</i>		
		<i>34 10</i>			<i>7 14</i>			<i>15</i>			
<i>Aug</i>	<i>PP.</i>	<i>34 10</i>		<i>Can ar</i>				<i>15</i>			
				<i>AR 1696 6/8 CFC 1</i>	<i>3 57</i>				<i>146 36</i>		
		<i>34 10</i>			<i>3 57</i>			<i>15</i>			
<i>Sep</i>	<i>PP.</i>	<i>33</i>		<i>Can ar.</i>				<i>15</i>			
				<i>AR 2440 23/9 CFC 1</i>	<i>3 57</i>						
				<i>25/8/18 7/9/18 14 day 0 60 200 5/21/19</i>							
<i>Oct</i>	<i>P Pay</i>	<i>33</i>	<i>34 10</i>	<i>Can ar</i>	<i>3 57</i>	<i>8 40</i>		<i>15</i>	<i>152 39</i>		
				<i>AR 2445 6/8 ✓</i>	<i>4 66</i>	<i>3/10</i>		<i>15</i>	<i>171 49</i>		
		<i>34 10</i>			<i>4 66</i>			<i>15</i>	<i>166 83</i>		

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									166 83		
NOV	pp	33		cap				15			
Dec		31 10		3096 1/11 to 2/6	373			15			
				3303 2/6/11 ✓	1306						
Jan		34/10		Sent 28 days 7P1 25/1/18 - with 3K 2/1/18 to 9K: 25/1/18. forfeit 12 days pay 29 days pay 2068 1/12 2 Com Co.	- -	3190		15	174 34		a/a
Feb		101 20			1679	3190		45			
		30 80		cap				15			
				2449. 15/1. to 2/12	466						
				Has stop YD. 4.12.18 - 13.1.19 41 days							
				19 day concurrent with above sent							
				5138 3/2 BRAB	73				172 28		
				let 2/10/28 7/4 hdn	24 33						
				9K 5275 4/4	24 33						
				7510 1/3 BRD 9 14032	24 33						
				11005 3/4 28KA 15065	207				24 22		
		30 80			152 72	13 20		15			

48 55