

REGIMENTAL DOCUMENTS

NAME

CLARK ELWOOD

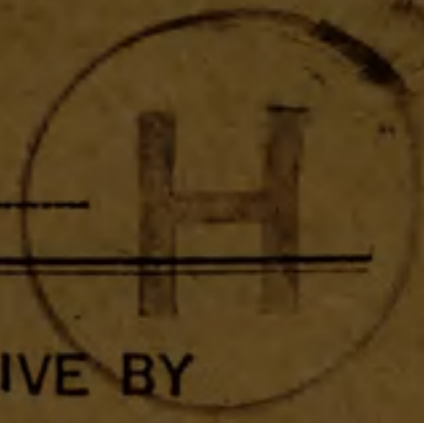
REGT. NO.

931685

UNIT

2 Co. Bn

H. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

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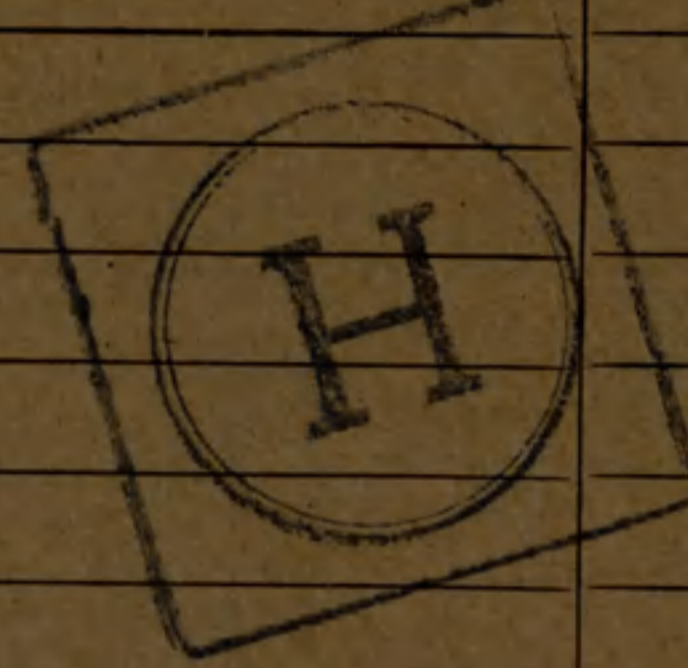
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21219

DEATH

Category

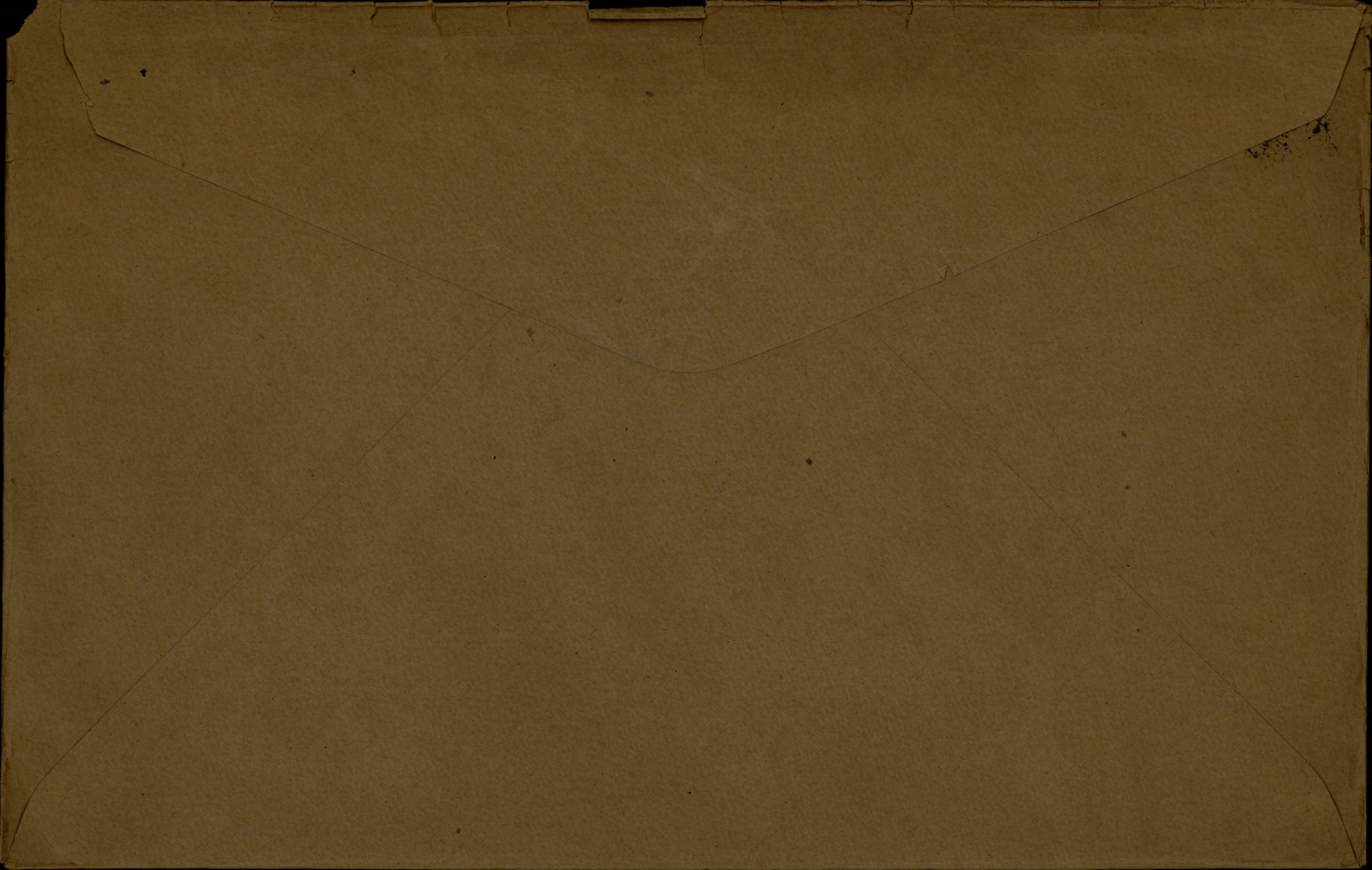
DISCHARGE

Category

Demobilization

DESERTION

403654



931625 TRIPLICATE

ATTESTATION PAPER.

No. 2 CONSTRUCTION, B.M.C.E.B

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Clark
- 1a. What are your Christian names?..... Elwood
- 1b. What is your present address?..... Detroit, Michigan, U. S. A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Bowling Green, Kentucky, U. S. A.
- 3. What is the name of your next-of-kin?..... Alex Clark
- 4. What is the address of your next-of-kin?..... Lexington, Kentucky, U. S. A.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... January 6th, 1897
- 6. What is your Trade or Calling?..... Labourer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Elwood Clark, 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.

Elwood Clark (Signature of Recruit)

Date January 2nd 1917 Curry Shephard (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Elwood Clark, 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.

Elwood Clark (Signature of Recruit)

Date January 2nd 1917 Curry Shephard (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 Windsor, Ontario this 2nd day of January 1917.

James L. Chym (Signature of Justice)

Description of Alwood Clark on Enlistment.

Apparent Age.....20.....years.....11.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft.....7 ins.

NONE

Chest measurement. { Girth when fully expanded.....34 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.)

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 Overseas Expeditionary Force.

Date.....January 2nd.....1917.

Place.....Windsor, Ontario

[Handwritten Signature]
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Alwood Clark.....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.

[Handwritten Signature].....LT. COL.
 (Signature of Officer)
 O. Comd'g No. 2 Construction Battalion, C. E. F.

Date.....Jan 9.....1917

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931685 (Rank) Private

Name (in full) Elwood CLARK enlisted in

the Second Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Windsor, Ontario on the Second

day of January 1917

HE served in FRANCE

and is now discharged from the service by reason of Demobilization

D.O. 1420, 12-12-18

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

Age 22 Years

Height 5 Feet 7 1/2 Inches

Complexion Dark

Eyes Brown

Hair Dark

E. Clarke

Signature of Soldier

Marks or Scars

H. E. White

Issuing Officer

Capt

Rank

Date of Discharge Feb. 18th, 1919.

Officer i/c Discharge

Appointment

Signed at Calgary, Alta. this Eighteenth day of February 1919

in Military District No. 13

File Reference No. 13-D-C-372

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

DUPLICATE

931685

To be made out in duplicate.

H.Q. 51-21-20-53

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 1 Construction Batt CEF*

(2) Regimental Number *931685*

(3) Full Name of Soldier *Clwood Clark*

(4) Place of Birth *Bowling Green Kentucky*

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

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

(b) Present Postal Address

(7) Are you a widower? *No*

(8) Have you any children? *No*

If so, give number of boys and girls

Also their names and ages

(9) Is your Father alive? Yes

If so, state name and address Alex Clark Livingston Ky

(10) Is your Mother alive? No

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not?

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

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

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

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

Date Jan 9/1917

W. Sutherland LT. COL.
Comd'g No. 2 Construction Battalion, C. E. F.
Officer Commanding.

Medical Examination upon leaving the Serviceof 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 Clarke Surname E.
 Unit or Corps 23rd Res. (If a soldier) Regt. No. 921685
 Born at Lexington Kentucky on date Jan 6th 1896
 Signature (for identification) E. Clarke

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

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

Weight 145 lbs.
 Height 5 ft. 6 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? 76

Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g. ? 1016 Reaction? acid Albumen? nil Sugar? nil

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 Annals Park

Signed [Signature] M.O.

Date 2-1-19

Signed [Signature] 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.

Medical Examination upon leaving the Service
 of an Officer in for general service of a Soldier in for duty

<p>1877 1878 1879 1880 1881 1882 1883 1884 1885 1886 1887 1888 1889 1890 1891 1892 1893 1894 1895 1896 1897 1898 1899 1900</p>		<p style="text-align: center;">Name</p> <p style="text-align: center;">Rank</p> <p style="text-align: center;">Company</p> <p style="text-align: center;">Regiment</p> <p style="text-align: center;">Service</p>	<p style="text-align: center;">1. PHYSICIAN</p> <p style="text-align: center;">2. NUTRITION AND DENTAL</p> <p style="text-align: center;">3. NERVOUS SYSTEM</p> <p style="text-align: center;">4. RESPIRATORY SYSTEM</p> <p style="text-align: center;">5. HEART</p> <p style="text-align: center;">6. ARTERIES</p> <p style="text-align: center;">7. DIGESTIVE SYSTEM</p> <p style="text-align: center;">8. GENITO-URINARY SYSTEM</p> <p style="text-align: center;">9. SKIN, MUCOUS MEMBRANES AND SENSE ORGANS</p> <p style="text-align: center;">10. HEAD AND NECK</p> <p style="text-align: center;">11. EYES</p> <p style="text-align: center;">12. EARS</p> <p style="text-align: center;">13. NOSE AND THROAT</p> <p style="text-align: center;">14. LUNGS</p> <p style="text-align: center;">15. STOMACH AND INTESTINES</p> <p style="text-align: center;">16. SPLEEN</p> <p style="text-align: center;">17. PANCREAS</p> <p style="text-align: center;">18. LIVER</p> <p style="text-align: center;">19. BILIRUBIN</p> <p style="text-align: center;">20. URINE</p> <p style="text-align: center;">21. BLOOD</p> <p style="text-align: center;">22. TEMPERATURE</p> <p style="text-align: center;">23. PULSE</p> <p style="text-align: center;">24. BLOOD PRESSURE</p> <p style="text-align: center;">25. VISION</p> <p style="text-align: center;">26. HEARING</p> <p style="text-align: center;">27. SENSE OF TOUCH</p> <p style="text-align: center;">28. SENSE OF PAIN</p> <p style="text-align: center;">29. SENSE OF HEAT</p> <p style="text-align: center;">30. SENSE OF COLD</p> <p style="text-align: center;">31. SENSE OF MOTION</p> <p style="text-align: center;">32. SENSE OF POSITION</p> <p style="text-align: center;">33. SENSE OF BALANCE</p> <p style="text-align: center;">34. SENSE OF TIME</p> <p style="text-align: center;">35. SENSE OF SPACE</p> <p style="text-align: center;">36. SENSE OF COLOR</p> <p style="text-align: center;">37. SENSE OF SOUND</p> <p style="text-align: center;">38. SENSE OF TASTE</p> <p style="text-align: center;">39. SENSE OF SMELL</p> <p style="text-align: center;">40. SENSE OF TOUCH</p> <p style="text-align: center;">41. SENSE OF PAIN</p> <p style="text-align: center;">42. SENSE OF HEAT</p> <p style="text-align: center;">43. SENSE OF COLD</p> <p style="text-align: center;">44. SENSE OF MOTION</p> <p style="text-align: center;">45. SENSE OF POSITION</p> <p style="text-align: center;">46. SENSE OF BALANCE</p> <p style="text-align: center;">47. SENSE OF TIME</p> <p style="text-align: center;">48. SENSE OF SPACE</p> <p style="text-align: center;">49. SENSE OF COLOR</p> <p style="text-align: center;">50. 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SENSE OF TIME</p> <p style="text-align: center;">87. SENSE OF SPACE</p> <p style="text-align: center;">88. SENSE OF COLOR</p> <p style="text-align: center;">89. SENSE OF SOUND</p> <p style="text-align: center;">90. SENSE OF TASTE</p> <p style="text-align: center;">91. SENSE OF SMELL</p> <p style="text-align: center;">92. SENSE OF TOUCH</p> <p style="text-align: center;">93. SENSE OF PAIN</p> <p style="text-align: center;">94. SENSE OF HEAT</p> <p style="text-align: center;">95. SENSE OF COLD</p> <p style="text-align: center;">96. SENSE OF MOTION</p> <p style="text-align: center;">97. SENSE OF POSITION</p> <p style="text-align: center;">98. SENSE OF BALANCE</p> <p style="text-align: center;">99. SENSE OF TIME</p> <p style="text-align: center;">100. SENSE OF SPACE</p>

The above is a true and correct copy of the original
 as shown to me by the Officer in Charge of the
 Medical Department of the Army, and I am
 a Surgeon in the Army of the United States.
 J. H. [Signature]
 Surgeon General

Approved by the Surgeon General
 J. H. [Signature]
 Surgeon General

MEDICAL HISTORY SHEET

Surname Clark

Christian Name Elwood

Examined { on 2nd day of January 1917 at Windsor, Ontario

Approved by

Doc Murray

Birthplace { City or Town Bowling Green, County Kentucky

Rank

Capt. C.A.M.C.

Apparent age 20 yrs 11 mo

Trade or occupation Laborer

Height 5 feet 7 Inches

Weight lbs.

Chest measurement { Minimum 31 inches Maximum expansion 34 inches

Physical development fit none

Small-pox Marks

Vaccination Marks { Arm Right Left Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

right eye 20/50 left eye 20/20

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Includes M.O. entries.

Table with columns: Date, Result, VACCINATIONS. Includes entry for 13/2/17 with result 'good' and name 'E. S. Slepely'.

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes entries for 23/2/17, 2/3/17, and 9/3/17 with result 'good' and name 'J. W. Fisher'.

Enlisted on 2nd day of January 1917 at Windsor, Ontario.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes 'No. 2 CONSTRUCTION, C.E.F.' and '931685'.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Table with columns: STATION, DATE, DISEASE, RESULT. Includes entries for Windsor, Ont. (2/1/17) and Edmonton Alta. (5/2/19).

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.

C 1269

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

POST DISCHARGE
FEB 28 1919
M. D. No. 1

OTTAWA, CANADA.

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

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

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

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

1. Christian names *Elwood* 2. Surname *CLARK*
3. Rank *Private* 4. Original Unit *2nd Con. Batt.* 5. Reg. No. *931685*
6. Address, in full, to which future payments of gratuity are to be forwarded
General Delivery
Edmonton Alta.
7. Date of enlistment in the C.E.F. *2nd January 1917* *Board*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None*
9. Relationship of such dependent *None*
10. Address, in full, of such dependent *None*
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:—
Not applicable
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? *No*
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 *25 months enlisted 2nd Con. Batt.*
2/1/17 served overseas - France with said unit from
17/4/17 to 4/12/18
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*

MAR 3 1919

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?
no
21. Have you, during the present war, served in the Imperial Forces?
no
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled
no
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
no
24. Are you now serving in the C.E.F.?
no If not, give:—(a) Date of discharge
18-2-19 (b) Reason for discharge
Demobilization
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
District Depot 13 Edmonton
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
Yes with 2nd Construction Batt from 12/4/17 to 4/12/18
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?
no

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

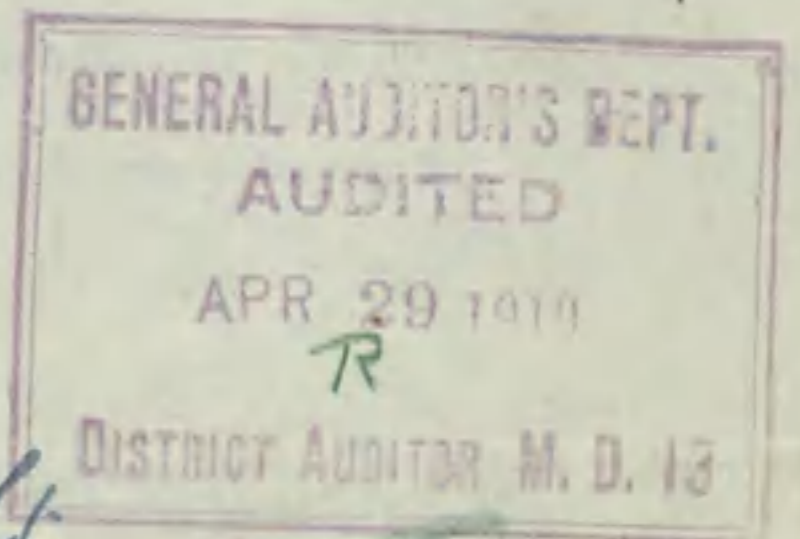
Signature of Applicant:

Place of Residence:

Declared before me at:

This

Edmonton Alta
 6th day of *February* 19*19*.
 Signature of ~~Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.~~
W. J. Jenks Lt.



POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
	<i>Nil.</i>		<i>3.50⁰⁰</i>	<i>3.50⁰⁰</i>

Certified Correct.

District Paymaster.

J.P.P.

Edwards

DEMobilIZATION PAY DIVISION, M. D. 13

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-89-903.

LAST PAY CERTIFICATE

Regimental No. 431685 Rank Pte. Name Clarke, E.
(Surname first)

Unit 2nd Can. who was* discharged

On Feb. 18 1919, to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan. 1 to Feb. 18 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month <u>Eng. L. P. C.</u>		311.74
Regimental Pay <u>49</u> days at \$ <u>1</u> c. <u>00</u>		49.00
Field Allowance <u>49</u> days at \$..... c. <u>00</u>		4.90
Separation Allowance		
Clothing Allowance		35.00
Post Discharge Pay		
*Other Credits <u>Subs. D. O. 24</u> <u>23/11/19</u> to <u>6/2/19</u> <u>5</u> Dys. at <u>80</u> ¢		12.00
Advances <u>A. R. 305</u> <u>6/2/19</u>	50.00	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>A. 3372</u>	362.64	
Total	412.64	412.64

*Give particulars.

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

Assigned Pay for the month of.....191..... }
and Separation Allice. for month of.....191..... } (to) Assignee

(Address)

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment married or single Single.....

(2) Separation Allowance, entitled or not No...... (3) Reason for discharge.....

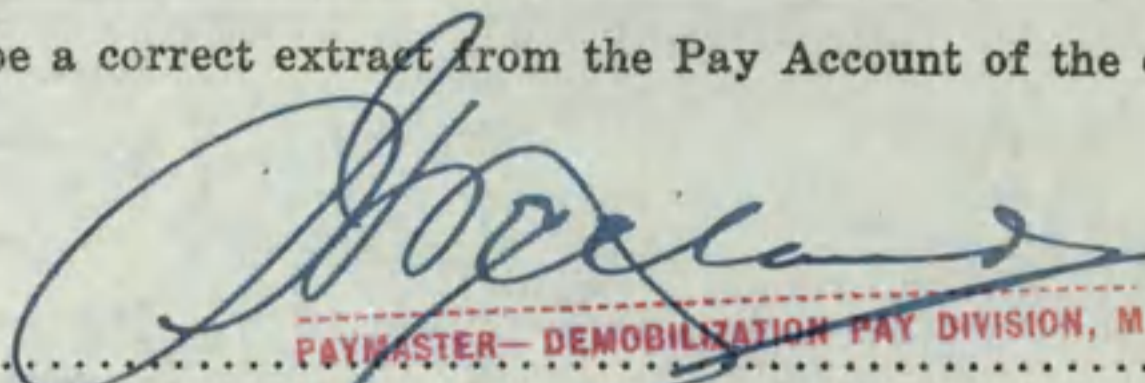
(4) Authority for discharge or transfer D. D. 13.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date Feb. 18. 1919.....

Place Calgary.....


LIEUT.
PAYMASTER— DEMOBILIZATION PAY DIVISION, M. D. 13
Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

[Handwritten signature and scribbles]

115.13
FORM OF WILL

*Wm Del
Kadmonson*

I, Elwood Clark (Name in full)

Regimental Number 931685 serving in No. 2 CONSTRUCTION, D'n. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

My Brother I devise all my real estate unto

Roy Clark,
Bowling Green
Kentucky } Name and Address
of person or
persons to whom
it is to go.

My Brother absolutely, and my personal estate I bequeath to

Roy Clark
804 Cottage St,
Bowling Green Kentucky } Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 17th day of March A.D. 1917
E Clark Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness E. Lonel Cross

Address of Witness San Fdo Trinidad, B.W.I.

THE TWO WITNESSES

Occupation of Witness Journalist

MUST SIGN HERE

Signature of Second Witness Lucile Bennett

Address of Witness Shelburne Ct. S.

Occupation of Witness Labourer

FORM OF WILL

Faint, illegible text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.



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. 931685 Rank Pte. Surname Clark
 (Give name in full)
Elwood
 Unit or Corps 2nd Cons. Coy. Birthplace Kentucky, U.S.A.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 7 in. Colour of Eyes Black
 Nutrition Good
 Pulse 64
 Condition of arteries Normal
 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.)

Large scar, burn, outer
 side left thigh, just above
 knee.

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.

Address: Gen. Del. Edmonton, Alberta.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at Edmonton.....(Canada)

Date 5-2-19..... Signed J. L. Indurain.....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 C. T. Lark.....

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

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

[OVER]

J.P. Rank

Name

CLARK, Elwood.

Reg'l No.

931685.

Unit No2. Const. Bn.

If in perm. Corps
What Unit? }

Married or Single Single.

Place and Date of Enlistment

Windsor. Ont. 2nd Jan. 1917.

Place of Birth Bowling Green.
Kentucky. U.S.A.

Name and Address, Next-of-Kin

Alex Clark.

Lexington. Kentucky. U.S.A.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

N/E. R.B. No. 5945

Separation Allowance \$

Payable to

Relationship

File R.L.
Category OR CAN

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England. S.S. Southland		7.4.17	<u>AWWW</u>
14-6-17	#2 C.C.C.	Arrived in France Field		17-5-17	115
16-12-18	NSRD	TOS from 2 nd C.C.C. Pte Bshott		14-12-18	305-71 2/19-12-18 2 nd C.C.C.
27-12-18	T.S.R.D	ofc to C.D.D Rhyll		27-12-18	313
19 JAN. 1919	NSRD	SOS to CEF in	Pte Bshott	9 JAN. 1919	PT2DO 16
		CANADA			

A.F.B. 103 CHECKED
29 MAY 1917

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

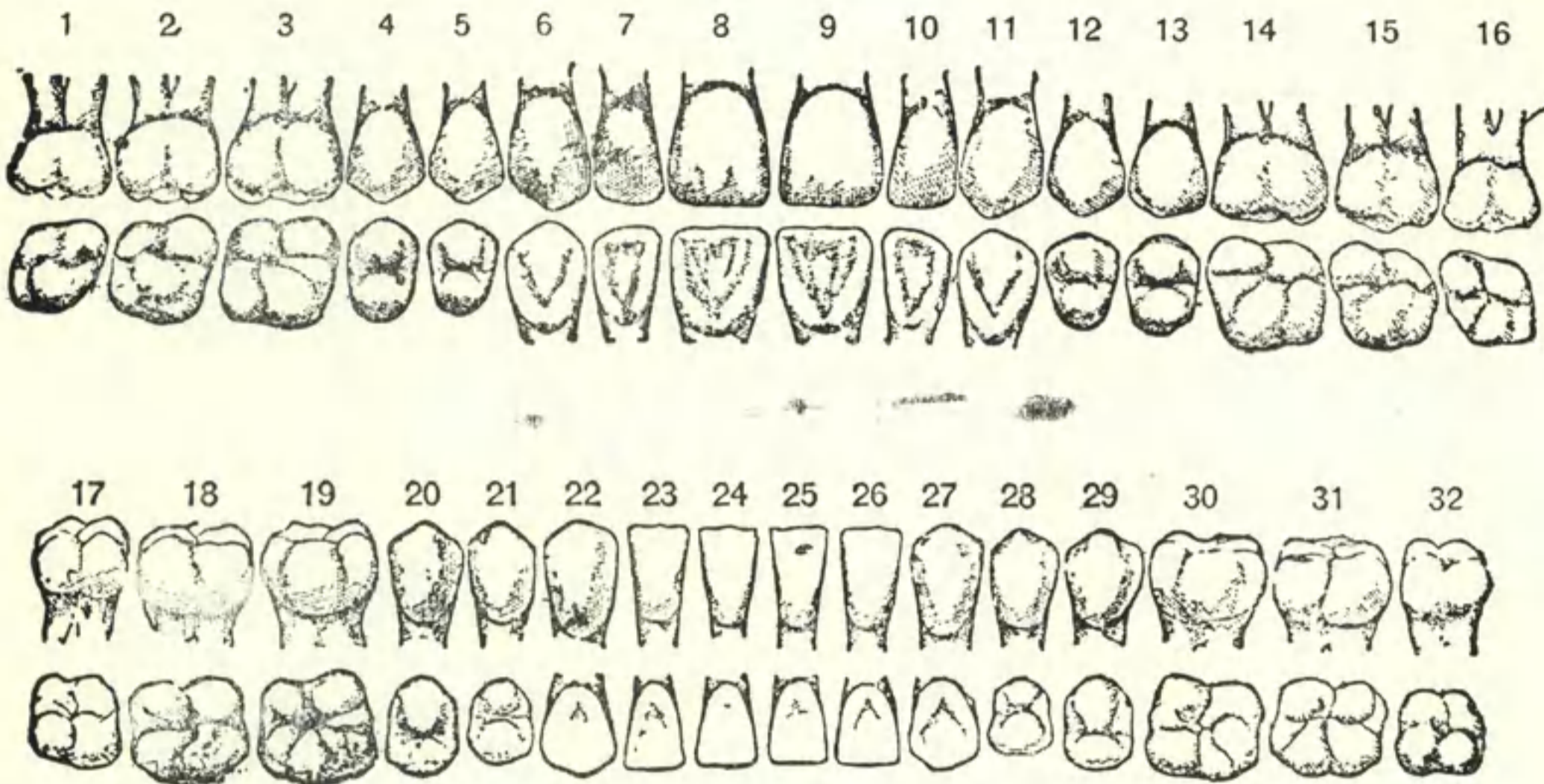
MD13

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) CLARK, E.
REGIMENT 2 Const. RANK Pte No. 931685

Date of Examination in England 27.2.18 Date of Examination in France

- 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 32
- 2. EXTRACTIONS 19
- 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
- (c) In France Yes

ANMEL PARK, NORTH WALES.

Signature of Dental Officer [Signature]

WMD13

CLARK . E.

43182

92

20/10/18

37

17

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

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

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *2nd Construction Batta*

Regimental No. *931685* Rank *Pte* Name *Clark, E. Wood*
C. E. F.

Enlisted (a) *2-1-17* Terms of Service (a) *Duration of War* Service reckons from (a) *2-1-17*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended. Re-engaged. Qualification (b).

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
<i>10-1-19</i>		TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. <i>24</i>			<i>W. Masmyth</i> Lieut. Col. Officer Commanding District Depot No. 13
<i>17-2-19</i>		DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. <i>P.O. 45</i> AUTHORITY <i>P.O. 1420 Dated Ottawa 12-12-18</i>			<i>W. Masmyth</i> Lieut. Col. Officer Commanding District Depot No. 13

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

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form Active Service.

931685
Awards

Unit, Regiment or Corps... *#2 Construction Battalion, C. E. F.*
 Regimental No. *931685* Rank *Private* Name *Elwood Clark*
 C. E. F.
 Enlisted (a) *2/1/17* Terms of Service (a) *Duration of War* Service reckons from (a) *2/1/17*
46 months
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Extended Re-engaged Qualification (b) *Laborer*

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

Report	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date From whom received <i>O.C. No 2 Constn Battn</i>	<i>Embarked from Canada</i>	<i>Halifax, N.S.</i>	<i>25/3/17</i>	
	<i>Disembarked, England</i>	<i>Liverpool</i>	<i>7/4/17</i>	
	<i>Proceeded Overseas</i>	<i>Seaford</i>	<i>17/5/17</i>	<i>Pt 2 N.O.#</i> <i>[Signature]</i> <i>[Signature]</i>
<i>21⁵/₁₇</i>	<i>Landed in France</i>	<i>17-5-17</i>	<i>N.R.</i>	
<i>OC</i>	<i>Forfeits 5 days pay for</i>	<i>[Signature]</i>	<i>21⁵/₁₇</i>	<i>B2069 0119 25⁷/₁₇</i>
	<i>Iron Rations</i>			
<i>18/10/17.</i>	<i>15 days F.P. No 2 for when on ops. neglecting to obey an order (to work when ordered to do so by an officer)</i>		<i>11-10-17.</i>	<i>B2069 P29s N=136</i> <i>21-25¹⁰/₁₇</i>
<i>4-6-18</i>	<i>OC</i>	<i>Still with unit</i>	<i>4-6-18</i>	<i>[Signature]</i> <i>21-25¹⁰/₁₇</i>

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

Casualty Form - Active Service

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
17.8.18	rc	Granted 14 days leave	uk.	15.8.18	B.213 pass 04/19/18
31.8.18	so	Reported from leave	2nd.	30.8.18	B.213
11/12/18	A.A.G.	Trans. to England + posted to N.S. Regt Depot.	Bramshott	14/12/18	K.R. 344.
			Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.		
17-12-18.	J.L.R.D.	T.O.S. attached to 2nd C.C.D. for 2nd 9 Nations.	B. Shott.	14-12-18.	D.O. 305
	J.L.R.D.	ON COMMAND TO C.D.D. Kennel R. Hyl	BRAMSHOTT		PART II D.O. 118 R.P. 313 27/12/18
18-12-18	O.C.D.W.	205 from 21st	K.R.C.	18-12-18	Pt 11
8-1-19	✓ ✓	Sp to C.E. 2 Canada		8-1-19	Pt 11
					Lieut. OFFICER in CHARGE NOVA SCOTIA REGTL. DEPOT. H. C. M. Keenan Lt for OC.

LOCAL CARD

*Name **CLARKE Elwood** Rank **Pte.** Regtl. No. **931685**
 Original unit **2nd. Con.** Present unit **2nd. Con.** M. or S. **S** Age **23** Religion **Bapt.** Fyle Depot **I 3. D. C-372**
 Ref. H.Q. _____

Port, **Halifax**, and date of arrival **Olympic 17-1-19**

Next of kin **Mr. A. Clarke, Kentucky, USA**

Address on leave **G.P.O. Edmonton**

Address on discharge **as above**

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation **?** Date and place of enlistment **?**

Diagnosis **Fit** Date of Medical Boards **5-2-19**

Date.	Remarks	Pt. 2 Order No.
TOS		
10-1-19	Posted to Casualty Company Edmonton 23-1-19	24
	Granted leave with subsistence to 6-2-19	24
18-2-19	Discharged from H.M. Service	49

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

SURNAME. *Clark.*

13. CARD NO.

CHRISTIAN NAMES *Elwood*

FOLL.

REGL. NO. *931685*

RANK *Pte.*

*S.P.S. Demob. 219
also. D.A. 9/18/21/1917
13010*

UNIT *No. 2, Construction Bn.*

FORMER CORPS *Nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Clark, Alex*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Lexington, Ky., U.S.A.*

COUNTRY OF BIRTH *U.S.A. Bowling Green, Ky.*

DATE *Jan. 6th 1897.*

PLACE OF ATTESTATION *Windsor, Ont.*

DATE *Jan. 2nd 1917.*

P/C 17-1-19²⁵⁸ 117613-Pte.

From Halifax Jan 55. "Southland" 58-3-17.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

20 YEARS

11 MONTHS

HEIGHT

5 FEET

7 INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Jan. 2nd 1917

Present address: Detroit, Mich., U.S.A.

No. 931685 RANK *Pte*

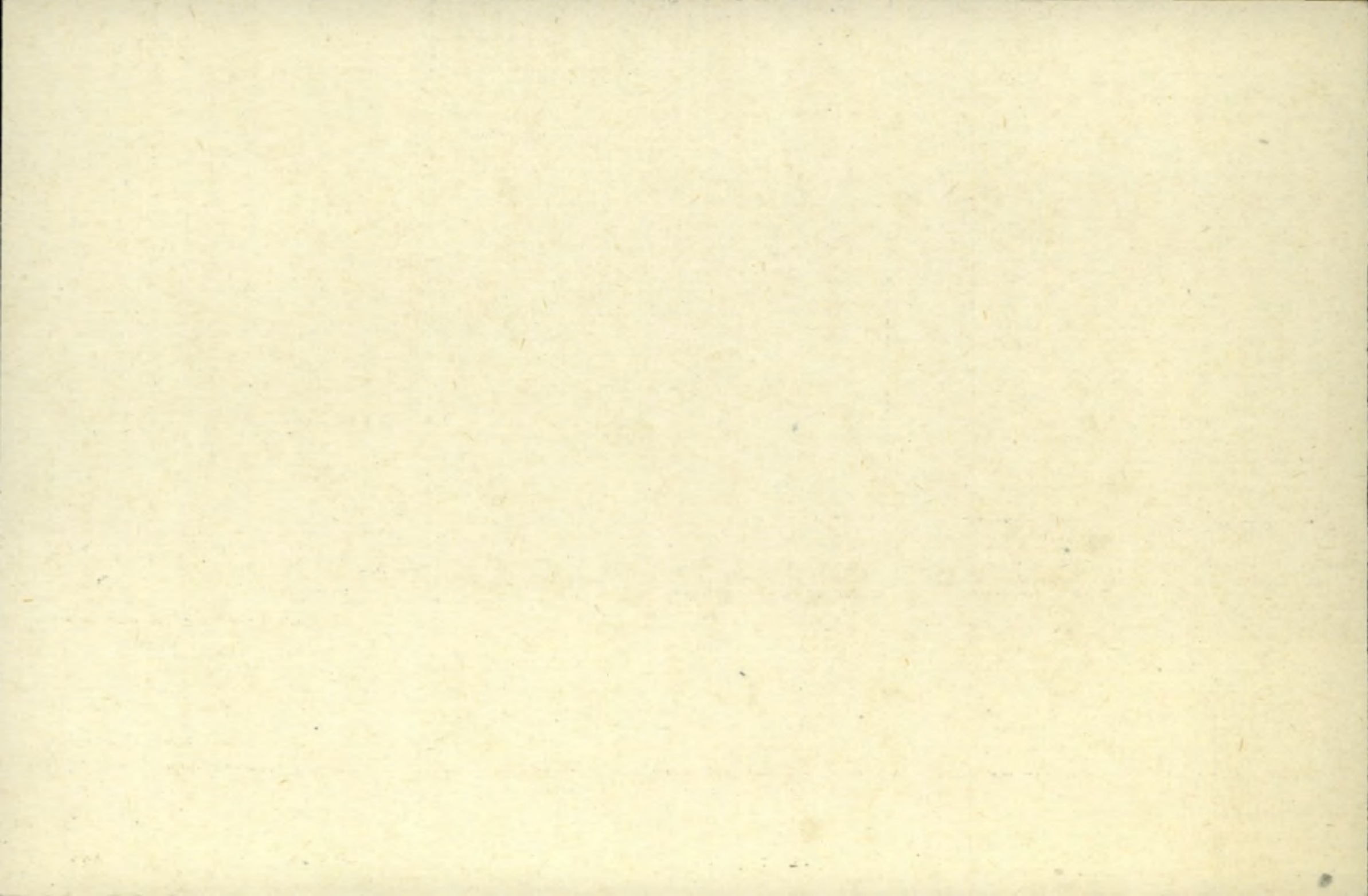
NAME *Clark Elwood*

T. O. S. 2-1-17
D. O. S. 7-1-17

UNIT *No. 2. Construction Battalion*

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917 Jan 2</i>	<i>1917 Jan 31</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		



MCA

*B
V*

Number... *931685* Rank... *Pte. Spr.*

Surname... *C. L. A. R. K.*

Christian Name... *Robert*

No. 2 Unit... *C. O. R. K.* *Co.* Theatre of War... *France*

Date of Service... *17-5-17*

Remarks,

Latest Address... *Gen. Del. Edmonton*
Alta.

Roll No. *B Page 4666*



List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or Particulars of Recruit	" W. 133
Field Conduct Sheet	" W. 178	Proceedings on Discharge	" B. 218
Copies of Convictions, by C. P.	in MS.	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.	
Med. Hist. Sheet,	Militia form B. 313		
Casualty Form	" W. 54		
Medical Report for Invalid§	" B. 227		
Dental History Sheet	" B. 465		
Last Pay Certificate	" W. 44		
Duplicate Discharge Certificate	" W. 39A		
‡Form of Will	" W. 82		
§Only if discharged "Medically unfit."			
‡Only if man has not been overseas.			

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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

This space to be for numbers.

Proceedings on Discharge.

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

No.	931685
Rank	Pte.
Surname	CLARK
Christian name	Elwood
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Con, Bn.
Date of discharge	February 18th 1919.
Place of discharge	Calgary, Alta.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	22 years.....months.
Height	5 feet.....7½ inches.
Complexion	Dark
Eyes	Brown
Hair	Dark
Trade	Teamster
Intended place of residence	Gen. Del. Edmonton, Alta.
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
DEMobilIZATION	
Authority for discharge.....R.O. 1420, 12-12-18.....	
RR 13-DD-Part 11 D.O. 48, 17-2-19	
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.	
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.
200M.—5-18.
H. Q. 1772-39-113.

D. D.

(OVER)

1113-19

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, and that I have received my permanent discharge certificate.

(Place) Edmonton E. Clarke (Signature of Soldier.)

(Date) 5/2/19 Geo. Herd (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) Calgary, Alta.

(Signature) X.S. White Capt.

(Date) 17-2-19

Officer in Charge Discharge Section District Depot M. D. 13

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.)

Pay as per paybook balance.

E. Clarke

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

NAME: *CLARK, Elwood*
NUMBER: *931685*

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.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Plt</i>

UNIT AND TRANSFERS
ORIGINAL UNIT: *2 Construction Bn*
DATE ACCOUNT FIRST OPENED: *1st April 1917.*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>Canada</i>

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>19/12</i>	<i>6564</i>	<i>Field 25F</i>	<i>4 66</i>				
<i>18/12</i>	<i>3566</i>	<i>BRDG £2</i>	<i>7 73</i>				
			<i>14 39</i>				

DAILY RATES OF PAY AND ALLOWANCES

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

was PB 68521 issued aug. 24/18 London Ledger Bal 366⁰⁰
Dis Can 31-12-18 Auth NR161 d/17/18 B Shott LPR " 351⁶¹

PARTICULARS OF RENDERING NON-EFFECTIVE:-

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Ford</i>								<i>316 33 170</i>		
Apr	<i>Paya</i>	<i>33</i>		<i>AR 274 2/4 CFC Jura</i>	<i>3 57</i>						
				<i>AR 264 2/4 - "</i>	<i>3 57</i>				<i>342 19 185</i>		
		<i>33</i>			<i>7 14</i>						
May	<i>P.P.</i>	<i>34 10</i>		<i>AR 405 7/5 CFC Jura</i>	<i>3 57</i>						
				<i>AR 419 2/5 - "</i>	<i>3 57</i>				<i>369 15 200</i>		
		<i>34 10</i>			<i>7 14</i>						
June	<i>P.P.</i>	<i>33</i>		<i>AR 706 7/6 CFC 5</i>	<i>3 57</i>					<i>215</i>	
				<i>✓ 868 2/6 ✓</i>	<i>3 57</i>				<i>395 01</i>		
		<i>33</i>			<i>7 14</i>						
July	<i>P.P.</i>	<i>34 10</i>		<i>AR 946 10/7 CFC 5</i>	<i>3 57</i>						
				<i>AR 1090 25/7 ✓</i>	<i>3 57</i>				<i>421 97 230</i>		
		<i>34 10</i>			<i>7 14</i>						
Aug	<i>P.P.</i>	<i>34 10</i>		<i>BR 4781 19/8 L/N</i>	<i>97 33</i>						
				<i>AR 1253 10/8 8765</i>	<i>3 57</i>						
				<i>AR 2516 15/8 8765</i>	<i>97 33</i>						
				<i>CP 26404 24/8 L/N</i>	<i>7 30</i>						
				<i>AR 1439 19/8 8765</i>	<i>3 57</i>				<i>246 97</i>		
		<i>34 10</i>			<i>209 10</i>					<i>245 00</i>	
Sep	<i>P.P.</i>	<i>33</i>		<i>AR 1670 5/9 CFC 5</i>	<i>1 78</i>						
				<i>AR 1874 24/9 ✓</i>	<i>3 57</i>				<i>274 62 260</i>		<i>a/c 34/11</i>
					<i>5 35</i>						
Oct	<i>P.P.</i>	<i>34 10</i>		<i>AR 2246 12/10</i>	<i>3 73</i>						
				<i>✓ 2317 26/10 ✓</i>	<i>3 73</i>				<i>301 26 275</i>		
					<i>7 46</i>						

CANADIAN ASSIGNED PAY LIMITED
AUDIT CLERK
DATE *23/12/19*

COMPILED BY *W. H. ...*
CHECKED BY *...*

* Strike out whichever inapplicable.

NUMBER

931685 RANK

NAME

CLARK - Elwood -

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									30126	271-	
Nov	P-P	33		AK 2681 11/11 C7C5	373						
				✓ 2899 26/11	1306						
Dec	"	34	10	✓ 6564 19/12 Base.	1626				351	61 ⁸	
	Int-on Def Pay	14	43	3566 18/14 78R	973				366	315	
		81	53		3118						
				SOS to Com 9/29/80 16 19/29							
				2512							

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

M. OR S. *Single* REGT. No. *931685* RANK *Pte* NAME (IN FULL) *CLARK, E.*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>2nd Gen</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		<i>Address 311 John St. Helena Mont. U.S.A.</i>			PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID? <i>No</i>	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$ <i>Nil</i>	DATE EFFECTIVE	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY

CALGARY, ALTA. FEB 18 1919

MONTH	PAY AND F.A.			OTHER CREDITS			TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	\$	C.	COL. NO. 1 COL. NO. 2 COL. NO. 3			COL. NO. 1 COL. NO. 2 COL. NO. 3			\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
			\$	C.							NO.	DATE	NO.	DATE	NO.	DATE											
<i>31/12/18</i>							<i>351 61</i>																				<i>61 357 61 Eng. Pte.</i>
<i>1/1/19</i>							<i>1 00 90</i>																				
<i>18/2/19</i>	<i>49</i>	<i>110</i>	<i>53 90</i>	<i>12 00</i>	<i>311</i>	<i>70</i>	<i>412 64</i>			<i>10/19</i>	<i>14/19</i>	<i>16/19</i>	<i>4 87</i>	<i>5 00</i>	<i>30 00</i>												<i>24 Subsistence 15 Jan 1900 23/1/19-4/2/19 35 00</i>
			<i>53 90</i>	<i>47</i>			<i>351 61</i>	<i>4 52 51</i>					<i>5 4 87</i>	<i>5</i>	<i>392 64</i>												<i>DISCHARGED FEB 18 1919</i>
<p><i>Certified opening entries on this Ledger Sheet have been audited by</i></p> <p><i>W.S.G. SA 29-4-19</i></p>										<p><i>W.S.G. SA</i></p>										<p><i>S.A. Charge</i></p>		<p><i>Balance</i></p>					
<i>153</i>	<i>days</i>		<i>351 61</i>				<i>350 00</i>						<i>70 00</i>														<i>cheque 5361-3-3-19</i>
													<i>70 00</i>														<i>cheque 140529-3-4-19</i>
													<i>70 00</i>														<i>cheque 605177-3-5-19</i>
													<i>70 00</i>														<i>cheque 613984-2-5-19</i>
													<i>70 00</i>														<i>cheque 854968-2-7-19</i>
							<i>350 00</i>	<i>350 00</i>					<i>350 00</i>														<i>all Payments Due on This Account have been completed</i>

W.S.G. SA
Paymaster War Service Gratuity

