aa 26-3-19

REGIMENTAL DOCUMENTS

NAME COOK WILLIAM REGT. NO. 931542 UNIT #2 Const. Bn. H.Q. FILE NO.

H

	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)				33670	
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		Deceased 3-2-53			DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
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	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
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1	A.F.W 3997					
1	D.M.S 1375					
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1	M.F.W 192					
1	C.A.D 85009A					
1	Defence					
1	Rifle					

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

ORIGINAL

931542

Pte

2

ATTESTATION PAPER.

#2. Const Batt'n

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... C O O K
1a. What are your Christian names? ..... William
1b. What is your present address? ..... 70 Elizabeth St., Toronto, Canada
2. In what Town, Township or Parish, and in what Country were you born? ..... Owen Sound, Ont, Canada
3. What is the name of your next-of kin? ..... Myrtle Irene Cook
4. What is the address of your next-of-kin? ..... 692 Ontario St. Toronto, Canada
4a. What is the relationship of your next-of-kin? ..... Daughter
5. What is the date of your birth? ..... December 25th, 1874
6. What is your Trade or Calling? ..... Cook
7. Are you married? ..... Married But Separated
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? If so, state particulars of former Service. ..... Yes, Flushington Vol for 1 yr. (Pte)
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, William Cook, 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.

W. COOK (Signature of Recruit)

Date Sept 28th, 1916 191 . H B Moore (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Cook, 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.

W. COOK (Signature of Recruit)

Date Sept 28th, 1916 191 . H B Moore (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 Toronto this 28th day of Sept, 1916 191 .

H B Moore (Signature of Justice)

M F. W. 23
750M—8-16
H. Q. 1772-39-341

Description of William Cook on Enlistment.

Apparent Age 41 years 8 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement: Girth when fully expanded 37½ ins.
Range of expansion 4½ ins.

Complexion Dark

Eyes Dark Brown

Hair Black

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

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

Scar left cheek, scar right knee,
2 toes right foot deformed

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 28th, 1916 191 . Geo Hughes Capt

Place Toronto, Canada Medical Officer.

Toronto Recruiting Depot

*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.

William Cook 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 Capt (Signature of Officer)

OCT 24 1916

Date 191 .

CARD NO. 2

SURNAME. Cook,

CHRISTIAN NAMES. William.

REGL. No. 931542. RANK Pte.

UNIT No. 2. Construction Bn.

FORMER CORPS Flushington Vol. (1 yrs)

S.O.S. disc. Demob. 15/2/19 B.O. 44 12/13/2/19 2 D.D.

NEXT OF KIN.

NAMES IN FULL Cook, Myrtle Irene.

RELATIONSHIP TO SOLDIER Daughter.

ADDRESS 692 Ontario St. Toronto Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Owen Sound DATE Aug. 25th, 1874.

PLACE OF ATTESTATION Toronto. Ont. DATE Sept 28th, 1916.

P/C 25-1-19 256/25. Pte 2.

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

M. F. W. 22. 100M.—8-16. H. Q. 177-39-339.

From Halifax per S.S. "Southland" 28-3-17.

MARRIED Yes (Separated) SINGLE WIDOWER

TRADE OR CALLING Cook RELIGION Methodist.

DESCRIPTION.

APPARENT AGE 41. YEARS 8 MONTHS

HEIGHT 5. FEET 5 INCHES

CHEST MEASUREMENT 37 1/2 INCHES EXPANSION 4 1/2 INCHES

COMPLEXION Dark EYES Dark Brown HAIR Black

DISTINGUISHING MARKS Scar left cheek. Scar right knee. Two toes right foot deformed.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Sept. 28th 1916.

Present Address 70 Elizabeth St. Toronto, Ont.

No. 931542. RANK Pte. NAME Coop. William.

T. O. S. 28-9-16 UNIT No 2. Construction Battalion
D.O.41. 3.10.16

M. D. 6.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept. 28	1916 Oct. 31.	u.		
Nov		✓		
Dec.		✓		
1917 Jan	1917	✓		
Feb.		✓		
Mar.		u		

GRATUITY (IMPERIAL)

CHRISTIAN NAME | SURNAME | REG. NO.

SCHEDULE NO. | LINE NO.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT NO.

DATE RECEIVED FROM REG. DEPOT. | DATE FORWARDED TO OTTAWA

MW 2 14/4/23

868—D.P.—40M-1-12-19.

*Name L COOK, Wm Rank Pte. Regtl. No. 931542

Fyle Depot

Original unit Present unit 2nd C.O.R. M. or S. Age 44 Religion Meth Ref. H.Q.

Port, ship and date of arrival Empress Britain Halifax 21-1-19

Next of kin Daughter Myrtle Irene Cook, 692 Ontario St. Toronto Ont.

Address on leave same

Address on discharge 140 Centre Ave. Toronto. Ont.

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

Previous occupation Cook Date and place of enlistment Toronto Ont Sept 28-16

Diagnosis DEMOB'N Date of Medical Boards 12-2-19.

Date.	Remarks.	Pt. 2 Order No.
T.O.S.		
13-1-19	Posted to Cas. Co. (Ex. Camp) 22-1-19.	
	Leave & Subs. from 27-1-19 to 11-2-19.	28
15-2-19	SOS DISCHARGED "DEMOB'N" entitled to W.S.G.	44

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

(over)

Date.	Remarks	Pt. [illegible]der No.

M. F. W. 192
150m.—5-18
1772-39-1243

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name COOK, William | Reg'l No. 931542.

Unit No2. Const. Bn. | If in perm. Corps What Unit? | Married or Single Married.

Place and Date of Enlistment Toronto. 28th Sept.1916. | Place of Birth Owen Sound.Ont. Canada.

Name and Address, Next-of-Kin Myrtle Irene Cook.

692 Ontario St. Toronto. Canada. | Relationship Daughter.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England. S.S. Southland		7.4.17.	A.W.W.O.
14.6.17	#2 C.C.C.	Arrived in France	Field	17-5-17	— 115
16-12-18	N.S.R.D	TOS from 2nd CCC.	plt Bishoth	14.12.18	AO 305 & 71 / 19.12.18 2nd CCC
27.12.18	N.S.R.D	O/C to C.D.D. Rhyl	—	—	27.12.18 — 313.
25.1.19.	N.S.R.D	cease O/C to Rhyl. T.O.S. to C.E.F. Canada	"	Rifpon	12.1.18 — 18.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.	
Date.	From whom received.					

Awards.

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9?0.

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

Casualty Form—Active Service.

Unit, ~~Regiment~~ or Corps No 2 Construction Batt. C.E.F.

Regimental No. 931542 Rank pte Name E William Cook

Enlisted (a) 28-9-16 Terms of Service (a) period of war ~~and 6 mos~~ 46 months C. E. F. Service reckons from (a) 28-9-16

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

Extended ..... Re-engaged ..... Qualification (b) .....

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked from Canada	Halifax, N.S	25/3/17	
		Disembarked England	Liverpool	9/4/17	
19/5/17	O.C. No 2 Constn Battn.	Proceeded Overseas	Seaford	17/5/17	Pte 2 D.O.# ~~[illegible]~~ L. for Cpl & Adj
		Landed in France 17-5-17 N.R.			
19.6.17	O.C.	Sentenced 10 days F.P. 1 Absent from Picquet Forfeits 1 days pay. ~~[illegible]~~	Fld.	18/6/17.	Proby. Pte 2-0 122 8/7/17
5/1/18	O.C. Unit	att for duty 1 Dist Can Corps.		30/12/17	[illegible]
11 12/18	Adj	Trans to Eng & posted to N.S Reg Dep	Bramshott	14 12/18	K.R. 34d + a/R.

Lieut. for Lt.-Col., A. A. G.
C. H. Q. 3rd Echelon, B. E. F.

Canadian Section

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
17-12-18.	N.S.R.D.	T.O.S. and attached to 2nd C.C.B. for Quarters & Rations.	B'shott.	14-12-18.	D.O.E. 305.
	NSRD	ON COMMAND TO C.D.D. Kimmel Pk Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27/12/18
		Attached C.C.C:K. P. 10 JAN 1919 Part 2 Orders pending transfer to C. E. F. Canada. 32 Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders 12 JAN 1919 38 W. K. Bell Lieutenant for Officer Comd'g M. D. 2. C. W. Kimmel Park Camp, Rhyl.			C.A. Knight LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
13/1/19.	Embarked England				

Sheet 2.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 931542 Rank Pte. C. E. F. Name Cook William

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

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				
JAN 13 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT. TORONTO		1919	PART II D. O. 28
					W. C. Robertson Lieut. For O. C. No. 2 District Dep.
15-2-19		S.O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 44 O. C. Discharge Sections, No. 2 District Depot			H. Sargent Capt

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

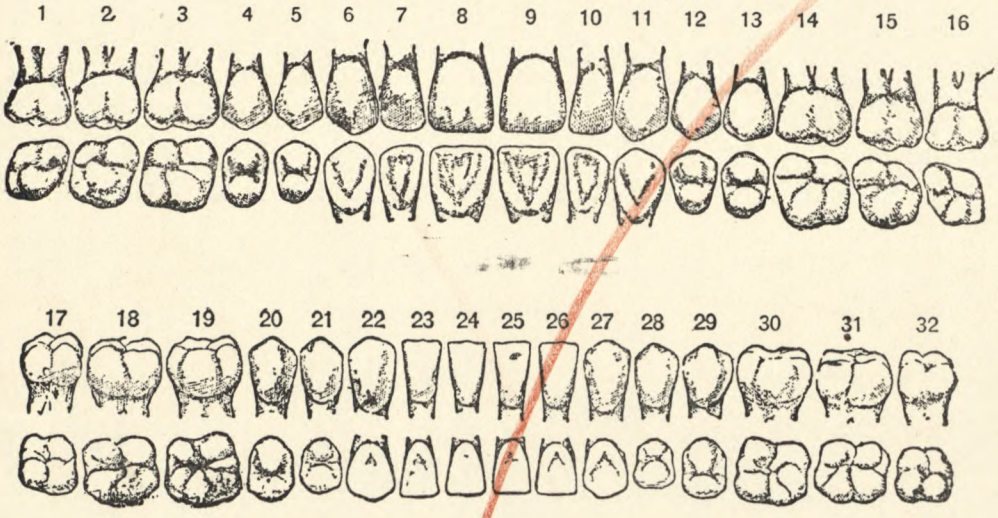
Canadian Printing and Stationery Services, London

M.D. 2.

NAME OF SOLDIER (Block Letters) COOK, W.

REGIMENT No. 2. Construct. RANK Pte. No. 931542.

Date of Examination in England 30-12-18. 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 20,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(*a*) In Canada Yes

~~(*b*) In England~~

~~(*c*) In France~~

KINMEL PARK, NORTH WALES.

Signature of Dental Officer W. Kennedy Capt

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931542 (Rank) Pte.

Name (in full) COOK WILLIAM. enlisted in

the #2 Construction Bn.

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 28th

day of Sept. 19 16.

HE served in England and France.

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

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

Age 44.

Height 5' 5".

Complexion Dark.

Eyes D..Brown

Hair Black.

Marks or Scars Vacc. scars on left arm.

Wm COOK

Signature of Soldier

K F Hardy Lt

Issuing Officer

For

Rank

O.C. No. 2 District Depot.

Appointment

Date of Discharge Feb. 15th 1919

Signed at Toronto Ont. this 15th day of Feb. 19 19

in Military District No. No. 2

File Reference No.

M.B.

No. 2
FEB 15 1919
DISTRICT DEPOT

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.

M. F. W. 39a.
250m.—6-18.
H. Q. 1772-39-882.

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 .....

.....

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

Signed at ..... this ..... day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 931542 Rank Pte Name Cook Wm
(Surname first)

Unit No. 2 District Depot. who was* DISCHARGED
FEB 15 1919

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

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Feb. 1 to FEB 15 1919 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			561	81
Regimental Pay 15 days at $ 1 c			15	00
Field Allowance 15 days at $ c 10			1	50
Separation Allowance				
Clothing Allowance			30	00
Post Discharge Pay			70	00
*Other Credits				
Advances 20256	500	00		
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on transfer or on discharge, cheque No. 21565	183	31		
Total	683	31	683	31

*Give particulars.

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

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

(Address) .....

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

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

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

(4) Authority for discharge or transfer Do #44

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 14 1919

Place TORONTO, ONT.

Malcolm J. Cockburn CAPT.
PAYMASTER, No. 2 DISTRICT DEPOT
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.		

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number 931542

(3) Full Name of Soldier William Cook,

(4) Place of Birth Owen Sound, Ontario, Canada,

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

(6) If married, state,
(a) Full name of your wife ~~Mrs Maggie Cook,~~

(b) Present Postal Address X

(7) Are you a widower? No, wife divorced

(8) Have you any children? Yes, 5

If so, give number of boys and girls Two boys, 3 girls

Also their names and ages Boys Normie 21, Stanford 10 Olly 19, Jessie 17, Myrtle 15

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address ×

(10) Is your Mother alive? Yes

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.

Yes

(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.

A. Davie Capt
for Lieut-Col.
No. 2 Construction Batt'n. C. E. F.
Officer Commanding.

Date

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

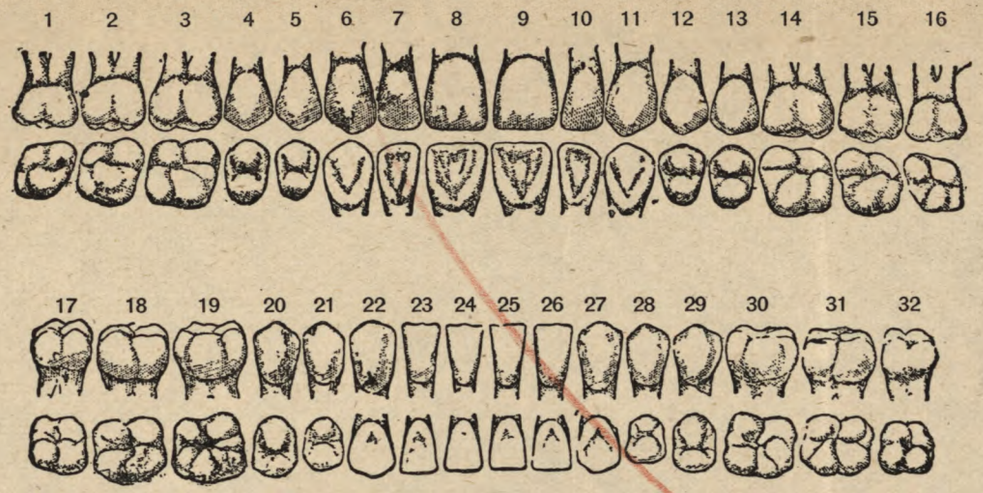
District 2

Name of Soldier Cook W. m.

Rank Pte

No. 93 1842

Regiment



INSTRUCTIONS

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

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

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

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination																							
Discharge Exam. At Exhibition Camp Date. FEB 12 1919 } Certificate issued for																							
										Dentally fit													
																					H Hasempee Major		

M.F.B. 465. 200M.—6-18. 177?—950.

ORIGINAL

MEDICAL HISTORY SHEET

931542

Surname Cook Christian Name William

Examined on 28th day of Sept, 1916 191 at Toronto, Canada

Birthplace City or Town Owen Sound, Ont County Canada

Apparent age 41 yrs 8 mos

Trade or occupation Cook

Height 5 feet 5 Inches

Weight 127¼ lbs.

Chest measurement Minimum 33 inches Maximum expansion 37½ inches

Physical development Good

Small-pox Marks nil

Vaccination Marks Arm Right Left Number nil

When Vaccinated last nil

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection R. D. 120. L. D. 40.

Approved by J. Hughes Capt. Rank M.O.

Toronto Recruiting Depot

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

Date	Result	Vaccinations	
17/4/17	L.S.K.	Dr Sleffy	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
4/2/17	L.S.K.	Dr Ellerwa	M.O.
3/3/17	L.S.K.	Dr Ellerwa	M.O.
3/4/17	L.S.K.	Dr Ellerwa	M.O.

Enlisted on 28th day of Sept, 1916 191 at Toronto, Canada

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	#2. Const Batt'n.	931542		28/9/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont.	FEB 5 1917	on enlistment	Fit
	Major, A.M.S.	Major A.M.S.	Capt.
Ex Camp	Feb 12/19	Nil	4th Winnipeg Cav

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

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

Surname Cook Christian Name William

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

Canadian Form D.M.S. 1375.

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

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

Rank Pte Name Cook Surname William

Unit or Corps 2nd Construction Bn do (If a soldier) Regtl. No. 931542

Born at Owen Sound Ont on, date Dec 25th 1895

Signature (for identification) WCOOK

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

1. **PHYSIQUE**---Any deformity, maiming or lameness? If so, describe. no

Weight 149 lbs.

Height 5 ft. 9 in.

2. **NUTRITION AND DIATHESIS?** normal

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?** normal

4. **RESPIRATORY SYSTEM?** normal

5. **HEART?** normal

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80 Intermittence or Irregularity? no

6. **ARTERIES**---Any hardening? no

7. **DIGESTIVE SYSTEM?** normal

8. **GENITO-URINARY SYSTEM?** normal

Urinalysis---s.g.? 1022 Reaction? ac Albumen? no Sugar? no

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

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 Camp Hill

Date 28/12/18

Signed [illegible] M.D.

Signed F. Lisbourne M.D.

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.

Cat A ii

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. 931542 Rank Pte Surname COOK (Give name in full) William

Unit or Corps 2 DD Birthplace Owen Sound

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

1. GENERAL DESCRIPTION:

Physique Good Weight 148 lbs. Height 5 ft. 5 in. Colour of Eyes D. Brown

Nutrition Good

Pulse 74 regular

Condition of arteries

Vision Rt. P 120 Left 4°

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Scars L. cheek & R. L. knee, 2 toes R. foot deformed

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.

Urine neg { Sugar, albumen.

No Hernia, varicose veins, varicocele, goitre or Haemorrhoids.

Slightly convergent squint. Pre-existing service no aggravation.

APPROVED
FEB 12 1919
A. D. Richardson Capt.
FOR A. D. M. S. M. D. 2

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....M.O.

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Ex Camp Ivo (Canada)

Date Feb 12/18 Signed W. W. Robertson Capt M.O.

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

Signature .....

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

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

[OVER]

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

Please quote reference _____

Your reference _____

Military Hospitals Commission

CANADA

From:—The District Vocational Officer,

_____

_____

To:—The Officer Commanding,

No 2 DISTRICT DEPOT

_____

931542 Pte

Cook W.

Sir,—

I beg to inform you that the marginally named _____ was interviewed by a Vocational Officer
(Man, N. C. O., Etc.)

on FEB 12 1919, and all particulars with reference to his education and industrial history have been entered upon Form M.H.C. 156.

Vocational Officer.

M. H. C. Form 132.

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

CONFIDENTIAL INFORMATION

CW

CATEGORY

Report No. 33608

Unit Two

M.D. No.

Cook, William
Surname — Christian Name

Permanent Address: 11 Elizabeth & Edward St., Toronto, Ont.

No. of S. C. R. File | No. of Local File | No. of H. Q. File

No.* 731542 Rank Pte Original Unit 2 Can.Bn Service Unit* 2 Can.Bn

Age* 43 Height ft. ins. Complexion Eyes Hair Conduct

Date of enlistment 28-9-16 Where enlisted Toronto Where seen service* France

Ship returned by Empress Date of arrival 22-1-19 Port of arrival Halifax

Birthplace* Canada Religion Bapt.

Present disease or disability Demob. Cat. "A" Cause or origin

649-C-36038

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

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

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

Destination to which transportation issued Proceeded to Military District Two

Members of Board

Place Date 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin Son-Norman-Same address

Notification of return to be sent to

Occupation prior to enlistment Cook And for how long followed 20 yrs

Regular trade or occupation do

Do you consider that your disability will prevent you from following your previous occupation. no

Average earnings previous to enlistment Variable Any other income

Name and address of last employer Self

Rent per month - If owner of or purchasing property, amount due and annual payment $ - $

Taxes - If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ $8. Name of Society -

If work should not be available at old occupation, name preference. -

I declare that the above statement is correct.

References

Witness N.A.

Date 23-1-19 Place A. McGillicudy Quebec Signature W. Cooke

Remarks by Interviewer:

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

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

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

First payment date.....

Form S.C.R. No. 5c.

A. General Service.
B. Service abroad, not general.
C. Service in Canada.
D. Treatment.

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

CONFIDENTIAL INFORMATION

CATEGORY

Report No. | **Unit** | Surname / Christian Name | No. of S.C.R. File | No. of Local File

M.D. No.

No.* Rank Original Unit Service Unit*

Age* Height Ins. Complexion Eyes Hair Conduct

Date of enlistment Where enlisted Where seen service*

Ship returned by Date of arrival Port of arrival

Birthplace* Religion

Present disease or disability Cause or origin

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

Degree of incapacity—Emg. Board Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

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

Destination to which transportation issued

Members of Board

Place Date 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					
5					

Name and address next of kin

Notification of return to be sent to

Occupation prior to enlistment And for how long followed

Regular trade or occupation

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment Any other income

Name and address of last employer

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

Taxes If Homestead or Farm, where located

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

If work should not be available at old occupation, name preference.

I declare that the above statement is correct.

References

Witness

Date Signature

Remarks by Interviewer:

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

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

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

Date payment due

Form S.C.R. No. 36

Name Cook Enl. 28-9-16.

Date of Embarkation for England 25-8-17.

Proceeded to France 17-5-17 Returned to England 14-12-18 demob.

Date returned to Canada 12-1-19.

P.R.2855.

Conduct Sheet Entries.

"Chkd" 10-4-30

37-12

This space to be for numbers.

1878839

Proceedings on Discharge.

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

M.B.

No. 931542.

Rank Pte.

Surname COOK WILLIAM.

Christian name

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

Corps (Squadron, Battery or Company) #2 Construction Bn. (#2 D.D.).

Date of discharge Feb. 15th 1919

Place of discharge TORONTO, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Deceased 3-2-53

		Descriptive marks
Age	44. years months.	Vacc. scars on left arm.
Height	5 feet 5 inches.	
Complexion	Dark.	
Eyes	D. Brown	
Hair	Black	
Trade	Cook	
Intended place of residence (To be given as fully as practicable.)	140 Centre Ave. Toronto Ont.	

M

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

ON GENERAL DEMOBILIZATION

Authority for discharge D.O. D.D. #2 Ptll #44.

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

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

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

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

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

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

9-3-53

E. R. J.

E. R. J.

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) TORONTO Ont. J W I S Leacock *(Signature of Soldier.)*

(Date) Feb. 15th 1919 William H Sargeant Capt *(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) Toronto Ont.

(Date) Feb. 15th 1919.

(Signature) H. Sargeant Capt

For

O.C. No. 2 District Depot

Reservations referred to at Para. 8.

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

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
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.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

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.

P. 550

MARRIED OR SINGLE: Wd

PLACE OF BIRTH: Cayuga Brant Cnty Ont

NAME AND ADDRESS OF NEXT OF KIN: Myrtle Trembleau
692 Ontario Ave Toronto, Ont

RELATIONSHIP OF NEXT OF KIN: Daughter

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. 931542 RANK: NAME: Trembleau Wm E

IF IN PERMT. CORPS WHAT UNIT: UNIT: 25 Lo and S&W

	TRANSFERED TO	DATE	AUTHORITY
PERMANENT FORCE ALLOWANCES			
PLACE OF ATTESTATION: Toronto, Ont			
DATE OF ATTESTATION: 28/Sept/16			

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE: ~~Sept 17~~

PAYABLE TO — RELATIONSHIP

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

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

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														29 60	29 60																	29 60				Bal from Canada
Apr 1/20	30	1.10	33	00											33 00																	62 60		15 –	47 60	
MAY 1-31	31	–	34	10											34 10	45	1.5							9 73						14 60	82 10		30 –	52 10	
JUN 1-30	30	–	33	00											33 00	18	19.4							4 87						4 86	110 24		45 –	65 24	
July 1-31	31	–	34	10											34 10	73	14/5							4 86						– –	144 34		60 –	84 34	
Aug "	"	"	34	10											34 10											3 57		– –	11 00	14 57	163 87		75 –	88 87	S.A. 10 do. F.P. 1. 186.17 DO. 122.75.17.
Sep 1-30	30	–	33	–											33 –											3 57		– –		10 71	186 16				
			201	30										29 60	230 90									19 46		14 28		– –	11 –	44 74	186 16				

56 30/5
134 12/6
193 25/6
267 7/7
290 24/7

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENTL.
Sep	Bal	~~186 16~~ 186 16							186 16		
Oct	P.P.	34 10		A.R.568. 27/8/17, 26 Consol. Bn. Att. C.F.C.	3 57		– –				
				" 488 13/8/17 " " " "	3 57				213 12		
		34 10			7 14						

746
1679
1439
2864

316

3/45 + 317/45 = 48/16

Pte 931542 Cook. W

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1			CR. 2	PARTICULARS					DR. 1		DR. 2		DR. 3		CR. 4		BALANCE													
	Overpaid																					213	12												
Nov.	P.P.				33	—			AR 818.	28 9/17	C.F.C.			3	57																				
									" 842	12 10/17	"			3	57																				
									" 964.	28 10/17	"			3	57																				
									" 1052.	10 11/17	"			3	57																				
DEC	"				34	10			JNAR 618	11 9/17	" Jura			3	57							262	37												
					67	10								17	85																				
JAN 1918	P.P.				34	10			AR 1252.	23 11/17	2 Lemnos			12	49																				
									" 15997.	5 1/18.	2 Con	"		1	—																				
									" 1425.	21 12/17	"	"		7	14							275	84	165											
			34	10	—	—								20	63	—	—	—	—																
FEB	"				30	80			" 2031.	5 1/18.	2 Comb	alt. C.F.C		3	57																				
									" 2181.	21 1/18	"	"	"	3	57																				
									" 2372.	5 2/18.	" C.F.C. France			3	57							295	93												
			30	80										10	71																				
MAR 1918	"				34	10			" 2611	20 3/18	"			3	57									175											
									" 2869.	7 3/18	"			3	57																				
									" 3065	19 3/18	"			3	57							319	37												
			34	10										10	71																				

CANADIAN ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 6 Nov 1919

P 820
12474—375M—13-2-18.

★ Strike out whichever inapplicable.

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

NAME:- Cook William E.

NUMBER:- 931542.

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.

NR 161 17/12 2 Lbbo

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bn

DATE ACCOUNT FIRST OPENED:- 1st April 1917.

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

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
9/12	6566	Flo	~~4 66~~				
18/12	3566	S R&Q	~~9 73~~				
			~~14 39~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disto Canada 1/1/19 NR 161 17/12.6660. Ledgr 569.17 ~~L 554.78~~

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal. Ford.								319 32	175	
apl	Pay 1a	33 –		aR 115 6/4 CFC 1	3 57						
				aR 297 20/4 – " –	3 57				345 18	190	
		33			7 14						
May	P. Pay	34 10		aR 492 7/5 CFC 1	2 68						
				– 720 22/5 – " –	4 46				372 04	205	
		34 10			7 14						
June	P.P.	33 –		aR 1103 27/6 CFC 1	7 14				398 00	220	
		33			7 14						
July	PP.	34 10		aR 1293 6/7/18. CF 6 1	3 57						
				aR 1502 22/7 ✓	3 57				424 96	235	
		34 10			7 14						
Aug	PP	34 10		aR. 1697 6/8 CF 6 1	3 57						
				aR. 1945 22/8 ✓	3 57				~~450~~ 451 B 92	250	
		34 10			7 14						
Sep	PP	33		aR 2200 6/9 CF 6 1	3 57						
				aR. 2441 23/9 CFC 1.	3 57				477 78	265	a/c 23/11
		33			7 14						
Oct	P. Pay	34 10		aR 2678 7/10. CFC 1	3 73						
				v 2930 23/10. ✓	3 73				504 42	280	
		34 10			7 46				537 45		
Nov	P. P.	33 –		aR 3097 8/11. CFC 1	3 73				533 69		
				3304 26/11 ✓	13 06				520 63		
Dec	–	34 10		v 6566 10/12 Base	16 79 4 66				554 73		
	Ints on def Pay	14 44		3566 18/12 SR&R	9 73				569 17		
		81 54			31 18						
									554 78		

COMPILED BY ..... Talbot

CHECKED BY ..... [illegible]

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Sog to Can 12/19 Bo 18 28/19 wsR							

CANADIAN
ASSIGNED PAY AUDITED ml

Smith
AUDIT CLERK

DATE 6/1/9

22-1-19

"EMPRESS OF BRITIAN" 15-1-19

L.P.C. - C1379

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 931542 | RANK Pte. | NAME (IN FULL) COOK Wm. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2 Cor Bn | IF IN P.F. WHAT UNIT? ~~140 Centre Ave~~

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION Sept 28/16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ | DATE EFFECTIVE

PAYABLE TO Nil | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 140 Centre Ave Toronto | 28-4-18 Bttome Place Toronto

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Toronto | DATE 18/2/19 | REASON Demob | AUTHORITY Do. 44 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account 31-12-18		1.10					54	78																													
									54	78	4/1/19	Boat					4	87																			
											8/1/19	Boat					30	00																			
											21/1/19	Halifax					5	00																			
																															39	87			54	91	
1-1-19 Jan 31	31	1.10	34	10	12	80	54	91	561	81																									561	81	
Feb. 1-15	15	1.10	16	50	35	-	70 561	- 81	683	31	20256	21565					500		183	31											683	31					
5 mth									350	00							FH 15						70	00							70.						1st Pr No 2 15
																	MAR 12 206872						70.								140						
																	Apr 12 243097						70 -								210 -						243097 mailed 14-4-19.
																	May 9 342251						70 -								280 -						
																	June 10 659212						70 -		remailed 15/7						350 -						
							70 -		420	-																							70 -				C/6 659212 exp. 13/8/19.
																	Feb 5 174313 AR 758						70								420		0.				
									420														420								420						

60m.-11-18. L. L. 81777. M. & D. 9585.

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