

ORIGINAL

931314

ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Cromwell*
- 1a. What are your Christian names? *Joseph Owen*
- 1b. What is your present address? *Southville Digby Co NS*
- 2. In what Town, Township or Parish, and in what Country were you born? *Southville Digby Co NS*
- 3. What is the name of your next-of-kin? *Louisa Cromwell*
- 4. What is the address of your next-of-kin? *Southville Digby Co NS*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *January 14th 1896*
- 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?
- 10. Have you ever served in any Military Force?..
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 } *yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joseph Owen Cromwell* 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.

Date *Oct 9* 191*6* *Joseph Owen Cromwell* (Signature of Recruit)
John Lambert (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Joseph Owen Cromwell* 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.

Date *OCT 13 1916* 191*6* *Joseph Owen Cromwell* (Signature of Recruit)
John Lambert (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 *TRURO, N. S.* this *13* day of *October* 191*6*.
C. H. Reis Capt (Signature of Justice)

M. F. W. 23.
400M.-1 -15.
H. Q. 1772-39-841.

Justice of the Peace in and for the County
of Colchester, Province of Nova Scotia.

Description of Joseph Ovie Cromwell on Enlistment.

Apparent Age.....20 years 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. 6 1/2 ins.

Chest measurement { Girth when fully expanded.....33 ins.
 Range of expansion.....3A ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Curly

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....October 2nd..... 1916..... W. L. Young M.D.C.M.

Place.....Weymouth Falls N.S...... Canada.....
 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.

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

.....C. H. Reis Capt..... (Signature of Officer)

Date.....OCT 2..... 1916.....

REGIMENTAL DOCUMENTS

NAME CROMWELL JOSEPH O. REGT. NO. 931314 UNIT #2 Co. 1st Ba 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
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113)				45417	
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				M	
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					<i>Demob in</i>
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
1 LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3225)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>A.F.W. 3997</i>					
1 <i>M.F.W. 192</i>					
1 <i>D.M. 81375</i>					
1 <i>C.A.D. 5009A</i>					
<i>M.F.W. 2</i>					

H



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931314 (Rank) Private
 Name (in full) Joseph Elvie Cromwell enlisted in
 the #2 Bomb Batta
 CANADIAN EXPEDITIONARY FORCE at Truro ns. on the 9th
 day of October 1916
 HE served in France
 and is now discharged from the service by reason of Demobilization

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

Age <u>22 yrs 17 mo.</u>	Marks or Scars <u>Nil</u>
Height <u>5 feet 6 1/2 inches</u>	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Curly</u>	

Jo Cromwell
 Signature of Soldier

G. W. Shaw CAPT. & ADJUT.
 FOR LIEUT. COL. No. 1 DISTRICT DEPOT.
 Issuing Officer

Date of Discharge February 17th 1919 Rank _____
 Appointment _____

Signed at Halifax ns. this 17th day of February 1919
 in Military District No. 6

File Reference No. _____

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

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

On demobilization the
particulars called for on
the back of this cer-
tificate will not be con-
sidered.

ORIGINAL MEDICAL HISTORY SHEET

931314

Surname Cromie Christian Name Joseph Ows

Examined { on 10 day of Oct 1916
at Inver

Approved by A.V. Keat

Birthplace { City or Town Southwell
County Leicestershire

Rank Major M.O.

Apparent age 20

Trade or occupation Laborer

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

Height 5 feet 5 1/2 Inches

Weight 135 lbs.

Chest measurement { Minimum 32 inches

{ Maximum expansion 35 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number Two

Date	Result	VACCINATIONS
<u>20/3/17</u>	<u>20/3/17</u>	<u>Daul Murray</u> M.O.
<u>3/4/17</u>	<u>3/4/17</u>	<u>Daul Murray</u> M.O.
		M.O.

When Vaccinated last 1910

(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/10/16</u>	<u>24/10/16</u>	<u>A.V. Keat - Major</u> M.O.
<u>31/10/16</u>	<u>31/10/16</u>	<u>A.V. Keat - Major</u> M.O.
<u>7/11/16</u>	<u>7/11/16</u>	<u>A.V. Keat - Major</u> M.O.

(b) Slight defects but not sufficient to cause rejection None

Enlisted on 10 day of Oct 1916 at Inver NS

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>931314</u>		<u>10/10/16</u>
Transferred to		<u>C.E.F.</u>		

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

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

J.P. Rank **J.P.** Name **CROMWELL, Joseph Orie.** Reg'l No. **931314.**
 Unit **No 2. Const. Bn.** If in perm. Corps }
 What Unit? }
 Married or Single **Single.**
 Place and Date of Enlistment **ruro N.S. 13th Oct. 1916.** Place of Birth **Southville.**
Digby Con. N.S.
 Name and Address, Next-of-Kin **Louisa Cromwell.**
Southville Co. Digby Con. N.S. Relationship **Mother.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **6610**
 File R.L. **OR CAN**
 Category

Discharge, Date and Place Reason Character
 H. W. V. Ld.—9-16-16.

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	<i>Awaw.</i>
14-6-17	#2 C.C.C.	Arrived in France	Field	17-5-17	— 115
16.12.18	NRD.	TOS from 2 nd occy.	pl's Bishop	14.12.18	20 905-4 71 / 19.12.18 2 nd C.C.C.
27.12.18	N.S.R.D.	of c to C.D.D. Rhyll	"	27.12.18	D.O. 313
25.1.19	N.S.R.D.	cease of c to Rhyll. 28.1.19. 6 Re. 6. 4 Canada	" Ripon	12.1.19	— 18.

A.F.B. 108 CHECKED
 29 MAY 1977

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. 931314 Rank Pte Surname Cromwell
(Give name in full)
Joseph O.
 Unit or Corps N.D. #6 Birthplace Southville N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 5 1/2 in. Colour of Eyes black
 Nutrition Good
 Pulse normal
 Condition of arteries normal
 Vision Rt. no Left no
 Hearing (conversational voice) Rt. 15 ft.
 Left 15 ft.

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

Opinion as to general health and physical condition Good

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

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

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

nil

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

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.....*Halifax*.....(Canada)

Date*12/2/19*..... Signed*W. R. W. Hill*.....M.O.
Capt

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*J. O. Cornwall*.....

(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]

931314

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. 12 CONSTRUCTION, B'n. C.E.F.
- (2) Regimental Number 931314
- (3) Full Name of Soldier Joseph Cyril Bromwell
- (4) Place of Birth Loughville
- (5) Are you married, or not? —
- (6) If married, state,
 (a) Full name of your wife —
- (b) Present Postal Address Loughville, Co. Wick.
- (7) Are you a widower? —
- (8) Have you any children? —
- 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 *Denny P. Cromwell Southville Digby Me. S.*

(10) Is your Mother alive? *Yes*

If so, state name and address. *Yes*

(11) If your Mother is a widow. *Yes* *Louisa Cromwell Southville Digby Me. S.*

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.

~~\$20~~

(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.

mother

(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~~ *No*

(15) Are you insured? *—*

If so, in what Company? *—*

Have you made arrangements for payment of your Insurance premium? *—*

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

C. H. Reio Capt
for Officer Commanding.

Date. **OCT 24 1916**

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No. 931314 Rank pt. Name Bromwell J.O.
(Surname first)
Unit 2nd Cavalry Bn who was discharged
On 191....., to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 to 17/2/19 191...
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		11.15
Regimental Pay <u>4.8</u> days at \$ <u>1.00</u>		48.00
Field Allowance <u>4.8</u> days at \$ <u>c.10</u>		48.00
Separation Allowance		35.00
Clothing Allowance		
Post Discharge Pay <u>OK 1566.4</u>	700.00	
*Other Credits		
Advances <u>OK 15628</u>	57.18	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges <u>none not returned</u>	47.22	
Balance on transfer or on discharge, cheque No.		90.00
Total	1689.5	1689.5

A monthly stoppage of \$ 20.00% (†) has been paid (‡) been paid on account of
Assigned Pay for the month of Jan 1919 }
and Separation Allee. for month of Jan 1919 } (to) Assignee Mr House Bromwell
(Address) Southwell Sigby Cons
(†) 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. 6

REMARKS:—
(1) date of enlistment married or single.....
(2) Separation Allowance, entitled or not (3) Reason for discharge Senab
(4) Authority for discharge or transfer as is

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 March 4/19
Place Halifax N.S.
Woodrume CAPTAIN,
PAYMASTER, NO. 6 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. 1207, 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.	

NO. 53
 M.D. NO. 6

M. D. No. 6
 No. 53

RECEIVED BY
 J. H. ...
 ...
 ...

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2
(Assignee)

Mrs Louisa Cromwell

PAYMENTS.

Name of Soldier

*Cromwell Joseph
Pte No 2 Coy 1st Bn*

No 931314

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>20⁰⁰</i>	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4754</i>	<i>20</i>	
May		<i>B 7114</i>	<i>20</i>	<i>20 W.</i>
June		<i>R 13924</i>	<i>20</i>	<i>20 BN</i>
July		<i>F 21043</i>	<i>20</i>	<i>C</i>
Aug.		<i>L 28135</i>	<i>20</i>	<i>b</i>
Sept.		<i>K 34901</i>	<i>20</i>	<i>B</i>
Oct.		<i>Z 46332</i>	<i>20</i>	
Nov.		<i>X 53832</i>	<i>20</i>	
Dec.		<i>A 45684</i>	<i>20</i>	<i>180-f</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

APR 1917

ML

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- CROMWELL J. W.				
EFFECTIVE DATE:- 1 st April 1917.		EFFECTIVE DATE:-		NUMBER:- 931314				
AMOUNT:- 20 ⁰⁰ .		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
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.		AUTHORITY				
Mrs Louisa Cromwell Mother Southville, Digby Co. N.S. Stopped 1-1-19				DATE EFFECTIVE				
				RANK OR APPOINTMENT				
				UNIT AND TRANSFERS				
				ORIGINAL UNIT:- 2 Construction Bn				
				DATE ACCOUNT FIRST OPENED:- 1 st April 1917.				
				AUTHORITY				
				DATE EFFECTIVE				
				DATE LEDGER SHEET T'S'F'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	
9/12/18	6564	Jan 25	4 66					
18/12/18	3564	£2/-	9 43					
			14 39					
				91126. new book issued 1/1/19				
PARTICULARS OF RENDERING NON-EFFECTIVE:-		Due to Canada Auth N 1161 17/12 2 666 ⁸ Lea Bal 36 ²⁴ LP6 Bal 21 ⁸⁸						

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								60 02		
apl	Pay Ya	33		Ass Pay				20			
				AR 115 6/4 CFC 201	3 57				65 88 L		
				AR 297 20/4 - - -	3 57				40 02		
May	P.P.	33		ass pay	7 14			20			
		34 10		AR 492 7/5 CFC 1	2 68				72 84		
				✓ 720 2/5 - - -	4 46						
		34 10			7 14			20			
June	P.P.	33		ass pay				20			
		33		AR 907 7/6 CFC 1	3 57						
				✓ 1103 22/6 ✓	3 57				78 70		
		33			7 14			20			
July	P.P.	34 10		Ass Pay				20			
				AR 1293 6/7 CFC 1	3 57						
				AR 1502 22/7 ✓	3 57				85 66		
		34 10			7 14			20			
Aug	P.P.	34 10		Canada				20			
				AR 1697 6/8 CFC 1	3 57						
				AR 2909 21/8 CFC 1	82 73						
				AR 1945 2/8 ✓	3 57				9 89		
		34 10			89 87			20			
Sep	P.P.	33		Canada				20			
				AR 2441 23/9 CFC 1	3 57				19 32		30/11
				Can P	3 57			20			
		33		AR 2678 7/10 CFC 1	3 73						
		34 10		2930 23/10 ✓	3 73				25 96		
					7 46			10			

COMPILED BY...
CHECKED BY...

* Strike out whichever inapplicable.

NUMBER 931314 RANK

NAME CROMWELL J.O.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov	f.p.	33		BAP am 3097 8/11 CTC. 1.	3 73			20	25 96		
				am 3304 25/11	13 06						
Dec	PP	34	10	BAP	16 79			20	36 27		
				am 6567 10/12 - Base -	4 66						
		67	10	3561 18/12 WSR	9 73			40	21 88		
					31 19						
July				am 4310 79 July 1	9 73				12 45		
				matru	9 73						

SOS Plan 12/99 DO 18 25 79
WTR

CANADIAN
ASSIGNED PAY AUDITED
[Signature]
AUDIT CLERK
DATE 16/5/19

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

M. F. W. 54. (A. F. B. 102.)

350m.—5-16

H. Q. 1772-39-920.

Casualty Form Active Service.

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

Unit, Regiment or Corps

Regimental No. 931-314

Rank pte

Name Joseph Avie Bromwell

C. E. F.

Enlisted (a) 9-10-16

Terms of Service (a) period of war

Service reckons from (a) 9-10-16

Date of promotion to present rank

Date of appointment to lance rank

Numerical position on roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Report

Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case

Place

Date

Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents

Date

From whom received

CERTIFIED CORRECT.
 7/5 JUN 1917
 CAN. RECORDS, LONDON.

O.C. No 2
 Constr
 Batta

Embarked from Canada Halifax N.S. 25/3/17
 Disembarked, England Liverpool 7/4/17
 Proceeded Overseas Seaford 17/5/17

RT 2 D.O.#
~~...~~
 for Capt & Ady

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

5/1/18 OC aft 7th Dist CFC

30/12/17 B 213

24 8-18 43 Coy granted 14 days leave uk.

23-8-18 B 213 p 10.51 of Sep 1918

8-9-18 do Returns from leave Gales

8-9-18 B 213

11¹²/₁₈ OAC Trans to Coy & posted by 7th S. Reg Depot Braurhott

14¹²/₁₈ Lieut. for Lt.-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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

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

17.12.18. *A.S.R.D.* T.O.S and attd 2nd C.C.D. Bramshott 14.12.18. *D.O. 305*
for Quarters & Rations

NSRD ON COMMAND TO *C.D.D. Kimmel* BRAMSHOTT
Rhye

PART II D.O. *P.S.R.D. 313 27/12/18*

12/1/19

Sgt O.M.F.C. on
Trans to C.C.F.
Discharge Canada
Sailing No 4
Rm Hammond, Hunt
Kimmel Park

ba. Knight LIEUT.
OFFICER IN CHARGE
NOVA SCOTIA REG'T. DEPOT

12.1.19 *O'Keas. 2/10/18. No. 6 D.D. 24 ft. Coy Co. 22.1.19 Dq 29.*

W. Ferguson Lieut.
ASST. ADJT. No. 6 DISTRICT DEPOT

17.2.19

DISCHARGED at Halifax, N. S

80 45 for *R. H. White* LIEUT.
DISCHARGE SECTION NO. 6 DISTRICT DEPOT



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

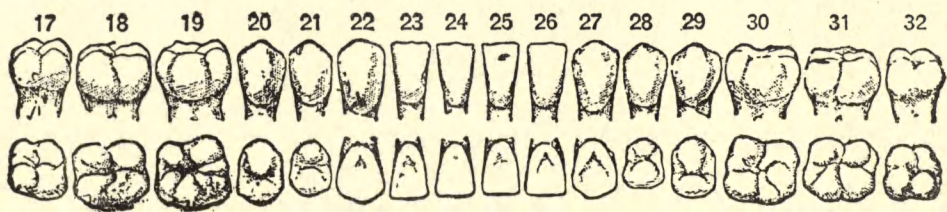
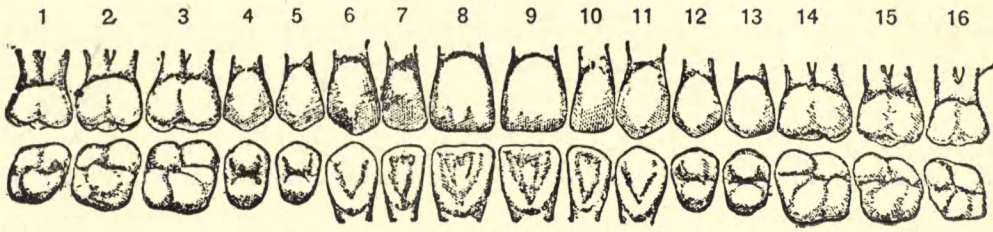
Canadian Printing and Stationery Services, London

M.D.G.

NAME OF SOLDIER (Block Letters) CROMWELL JO

REGIMENT No 2 Construction RANK Plt No. 931314

Date of Examination in England 31-12-18 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 28
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

- (a) In Canada _____
- (b) In England _____
- (c) In France yes

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

H W Reid
Capt.



M.R.C.
 L. ROMNEY
 Post-Office
 St. R. N.

M.R.C.
 L. ROMNEY
 Post-Office
 St. R. N.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE August 13, 1971

NAME CROMWELL Joseph Owen
NOM CROMWELL James

Service No.
Matricule No 931314

CPC No.
CCP No

WVA No.
AAC No 205593

Information Received from: Mrs. Owen Cromwell; widow
Information reçue de:

Date of Death June 1, 1971
Date du Décès

Place Digby County, Nova Scotia
Endroit

Distribution: WSR-DASG

VI - ASS
DO - BD
HO - BC

Pour le chef,

A. F. Coulter
for Chief, Central Registry Division.
Dépôt central des dossiers.



DEPARTMENT OF ...
UNITED STATES ...
OFFICE OF ...
WASHINGTON, D.C.

TO: ...
FROM: ...
SUBJECT: ...

Information ...
... ..

... ..

... ..

Date: ...
... ..

For ...
... ..

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs. Louisa Cromwell* By Whom Assigned *Cromwell Joseph*
 Address *Southville* Regtl. No. *931314*
Dighy Co Rank *Pte*
Ms. Corps *No 2 const Bn.*
 Rate *20⁰⁰* APR 1917

PAYMENTS

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

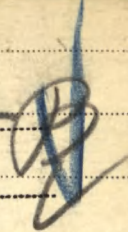


1946

EX-100

G.M.M. 1
[Signature]

Sp. 1



Number 931314 Rank Plt.

Surname CRONWELL

Christian Name Joseph O'Neil

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

Date of Service 17-5-17

Remarks Southville

Latest Address ~~Weymouth, sub~~

Roll No. B. Page 21040.

DATE AND PLACE OF ORIGIN

* DUE TO SERVICE
* NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

WHERE FROM)

UNIT

IN CATEGORY

INVALID

WHERE TO)

CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.

DESP. APR 5 1923
REG. NO. 4552

(OVER)

SURNAME

Cromwell

CARD NO.

6

✓

CHRISTIAN NAMES

Joseph Olive

*Sos 17/2/19. G. Deaub
Dp. 450 FOLL 14/2/19.
6178*

REGL. No.

931314

RANK

Pte.

UNIT

No. 2 Construction

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Cromwell, Mrs. Louisa

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Southville, Digby Co., N. S.

COUNTRY OF BIRTH

Canada Southville

DATE

N.S. Jan. 14th 1896.

PLACE OF ATTESTATION

Truro, N. S.

DATE

Oct. 13th 1916.

O/S 28/3/17

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



RIC 25-1-19 25th 67. Pte.

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

From Halifax N.S. 'Southland' 38/3/17.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

20

YEARS

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Curly.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Keymouth, N.S.

DATE

Oct. 9th 1916.

Present Address

Keymouth, N.S.

No. 931314

RANK

Pte.

NAME

Crossmull. Joseph. Divil

T. O. S. 9-10-16

UNIT

No 2. Construction Battalion

D.O. 13-10-16

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 Oct. 9.</i>	<i>1916 Oct 31</i>	<i>n.</i>		
	<i>Nov.</i>	<i>n</i>		
	<i>Dec.</i>	<i>v</i>		
<i>1917</i>	<i>Jan 1917</i>	<i>v</i>		
	<i>Feb.</i>	<i>n</i>		
	<i>Mar.</i>	<i>n</i>		



*Name *Cromwell Joseph O.* Rank *Plt* Regtl. No. *931314*
 Original unit *2 Bn.* Present unit *2 C.C.D.* or S. Age *22* Religion *R. C.* Fyle Depot *C-927*
 Port, ship, and date of arrival *Halifax Empress Britain 32-1-19*
 Next of kin *Louisa Cromwell*
 Address on leave *Weymouth N.S.*
 Address on discharge.....
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation *Laborer* Date and place of enlistment *June 13/10/16*
 Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
<i>12-1-19</i>	<i>To S. No 6 Dist Depot posted to Cas. Co. 22/1/19</i>	<i>29</i>

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

Date.

Remarks.

Pt. 2 Order No.


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

War Service Badge
Class "A" # 76175
Issued.

This space to be for numbers

Proceedings on Discharge.

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

No.	931314		
Rank	Private		
Surname	Gromwell		
Christian Name	Joseph Crow		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>			
Corps (Squadron, Battery or Company)	# 2 Long Battery		
Date of Discharge	February 17th 1919		
Place of Discharge	Halifax NS		
1. DESCRIPTION AT THE TIME OF DISCHARGE.			
<p>Age..... 22 years..... months.</p> <p>Height..... 5 feet..... 6 1/2 inches.</p> <p>Complexion <i>Dark</i></p> <p>Eyes <i>Brown</i></p> <p>Hair <i>Curly</i></p> <p>Trade <i>Labourer</i></p> <p>Intended place of residence } <i>Weymouth</i> <small>(To be given as fully as practicable.)</small> } <i>NS.</i></p>	<p style="text-align: center;">Descriptive Marks</p> <p style="text-align: center; font-size: 2em;"><i>Nil</i></p>		
<p>2. The above-named man is discharged in consequence of</p> <p style="text-align: center; font-size: 1.5em;"><i>Demobilization</i></p>			
<p><small>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.</small></p>			
<p>3. Conduct and character while in the service have been, according to the records, etc.</p>			
<p><small>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.</small></p>			
<p>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)</p>			

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Halifax N.S. J. O. Cornwall (Signature of Soldier.)

(Date) Feb. 14/18 W. Penny (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.

J. O. Cornwall (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Halifax N.S.

(Date) Feb 17. 1919

J. S. Davie (Signature) J. S. Davie LIUT. COL. NO. 6 DISTRICT DEPT.

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

ml

W. B. ...

Reg. Conduct Sheet	Millis form B. 263	Attestation Paper	Millis Form B. 215
Squadron Battery Company	Conduct Sheet	Proceedings on Discharge	B. 218
	B. 263		
Copies of Convictions by C. P.		in 215	
Med. Hist. Sheet	Millis Form B. 412	In the case of recruits who are rejected on final approval, the discharge documents will consist of	
Medical Report for Invalids	B. 237	(a) Proceedings on Discharge	
Statement of Man's Account on Transfer and Last Pay Certificate	D. 877	(b) Attestation	
Only if discharged "Medically unfit"		(c) Medical History Sheet (in the event of such having been prepared)	

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

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p><small>*Only if discharged "Medically unfit."</small></p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
--	---

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.

Statement of Service.

Continuation of This Page.

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 Bromwell Surname Joseph O.
 Unit or Corps 17th Res. (If a soldier) Regtl. No. 931314
 Born at Weymouth Nova Scotia on date Jan fourteenth 1896
 Signature (for identification) J O Bromwell

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

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

Weight 140 lbs. no
 Height 5 6 ft. ins.

2. **NUTRITION AND DIATHESIS** P

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** P

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART** P

Abnormal Sounds? no
 Abnormal Size? no
 Pulse Rate? 76 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM** P

no

8. **GENITO-URINARY SYSTEM** P

Urinalysis—s.g.? 1022 Reaction? ac Albumen? 0 Sugar? 0

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

no

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

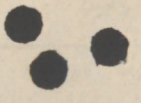
no

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

good

Examined at Kinnebec Park. Signed H P B [Signature] Capt 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 vessel

11. 1. 1880
W. C. ...
...
...
...

140
2

...
...
...
...

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C

12631

Apr 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20.			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 931314
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Joseph Cromwell
 Battalion # 2 Const Batts
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

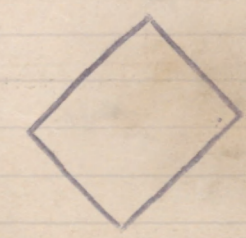
Name Mrs. Louisa Cromwell
 Address Southville, Wigby Co N.S.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					3956-f. 20
Dec 21			180	180	✓
Jan.	D 63275		20	20	m/c
Feb	E 90109		20	20	
Mar	A 119269		20	20	✓
Apr	B 17772		20	20	
May	M 17887		20	20	
June	J 21549		20	20	
July	J 32785		20	20	
Aug	J 35772		20	20	
Sept	L 44664		20	20	
Oct	M 57601		20	20	
Nov	J 60659		20	20	
Dec	R 67693		20	20	
Jan 16	92987		20	20	
			1140	1140	

**CANADIAN
 ASSIGNED PAY AUDITED**
 to 31/12/18
 [Signature]
 AUDIT CLERK
 DATE 16/5/19

M. F. W. 128
 400M-617-1772-39-141
 L. L. 22230-M. & D. 7693.

A/c Closed 31-2-19.
 Ret'd per Compt. Auditor
 Date 22/1/19... M.F.W 18729/1119
 Clerk [Signature]
 M.D. 6. M.O. 65148.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

M. F. W. 128
 400M-617-1772-89-141
 L. L. 2230-M. & D. 7493.

M. OR S.

C of B 21-1-19

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

REGT. No. 931314

RANK Pte

NAME (IN FULL) Cromwell J. E. O

AUDITOR PAYMASTER (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN		RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS						2 nd Con Bn	
IS SEPARATION ALLOWANCE PAID?		DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID		RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
ADDRESS						ASSIGNED PAY	DATE EFFECTIVE
						PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
						ADDRESS	
						STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE
						DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

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				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3							DEBIT	CREDIT					
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.			
1-1-19					11	20																			
17-2-19	48	110	52	80	35	00																			
					11	15	98	95																	
	123		320																						
			350	00																					

War Service Gratuity
Mar. 25/19 147272 70

Completed

Certified that all payments due on this acct. have been paid.

[Signature] CAPT.
For Senior Officer Pay Services. M. D. C.

