To be made out in duplicate.

DUPLICATE

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

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

(2) Regimental Number 93/221

(3) Full Name of Soldier William Deering

(4) Place of Birth Port la Herbert

(5) Are you married, or not? yes

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

(b) Present Postal Address 8 Melbourne City Co. 8

(7) Are you a widower? no

(8) Have you any children? yes

If so, give number of boys and girls 4 children Gilbert age 15 Frt Harry age 14 Fr

Also their names and ages Charlie age 3 Fr Joseph age 2 Fr

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? —

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.

~~$15~~

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

wife

(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? yes

If so, in what Company? merchant bar

Have you made arrangements for payment of your Insurance premium. yes

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

C. H. Reis Capt
for *Officer Commanding.*

Date OCT 24 1916

28.3.19 1.22

S

O. H. M. S.

REGIMENTAL DOCUMENTS

NAME DARING WM. REGT. No. 931281 UNIT 4th Constr. Bn

NON-EFFECTIVE BY Pte CATEGORY Demob

H

C2755

CONTENTS

ATTESTATION PAPER (M. F. W. 23, 133 or 51) 3
CASUALTY FORM (M. F. W. 54 or A. F. B. 103) 2
TRAINING HISTORY SHEET (M. F. W. 113)
FIELD CONDUCT SHEET (M. F. W. 1[illegible] or A. F. B. 122) 1
[illegible] (M. F. W. [illegible] or A. F. B. [illegible])
[illegible] (M. F. W. 263 or A. F. B. 121)
[illegible] (M. F. W. 178 or A. F. B. 178) 2
[illegible]
[illegible] (M. F. W. 179)
MEDICAL EXAMINATION (M. F. W. 129)
TRANSFER CLOTHING STATEMENT (M. F. W. 97, OR D. O. S. 2)
PROCEEDINGS, COURT OF INQUIRY (M. F. B. 303 OR A. F. B. 2)
DECLARATION, COURT OF INQUIRY (M. F. B. 259 OR A. F. B. [illegible])
LAST PAY CERTIFICATE (M. F. W. 44)
PROCEEDINGS ON DISCHARGE (M. F. W. 218 OR A. F. B. 258)
PARTICULARS OF CHARACTER (A. F. W. 3233)
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 32A)
DENTAL CERTIFICATE ON DISCHARGE ([illegible])
UNIT INDEX CARD (M. F. W. 71 OR 102)

1 M.F.W. 67

1 R.B.2

Deceased 7.8.55

H

M. F. B. 279.
350M-5-18
H. Q. 1772-39-67

Daring

ORIGINAL

931281

MEDICAL HISTORY SHEET

Surname Daring Christian Name William

Examined on 27 day of Sept 1916 at Truro N.S.

Birthplace City or Town Shelburne County Shelburne N.S.

Apparent age 35

Trade or occupation Labour

Height 5 feet 5 3/4 Inches

Weight 140 lbs.

Chest measurement Minimum 33 inches Maximum expansion 36 inches

Physical development good

Small-pox Marks none

Vaccination Marks Arm Right Left X Number one

When Vaccinated last 20 yrs ago

(a) Marks indicating congential peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

One Corn on left foot

Approved by H V Kent Rank Major M.O.

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

Date	Result	Vaccinations
17/3/17	L+4R	Dan Murray M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
24/10/16	L.G.R	H.V. Kent - Major M.O.
31/10/16	L.G.R	H.V. Kent Major M.O.
7/11/16	L.G.R	H.V. Kent Major M.O.

Enlisted on 18 day of Sept. 1916 at Shelburne

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		931281		18/9/16
Transferred to No. 2 CONSTRUCTION, Bn. C.E.F.				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

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

Surname Daring 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				

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. 6.

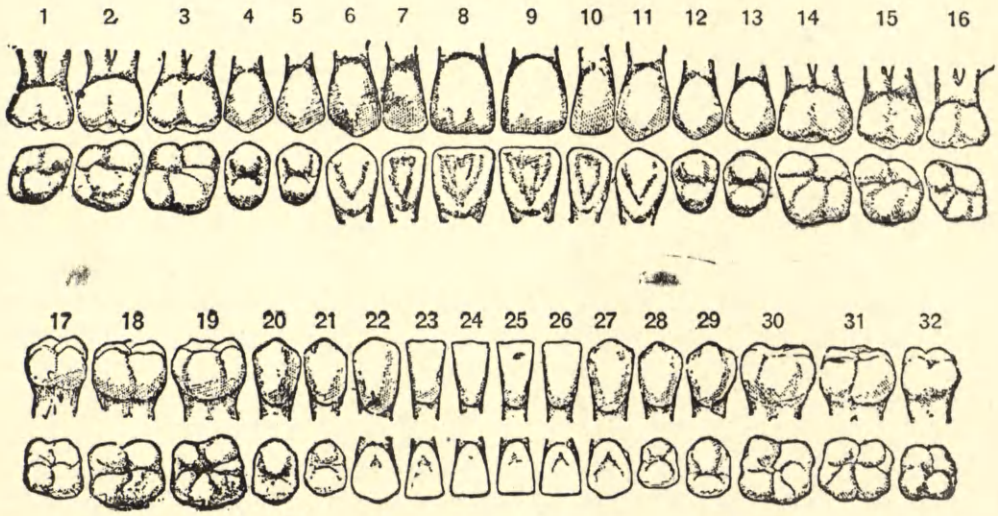
NAME OF SOLDIER (Block Letters) DWIRRIV W.

REGIMENT No 2. Construction RANK Pte. No. 931281.

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 29
2. EXTRACTIONS 3, 13, 28,
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

Signature of Dental Officer D H W Reid Capt

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. 931281 Rank Gnr. Surname Darrings (Give name in full) William

Unit or Corps D.D.N.A. Birthplace Shelbourne N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5 ft. 7 in. Colour of Eyes Black

Nutrition Good

Pulse 78

Condition of arteries Good

Vision Rt. Good Left Good

Hearing (conversational voice) Rt. 15 ft.

Left. 15 ft.

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

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.

Shelbourn N.S.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at. Halifax .....(Canada)

Date ...14-7-19..... Signed .....M.O.

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

Signature Wm G Daring

(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.

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 Daring Surname William

Unit or Corps 17 Reserve (If a soldier) Regtl. No. 931281

Born at Port La Bay on, date

Signature (for identification) × Daring William

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

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

Weight 160 lbs. Height 5 ft. 9 ins.

no

2. **NUTRITION AND DIATHESIS?**

Good

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

3. **NERVOUS SYSTEM?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 74 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—S.G.? 1020 Reaction? Ac Albumen? 0 Sugar? 0

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

no

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

no

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

Good

Examined at Kinmel Park Signed H P Clutton Capt. M.O.

Date 2/1/19 Signed [illegible] 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.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

433A

OTTAWA, CANADA.

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

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

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

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

1. Christian names William 2. Surname Daring
3. Rank Pte 4. Original Unit No 2 Constr Co 5. Reg. No. 931281
6. Address, in full, to which future payments of gratuity are to be forwarded Shelburne N.S.
7. Date of enlistment in the C.E.F. 2-10-16
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge not applicable
9. Relationship of such dependent do
10. Address, in full, of such dependent do
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? not applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— No 2 Constr Co. 7-4-17 to 14-12-18
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service no
15. Give total length of time which you served on active service whether in Canada or Overseas, setting out particulars of units on whose strength you served From 2-10-16 (No 2 Constr Co-(Can-Eng. France) N.S.R.D. Eng. to
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... no

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... no

20. Have you been issued with a War Service Badge? If so, what class? ..... A no 76278

21. Have you, during the present war, served in the Imperial Forces? ..... no

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... not applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... no

(b) If so, was such reversion in consequence of misconduct or inefficiency? not applicable

24. Are you now serving in the C.E.F.? ..... If not, give:—(a) Date of discharge ..... 19-2-19 ..... (b) Reason for discharge Demobilized

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... yes
No 2 Constr Co 17-5-17 to 14-12-18

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? no

(b) If so, are you in receipt of full pay and allowances from that Department? not applicable

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

Signature of Applicant: W. Daring his mark Dom R

Place of Residence: Shelburne N.S.

Declared before me at: Halifax N.S. Harry Lane

This 17th day of Feb 1919

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. a J.P. in and for the County of Halifax

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
October		28/2/18	153 days	280.00
70.00			5 mos	141.00
				421.00

Certified Correct

District Paymaster.

For Paymaster, M. D. 6

FEB 18 1919

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931281 (Rank) Private

Name (in full) William Daring enlisted in

the #2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Truro, N.S. on the 2nd

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 37 years – months

Height 5 feet 5 3/4 inches

Complexion Dark

Eyes Brown

Hair Brown

Marks or Scars

Nil

his

Wm Daring mark

Signature of Soldier

Witness Jno Bruce

C W MacAlney CAPTAIN.

O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Officer

Rank

Appointment

Date of Discharge February 19, 1919

Signed at Halifax N.S. this 17th day of February 1919

in Military District No. 6 (Six)

File Reference No.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

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

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. 931281 Rank Pte. C. E. F. Name Waring W.

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				
12.1.19	O/seas.	T/O/S. No. 6 D. D. Hlfx. Carry. Co.		22.1.19	29.
					A. M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
19.2.19		DISCHARGED at Halifax, N. S			#2048 for R. Thistle LIEUT O C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

(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				

Awards

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

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

Casualty Form—Active Service.

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

Regimental No. 931287 Rank pte Name William Daring

Enlisted (a) 18/10/16 Terms of Service (a) C. E. F. Period of war + 6 months Service reckons from (a) 18/10/16

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				
17/5/17	O.C. No 2 Constn Battn	Embarked, Canada Disembarked, England Proceeded Overseas	Halifax N.S. Liverpool Seaford	25/3/17 9/4/17 17/5/17	Pt 2 D.O. #
					R.R. MacLean Lieut. for Capt & Adjt
31.5.17.	OC.	Landed in France 17-5-17 N.R. Forfeits 5 days pay for losing away with Iron Rations	4 Ch.	31.5.17.	B2069 Pt 2. 119 25/7/17
4-6-18	DO	Shell wd. mus	Field	4-6-18	Nk. K.B. 18/1784

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

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
11/12/14.	AAG	Trans to England & posted to N.S. Reg. Depot	Bramshott	14/12/18.	K.R. 344.
					C.A. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
17.12.18	N.S.R.D	S.O.S & attached to 26.C.D for Qrs & Rations	B'shott	14.12.18	D.O. 305.
	NSRD	ON COMMAND TO C.D.D. Kimmel Park Rhyl BRAMSHOTT			PART II D.O. N.S.R.D. 313 27/12/18
12/1/19		S.O.S. on Transfer to C.O.T. Discharge Canada Sailing No. 4 Kimmel Park R. M. Hammond Lieut			C.A. Knight LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
	Embarked for Canada 12/1/19				

Form B 122.
2353—100M—9-12-16.

J P. Rank Name DARING, William Reg'l No. 931281.

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

Place and Date of Enlistment Truro. 2nd Oct.1916. Place of Birth Shelburne. N. S.

Name and Address, Next-of-Kin Mrs. Margaret Daring.

Shelburne. N.S. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. V., Ld.—9-46-16.

R.B. No. 6612

CAN

A.F.B. 103 CHECKED 29 MAY 1917

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.	
14-6-17	2nd C.C.C.	Arrived in France	Field	17-5-17	A-F D.O. 115
16.12.18	NSRD.	T.O.S. from 2nd cccoy.	pte Bishett	14.12.18	DO 305 & 71 @ 19.12.18 2nd cccoy.
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.	Ceases o/c to Rhyl. & S.O.S. to C.E.F. Canada	"	Ripon 12.1.19	18.

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

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

E.

To Whom Mrs. Margaret Daring Wife

Address Shelburne N.S.

In Trust Canadian Patriotic Fund

Rate 15.00

APR 16-8-17 1917

By Whom Assigned Daring William

Regtl. No. 931281

Rank Pte

Corps No 2 Const Bn

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Mrs. Margaret Daring Wife
(Assignee)

Name of Soldier Daring William
No 93/281 Pte No 2 Cont. Bn

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15.00	APR 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4760	15	
May		H 7513	15	15-75.
June		Y 14297	15	15-30
July		L 21510	15	10 Cu
Aug.		R 28025	15	B Please have august + future cheques
Sept.		Q 34664	15	B marked in trust of Canadian Patriotic
Oct.		D 41627	15	Fund Shelbourne, N.S. 16-8-1918
Nov.		Z 53030	15	
Dec.		I 52433	15	
Jan.	1918		135	
Feb.				
March				
April				
May				
June				
July				

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.				

L. L. Job 4503.—M. & D. 6832.

18-9-16.

70

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-818.

SEPARATION ALLOWANCE

Name Mrs. Margaret ~~Daring~~ DEARING

Address Shelbourne, N. S.

Can. Pat. Fund "In Trust."

Relation to Soldier wife, child or mother } Wife

Name of Soldier ~~Daring~~ DEARING William

Regtl. No. 931281.

Rank Pte.

Corps 2. Cons. Bn.

To what Corps belonging when called out }

PAYMENTS

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

18-9-16.

MILITIA AND DEFENCE

M. F. W. 11a.
50m.—6-16.
1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2. Mrs. M. ~~Daring~~ DEARING Wife

Name of Soldier ~~Daring~~ DEARING Wm. Pte.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					Reopen a/c. and adjust. A.W.O.L. 7/11/16 to 25/11/16. deduct, and this cheque to Pat Soc.
Oct.					
Nov.	7	24278	48		48 with S/M O'Brien 24/4/17 DS-24
Dec.		X	X + X		20 notify auth 7/11/16 pmt 18/11/16 WB
Jan.	1917		—	—	—
Feb.			—	—	—
March			—	—	
April					
May		A. 3817	108		108 R mailed 2-5-17 adj. cheque
June		U-6830	20		20 When sending adj. cheque
July		10491	20		20 R send it to Pat Soc. Melbourne N.S.
Aug.		~~X 13860~~	~~20~~		R send it to Pat Soc 16/4/17.
Sept		A.8644	20		— mailed 14-8-17
Oct.		S 17836	20		Bo
Nov.		F 20527	20		Bo
Dec.	224911	D 26328	20		Ka
Jan.	1918	~~X 26492~~	~~20~~ 20		F X 26492 canc. JTD. X 13860 cancelled. CTB 20/4/17
Feb.			296		
March					
April					
May					
June					
July					

RE-WRITE

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

CARD NO. ✓

SURNAME Daring 649.U.649[illegible]

CHRISTIAN NAMES William

S.D.S.Des 7-11-16 6

REGL. No. 931281 RANK Pte.

6. S.D.S. Dis. 19-7-19. Demob. auth. AO 48 - 6.D.D. Bn.

UNIT No. 2. Construction

FORMER CORPS nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Daring, Mrs. Margaret.

RELATIONSHIP TO SOLDIER Wife

ADDRESS Shelburne, N.S.

COUNTRY OF BIRTH Canada Shelburne, N.S. DATE not stated.

PLACE OF ATTESTATION Truro, N.S. DATE Oct. 2nd 1916.

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

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

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

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Laborer. RELIGION Church of England.

DESCRIPTION.

APPARENT AGE not stated YEARS not stated MONTHS

HEIGHT not stated FEET not stated INCHES

CHEST MEASUREMENT not stated INCHES " EXPANSION not stated INCHES

COMPLEXION Dark EYES Brown HAIR Brown.

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Truro, N.S. DATE Oct. 23rd. 1916.

Present address not stated

No. 931281 RANK Pte. NAME Daring William

T. O. S. 18-9-16 UNIT No 2. Construction Battalion

D.D. 37. 28-9-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Sept 18	Oct 31	✓		
Nov.		✓	A.W.L. forf. 19 days pay.	D.O. 90 27-11-16
Dec.		✓		
1917 Jan	1917	✓		
Feb.		✓		
Mar.		✓		

com.

Number 931281. Rank ~~Pte.~~ Sgt.

Surname DARING.

Christian Name William.

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

Date of Service 17.5.17.

Remarks

Latest Address Shelburne. N.S.

Roll No. R. Page 22124

200m.-2-21.M.

REGT. NO. ..... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE ..... DATE AND PLACE OF ORI
AND HOW LONG

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) .....
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) .....
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

DESP. APR 19 1920

REGN. No. 7616

*Name: Daring. W. Rank: Pte Regtl. No. 931281

Original unit: N.S.R.D. Present unit: #6 D.D. M. or F. Age: ? Religion: C. of E. Fyle Depot: Ref. H.Q.

Port, ship, and date of arrival: Halifax. "Empress of Britain" 22/1/19.

Next of kin: Mrs Margaret Daring (Wife)

Address on leave: Shelburne N.S.

Address on discharge: Do.

Transportation issued: Yes No Date: Character on discharge:

Previous occupation: Laborer Date and place of enlistment: Oct 2/16 Truro N.S.

Diagnosis: Date of Medical Boards:

Date.	Remarks	Pt. 2 Order No.
12/1/19	T.D.S. To 6 D.D.	DO 29
22/1/19	Posted to Casualty Co.	DO 29
19/2/19	Discharged at Halifax	DO 48

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1st April 1917	EFFECTIVE DATE:-	
AMOUNT:-	15.00	AMOUNT:-	

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

Mrs Margaret Daring - wife
Shelburne N.S.
Jo 1/1/19

AR 161 17/7 [illegible]

NAME:- DARING, William E
NUMBER:- 931281.

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 Section			

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	6574		[redacted]				
18/12	2368	BRoG	~~9 72~~				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans. to Canada 31/12/18 AR 161 2nd Bde CC 17/12/18 L.S. Bde 231 18 L.S. Bde 217 19

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Fwd								131 47		
apl	Pay va.	33		Ass Pay				15			
				AR 3 9/4 CFC Jura	3 57						
				" 265 27/4 " "	3 57				142 33		
May		33		ass Pay	7 14			15 / 15			
	P.P.	34 10		AR 406 9/5 CFC Jura	3 57						
				" 420 20/5 " "	3 57				154 29		
		34 10			7 14			15			
June	P.P.	33		Ass Pay				15			
				AR 607 7/6 CFC 5	3 57						
				" 869 27/6 "	3 57				165 15		
		33			7 14			15			
July	PP.	34 10		Ass Pay				15			
				AR 947 10/7 CFC 5	3 57						
				AR 1091 25/7 ✓	3 57				177 11		
		34 10			7 14			15			
Aug	PP	34 10		Can AP				15			
				AR 1254 10/8 CFC 5	3 57						
				AR 1481 26/8 ✓	3 57						
		34 10			7 14			15	189 07		
Sep	PP	33		Can AP				15			
				AR 1671 5/9 CFC 5	3 57						
				AR 1874 24/9 ✓	3 57				199 93	a/a	
		33			7 14			15			
Oct	P P	34 10		C A P				15			
				AR 2247 12/10/18 CFC	3 73						
				AR 2318 26/10/18 ✓	3 73				211 57		
		34 10			7 46			15			

COMPILED BY [illegible]
CHECKED BY [illegible]

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
	B/c fwd								211 57		
				Cal				15			
				ab 2683 11/11/18 Cal	3 73						
				ab 2900 26/11/18 CAC	13 06						
	Tos - Dec PP	67 10		Cal				15	231 88		
				ab 6574 10/12/18 CGBD	4 66						
				ab 3568 18-12-18 2 66D.	9 73				217 49		
		67 10			31 18			30			
				ab 56. 10/1/19 T.P.C. Endorsed.	9 73				207 76		
					9 73						

P. 559

Married or Single: Tw.

Place of Birth: Shelburne Co. N.S.

Name and Address of Next of Kin: Mrs Margaret Daring, Shelburne, Co. N.S.

Relationship of Next of Kin: wife

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. 931281 — Rank: — Name: Daring W^m W

If in Permt. Corps, What Unit: — Unit: 2 Low Bn

Permanent Force Allowances

Place of Attestation: Truro, N.S.

Date of Attestation: 2.10.16

Transferred to / Date / Authority

Assigned Pay Monthly $ 15.00 — Date Effective 1-4-17

Payable to: Mrs Margaret Daring, Shelburne N.S. — Relationship: Wife

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
							Separate							15 25	15 25																15 25				Bal from Canada.
Apr 1/30	30	1.10	33	00											33 00													15		15 —	33 25			33 25	
MAY 1-31	31	-	34	10											34 10	32	4 5	5	19 44					9 74 4 87				15		29 61	37 74			37 74	
JUN 1-30	33	-	33	00											33 00	60	14 15							4 87				15		19 87	50 87			50 87	
July 1-31	34	-	34	10											34 10													15	5 50	20 50	64 47			64 47	forfeit 5 do pay. 21-5-17 Do 114. 25-5-17.
Aug -	-	-	34	10											34 10					57 125 267 190	20 15 16 27 6 17				3 57 3 57 3 56 3 57			15		18 57	80 —			80 —	
Sept 1-30	30	-	33	—											33 —													15 —		25 70	87 30				
			201	30										15 25	216 55									19 48	14 27			90 —	5 50	129 25	87 30				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Sep	Bal	~~87 30~~ 76							87 30		
Oct	PP.	34 10		AR. 570. 27/9. 2 Consols Bn. alt. C.F.C	3 57			15			
				459. 13/7 - - - -	3 57				99 26		
		34 10			7 14			15			

Pte 931281 Waring. W

15 00

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.	Acquittance Rolls 1: Date	Acquittance Rolls 2: No.	Acquittance Rolls 2: Date	Acquittance Rolls 3: No.	Acquittance Rolls 3: Date	Acquittance Rolls 4: No.	Acquittance Rolls 4: Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance: Credit	Balance: Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH		PARTICULARS									PARTICULARS			DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		Voucher No. Pay	Cert. Allowance No.														
	Vol Roll																	99	26																
Nov.	P.P.				33	-											15.																		
											AR.819. 28 9/17 C.T.C.			3	57																				
											" 843. 12 10/17 "			3	57																				
											" 965. 25 10/17 "			3	57																				
											" 1083. 10 11/17 "			3	57																				
DEC	" "				34	10					AR. 619. 11 9/17 " Jura.			3	56		15	118	52																
					67	10								17	84		30																		
JAN	1918	P.P.			34	10.											15																		
											AR. 1253. 23 11/17. 2 Cert. to Pte			12	49																				
											" 1426. 31 12/17 " "			7	14			117	99																
			24	10	-	-							-	19	63	-	-																		
FEB		"			30	80					Assigned Pay						15																		
											AR 1851. 24 1/18 C.T.C.			3	57																				
											" 1594 4/1/18. " Jura			3	57		15.	126	65																
			30	80.										7	14																				
MAR 1918		"			34	10					Ass Pay						15																		
											AR 2010. 14 2/18. C.T.C. Jura			7	14																				
											" 2317 18 3/18			7	14																				
			34	10										14	28		15	131	47																

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931281 Rank Pte. Name Daring W.

Corps 2 CCC who was* Discharged

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

*Insert "discharged" or "transferred."

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

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	11	15
Advances by Cheques No.			Regt'l. Pay 50 days at $ 1 c.	50	00
No. W.S. Gratuity	70	00	Field Allow. 50 days at $ c 10	5	00
~~Assigned Pay~~ and Sep'n Allce. No. 15753	30	00	Separation Allowances* (Monthly)	30	00
Other charges			Other Allowances* Cl. Allce.	35	00
Payment on transfer or discharge No. 15734	254	04	Other Credits* C.L.P.C.	152	89
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	00
Total	354	04	Total	354	04

*Give particulars.

A monthly stoppage of $ 15.00 (†) has been chgd. (‡) been paid on account of Assigned Pay for the month of Jan. 191 9 and Sep'n Allce. for month of Feb. 191 9 (to) Assignee Mrs. Margaret Daring

(Address) C/o Can. Patriotic Fund (in Trust) Shelburne N.S.

(†) 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.

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

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted yes 4-28-2-19

(3) cause of discharge Demob. authority D.O. 48

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 20-2-19

Place Halifax N.S.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

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

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

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

Date of Enlistment

18-9-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

D

2353

Date of Assignment

Ap. 1917

RATE OF SEPARATION ALLOWANCE

20	~~25.~~ 1-12-17. RB. 3257	30. 1-9-18 PC 2753. MO. H5499	

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 931281

Rank Pte. Promoted Reverted Discharge

Soldier's Name William ~~Daring~~ Dearing

Battalion No. 2 Const. Bn.

Beneficiary Mrs Margaret ~~Daring~~ Dearing

Relationship Wife.

Address

M.F.W. 258H 29/8/18

NOV 25 Rec'd

PARTICULARS OF ASSIGNMENT

Name Mrs. Marg. ~~Daring~~ Dearing (wife)

Address Shelburne N.S.

Change of Address In trust of Canadian Patriotic Fund.

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31		296	135	431	
Jan 18	T 66621	30	15	45	C
Feb	E 93988	25	15	40	
Mar	A 23122	25	15	40	
Apr	B 5483	25	15	40	
May	O 14184	25	15	40	
June	J 25295	25	15	40	
July	Q 29945	25	15	40	
Aug	1 39169	25	15	40	
Sept	N 42043	25	15	40	
Oct	O 51064	25	15	40	
Nov.	1 59147	25	15	40	
Dec	D 67914	45	15	60	✓
Jan	O 69442	30	15	45	
		651	330	981	

REMARKS H369-W-3

S.A. — Arch. 7/11/16 to 25/11/16 deduct. and send ofc. Lon. Pat. Soc. Cutting S.M.O.B. 24/4/19

31-1-19 A/c Closed

Mtl #6 Ret'd per Empress of Britain

MO. 62993 Date 22-1-19 F.X. 29-1-19

Clerk E. S. Boyd

M. F. W. 128
400M.—6-17—1772-89-1141
L. L. 22320—M. & D. 7593.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M—6-17—1772-39-141
L. L. 22320—M. & D. 1193.

M. OR S. C of B. 21-1-19

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

REGT. No. 931281 RANK Pte NAME (IN FULL) Daring W. (BLOCK LETTERS SURNAME FIRST)

AUDITOR | PAYMASTER

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? yes Pd to 31-1-19 | DATE EFFECTIVE

TO WHOM PAID Mrs Margaret Daring | RELATIONSHIP

ADDRESS C/o Can. Patriotic Fund (In Trust) Shelburne NS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2 C.C.C. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY 433 A

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE 1-2-19

PAYABLE TO Mrs. Margaret Daring | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Shelburne NS. ~~C~~ Can Patriotic Fund (in Trust)

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 19/2/19 | REASON | AUTHORITY 20048 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
					11	20			11	20																									11	15	Pulls D829
19/2/19	50	110	55	00	30	00													157 34		157 33					05						05					
					152	89	111	15											284	04	30	00															
					35	00			284	04											157 55 70	00									354	04	70	00			
	153		350		141				491																												
											Mar 18/19		145437				70																70				
											Mar 18/19		145438				51																210		90		
																	70																				
																	30																140		60		157785/4 24/4/19
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																	30																Nil		Nil		597850/1 11/6/19
			350	-	141	-			491	00							421	-														491	00				

Mar Service Gratuity

Completed

Certified that all payments on this acct. have been made.

H. Allen

For Senior Officer Pay Services, M. D. 6

30M-11-18.—L.L. 50877-M. & D. 9553.

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

ORIGINAL 931281

ATTESTATION PAPER

No.

No. 2 CONSTRUCTION, Bn. C.E.F.

Folio

"..... " ..... of .....

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name ? William Ramsay Daring, USN
2. In what Township or parish, and in or near what Town and in what County or Country were you born ? — In or near the Town of Shelburne; in the County of NS; in Shelburne
3. *What is the name of your next of kin ? Wife Mrs Margaret Daring
4. *What is the address of your next of kin ? Shelburne, NS.
5. What is the date of your birth ? March 21st, 1881
6. What is your trade or calling ? Labour
7. Are you an apprentice ? No
8. Are you married ? Married
9. Are you willing to be vaccinated or re-vaccinated? Yes
10. Do you now belong to the Active Militia ? No
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police ? †† — No

†† If so, state particulars of former Service, and produce Certificate of Discharge. or transfer to Army Reserve.

12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force ? — Yes
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? — No
14. Do you understand the nature and terms of your engagement? — Yes
15. Are you willing to be attested to serve in the ..... or for General Service for the term of ..... — (Signature of Man) William Ramsay Daring; (Witness) W. Tolliver

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Ramsay Daring, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of war, provided His Majesty should so long require my services, or until legally discharged.

William Ramsay Daring { Signature of Man. } John Lambert { Signature of Witness. }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Ramsay, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) Wm Daring

(Witness Present) John Lambert

The above questions were asked of the said Wm Daring and answered by him in my presence, as herein recorded ; and the said Wm Daring made the above Declaration and Oath before me at Truro this 2 day of October One Thousand Nine Hundred and 16 at 3 o'clock P M.

† ~~Signature of Commanding Officer of Squadron, Battery or Company, or~~ Justice of the Peace. } C. H. Rice Capt

* To be verified in the month of January in *each year*.

† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (*See* K. R. & O. for the C. M., and the Militia Act.)

M. F. B. 235.

25M.-2-16.
H. Q 1772-39-87.

[OVER]

Description of Derry William on Enlistment.

Apparent Age 35 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 5 3/4 ins.
Weight	140 lbs.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	3 ins.
Complexion	Dark
Eyes	Brown
Hair	Black
Religious denomination. Church of England	Church of England
Presbyterian	
Methodist	
Baptist and Congregationalist	
Roman Catholic	
Jewish	
Other Protestants (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).

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 Permanent Force,

Date Sept. 27th 1916.

Place Truro N.S.

H. V. Kent Major A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

William Dacring 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)

Date OCT 23 1916 191 .

Statement of the

Corps	Squadron, Battery or Company, etc.	P
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Enlistment.

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Major Amb.
Medical Officer.

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THE CORPS

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bed particular having

..(Signature of Officer)

Statement of the Services of No._____ Name_____

Corps	Squadron, Battery or Company, etc.	PROMOTIONS, DEDUCTIONS CASUALTIES, &c.	RANK	DATE	Service towards Deferred Pay		Service towards completion of engagement		Signature of Officers certifying correctness of Entries.
					Years.	Days	Years	Days	
		Services towards engagement reckons from..... Joined at							
		Total Services as above ..							

(OVER)

MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Deferred Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N. B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

		Initials of Officers.
2. Passed classes of Instruction		
3. Campaigns.....		
4. Wounded		
5. Effects of wounds		
6. Special instances of gallant conduct.....		
7. Medals, Decorations and Annuities		

	(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two Witnesses.				Date of being placed on Married Roll	Initials of Officers.
	(a)	(b)	(c)	(d)		
9. Particulars as to Marriage.....						

	Christian Name	Date and Place of Birth		Date and Place of Baptism, and Name of Officiating Minister
10. Particulars as to Children				

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

War Service Badge
Class "A" # 76278
Issued.

This space to be for numbers.

Proceedings on Discharge.

AV

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

No. 931281

Rank Private

Surname Daring

Christian name William

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

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

Date of discharge February 19, 1919

Place of discharge Halifax, N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 37 years — months.
Height 5 feet 5 3/4 inches.
Complexion Dark
Eyes Brown
Hair Brown
Trade Laborer
Intended place of residence (To be given as fully as practicable.) Shelburne N.S.

Descriptive marks
Nil.

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

Demobilization

Authority for discharge

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.

7.8.55

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.)

Deceased

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

E.C. 26-3-19

f. 17-11-55

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) Halifax N.S. Wm Daring Mc Marx x ~~H W Bruce~~ *(Signature of Soldier.)*

(Date) February 1919 ~~H W Bruce~~ *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Halifax, N.S.

(Date) 19.2.19

(Signature) J.S. Davie Major

.....LIEUT, COL.

No. 6 DISTRICT DEPOT.

Reserva

(To be signed by the soldier. Whe

Mcl.

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tificate.

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

his Company, *(Squadron*
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mark
(Signature of Soldier.)

(Signature of Witness.)

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the man to sign, and

s his discharge

His Majesty's Service.

(Signature of Soldier.)

mpleted).....years.....days.

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

Major

.....LIEUT, COL.
DEPOT.

Reservations referred to at Para. 8.

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

Nil.

his
x
mark

Wm Daring

Witness: J W Bruce

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.