

copy  
7.5  
29/11/16

477272

Q.

# ATTESTATION PAPER.

No. 7287

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

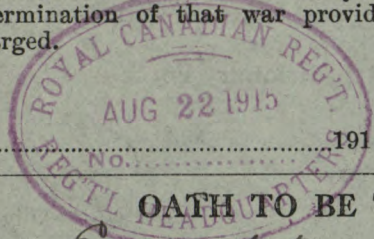
1. What is your name?..... Ernest Dunlop
2. In what Town, Township or Parish, and in what Country were you born?..... Kingcardine Bruce, Ontario Canada
3. What is the name of your next-of-kin?..... Mrs. D. Dunlop Victoria St.
4. What is the address of your next-of-kin?..... Kingcardine Ont. Canada
5. What is the date of your birth?..... 17th March 1887
6. What is your Trade or Calling?..... Wood carver 28
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... yes
9. Do you now belong to the Active Militia?..... no
10. Have you ever served in any Military Force?..... yes 28th Regiment  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?.....

..... (Signature of Man).  
 ..... (Signature of Witness).

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ernest Dunlop, do solemnly declare that the above answers made by me to the above questions 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.

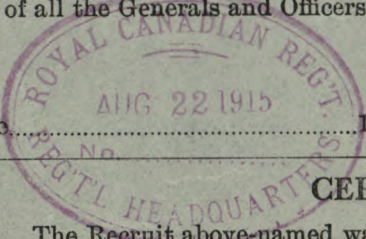
Date..... 1915..... (Signature of Recruit)  
 ..... (Signature of Witness)



### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ernest Dunlop, 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..... 1915..... (Signature of Recruit)  
 ..... (Signature of Witness)



### CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Halifax N.S. this 25th day of Aug 1915.

..... (Signature of Justice)  
 J. P. for City and County of Halifax.

I certify that the above is a true copy of the Attestation of the above-named Recruit.

..... (Approving Officer)

Description of Ernest Dunlop on Enlistment.

Apparent Age 28 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.)

*scar on right instep.*

Height ..... 5 ft. 7 1/4 ins.

Chest measurement { Girth when fully expanded ..... 32 ins.  
 Range of expansion ..... 3 ins.

Complexion ..... Dark

Eyes ..... Grey

Hair ..... Dark Brown

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

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.

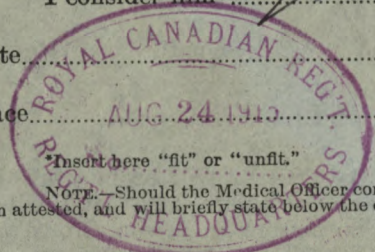
He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date ..... 191 .....

Place ..... AUG 24 1915 .....

*W. H. ...* Capt. P.A. ...  
 Medical Officer.



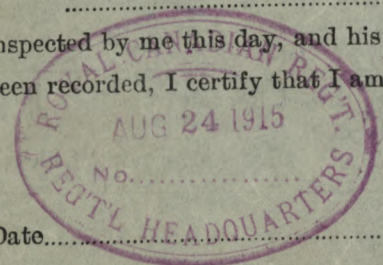
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Ernest Dunlop ..... 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.

*W. H. ...* (Signature of Officer)

Date ..... 191 .....



C.E.F.

DUNLOP ERNEST

477272

RGR

40121

KILLED IN ACTION 14-7-16





No card E

7287

# MEDICAL HISTORY OF

CR 94

Surname Dunlop

Christian Name Ernest

Examined { on 7 day of July 1905,  
at London

Approved by  
C. W. Bellon  
(Rank) A. Col R.A.M.C.  
Medical Officer.

Birthplace { Parish Kincardine  
County Out

Apparent age 19

Trade or occupation carver

Height 5 Feet 9 1/2 Inches

Weight 134 Lbs.

Chest measurement { Minimum 33 inches.  
Maximum expansion 36 inches.

Examined for re-engagement  
on 22nd day of June 1911  
29 day of June 1908  
\*Considered Fit for Engage of

Physical Development Good

Small Pox Marks None

(Signature) E. W. Payne Senior Surgeon  
Medical Officer.  
\*If unfit, state disability.

Vaccination Marks { Arm Right Left  
Number 1

When Vaccinated last 1905

(a) Marks indicating congenital peculiarities or previous disease None

Re-vaccinated on 29 day of 3 1909

(b) Slight defects but not sufficient to cause rejection.

Arm \_\_\_\_\_ Number \_\_\_\_\_  
Result Satisfactory  
(Signature) J. P. Hony Capt. P.A.M.C.  
Medical Officer.

Enlisted on 1 day of July 1905, at London Out

	CORPS.	REGT. NUMBER.	HABITS.	DATE.
Joined on enlistment.	<u>R.C.A.</u>	<u>7287</u> <u>444242</u>		<u>1. 7. 05</u>
Transferred to.....				

### 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 Services, on the man becoming non-effective; the date and cause being stated on next page.

Christian Name *Ernest*

Surname *Dunlop*

Station or Troop Ship.	Date of arrival at the Station, or of Embarkation,	Dates of						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.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Ho						
		Day.	Mo.	Yr.	Mo.	Y					
<i>London</i>	<i>17.05</i>						<i>Nil</i>			<i>C.W. Bellon</i> <i>197.05 Lt-col R.A.M.C.</i>	
<i>Out</i>											
<i>Toronto</i>	<i>21/7/08</i>						<i>Nil</i>			<i>22/9/05</i> <i>W. Murray</i> <i>1st Lt</i> <i>8/12/05</i> <i>P.A.M.C.</i> <i>C. A. Murray</i> <i>captain Amb</i>	
<i>Halifax N.S.</i>							<i>No admissions</i>			<i>J. T. Clark</i> <i>capt</i> <i>P.A.M.C.</i>	
<i>Toronto</i>		<i>12</i>	<i>10</i>	<i>07</i>	<i>28</i>	<i>18</i>	<i>07</i>	<i>Impetigo contagiosa</i>	<i>17</i>		
<i>Toronto</i>	<i>31-3-08</i>										
<i>Halifax</i>	<i>1-4-08</i>										
<i>Halifax N.S.</i>	<i>3-4-08</i>							<i>No admission</i>		<i>J. H. Murray</i> <i>Major</i> <i>Commanding Det. P. A. M. Corps.</i>	
								<i>no admission</i>		<i>W. Brown</i> <i>Major P.A.M.C.</i>	
<i>Bermuda</i>	<i>14/9/14</i>										
<i>St Georges</i>		<i>6</i>	<i>11</i>	<i>15</i>	<i>14</i>	<i>15</i>		<i>alcoholism</i>	<i>12</i>	<i>Det. Calomel. redatives</i> <i>R. M. Murray</i> <i>capt R.A.M.C.</i>	
<i>— " —</i>	<i>13/7/15</i>							<i>Examined found fit for full service</i>		<i>no admission</i> <i>Cap Raul</i>	



## Casualty Form—Active Service.

Regiment or Corps ROYAL CANADIAN REGIMENTRegimental No. 477272 Rank Pte Name DUNLOP, ErnestEnlisted (a) 22-8-15 Terms of Service (a) for 1 year or duration of war Service reckons from (a) 22-8-15Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on } \_\_\_\_\_  
to present rank } \_\_\_\_\_ to lance rank } \_\_\_\_\_ 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				
1/11/15.	bclcl	DISEMBARKED BOULOGNE 2-11-15 Killed in Action.	Field.	1/11/15.	Went to see
22/7/16.	bclcl.			14/7/16.	A.F. B. 213 D.O.P. II No 30. 21/7/16.
					<i>E. M. Dugdale</i> Lieutenant for Lt Col. A. A. G.

(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				



Rank

T6

Name

DUNLOP Ernest

Reg'l No. 477272

Unit

Royal Canadian Regt.

If in perm. Corps,

What Unit?

Married or Single Single

Place and Date of Enlistment

22nd August 1915.

Place of Birth Kincardine Bruce, Ont.

Name and Address, Next-of-Kin

Mrs J. Dunlop, Victoria St, Kincardine, Ont. Can.

Canada

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

N. E. R. B. 7

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date	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				
2 NOV 1915		"C"	Embarked for France.			
26.7.16.		R.C.R.	Killed in Action.	Field.	14.7.16.	C.L.R. 160. ✓
31.7.16.		"	Killed in Action.	"	14.7.16.	Pt. I. O. 30.



Register No. DD 67

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 5116 J10

Reg'tl No. 477272 Name James E. Dunlop  
(Christian Name) (Surname)  
Unit R. C. R. Rank Pte Date of enlistment.....  
Date of casualty 14. 7. 16 B.P.C. File No. 4734  
Was service performed overseas? yes

DEPENDENT

Name Mrs Delilah Dunlop Relationship W Mother  
Address Victoria St.,  
Kincardine,  
Ontario

Amount of Special Pension Bonus \$ nil Abstracted by M. Knox

Eligible for Gratuity not eligible \$ —

Less amount of Special Pension Bonus paid..... \$ .....

Less Debit Balance of S. A. or A.P..... \$ .....

Total deductions \$ —

Balance due \$ nil

Cheque No..... Date issued.....

REMARKS: not in receipt of s.a  
not eligible

Clerk AH McNeil

Audited by  
[Signature]  
Date 12/7/20

*66  
V/K*

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-30-1473

*Noted 14-7-20  
D.G. 17.*

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name .....  
Surname Christian Name

Regimental Number ..... Rank .....

Unit .....

Original Unit .....

District where paid .....

Date of Discharge .....

P. D. P. Filing Number .....

Date .....

Address (in full) .....

Clerk .....

Balance due \$ .....

Total Deductions \$ .....

Rates:—Regimental pay \$ ..... per diem; Field Allowance \$ ..... per diem. Separation Allowance \$ ..... per month.

L.L. 53961—M. & D. 9721

M. F. W. 127

300M-1-19

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: .....  
 Date of casualty ..... B.P.C. File No. ....  
 Unit ..... Rank ..... Date of enlistment .....  
 Reg't No. .... Name ..... (Signature) .....

M. F. W. 127  
300M-1-19  
1772-39-1140

DEPENDENTS OF DECEASED SOLDIERS  
 TO  
 WAR SERVICE GRATUITY

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
20m.—5-15.  
H. Q. 1772-59-819

Ernest 239

To Whom

Address

*Emb.*

~~Mr. J. Dunlop,~~  
Kincardine,  
Ont.

By Whom Assigned

Regtl. No.

Rank

Corps

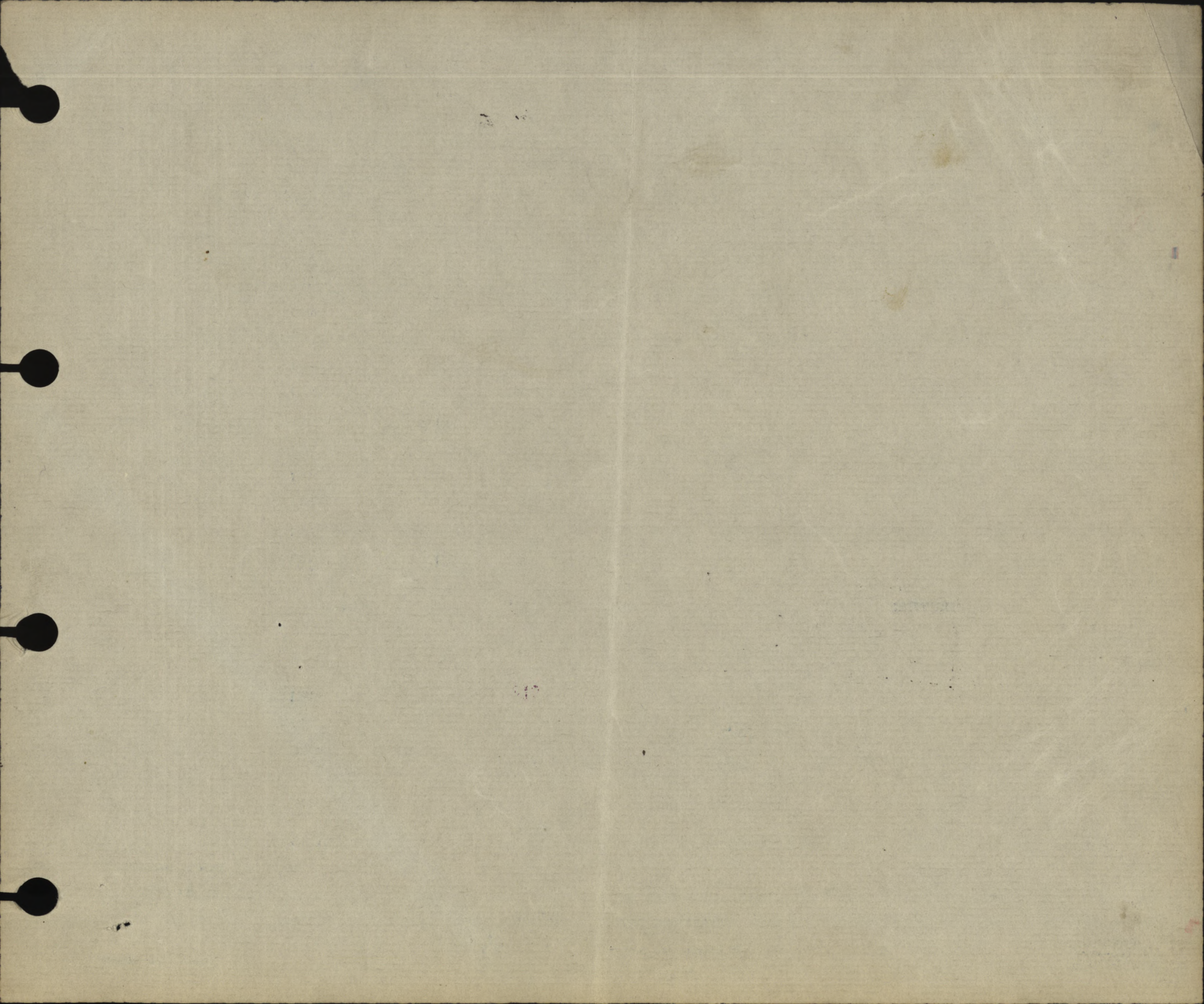
Dunlop, J. E.  
7287. 477272  
Pte.  
C. Co.—R.C.R.

Rate

\$12.00 SEP 1 - 1915

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 5px; display: inline-block;">Casualties</div> Pension granted July 15/16 Killed in action July 14/16 C.L. 26/7/16 Also 3 M. Aug. 8/16
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		J 7990	12	
Oct.		H 14986	12	
Nov.		G 15127	12 -	
Dec.		7 14797	12	
Jan.	1916	E 15639	12	
Feb.		M 18033	12 -	
March		6 18496	12	



Rank *Pte* Name **DUNLOP Ernest**

Reg'l No. **477272**

✓ 56

Unit **Royal Canadian Regt.** If in perm. Corps, }  
What Unit? }

Married or Single **Single**

Place and Date of Enlistment **22nd August 1915.**

Place of Birth **Kincardine Bruce, Ont. Canada**

Name and Address, Next-of-Kin **Mrs J. Dunlop, Victoria St, Kincardine, Ont. Can.**

Relationship

Assigned Pay Monthly \$ **12<sup>00</sup>**

Payable to *Mrs. Dunlop (next of kin).*

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **14<sup>7</sup>/<sub>16</sub>**

Reason *Kwa*

Character **DC 30 - 31<sup>7</sup>/<sub>16</sub>**



Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.						
1915																
18 Sep.	24 Sep.	24	1 <sup>00</sup>	24 00	24	1 <sup>00</sup>	24 00	2640			5 00	12 00		17 00	9 40	
25 "	30 "	6	"	6 00	6	"	6 00	660			16 00			16 00		
1 Oct.	31 Oct.	31	"	31 00	31	"	31 00	3410			9 74	12 00		21 74	12 36	
1 Nov.	30 Nov.	30	"	30 00	30	"	30 00	33 00	33		4 46	12 00		16 46	28 90	
1 Dec.	31 Dec.	31	"	31 00	31	"	31 00	34 10	53 93 148		2 62 8 72 5 23	12 00		28 62	34 38	
1916																
1 Jan.	31 Jan.	31	"	31 00	31	"	31 00	34 10	232		2 61	12 00		14 61	53 87	
1 Feb.	29 Feb.	29	"	29 00	29	"	29 00	31 90	313 258		2 61 2 62	12 00		17 23	68 54	
1 Mar.	31 Mar.	31	"	31 00	31	"	31 00	34 10	403 447		2 61	12 00		17 22	85 42	
				213 00			213 00	234 301			64 88	84 00		148 88	185 42	Settled

Statement of  
NOV 21 1916  
Account rendered

Cash found in  
effects N.R.

Checked.....

BALANCE TRANSFERRED TO NEW LEDGER





MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.

60m.-12-15.

1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2.

*J. Dunlop*

Name of Soldier

*Dunlop, J. C.*  
*240*  
*Pte.*

L. L. Job 89002.—Req. 6213.

PAYMENTS.

# *7287*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$12.00</i>
April	1916	<i>847</i>	<i>12 -</i>	
May		<i>D1066</i>	<i>12</i>	
June		<i>S 8570</i>	<i>12</i>	
July		<i>87917</i>	<i>12</i>	
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*106*  
*mc*

*132*

*x + 10' 17 1/2*  
*g.*

*Account closed. Cas.*

*Casualties*

*Pension granted July 15/18 A.K.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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

64920699.

SURNAME.

Dunlop.

CARD NO. ✓

CHRISTIAN NAMES

Ernest

FOLL.

D

REGL. NO.

477272

RANK

Corpl.

UNIT

R. C. R.

FORMER CORPS

28th. Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Dunlop, Mrs. J. D.

RELATIONSHIP TO SOLDIER

not stated.

ADDRESS

Victoria St, Kincardine, Ont.

COUNTRY OF BIRTH

Canada, Kincardine, Ont.

DATE

Mar. 17th. 1887

PLACE OF ATTESTATION

Halifax, N. S.

DATE

Aug. 25th. 1915

9/s 26-8-15  $\frac{204}{4}$

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Woodcarver

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

28

YEARS

MONTHS

HEIGHT

5

FEET

7 1/4

INCHES

CHEST MEASUREMENT

32

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Grey

HAIR

Dark Brown

DISTINGUISHING MARKS

Scar on R. instep.

MEDICAL EXAMINATION.

PLACE

Not stated.

DATE

Aug. 24<sup>th</sup> 1915.

Present address, not stated.

Name Dunlop, Ernest Rank Pte.Reg. No 477272.Unit Royal Canadian RegimentNext of Kin CANADAR.L. 25-<sup>D</sup>839.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
14-7.	Reported from Base; Killed in Action			4/160	M. 10293	31/7/16



REGT'L NO 477272

H. Q. FILE NO. 649-

NAME

*Dunlop, Ernest.*

RANK AND CORPS

*Pte Royal Cav. Reg.*

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

*"C"*

*171110273*

*15-7-16*

*Killed in action July 14/16. ✓*

*Review*

*B2090a*

*31-7-16*

*" " " " "*

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

4160

Rep from Base

14-7-16

Killed in action



*Ernest*  
DUNLOP, Pte. E. #477272, R.C.R.

*Eligible for star* 649-D-699

*H.A.P.*

MEDALS &

DECORATIONS.....Mother, Mrs. Deliliah Dunlop,  
Box 332,  
Kincardine, Ont.

PLAQUE.....Mother, as above

*Dec # 798967*

APR 14 1921  
Scroll Desp. Reqn. No 235272

M. C......Mother, as above

JUL 12 1922  
Plaque Desp. Reqn. No P42114

*Resp* JUN 15 1920 *611665*

*611  
ms  
5-5-20*

m

321

1

unt.

Roll No. 1432  
B. P. 337

Number  
477272

Surname  
DUNLOP

Rank  
Pte

9603  
FEB 24 1921

Christian Names  
Ernest

Unit  
R.C.M.

Theatre of War  
France

Dates of Service  
20/9/14 - 1/11/15 - 14/7/16

Remarks

Latest Address  
Mrs. Elizabeth James "Mother"  
Box 332, Kinnaird Ave, Airt

#  
#

940662 *REV*

AUG 3 1921

Surname  
**Dunlop**

Christian Name or Names  
**E.**

Reg. No.  
**477272**

Rank  
**Pte.**

Unit  
**R.C.R.**

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

**Killed in Action 14.7.16**

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L. 26.7.16 A160

REMARKS

Reported from Base

A.M.D. 2 Dept.

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Kincardine, Bruce, Ont.*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. J. Dunlop,  
Victoria St. Kincardine, Ont.*

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

**ADJUSTMENT OF A.P. FROM OTTAWA**  
 Authority *H. Q. 6.49 - 7-69.9*  
 Amount *12.<sup>00</sup>* Reason *Credit*  
*Aug 1/16 not paid.*  
*Statement 18*

CASUALTIES, PROMOTIONS, &c.

PARTICULARS <i>Killed in action</i>	EFFECTIVE DATE <i>14/7/16</i>	AUTHORITY <i>2030 3/7/16</i>
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DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
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REG'L NO. *477272* RANK *[check]* NAME *Dunlop, Ernest*

IF IN PERM. CORPS (WHAT UNIT) UNIT *ROYAL CAN. REGT.* TRANSFERRED TO *N.E.* DATE *15/7/16* AUTHORITY *2030 3/7/16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Halifax, N.S.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *22<sup>nd</sup> Aug. 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *12.<sup>00</sup>* DATE EFFECTIVE *1 Sep/15*

PAYABLE TO *Mrs Dunlop Victoria St. Kincardine Ont. Can.* RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

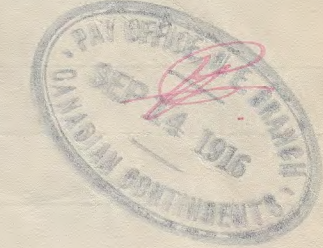
PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *8/8/16* EFFECTIVE *1/9/16* REASON *Killed in action*

DISCHARGE DATE AND PLACE *14/7/16* REASON AND AUTHORITY *Killed in action 14/7/16. 20.30. 3/7/16*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *15/4/16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Checked *W. J. [unclear]* Aug

*N.E. Branch Dec/1916*  
*N.E.B. [unclear]*

*Pat on Trans N.E.B. branch*

*12.00 125.41 137.41*

Statement of  
 NOV 21 1916  
 Account rendered

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	RATE \$	C.	AMOUNT	No. of Days	RATE \$	C.	AMOUNT	No. of Days	RATE \$	C.	AMOUNT				1	2	3	4	1	2	3	4				CREDIT	DEBIT			
<i>1/4</i>							<i>30.10</i>									<i>234.30</i>						<i>84</i>			<i>148.88</i>	<i>854.21</i>					
<i>30/4</i>	<i>30</i>	<i>1.00</i>		<i>30.00</i>	<i>30</i>	<i>1.00</i>		<i>30.00</i>								<i>33.00</i>						<i>12.00</i>			<i>17.23</i>	<i>101.19</i>					
<i>13/5/16</i>	<i>31</i>	<i>1.00</i>		<i>31.00</i>	<i>31</i>	<i>1.00</i>		<i>31.00</i>								<i>34.10</i>	<i>5/16</i>	<i>18/5</i>	<i>59/1</i>	<i>29/5</i>		<i>12.00</i>			<i>17.11</i>	<i>118.18</i>					
<i>130/6/16</i>	<i>30</i>	<i>1.00</i>		<i>30.00</i>	<i>30</i>	<i>1.00</i>		<i>30.00</i>								<i>38.00</i>						<i>12.00</i>			<i>12.00</i>	<i>139.18</i>					
<i>14/7/16</i>	<i>14</i>	<i>1.00</i>		<i>14.00</i>	<i>14</i>	<i>1.00</i>		<i>14.00</i>								<i>15.40</i>	<i>6/11</i>	<i>18/6</i>	<i>69/1</i>	<i>3/7</i>		<i>12.00</i>			<i>17.17</i>	<i>137.41</i>					
<i>14/7/16</i>	<i>14</i>	<i>1.00</i>		<i>14.00</i>	<i>14</i>	<i>1.00</i>		<i>14.00</i>								<i>12.00</i>						<i>12.00</i>			<i>12.00</i>	<i>125.41</i>			<i>Killed in action 14/7/16</i>		
<i>31/7/16</i>	<i>31</i>	<i>1.00</i>		<i>31.00</i>	<i>31</i>	<i>1.00</i>		<i>31.00</i>								<i>34.10</i>						<i>14.4</i>				<i>125.41</i>			<i>2030 3/7/16.</i>		
																									<i>125.41</i>				<i>Stop payment rendered</i>		
																													<i>8/8/16 Effc 1/9/16</i>		
																													<i>1/9/16 Halifax to non effc</i>		
																													<i>1/30/16 Effc 15/7/16</i>		
																													<i>125.41 C. 13.21 to Ottawa</i>		
																													<i>for det. 9-12-16</i>		
																													<i>125.41 Bal acc to acquit.</i>		
																													<i>12.00 all stamp.</i>		
																													<i>137.41 Pd by Ottawa</i>		





W end of.

### ANTITYPHOID INOCULATION.

#### FIRST INOCULATION.

Place Bermuda Date 5-2-15  
 Batch Number of inoculation material 407  
 Date of preparation of inoculation material 6-1-15  
 Dose given 2cc  
 Signature of Inoculator C. Pyling. Capt R. M. L.

#### SECOND INOCULATION.

Place Bermuda Date 16-2-15  
 Batch No. of inoculation material 407  
 Date of preparation of inoculation material 6-1-15  
 Dose given 1cc  
 Signature of Inoculator C.R. Capt R. M. L.

For insertion in Table 3, Medical History Sheet.

