

412580

412580

~~412580~~ ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?.....
2. In what Town, Township or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your Trade or Calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?
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?.....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?}

Albert John Goot
Tarvinstock Devonshire Eng
Mr W Goot (Father)
Port Hope Ont
9th April 1896
Labourer
no
yes
no
no
yes
yes
A. Goot (Signature of Man).
W. G. Walker (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Albert John Goot*, 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.

A. Goot (Signature of Recruit)
 Date *Feb 22nd* 1915 *W. G. Walker* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Albert John Goot*, 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.

A. Goot (Signature of Recruit)
 Date *Feb 22nd* 1915 *W. G. Walker* (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 *Port Hope* this *23* day of *Feb* 1915.

J. B. Chalk (Signature of Justice)

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

[Signature] (Approving Officer)

Description of Albert John Foot on Enlistment.

Apparent Age 18 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. 4 ins.
 Chest measurement { Girth when fully expanded.....33 ins.
 Range of expansion.....34 ins.
 Complexion.....Fair
 Eyes.....Brown
 Hair.....Light
 Religious denominations. { Church of England.....
 Presbyterian.....
 Wesleyan.....yes
 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.....Feb 10th 1915
 Place.....Port Hope

.....
R. H. Shields
 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.

.....Albert Foot.....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.

.....
[Signature] Lt.-Col. (Signature of Officer)
 Commanding Sea Battalion, C. E. F.

Date.....MAR 6 - 1915.....1915.

REGIMENTAL DOCUMENTS

NAME

Roote Albert J

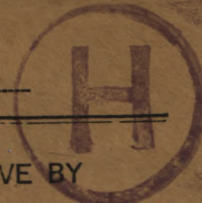
REGT. NO.

412580

UNIT

39th Bu

H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>M</i>			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category 11962
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)	<i>S. L. R</i>				
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)	<i>20/7/21</i>				
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)	<i>VB</i>				
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)	<i>cert</i>				Category <i>Disch. Pr.</i>
MEDICAL REPORT (M.F.B. 227 or A.F.B. 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.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>C. D. D.</i>					
<i>Disch. cert.</i>					
<i>Pay band</i>					
<i>Pay band</i>					
					16-1
					16-1
					5-1
					3





NAME

Roote, A. J.
Pvt.

H. Q. FILE No. 649-

REGT'L. No. *4125-80*

RANK AND CORPS

39th Batt

NO. *408x*

CABLE

NATURE OF CASUALTY

NO.

DATE

FOLL.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

79	Mil. Shouc.	11-1-16	V D G.
85.	1st. Mth. Gen. Newcastle on Tyne	11-1-16	" " "
146.	1st. " " " " "	8-4-16	" " " Disch.
a24	42 b . b . s	22-9-17	Colic (W O R)

Name *Foote A. J.* Rank *Pte.*

Reg. No. *412580*

Unit *39 Batt. 6th Res*

Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
11-1-16	Mil Corp Shorncliffe		N.G.	79.		
11-1-16	15th North Coy Newmarket	Newmarket	do	85		
8-4-16	Dischgd.	"	"	"	146	

No. A. 12580

RANK *Pte.*NAME *Foster A. J.*T. O. S. *25/3/15 (D.O. 25.26/3/15)* UNIT *39th Battalion.*M. D. *15*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i> <i>Mar. 25</i> <i>Apr 1</i>	<i>1915</i> <i>Mar. 31</i> <i>Apr 30</i>	<i>✓</i> <i>✓</i> <i>✓</i> <i>✓</i>		
<i>May</i> <i>June</i> <i>July</i>				

UNIT SAILED
JUN 24 1915



No.

RANK

Pte

NAME

Foote Albert

T. O. S.

UNIT

46th Durham Regt
39th Bn Devla

M. D. 3

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

PARTICULARS

AUTHORITY

1915

July 10
Mar 1

1915

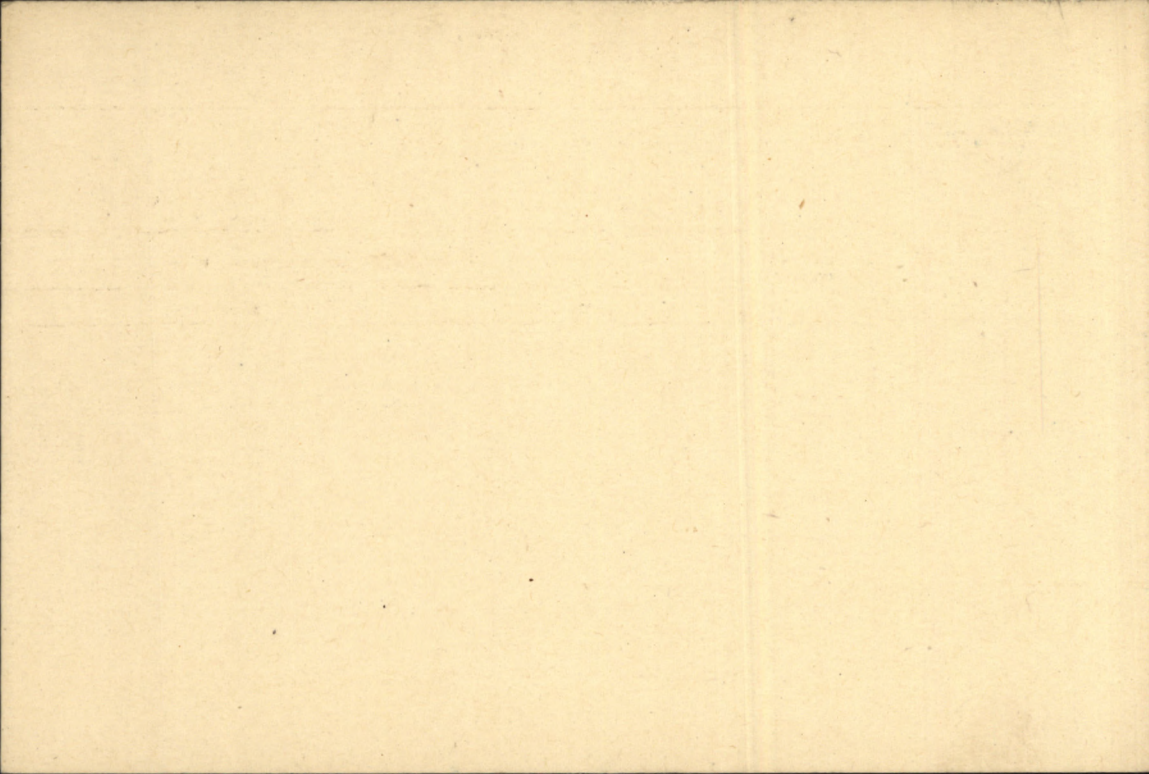
July 28
Mar 24

L

L

Trans to 39th Bn

Mar Paylist



~~From Montreal per S.S. Mexicana 17/6/15~~

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labour

RELIGION

Wesleyan

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Light

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Port Hope Ont.

DATE

Feb. 20th. 1915

Present address, not stated.

SURNAME. *Foote*
CHRISTIAN NAMES *Albert John*
REGL. No. *412580* RANK *Pte.*
UNIT *39th.*
FORMER CORPS *nil.*

CARD NO.

6-B.
so. Demob 17-10-19
00287 of 16-10-19
600

Bn.

NEXT OF KIN.

NAMES IN FULL *Foote, W.*
RELATIONSHIP TO SOLDIER *Father*
ADDRESS *Port Hope Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *England, Tavistock Devon* DATE *Apr. 9th. 1896*
PLACE OF ATTESTATION *Port Hope Ont* DATE *Feb. 23rd. 1915*

01817-6-15 ¹²⁸/₆

R/10-10-19 424

Number

412580

Rank

2nd Lieut

Surname

FOOTE

Christian Name

Albert John

Units

C.E.

Theatre of War

France

Date of Service

23-4-16

Remarks

Latest Address

Ridout St, Port Hope,
Ont.

Roll No.

2 Page 16/21

200m.-2-21

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

DES. AUG 24 1922
REG. N. 1188956

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

Surname

Foote

Christian Name or Names

A. J.

Reg. No.

412580.

Rank

Pte

Unit

39th Batts 2 P. W. O.

Co.

Troop

Batty.

Hospital

Date of Admission

Transferred *Military Hoop Shorndilite*

Hosp. 11-1-16.

*1st Nth Gen Newcastle on Tyne.
42 Gas Co. Str*

Hosp. 11-1-16.

Hosp. 22-9-17

Hosp.

Diagnosis *V.D.G.*

(1)

Later Diagnosis (if changed)

Colic

(2)

(3)

Additional Diagnoses: If more than one state present

DISPOSITION

Date

*Dis 8.4.16
Dis 6-10.17.*

REMARKS

*C.L. 13-1-16 # 79.
C.L. 22-1-16. 85.
2-5-16. 146
1-10-17 @ 24.
10-10-17 @ 32.*

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London B

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Rank _____ Name **FOOT. ALBERT. JOHN** Reg'l No. **412580**
 Unit **29th Bn** If in perm. Corps, }
 What Unit? }

Married or Single **SINGLE**
 Place and Date of Enlistment **PORT HOPE 22ND FEB. 1915** Place of Birth **ENGLAND**

Name and Address, Next-of-Kin **MR W. FOOT.**
PORT HOPE. ONT. Relationship **FATHER**

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship **(26730**

Separation Allowance \$ _____ Payable to _____
 Relationship **C. Can of**

Discharge, Date and Place _____ Reason **A/RANK** Character **NIL**
PERM GRADE BPR

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.				
1ST PAGE FILED IN ENVELOPE.					
Amended to read T.O.S. from Desertion					
10-9-19	C.B.R.D.	S.O.S. to C.B.R.D. Boston	Spr. Witley	9-9-19	CERT A.O. 7 N.O. 249
110-B-7					
29-9-19					
26-9-19	C.B.R.D.	Sentenced to 27 days detn.	Witley	9-9-19	A.O. 4.
for W.O.R.S. A.W.L. from 13-6-19 to					
8-9-19. (Court of Inquiry held 25-7-19)					
Forfeit 43 days pay by I.O. Reg.					
Amount 43 days pay, I.O. in arrears, mt.					
20-10-19	C.B.R.D.	S.O.S. to Canada	London	29-9-19	A.O. 15.
20-10-19	C.P.D.	Unexpired portion of sentence			
		Remitted	Boston	21-9-19	- 244

412580
MEDICAL HISTORY SHEET.

Surname *Grant* Christian Name *Albert* 1762
12

Examined { on *10th* day of *Feb* 191*5*
at *Port Hope*

Approved by *Rh Shields*
Rank *Lieut* M.O.

Birthplace { City or Town *Devonshire*
County *England*

Apparent age *18*

Trade or occupation *Laborer*

Height *5* Feet *4* Inches

Weight *125* Lbs.

Chest measurement { Minimum *33* inches
Maximum expansion *34* inches

Physical development *good*

Small-Pox Marks

Vaccination Marks { Arm Right Left
Number *1*

When Vaccinated last *10 years*

(a) Marks indicating congenital peculiarities or previous disease *none*

(b) Slight defects but not sufficient to cause rejection

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.
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>2.12/15</i>	<i>good</i>	<i>Rh Shields</i> M.O.
<i>2.23/15</i>	<i>"</i>	M.O.
		M.O.

Enlisted on *10th* day of *Feb* 191*5* at *Port Hope*

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>39th Bn CEF</i>	<i>412580</i>		
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>Wandsworth</i>	<i>17/9/19</i>	<i>nil</i>	<i>Fit</i>

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.

NOT TO BE RE-ENGAGED

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding the unit to the Record Office when they leave England.
McKenzie Bell
Lieut.-Col.
In Charge of Records,
Canadian Contingent.

Albert

Christian Name

Foot

Surname

STATION.	Date of Arrival at the Station.	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. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Belleisle		21	April	15	6	May	15	ly. measles	16	re -	<i>R. E. Lamball</i> <i>R. Campbell</i> <i>R. Hoag</i> Cap. R a m b . ?
Shorncliffe military Hosp.		10	1	16	11	1	16	Gonorrhoea	2	To Newcastle	
Workhouse military		11	1	16	8	4	16	Gonorrhoea	88		
Newcastle on Tyne.											

Duplicate Medical History Sheet posted to here.

Rank Name **FOOT Albert John** Reg'l No. **4A12590**
 Unit **39th Bn** If in perm. Corps, What Unit? Married or Single **Single**

Place and Date of Enlistment **Port Hope, 22 Feb 1915** Place of Birth **England**

Name and Address, Next-of-Kin **Mr W. Foot** Relationship **Father**
Port Hope, Ont.

Assigned Pay Monthly \$ ~~15.25~~ ^{15.00} / 100 Payable to Next of Kin **Mr. W. Foot**
Relationship **Port Hope, Ont.**

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place Reason Character

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.	Date						
July 1	July 31	31	1	31	31	.10	3.10		34.10	31	17.50	15		32.50	1.60		
Aug 1	Aug 31	31	1	31	31	.10	3.10	47	34.57 ⁴⁵ 86		4.86	15		33.24	2.93	adj. inetch.	
Sept 1	Sept 30	30	1	30	30	.10	3.00		33		17.52	15		32.52	3.41		
Oct 1	Oct 31	31	1	31	31	.10	3.10		34.10		2.68	15	10	27.68	9.83	2 P# 2=10 days 13.0.201	
1-11	30-11	30	1	30	30	.10	3.00		33		15.33	15		30.33	12.50		
Dec 1	31	31	1	31	31	.10	3.10		34.10		15.32	15		30.32	16.28	1 day. Ven e ch. 11/1/16	
1-1-16	31-1-16	31	1	31	31	.10	3.10		34.10		15	15	60 134	17.12	33.26	9. M. S.	
1-2-16	29-2-16	29	1	29	29	.10	2.90		31.90		15	15	10.20	15	50.16	17 days Ven 21/1/16-28/1/16	
1-Mch	31-Mch	31	1	31	31	.10	3.10		34.10		15	15	16.80	42.00	42.26	28 " . 29/1/16-25/2/16	
				275.00	27.50			47	302.97		86.59	135.00	39.12	260	71.42	26	182

BALANCE TRANSFERRED TO NEW LEDGER

Lijo
for 2 hrs from Dr
3/1/16
80 18 20/1/16

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. 412580 Rank Pte Surname Foote
 (Given name in full) Albert
 Unit or Corps 6 E Birthplace Tarstock, Eng.

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

1. GENERAL DESCRIPTION:

Physique good Weight 130 lbs. Height 5.5 ft. Colour of Eyes Brown
 Nutrition good
 Pulse 72
 Condition of arteries good
 Vision Rt. good Left good
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 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.

gastroenteritis 1917 recovery

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Wandsworth (Overseas)
Date 17/9/19 Signed [Signature] 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(Canada)
Date Signed [Signature] 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 a Medical Board.)

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

11/10/11 James, W. H.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

To Whom *Mrs W. Foote*
Address *Port Hope
Ont.*

By Whom Assigned *Foote A. J.*
Regtl. No. *412580*
Rank *Pte*
Corps *39th Batt. B Coy*

Rate ~~*150*~~ *20 = Apl 1st 17*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>① = M 30/3/17 app 7/3/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July		<i>Q3778</i>	<i>15⁰⁰</i>	
Aug.		<i>R4644</i>	<i>15 -</i>	
Sept.		<i>213965</i>	<i>15 -</i>	
Oct.		<i>16120</i>	<i>15 -</i>	
Nov.		<i>42924</i>	<i>15</i>	
Dec.		<i>Y7126</i>	<i>15</i>	
Jan.	1916	<i>Z 9749</i>	<i>15</i>	
Feb.		<i>K 12780</i>	<i>15</i>	
March		<i>N15932</i>	<i>15</i>	



100-100000

100-100000

100-100000

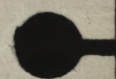
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CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) FOOTE AJ
REGIMENT 5th C B RANK PT No 412380

Date of Examination in England 18/9/19 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 5. 14.18
2. EXTRACTIONS 4.3
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

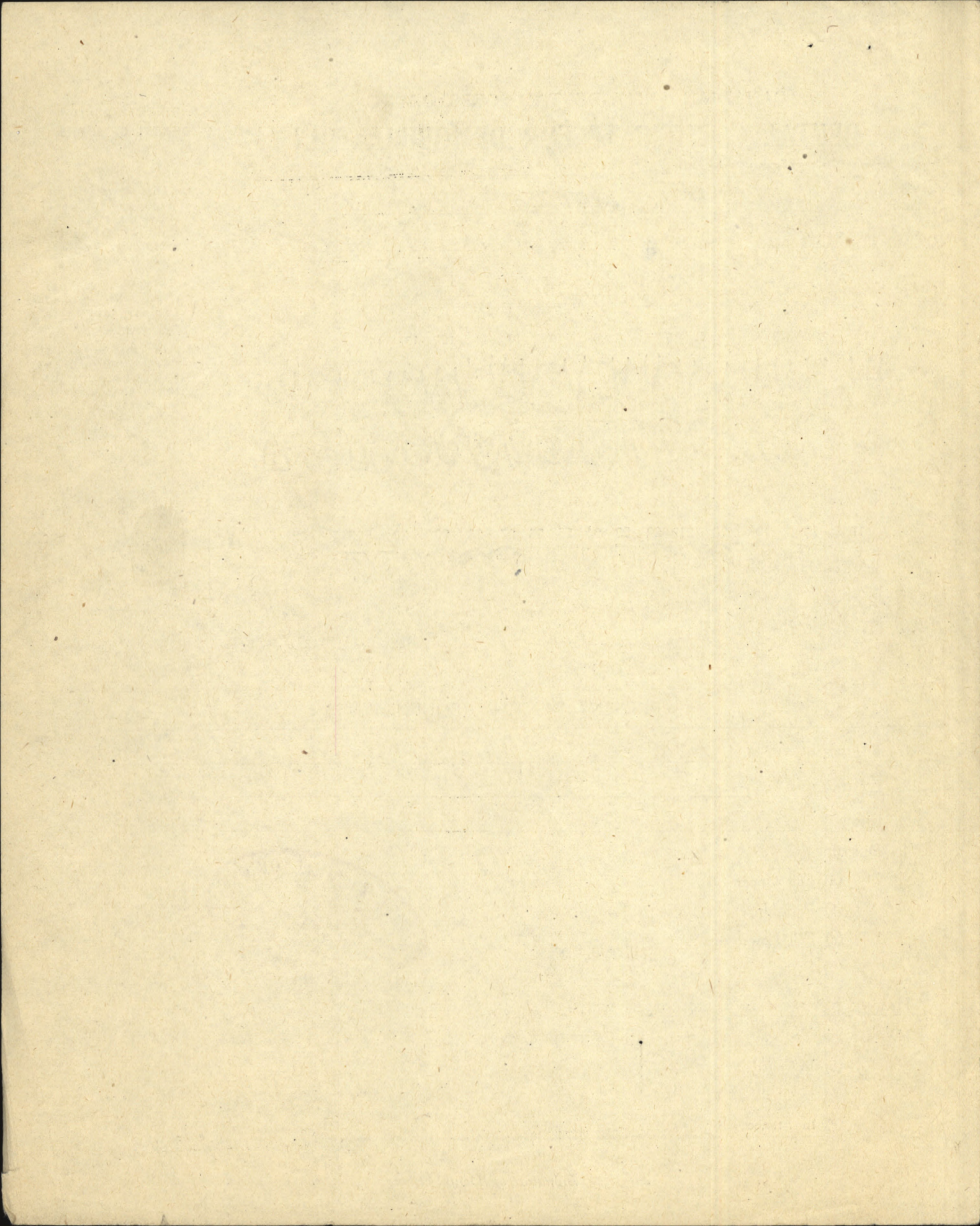


HAS HE EVER REFUSED DENTAL TREATMENT? No

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

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

Signature of Dental Officer C. Graham Capt



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Wm W. Foote

Name of Soldier

Foote A J
39th Batt. B Co

PAYMENTS.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$1500</i> <i>20.</i>
April	1916	<i>S 258</i>	<i>15</i>	
May		<i>745627</i>	<i>15</i>	<i>T. 3225. Cancelled</i>
June		<i>T 8220</i>	<i>15</i>	
July		<i>H 8233</i>	<i>15</i>	
Aug.		<i>Q 14074</i>	<i>15</i>	
Sept.		<i>e 16287</i>	<i>15</i>	
Oct.		<i>C 20784</i>	<i>15</i>	
Nov.		<i>A 26057</i>	<i>15</i>	
Dec.		<i>D 34354</i>	<i>15</i>	
Jan.	1917	<i>Y 38693</i>	<i>15</i>	
Feb.		<i>444179</i>	<i>15</i>	
March		<i>350208</i>	<i>15</i>	
April		<i>D 1465</i>	<i>15</i>	
May		<i>S 7813</i>	<i>15</i>	<i>156</i> <i>Cancelled</i>
June		<i>U 15736</i>	<i>15</i>	<i>25. 25. 30. future.</i>
July		<i>V 21560</i>	<i>25</i>	<i>July to August as per Finance</i>
Aug.		<i>G 28690</i>	<i>20</i>	<i>20 Aug & future</i>
Sept.		<i>Y 35398</i>	<i>20</i>	
Oct.		<i>V 40117</i>	<i>20</i>	<i>495⁰⁰</i>
Nov.		<i>Z 47142</i>	<i>20</i>	
Dec.		<i>H 53685</i>	<i>20</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

obs H

obs H

156 *Cancelled*
25. 25. 30. future.
July to August as per Finance
20 Aug & future
495⁰⁰

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.				

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 39th Bn

Regimental No. 412580 Rank Pte Name Lieut. Albert John
C. E. F.

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

Date of promotion to } Date of appointment } Numerical position on }
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				
<u>16-10-19</u>	<u>6/P</u>	<u>T. O. S. No. 6 D. D. from 29.9.19... and posted</u>	<u>Diop. Pt. B. 44x</u>	<u>10-10-19</u>	<u>Do 289</u>
<u>16-10-19</u>	<u>P. G. S</u>	<u>En Discharge</u>		<u>17-10-19</u>	<u>... 289</u>
<u>26-9-19</u>	<u>C. E. R. D.</u>	<u>Sentenced to 27 days detention</u>			
		<u>9-9-19 for wounds av. l. from 13-6-19 to</u>			
		<u>8-9-19 absent 43 days. forfeits 43 days</u>			
		<u>pay by P. v. Regs of Canada</u>			<u>AO 4</u>
<u>10-9-19</u>	<u>C. E. R. D.</u>	<u>So. S. to C. E. D. Buxton</u>		<u>10-9-19</u>	<u>Do 249</u>

[Signature]
..... Lieut.
Officer of Records No. 6 D. D.

(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.

412580

Foot. Albert John

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				
1-10-19	C. E. R. D.	Pt 20249d 10-9-19 amended to read I. O. S. from desertion		9-9-19	AO 7
20-10-19	C. E. R. D.	S. O. S. OM. No. to Canada		29-9-19	AO 15.

J. C. Ferguson
for D. of C.

File in 5-6-1915

Rank *Pte* Name FOOT Albert John Reg'l No. *412580* R-122 ✓
 Unit 39th Bn If in perm. Corps, What Unit? Married or Single *Single*
 Place and Date of Enlistment *Port Hope, 22 Feb 1915* Place of Birth *England*
 Name and Address, Next-of-Kin *Mr W. Foot*
Port Hope, Ont. Relationship *Father*
 Assigned Pay Monthly \$ Payable to Relationship
 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
	From whom received				
	ENGINEERS				
15/1/15	OC 39th B	<i>(Battalion Headquarters)</i> Transferred to Ad Quarters	<i>England</i> Shorncliffe	<i>3/1/15</i> 15/1/15	<i>Part II D.O. No. 116.</i>
<i>vv 10/15</i>	—	10 days. F.P. No 2.	—	<i>vv 10/15</i>	<i>Part II D.O. No.</i>
13-1-16	CR 79	Adm. Military Hosp	—	11-1-16	<i>V. D. G</i>
21-1-16	CR 85	Trans: 1st Northern Gen:	<i>Newcastle</i>	<i>11/16</i>	<i>"</i>
18-4-16	OC 39th	7 days F.P. #2 absent from defaulters for 7 days pay	<i>Wandling</i>	<i>17/16</i>	<i>Part II 94</i>
24-4-16	.	Tap to 2nd Pioneer Bn	<i>France</i>	<i>23/16</i>	<i>Part II 98</i>
30-4-16	<i>2nd Pioneer</i>	Station on strength as performant from 39th Reserve	<i>In the Field</i>	<i>24-4-16</i>	<i>Part II Order #7</i>

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				
2.5.16	39 th Bn.	Discharged to Duty	In the field	8.4.16	has list 144 146
16.6.16	"	Discharged from the field.	"	9.4.16	Pt. II order # 145
29.9.17	Wor	No 42. R.R.S.	"	22.9.17	224 Coli
9.10.17	"	Dis. No 42. R.R.S.	"	6.10.17	- 32. "
NOW KNOWN as 2nd Pnr-Bn-C E 10 3 13					
13.5.18.	2 nd Pns.	apptd <u>af/cpl</u> with pay.	Field	23.4.18	Pt. II 43
"	"	apptd <u>af/cpl</u>	"	30.4.18	Pt. II 43.
2-7-18	5 th Bn C.E.	J.C.S. from 2 nd Pns	Sept	"	5-6-18, pt 2014 2 nd Pns 2055-2-7-18
3.8.18.	"	Deprived of <u>Lance Stripe</u>	"	"	14.7.18 Pt. II 07.
4/1/19	"	forfeits 7 days pay 14, 12, 18 for sp etc. forfeits four days pay by. R.W.	"	"	14-12-18 201
22-4-19	H. wing C.C.G.	SOS from 5 th C.E. (P. to Com)	"	Witley	13.4.19 " 30
22.5.19	2 Div Pool	Ceases to be detached to H Wing on transfer to "O" wing	"	"	22.5.19 2031 & "O" wing 2041 2/27.5.19
18.5.19	"	SOS from H Wing & detached to N Wing	"	"	18.5.19 2027.
11.5.19.	H Wing C.C.G.	SOS. On trans to 2nd B Div P.	Witley	10.5.19.	II 0.41.
30-7-19	O "	SOS to CERD having been declared l'ct of 25/7/19 to have been AW in force 16-6-19	"	25.7.19	90 20249 CMA 10/4/19

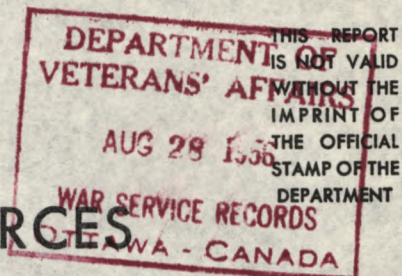


DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE

IN THE

CANADIAN ARMED FORCES

Service Rank and/or Number 412580 Name Albert John FOOTE

1. Branch of Service: **CANADIAN EXPEDITIONARY FORCE**
2. Date and Place of Birth: **9th April, 1896** **Devonshire, England.**
3. Date and Place of Appointment, Enlistment or Enrolment: **10th February, 1915** **Port Hope, Ontario.**
4. Unit on Appointment, Enlistment, or Enrolment: **46th Durham Regiment (39th Battalion)**
5. Theatres of Service: **CANADA - ENGLAND - FRANCE**
6. Date and Place of Retirement or Discharge: **17th October, 1919** **Halifax, N.S.**
7. Reason for Retirement or Discharge: **"Demobilization"**
8. Rank on Retirement or Discharge: **Sapper**
9. Medals and Decorations: **BRITISH WAR & VICTORY MEDALS**
10. Remarks: **N I L**

*27 John Street,
Port Hope, Ont.*

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: **Male** Height: **5** Feet **4** Inches.
 Eyes: **Brown** Hair: **Light** Complexion: **Fair**
 Marks or Scars: **Vaccination left arm.**

Ottawa, Ont., Canada

August 28th, 19 56

DEPARTMENT OF
VETERANS AFFAIRS
AUG 28 1955
WAR SERVICE RECORDS
OTTAWA - CANADA

CANADIAN ARMED FORCES
VETERANS SERVICE

1. Name of Applicant
2. Date of Birth
3. Date of Discharge
4. Branch of Service
5. Grade or Rate
6. Date of Entry into Service
7. Date of Last Pay
8. Name of Command
9. Name of Station
10. Name of Component
11. Name of Force
12. Name of Unit
13. Name of Post
14. Name of Base
15. Name of Depot
16. Name of Barracks
17. Name of Camp
18. Name of Hospital
19. Name of School
20. Name of Training Centre
21. Name of Detachment
22. Name of Squadron
23. Name of Regiment
24. Name of Battalion
25. Name of Brigade
26. Name of Division
27. Name of Group
28. Name of Army
29. Name of Air Force
30. Name of Navy
31. Name of Marine Corps
32. Name of Coast Guard
33. Name of Royal Canadian Mounted Police
34. Name of Canadian Mounted Police
35. Name of Canadian Mounted Police
36. Name of Canadian Mounted Police
37. Name of Canadian Mounted Police
38. Name of Canadian Mounted Police
39. Name of Canadian Mounted Police
40. Name of Canadian Mounted Police
41. Name of Canadian Mounted Police
42. Name of Canadian Mounted Police
43. Name of Canadian Mounted Police
44. Name of Canadian Mounted Police
45. Name of Canadian Mounted Police
46. Name of Canadian Mounted Police
47. Name of Canadian Mounted Police
48. Name of Canadian Mounted Police
49. Name of Canadian Mounted Police
50. Name of Canadian Mounted Police

TABLE FOR USE OF RETIREMENT OR DISCHARGE

1. Name of Applicant
2. Date of Birth
3. Date of Discharge
4. Branch of Service
5. Grade or Rate
6. Date of Entry into Service
7. Date of Last Pay
8. Name of Command
9. Name of Station
10. Name of Component
11. Name of Force
12. Name of Unit
13. Name of Post
14. Name of Base
15. Name of Depot
16. Name of Barracks
17. Name of Camp
18. Name of Hospital
19. Name of School
20. Name of Training Centre
21. Name of Detachment
22. Name of Squadron
23. Name of Regiment
24. Name of Battalion
25. Name of Brigade
26. Name of Division
27. Name of Group
28. Name of Army
29. Name of Air Force
30. Name of Navy
31. Name of Marine Corps
32. Name of Coast Guard
33. Name of Royal Canadian Mounted Police
34. Name of Canadian Mounted Police
35. Name of Canadian Mounted Police
36. Name of Canadian Mounted Police
37. Name of Canadian Mounted Police
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40. Name of Canadian Mounted Police
41. Name of Canadian Mounted Police
42. Name of Canadian Mounted Police
43. Name of Canadian Mounted Police
44. Name of Canadian Mounted Police
45. Name of Canadian Mounted Police
46. Name of Canadian Mounted Police
47. Name of Canadian Mounted Police
48. Name of Canadian Mounted Police
49. Name of Canadian Mounted Police
50. Name of Canadian Mounted Police

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Service Badge
Class "A" No

393675

THIS IS TO CERTIFY that No. 412580 (Rank) Pte

Name (in full) Foote Albert enlisted in

the 39th Bn

CANADIAN EXPEDITIONARY FORCE at Port Hope on the 23rd

day of Feb 1915

HE served in 5th Bn C.E. France

and is now discharged from the service by reason of Demobilization. Eng + Can
~~Medical Unfitness.~~

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

Age 23 yrs

Marks or Scars

Height 5'7 1/2"

Complexion Fair

Eyes Brown

Hair Light

A J Foote
Signature of Soldier

[Signature]
LIUT. COL.
No. 6 DISTRICT DEPOT
Issuing Officer

Date of Discharge

Rank

Date HALIFAX N.S. OCT 10 1919

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

THIS IS TO CERTIFY that No. 11250 (Rank) Private Name (in full) James M. ... the day of ... 19... He served in ... and is now discharged from the service by reason of Medical Reasons as if disabled out of service with a medical certificate.

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

Age	<u>...</u>
Height	<u>...</u>
Complexion	<u>...</u>
Eyes	<u>...</u>
Hair	<u>...</u>
Signature of Soldier	<u>...</u>
Date of Discharge	<u>...</u>
Rank	<u>...</u>
Issuing Office	<u>...</u>
Date	<u>...</u>

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to punishment in respect of discipline as if on the same terms as a unit.

N.B.—An no duplicate of this Certificate will be issued any person having same is requested to forward it in an unopened envelope to the General, Military Council, Ottawa, Canada.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House, S.W.
Army Form B. 103.
19 MAY 1918
G. GEN. 2ND CANADIAN DIVISION

Casualty Form—Active Service.

Regiment or Corps 39th Res. Battalion. C. C. F.

Regimental No. 412580, Rank _____ Name Footy A. J.

Enlisted (a) 10.2.15. Terms of Service (a) Duration of War. Service reckons from (a) 10.2.15.

Date of promotion to } _____ Date of appointment } _____ Numerical position on }
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				

Drafted to 2nd Can. Prov. Bn.

W. B. W. M. Major
Commanding 39th Battalion, C. C. F.

EMBARKED FOR FRANCE. 23/16 Troops/1002. A. G. 2 A.

13-5-16	CBQ	Left for unit	Field	13-5-16	71.R-
19-5-16	CB 2 nd CAPS	Arrived unit	do	14-5-16	B213 - 61.48
9-2-17	do	Employs 2 days pay for absent from 9 a.m. forward	do	8-2-17	A2. B2069 Pt II 0.8.21/7
22-9-17	5th 6.2A	abdominal Colic adv	5th 6.2A	22 9/17	do A973
do	do	do	42 6.6.8	do	do A518
13-9-17	42CCS	Colic adv	42 6.6.8	22 9/17	do A518
24-9-17	H. 76PPB	Sick to Corp	Sick	22 9/17	B213
6-10-17	42CCS	Colic adv	Sick	6 10/17	do A475
12-10-17	H. 76PPB	Repaired unit	Sick	7 10/17	B213
3-11-17	do	Granted 4 days leave	do	2 11/17	B213 - Pt 0-99-10 1/7
24-11-17	do	Returned from leave	do	18 11/17	B213
1.5.18	do	apptd Lt. Capt. with pay	do	23.4.18	B213 P2643 - 13.5.18.
4.5.18	do	Appointed Lie. Col. pl	do	30.4.18	B213 P2643 - 13.5.18.

G.H.O. S.O.S. 2nd Pms to

(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				
4.6.18	G.H.Q.	S.O.S. 2nd Pnrs. to 5th Bn. Can. Engr's.	Field	4.6.18	P2655.
5.6.18	"	T.O.S. -do-	"	5.6.18	P261.
21.6.18.	5 Bn. C.E.	To Eng. Bde HQ. for sig. duty	"	14.6.18.	B313.
18.7.18	do	reissues of lance stripes for recruits	"	14.7.18	B2069 - No. 7 - 4 1/2
19.7.18	do	Returned from Bde HQ	"	13.7.18	B213
26.7.18	do	To 1st Army Rest Camp	"	22.7.18	B213.
9.8.18	"	From Rest Camp	"	8.8.18	B213.
30.8.18	"	To 2 Bde C.E. H.Q.	"	24.8.18	B213.
10.11.18	"	14 days leave N.K.	"	13.11.18	" P26-34.
13.12.18	"	From leave	"	17.12.18	"
20.12.18	"	Attd. H.Q. 2nd Bde C.E.	"	15.12.18	"
18.12.18	"	Forfeits 7 days pay, 14.12.18, for:- absenting himself without leave in that he overstayed his leave from 0630 hrs. 28.11.18 to 0630 hours 2.12.18. 4 days. Forfeits 4 days pay by R.W.			B. 2069. Pt. 11. #1, 1414
	Edm Embarkation Camp.	Proceeded To-England		63 APR 1919	N.R. 86. II O. 2/
					W. R. ... Lieut. for Lt. Col., AAG., Canadian Section

SERVICE AND CASUALTY FORM (Part I).

Army Form B.103-I.
Part I.

(1)*Substantive rank *Acting rank *(To be entered in pencil to facilitate alteration.) (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin (<i>vide</i> A.C.I. 578 of 1918) (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (<i>date</i>)	(13) Special conditions (if any) of enlistment (<i>d</i>)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (<i>date</i>)
				Second Occupation Card despatched on (<i>date</i>)

(17) Next of Kin	(18) Demobilizer (<i>f</i>)	(Place)
(19) Pivotal-man (<i>f</i>)		(Date)
(20) Qualifications (<i>g</i>)	or (21) Corps trade and rate	
(22) Extended {	(23) Re-engaged {	
(24) Miscellaneous entries :—		

(Signature of
Posting Officer)

NOTES.—(a) Here enter particulars of any subsequent claim as to actual age after verification by birth certificate (*vide* A.C.I. 4.0 of 1918). (b) Whether direct or voluntary enlistment, or called up under the Military Service Acts. (c) Whether for specified term of years or for duration of the war. (d) Whether "for Home Service only," or "not to be transferred without the soldier's consent," &c. (e) If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. (f) Required for demobilization purposes. (g) Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here, if required.

Nothing to be written in this margin.

Forms/B.103/8

HWV(R1460)

3/19

100,000

P2151

W10416

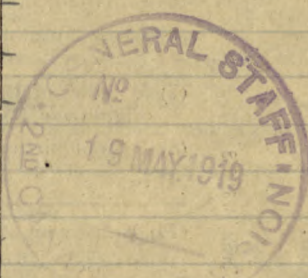
(6 28 19)

Number: 39th Bn

Foot about John

412580

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date	From whom received					
			arrived in England		3-7-15	
15-7-15	Off. 39th Bn	PTII 0116	Transf. to Bn. Head Quarters &cliffe		15-7-15	
22-10-15	"	" 201	10 days F.P. No 2	"	22-10-15	
13-1-16	C.R. 79	V.L.D.	at Home Military Hoaf.	"	11-1-16	
21-1-16	" 85	"	Transf. to Northern Division	Newcastle	11-1-16	
18-4-16	Off 39th Bn	PTII 94	7 days F.P. No 2 about from	W. Sandling	17-4-16	
24-4-16	"	" 98	Transf. to 2nd Division	France	23-4-16	
30-4-16	2nd Div	" 7	P.O. as reinforcement	Field	24-4-16	
2-5-16	39th Bn	bas. list 146	Disch to duty	"	8-4-16	
16-6-16	"	PTII 145	" from Hoaf.	"	9-4-16	
29-9-17	C.R.	2.2.24 b.c. no 42	b.c. d.	"	22-9-17	
9-10-17	"	" 32	" Disch no 42 b.c. d.	"	6-10-17	
			now known as 2nd Div Bn b.c. d.		18-3-18	
13-5-18	2nd Div	PTII 043	appt 9/2/bpl with pay	"	23-4-18	
"	"	" 43	" 2/1/18	"	30-4-18	
2-7-18	5th Bn b.c. d.	" 142	P.O. from 2nd Div	9/1/18	5-6-18	
3-8-18	"	" 107	Deprived of Gained stripe	"	14-7-18	
4-1-19	"	" 1	forfeits 7 days pay 14-12-18 for its forfeit 4 days pay by R.C.	"	14-12-18	



Nothing to be written in this margin.

James Capt.

FOR LT: COL: 10 RECORDS. C.O.M.F.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103-1.
Part I.

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b) (12) Service reckons from (date) (14) Any subsequent variations (if any) } of conditions of service }	(11) Engagement (c) (13) Special conditions (if any) of enlistment (d) (Authority) (date)	Initials and Rank of an Officer.
--	---	-------------------------------------

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin (18) Demobilizer (f) (19) Pivotal-man (f) (20) Qualifications (g)	(Place) (Date) or (21) Corps trade and rate	(Signature of Posting Officer)
(22) Extended {		(23) Re-engaged {
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.
Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co.(34)0

Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

24/5/19. 2nd Div Pool SOS. to O Wing Witley 24/5/19

14/6/19. O Wing DO 55 TOS. from 2nd Div Pool. 24/5/19.

"O" WING

S.O.S. O.M.F.C. ON

WITLEY ON PROCEEDING TO CANADA

ON 2 1 2 0 0

PROCEEDING TO CANADA

NO. 2 No. 56

Atmacaba Lieut.

OFFICER I/c RECORDS,

"O" Wing C.C.C.

18/5/19. 2nd Div Pool DO. 27 T.O.S. from Hurmij & att. to Nurnig Witley 18/5/19
 H/5/19 Hurmij DO 41 S.O.S. to 2nd Div P. " 10/5/19
 20/7/19 O " DO 90 S.O.S. to CERD having been " 25/7/19
 Meland AWD since 1/6/19

ARRIVED LONDON SEPT 29.19
 HALIFAX 9 10 19

Atmacaba LIEUT
 FOR LT: COL: I/C RECORDS. C.O.M.F

29.9.19
 TOS 1 COS Buxton and
 HQ. CCC Witley AG 1-36 d 29-8/19
 Unexpired portion of sentence
 remitted with AG 2, 24-1-168
 SOS on 70pc of proceeding to pay for
 for Central. 60pc
 for 100.0. 15 1/2 hrs.

Nothing to be written in this margin..

MARRIED OR SINGLE

S

PLACE OF BIRTH *England.*

NAME AND ADDRESS OF NEXT OF KIN *Mr W. Foot.*

Port Hope. Ontario.

RELATIONSHIP OF NEXT OF KIN *Father.*

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

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS																				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1 No.	2 DATE	3 No.	4 DATE	5 No.	6 DATE	7 No.														
			\$	c.			\$	c.			\$	c.																								
<i>3/3/16</i>																																				
<i>April</i>																																				
<i>1-30</i>	<i>30</i>	<i>100</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>								<i>33</i>																					
<i>May 31</i>			<i>31</i>		<i>31</i>		<i>3</i> 10									<i>34</i> 10																				
<i>June 30</i>			<i>30</i>		<i>30</i>		<i>3</i>									<i>33</i>																				
<i>July 31</i>	<i>31</i>	<i>100</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i> 10									<i>34</i> 10																				
<i>Aug 31</i>			<i>31</i>		<i>31</i>		<i>3</i> 10									<i>34</i> 10																				
<i>Sept 30</i>			<i>30</i>		<i>30</i>		<i>3</i>									<i>33</i>																				
<i>Oct 31</i>			<i>31</i>		<i>31</i>		<i>3</i> 10									<i>34</i> 10																				
<i>Nov 30</i>			<i>30</i>		<i>30</i>		<i>3</i>									<i>33</i>																				
<i>Dec 31</i>			<i>31</i>		<i>31</i>		<i>3</i> 10									<i>34</i> 10																				
<i>Jan 31</i>			<i>31</i>		<i>31</i>		<i>3</i> 10									<i>47</i> 605 47																				

CAD 2988

*63422.6
576 10-6 68614.7*

*744
859 29/8
817 2/8/16
803 2/8/16 905 14/9*

954 309 995 15.10

*1033 28/10
1119 26/11
1060 13/11*

Foot A. J.

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS								
2	3	4	CREDIT				DEBIT												
7	84	4	25	86	59	240	77	86	467	35	138	12							
						15	00				25	46	146	76	Nil				
			3	49															
			3	49			15	-	2	20	26	80	150	76					
2	62						15				31	58	163	28					
2	62		4	36															
							15				15		166	28					
							20												
							15				25	28	195	10					
							20	30			58	03	150	09	nil				
							20	20	25	36	158	81	158	81					
							20				22	68	170	23					
							70				33	40	169	83					

forfeits 2 days Pay 8/2/17 B.O. 7 2/1/17

A.P. for May + June. 1916. Paid by Ottawa Letter 29.6.17. C.B. Branch

268
268
268

AMOUNTS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DATE	SEP	RES.	ALLO.	END
forward								2228	nil				
3410								5638					
			am 1652 17/11/18 2/mo (3)	354									
			am 1402 9-3-18 do (27)	354									
			" 1440 23/3/18 do (21)	535									
				1249									
				1249									
3410								23879	nil				

* Strike out whichever inapplicable.

ASSIGNED PAY.

ENGLAND OR CANADA.

SEPARATION ALLOWANCE.

ENGLAND OR CANADA.

EFFECTIVE DATE:- 1-4-14

EFFECTIVE DATE:-

AMOUNT:- Mrs W. Foot 20⁰⁰

AMOUNT:-

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE WORD "SAME" ONLY TO BE WRITTEN IN THE

Mrs. W. Foot. (Mother)
Ridout St. Port Hope, Ont.

Stopped Eff 1-5-19.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE 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
7-4-19	69	H.C.E. 20 ⁰⁰	265			Red L.P.
19-4-19	74	H.C.C. £8	38 92			
			42 58			Dis to Canada 30/9/19

L.P. month to be compiled until receipt of 27 days awarded 9/10/18 Martin Handkerchiefs 30-4-19 L.P.C. & deb

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS
April	Balance forward			
Apr	Pay	33		
				AR 18 10/4/18
				✓ 77 26/4/18
				C.A.P.
May	<i>P.D.</i> under credit pay as Lt Col from 23/4/18 to 31/5/18 39 days @ 50 P.O. 43. 12/5/18	33 34 10	1 95	April 1917. A.P. under Ottawa Obo. F-3 15 AR 148. 8/5/18 ✓ 206. 21/5/18
June	L.C.D.	36 05	34 50	bad AR 299 15/6 9 28/6
July	H.C. Pay	35 65		CAP AR 232 1/7 58 22/7 57 " 5616 Can Det
Aug	P.O.	34 10		bad with 1/10/18 pay 14 7/18
Sept		34 10		bad 468 66/6 197 5 "
Oct		33		
		34 10		CAP Jama

COMPILED BY *W. J. Lewis*
CHECKED BY *[Signature]*

ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA. NAME: FOOT, Albert John. NUMBER: H12580.

EFFECTIVE DATE: 20⁰⁰. AMOUNT: -

RELATIONSHIP & AUTHORITY: (Mother) Hope, Ont. WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A., THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
PO 43.	12/5/18	Plt.
PO 43.	12/5/18	affee Corp w/Day
P.O. 73/8/18, 5 th G.E.	14/7/18	Plt. Corp w/Day

UNIT AND TRANSFERS

ORIGINAL UNIT: -

DATE ACCOUNT FIRST OPENED: -

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFD	UNIT TRANSFERRED TO
			2nd Pioneer Regt

DAILY SERVICE PAY-BOOKS

PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
20 ⁰⁰	365			20 ⁰⁰	112 96
L.P.C.	38 92			L.P.C.	112 96
42 58					

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
PO 43.	100	10		
PO 43.	100	10		

ORDERING NON-EFFECTIVE: -

PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
see forward								2389 4		
	33		AR 18 10/4/18 2 nd Pnts	3 57			20			
			✓ 77 26/4/18	4 46				28 86		
	33		C.A.P.	8 03			20			
	34 10		April 1917. A.P. under debited 5 ⁰⁰				5			
	1 95		AR 148. 8/5/18 2 Pnts	3 57						
			✓ 206. 2/5/18	4 46				31 88		
	36 05			8 03			25			
	34 50		C.A.P.				20			
			AR 299 15/6 5 C.E.	7 14						
			9 28/6 4 "	3 57				35 67		
	34 50			10 71			20			
	35 65		C.A.P.				20			
			AR 232 11/7 4 C.D.E.	7 5	7 14					
			58 22/7 5 C.E.	17 5	13 38					
			57 " " "	"	5 35					
	35 65		5616 Can Dtl. Boulogne 27.7.18	9 81	35 68		20	15 64		
	34 10		C.A.P.				20			
			with 1/2 pay 14/7/18-31/7/18, 18 days 5 ⁰⁰		90			28 86		
	34 10				90		20			
	33		C.A.P.				20			
			468 666 27/9	7 14				34 70		
			197 5 " 28/9	13 38				21 32		
	33			20 52			20			
	34 10		C.A.P.				20	35 42		
			Forward							

NUMBER 412580 RANK

NAME

Foot af

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BAL.
1918									
Oct	B for	34 10		18 25				20	35
				883 466 29 19 11	7 46				27
		34 10			7 46			20	
Nov	PTA	33		Cap				20	40
				26.51	11 1/8	48 67			7
				416	11 1/8	3 73			
Dec		34 10		Cap				20	2
Jan		34 10		Cap				20	16
		101 20			52 40			60	
				1093. 18-12-18 HCE	12 98				
				1272. 14-1-19 ✓	3 77				
				1393. 23-1-19 ✓	3 77				
				1492. 11-2-19 HCE	3 73				
Feb	March	64 90		Cap				40	
				1870. 13-3-19 HCE	3 65				
				1648. 25/2/19 ✓	3 73				
		64 90		1992. 20/3/19 ✓	3 65				
					35 28	12 10		40	
Apr	Pen.	33		Cap				20	
				69. 7-4-19 ✓	3 65				
		33		1075. 19-4-19 ACCO. U.	38 93				34
					42 68			20	39
				7094 Widley En. 56/19	9 73				48
				5931 " 16/19	9 73				54
					19 46				
May		34 10		Cap				20	
June		33		✓				20	
July		34 10		✓				20	
Aug		34 10		✓				20	
		134 30						80	
Sept.		33		Di. 1/4 B & R D Widley 26/9/19					
				Sent. to 27 days det. 9.9.19					
				A.W.L. 13.6.19 to 8.9.19.					
				Boy 9. held 25.7.19.					
				Peria in arrest nit.					
				115 days pay.		126 50			
				GA P				20	112
		33				126 50		20	

SOS 29 9 19 MD 6 SC 110

NAME

Foot af

2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	1825				20	35 42		
883	466 29/9/18	7 46				27 96		
		7 46			20			
	Cap				20	40 96		
26.51.	11 1/8	48 67				7 71		
416	11 1/8	3 73				11 44		
	Cap				20	2 66		
	Cap				20	16 76		
		52 40			60			
	12/10					4 66		
1093.	18-12-18- 4CE	12 98				8 32		
1272.	14-1-19.	3 77				12 09		
1393.	23-1-19	3 77						
1492.	11-2-19- 4CE	3 73						
	Cap.				40	5 31		
1870.	13-3-19- 4CE	3 65				1 66		
1648.	25/2/19.	3 73				2 07		
1992.	20/3/19.	3 65				5 72		
		35 28	12 10		40			
	Cap.				20	7 28		
69.	7-4-19.	3 65						
1075.	19-4-19- Acc'd.	38 93				35 30		
		42 66			20	35 30		
7094	Widley Lnd. 5/6/19	9 73				45 03		
5931	16/19	9 73				54 76		
		19 46						
	Cap				20			
	✓				20			
	✓				20			
	✓				20	54		
	✓				80			
Do.	1/4 B&R D Widley 26/9/19							
	Sent. to 29 days det. 9.9.19							
	A.W.L. 13.6.19 to 8.9.14.							
	Boys 9. held 25.7.19.							
	Peria in arrest nil.							
	115 days pay.		126 50					
	BA P				20	112 96		
		126 50			20			

SOS 29 9 19 MD 6 S 110

3-7

17/4/28

SHORT FORM.

Dispersal Area
Occupational Group

Dispersal Area *B*
Occupational Group *1a*

DAB

War Service Badge
Class "A" No. *392515*

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. *412580.*

2 Rank. *Sapper*

3. Name. *Albert John Foote.*

4. Unit. *5th Bn. Cdn Engrs.*

5 Date of Discharge *17.10.19* Place *Toronto Halifax*

6 Reason for Discharge
Demobilization

7. Authority. *R.O. 1420*

8. Proposed Residence after Discharge
Pidant St, Park Hope Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?

A J Foote
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place..... *HALIFAX, N.S. OCT 10 1919*

Date.....

[Signature]
Signature..... *LIEUT. COL.*
No. 6 DISTRICT DEPOT.
(O. C. Discharging Unit.)

SHORT FORM
PROCEEDINGS ON DISCHARGE
(Demobilization)

1. No. 412 280
2. Rank Captain
3. Name William John Cook
4. Unit 1st Lt. Col. 3rd Eng. Regt.
5. Date of Discharge 11/10/45
6. Reason for Discharge Demobilization
7. Authority
8. Proposed Residence after Discharge

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the underlined place and date I received my discharge Certificate

M. W. 1

CONFIRMATION

The discharge of the above named man is hereby confirmed.

Place

Date

O. G. Discharge Unit

LIST OF DISCHARGE DOCUMENTS

- Attestation Paper, Regiments
- or Particulars of Regiments
- Field Conduct Sheet
- Casualty Form
- Last Pay Certificate
- Certificates that missing documents are unobtainable
- Medical History Sheet
- Proceedings of Medical Board
- Dental History Sheet
- Medical Report
- Regimental Conduct Sheet
- Company Conduct Sheet

Medical Form W-123
 Medical Form W-123
 Medical Form W-123
 Medical Form W-123
 Medical Form W-123
 Medical Form B-123
 Medical Form B-123
 Medical Form B-123
 Medical Form B-123
 Medical Form B-123
 Medical Form B-123
 Medical Form B-123

[Faint handwritten text and markings, possibly a signature or date, located in the lower right quadrant of the page.]

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M. F. W. 23), or Particulars of Recruit (M. F. W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (A.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (A.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C. D. O. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M. F. B. 218a)
8. Discharge Certificate (M. F. W. 33)
(enclosed in special envelope (160M)).
9. Copy of Discharge Certificate (M. F. W. 33a).
10. Dental Certificate (C. D. O.).
11. Receipt for Statement Q. W. G. Form (D.O.S. 2), and Certificate.
12. Last Pay Certificate (P. 851) *100p*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M. F. W. 2595).
15. Sundry Documents.

Group..... *H 9*

Checked by No. *9*

Date *29 9 19*

[Handwritten signature and scribbles]

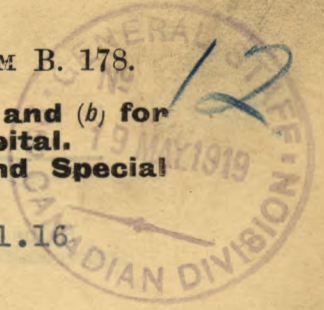
11/1/16

ARMY FORM B. 178.

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital.
Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

25.1.16



Surname FOOT Christian Name Albert

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Devonshire County England

Examined ... { on 10th day of February 1915,
at Port Hope

Declared Age ... 18 years days

Trade or Occupation ... Labourer

Height ... 5 feet 4 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded 34 inches.
Range of Expansion 1 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left
Number 1

When Vaccinated ... 10 years ago.

Vision ... { R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... { (a)

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

Approved by (Signature) Rh. Shields,
(Rank) Lieut.
Medical Officer.

Enlisted ... at Port Hope
on 10th day of Feb. 1914.

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>39th Battn.</u>	<u>412580.</u>
Transferred to ...	<u>(C.T.D.)</u>	

Became non-effective by
This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper. on day of 191.

(Signature) Betty
(Rank)

Lieut.-Col.

Forms B. 178 39

The Medical History Sheets of all men proceeding overseas, must be returned by the officer commanding their unit to the Record Office when they leave England.

Betty

Lieut.-Col.
In Charge of Records,
Canadian Contingent.

Table II.—Only for Admissions to Hospital or to the Sid

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Rem
	Day	Month	Year	Day	Month	Year			
<i>Workhouse military Newcastle on Tyne.</i>	<i>11</i>	<i>1</i>	<i>16</i>	<i>8</i>	<i>4</i>	<i>16</i>	<i>Gonorrhoea.</i>	<i>88</i>	
<i>Belleville.</i>	<i>21</i>	<i>4</i>	<i>15</i>	<i>6</i>	<i>5</i>	<i>15</i>	<i>G.Measles.</i>	<i>16</i>	
<i>Mil.Hosp.Sporncliffe.</i>	<i>10</i>	<i>1</i>	<i>16</i>	<i>11</i>	<i>1</i>	<i>16</i>	<i>Gonorrhoea</i>	<i>2</i>	

Table III - Board of Inquiry, Vaccinating, Incubation, etc. - Examination of Cases
Check List in the case of Warrant Officers treated in quarters.

marks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.


Signature of Medical Officer

R. A. M. C.
Capt. R. A. M. C. (5)

Rec-----

A. E. Mololl.

To Newcastle.

 Duplicate Medical History Sheet posted to here.

F. T. Campbell, Capt.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

F 3481
3586 April 1/17

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
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12 L 7 6
S.K.

PARTICULARS OF SEPARATION ALLOWANCE

No. 412580
 Rank Pte Promoted Reverted Discharge
 Soldier's Name A. J. Foste (Foot)
 Battalion 39th Battalion "48" Co
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs. W. Foste
 Address Port Hope Ont.
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					6181-95
Dec 31			495	495	
Jan	E 55504		20	20	9 Orig A.P. 15 th July 1915. Increased to 20 th April 1/17 27m 30-3-17.
Feb	F 95072		20	20	
Mar	A 134921		20	20	
Apr	9 12197		20	20	0
May	Q 18906		20	20	0
June	m 21623		20	20	P
July	m 28981		20	20	0
Aug	m 36981		20	20	0
Sept	R 48605		20	20	0
Oct	R 53140		20	20	W md. 6
Nov	L 61483		20	20	M
Dec	V 66080		20	20	M
Jan 1918	Q 74556		20	20	M
Feb	U 81548		20	20	M
Mar	T 84832		20	20	M
Apr	Q 4367		20	20	
May	n 5667		20	20	6
June	m 9641		20	20	6
July	m 12264		20	20	6
AUG	H 13160		20	20	✓
Sept	Q 15578		20	20	✓
Oct	B 14389		20	20	✓

A/c Closed 31-10-19
 Ret'd per Vaporia
 Date 10/10/19 M.F.W. 187
 Clerk J. Booth
 M.R. Nesbitt 123333

M. F. W. 128
 400M-6-17-1772-38-141.
 L. L. 2520-M. L. & D. 1986.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank *Promoted* Reverted *S* Discharge _____

Soldier's Name *1102*

Battalion _____

Beneficiary _____

Relationship _____

Address _____

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-6-17-1772-39-1141
 L. L. 22320-M. & D. 7983.

Laxonia 10-10-19.

AUDITOR VI PAYMASTER B

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

REGT. No. 412580 RANK Plt NAME (IN FULL) Forte, A. J.

M. OR S.	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	BLOCK LETTERS SURNAME FIRST
NEXT OF KIN					<u>2nd Pioneers</u>		
ADDRESS		<u>House 299-19</u>	<u>Dec. 289</u>		PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					<u>20.00</u>	<u>1-11-19.</u>	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<u>Mrs W. Forte,</u>		<u>same address</u>
					ADDRESS		
					<u>Port Hope, Ont Can.</u>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY
					<u>Htc</u>	<u>14-10-19</u>	<u>Dismissed</u> <u>Dec 289</u>

English

L.P.C. 30.9-19

BALANCE FROM PREVIOUS ACCOUNT

NO. OF DAYS	RATE	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
		\$	C.			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
						NO. DATE	NO. DATE	NO. DATE	\$	C.	\$					C.	\$		C.
1.10.19																			
14.10.19	14	110	15 40		35 00				4 87	5 00	7 00	20 00			112 96				Bal dr E.L.P.C. Col 1, 2 & 3. Boat train expense cheque on discharge. A.P. for Dec
					70 00										212 83	92 43		Pay + allow, clothing allow 1st pay ment W.S.G.	
					12 040													1st pay ment W.S.G. Bal dr for forward.	
												7 000		92 43				Misdepaid 3 days	
	183 days		42 000	330	423 30							50 84			710			144 100 13-11-19	
												1/0			940			1781 225 12-12-19	
												70			70			1787 394 14-1-20	
												70			nil			1915 657 17-2-20	
				423 30	423 30							330 87		92 43	423 30				

Verified that all payments due on the acct have been paid.
W. D. ... CAPT.
 Senior Officer Pay Services, M. D. 6

NOV 3 1919

