

931126

ORIGINAL

ATTESTATION PAPER.
No. 2 CONSTRUCTION, D'n. C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Fortune
1a. What are your Christian names? Evan Edward
1b. What is your present address? Glass Bay, N.S.
2. In what Town, Township or Parish, and in what Country were you born?
3. What is the name of your next-of-kin? M^{rs} Marguerite-Jackson
4. What is the address of your next-of-kin? Nolan Lane, Glass Bay C.B.
4a. What is the relationship of your next-of-kin? Sole
5. What is the date of your birth? October 16th 1883.
6. What is your Trade or Calling? Seaman
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? Yes
10. Have you ever served in any Military Force?
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edward Fortune, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Aug 6 1916. Signature of Recruit: Edward Fortune, Signature of Witness: W. Sheppard

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edward Fortune, 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 Aug 6 1916. Signature of Recruit: Edward Fortune, Signature of Witness: W. Sheppard

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 Sydney this 5 day of Aug 1916

Signature of Justice: W. Sheppard

Description of Edward Fortune on Enlistment.

Apparent Age 33 years 10 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 6 ft. 11 1/2 ins.

Chest measurement { Girth when fully expanded 41 ins.
 Range of expansion 4 ins.

Complexion Dark

Eyes Brown

Hair Black

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

Small laceration scar
middle of right upper
arm

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 Styabuta Aug 5 1916.

Place Cyaney D.S.

W. J. Ga...
 Medical Officer.

*Insert here "fit" or "unfit."

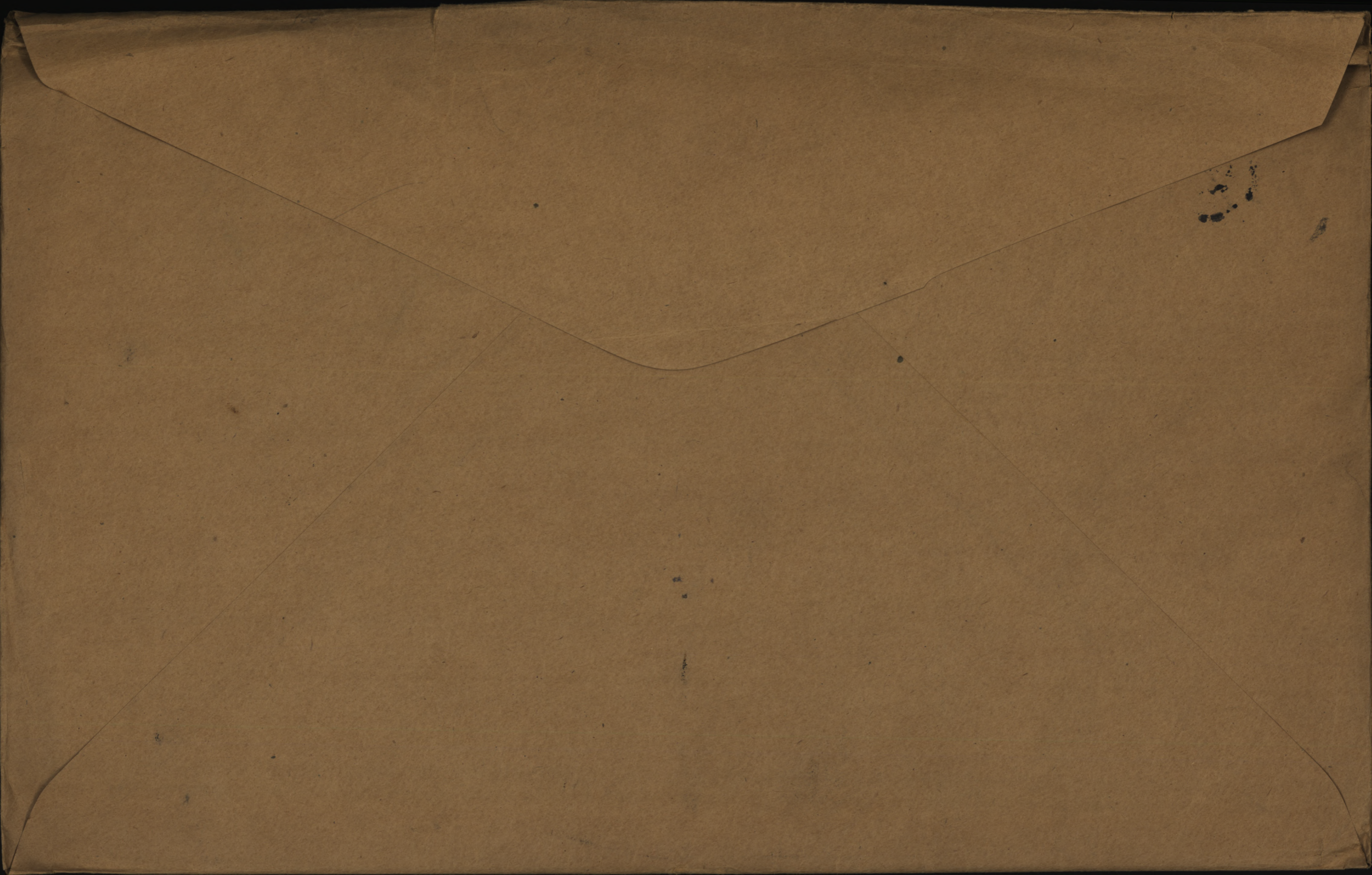
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

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

C. H. Reis Capt (Signature of Officer)

Date OCT 14 1916 1916.



DUPLICATE

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 Batt*

(2) Regimental Number... *931426*

(3) Full Name of Soldier... *Edward Fortune*

(4) Place of Birth... *Place Bay. C. B.*

(5) Are you married, or not? ... *no*

(6) If married, state,
 (a) Full name of your wife... *no*

(b) Present Postal Address... *Place Bay. C. B.*

(7) Are you a widower? ... *no*

(8) Have you any children? ... *no*

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? no

If so, state name and address _____

(10) Is your Mother alive? no

If so, state name and address _____

(11) If your Mother is a widow _____

Are you her sole support, or not? _____

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

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

Mrs. Margaret Jackson Sister
no less than Grace Bay C.B.

(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.

(15) Are you insured? no

If so, in what Company? no

Have you made arrangements for payment of your Insurance premium? no

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

OCT 14 1916

Date.....

C. H. Rees Capt
for Officer Commanding.

Mon

*a/2/Cpl.
a/2/Kpl*

Number *931126*

Rank

Ham

Surname

FORTUNE

Christian Name

Edward

Units

C.O. B.C.C.

Theatre of War

France

Date of Service

17-5-17

Remarks

Latest Address

*Yluce Bay C.B.
Y.P.O. N.S.*

Roll No.

200m. -2-21

Page 15656

X
X

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

DESP
AUG 14 1922
REGN. NO. 1137082

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

Name

FORTUNE, Edward.

Rank

Reg. No. 931126.

Unit

2 Can Coast Co.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
19-2	Jura. H.	Jura	Influenza	A	149	2009579
26-2-18.	Discharged.	178/9.	"	A	155	2308-3
27-6	C2C Hsp.	Jura	P.U.O.	A	255	239576
30-6	Discharged		"	A	259	

No. 93126 RANK Pte.

NAME Fortune Edward

T. O. S. 5-8-16

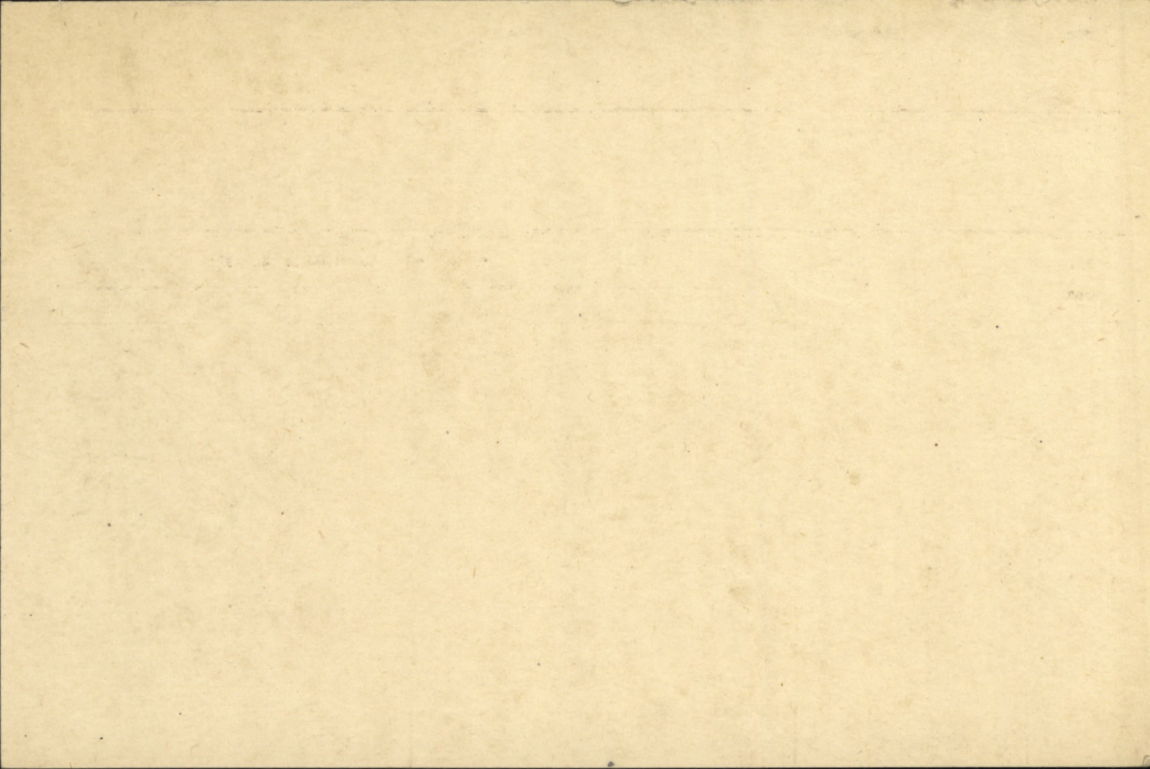
UNIT

No 2 Construction Battalion

D.O. 12. 15-8-16

M. D. 6

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916 Aug 5	1916 Aug 31	n.		
Sept.		n	a.w.L. forfeits 6 days pay.	D.O. 27. 9-9-16
Oct.		n.	168 hrs. det. forf. 21 days.	D.O. 56 20. 10-16
Nov.		✓		
Dec.		✓		
1917 Jan 1917		✓		
Feb.		✓		
Mar		n		



NAME

Fortune, E.

REG'T'L. No. 931126

H. Q. FILE No 649

RANK AND CORPS

Pte 2 Con. N.S. Regt.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 149²

Jura Champagne, Jura

19-2-18.

Influenza

a 155²

Disch.

26-2-18

" H. S. R.

a 205²

Can. Dr. Lopez La Joux

27-6-18

P.M. O.

a 209

Disch

Jura 30-6-18

" "

SURNAME. *Fortune*

CARD NO.

CHRISTIAN NAMES *Edward*

Demob.
FOLL.
50541514-2-196
10043.12.2-19 #622

REGL. No. *931126* RANK *Pte.*

UNIT *No. 2 Construction*

Bn.

FORMER CORPS *E. F.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Not stated.*

RELATIONSHIP TO SOLDIER _____

ADDRESS *Not stated.*

COUNTRY OF BIRTH *Canada* *Glace Bay C.B., N.S.* DATE *1883.*

PLACE OF ATTESTATION *Sydney, C.B., N.S.* DATE *Aug. 5th 1916*

R/c. 25-1-19 *25-6*
68. Pte

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

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Teamster

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

33

YEARS

10

MONTHS

HEIGHT

6

FEET

$\frac{1}{2}$

INCHES

CHEST MEASUREMENT

45

INCHES

EXPANSION

4

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Small transverse scar middle of right upper arm.

MEDICAL EXAMINATION.

PLACE

Sydney, N.S.

DATE

Aug. 5th 1916

Present Address:-

Glace Bay C.B., N.S.

*Name FORTUNE. E. Rank PTE. Regtl. No. 931126

Fyle Depot 74-F-384.

Original unit 2 CONSTR. Present unit #6 D. D. M. or S. Age 33 Religion R. C. Ref. H.Q.

Port, ship, and date of arrival Halifax. N. S. "Empress of Britain" 22-1-19

Next of kin Sister. Mrs. Margaret H. Jackson.

Address on leave Glace Bay. N. S.

Address on discharge Same.

Transportation issued Yes No Date Character on discharge

Previous occupation Teamster. Date and place of enlistment Sydney. N. S. 5-8-16.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12-1-19	T. O. S. #6 D. D. and posted to CASY. COY. 22-1-19	D. O. 29
14-2-19	Discharged. H. M. S.	D. O. 43

Date.

Remarks.

Pt. 2 ⁴Order No.

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

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Fortune,

E.

931126

RANK

UNIT

Co.

TROOP

BATTY.

Pfc

N.S. (2Cm)

HOSPITAL

DATE OF ADMISSION

1. *Jura Hosp. Champagne Jura* HOSP. *19.2.18*

2. *G. F. C. La Joux. Jura.* 27.6.18.
OSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

1.

Influenza
P. U. O.

2.

3.

DISPOSITION

dis. 26. 2. 18.
" 30. 6. 18. DATE

Ch. 27. 2. 18 @ 149. 2
6. 3. 18. A 155.
4. 7. 18. A 255 (2)
9. 7. 18. A 259.

REMARKS

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.	
2.	
3.	
4.	
5.	
6.	
7.	

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) ~~THE~~ FORTUNE E.
REGIMENT W.A. Construction RANK Pte. No. 931126.

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 _____
2. EXTRACTIONS 2
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~~

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer Her Reid
Capt

M.D.
F. FINTUNE
No. 1000

1
2
3
4
5
6
7
8
9
10



1000
1000

**ORIGINAL 931126
MEDICAL HISTORY SHEET**

Surname *Fortune*

Christian Name *Edward*

Examined

on *5th* day of *Aug* 191*6*
at *Wynnum*

Approved by *W. J. G.*

Birthplace

City or Town *Glacemary*
County *Q. B.*

Rank *Squad* M.O.

Apparent age

33

Trade or occupation

handker

Height

6 feet *11 1/2* Inches

Weight

185 lbs.

Chest measurement

Minimum *38* inches
Maximum expansion *3* inches

Physical development

N.

Small-pox Marks

none

Vaccination Marks

Arm *Right Left*
Number *none*

When Vaccinated last

5 yrs ago

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Feet flattened but first sole —

Enlisted on

5th day of *Aug* 191*6*

at

11 am Sydney

Joined on enlistment

No. 2 CONSTRUCTION, B'n. C.E.F. 931126

Transferred to

8/5/16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

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 1st Lt Name Fortune Surname Edair
 Unit or Corps 17 Reserve (If a soldier) Regtl. No. 931226
 Born at Glouce Bay NS on date October sixteen 1884
 Signature (for identification) Edair Fortune

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

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

Weight 185 lbs.
 Height 5 ft. 11 ins.

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? 75 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM no

8. GENITO-URINARY SYSTEM no

Urinalysis—s.g.? 1.020 Reaction? ac Albumen? no Sugar? no

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 Kimmsel Park Signed Josephus Capt M.O.
 Date 2 1 19 Signed W. H. ... 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.

Official Examination upon leaving the Service
Office in the year 1914 or a Soldier in the

[Faint, illegible handwritten text and markings, possibly bleed-through from the reverse side of the page.]

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. 931126 Rank Dt Surname Fortune
 (Given name in full) Edward
 Unit or Corps DD #6 Birthplace Glace Bay, C. B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 180 lbs. Height 5 ft. 11 in. Colour of Eyes dark brown
 Nutrition good
 Pulse 70
 Condition of arteries normal
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 15 ft.
 Left (.) ...ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Yates left arm and scar right shoulder.

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.

Glace Bay Cape Breton N.S.

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

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *Sturges*(Canada)

Date *Feb 10/19* Signed *J. W. Mc Kayle*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 *G. Fortuna*

(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.)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931126 (Rank) Private

Name (in full) Edward Fortune enlisted in

the 2nd Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Sydney CB on the

day of August 1916 5th

HE served in Troop

and is now discharged from the service by reason of Demobilization

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

Age 36 years

Height 5 ft 11 in

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars Tattoo left arm
and scar right
shoulder

E Fortune
Signature of Soldier

C W MacLennan CAPTAIN.
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Date of Discharge February 14, 1919.

Rank

Signed at Calicut this 12th day of February 1919

Appointment

in Military District No. 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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Uniform not to be worn after
Date of Discharge, unless author-
ity has first been obtained from
C.O. C. District.
the back of this cer-
tificate will not be com-
pleted.

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. 931126 Rank Pte. Name Portman E.
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				
12.1.19	Oreas. T/O/S. No. 6 D. D. Selfr.		Casy. Co.	22.1.19	Do 29.5 A. M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
14.2.19	DISCHARGED at Halifax, N. S.				Do 43. for J. M. Hughes 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.

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				

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

Approved

M. F. W. 54 (A. F. B. 103.)

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *No 2 Construction Batt C.E.F.*
 Regimental No. *93126* Rank *PTE* Name *Edward Fortune*
 Enlisted (a) *5-8-16* Terms of Service (a) *period of War* Service reckons from (a) *5-8-16*
 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				
<i>6/15/17</i>	<i>C. V. 2 Consh Bath</i>	<i>Embarked, Canada Disembarked, England Proceeded Overseas</i>	<i>Halifax N.S. Liverpool Seafood</i>	<i>25/3/17 7/4/17 17/4/17</i>	<i>Pt 2. D.O.M. J. Barnhill Adjutant, No. 2 Construction Batt'n, C.E.F. Captain.</i>
<i>31.5.17</i>	<i>OP</i>	<i>Landed in France 17-5-17 N.R. Forfeits 5 days pay for making away with Iron Rations</i>		<i>31.5.17</i>	<i>Buckley Prov 26.7</i>

(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.

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

The Fortune, Co.

931126

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				
25 th 7	oc.	Def + 2 days for RW for AWOL for 10 pm 24 th 7 to 7:30 am 25 th 7		25 th 7	B-2069 P/-135 20/10/17
23-8/17	oc	Depuried of Lt/Stripe for Disobedience to Standing Order is. Found in An delot without a pass.		22/8/17	B-2069 P/-135 20/10/17
30 8/17	oc	10 Days F.P. No. 1 for (1) absent w/leave from 10 pm 14 8/17 until apprehended by the M.P. at Mouchard at 8 am 22/8/17 (2) out of Bounds. (Forfeit 9 days pay under RW)		23-8-17	B-2069 P/-135 20/10/17
17.5.17	oc	appt ^d as Lt/Cpl. without pay.		16/5/17	P 135 dt 20-10-17 N.R. R 4/16/25 295
23-2-18	oc	adms to hospital		19-2-18	B 213
16-2-18	foratops	Influenza Discharged		26-2-18	W 3034 / D 5683
2/3/18	Unit	Kyd. Unit Fined.		26/2/18	B 213
7-3-18	OC Unit	Sentenced 15 days F.P. No. 4. 3.18 W.O.A.S Absent from 9.30 PM 3.3.18 till 5 P.M 4.3.18 (19 1/2 hours) Field Forfeit 2 days pay under RW		4.3.18	B 2069 7-17. 2/31 3/18
31.3.18	OC unit	Sentenced to 5 Days F.P. No. 7. for Disobedience of orders:- In An delot without a Pass.		2.4.18	B 2069. D/4/4/18. O/20. D/12/4/18.
25.4.18	OC unit	28 Days F.P. No. 1 for AWOL. AW leave from 9.30 P.M. 21/4/18 until 10.25 P.M. 23.4.18. 49 hrs Forfeit 3 Days Day R. W.		24.4.18	B. 2069. O/26 D/3.5.18

JM

Rank

Name

FORTUNE, Edward.

Reg'l No.

931126

Unit No. 2 Const. Bn.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment Sydney. 5th Aug 1916.

Place of Birth Glace Bay, N.S.

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

Nolen Lane, Glace Bay, C.B.

Relationship Sister.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England. S. S. Southland		4.4.17	
14.6.17	2 nd Lt. G. B.	Arrived in France	Field	17.5.17	PK 60 115.
20.10.17	"	App'd A/S/Cpl without pay Rte	"	16.5.17	PK 135
20.10.17	"	Repriced of Ret. Lane stripe 2 1/2 R	"	22.8.17	PK 135
16.12.18	NSRD.	T.O.S. from 2" CCoy.	pk Bishop	14.12.18	SO 305 271 / 2" CCoy. 19.12.18
27.12.18	N.S.R.D.	O/C to C.P.D. Rhyll	-	27.12.18	- 313
25.1.19	N.S.V.R.	ceases o/c to O/hyl. T.O.S. to C. E. 7 Canada	"	Rtpr. 12.1.19	- 18.
31.1.19	2 C.C.Coy	Sentenced 14 days 1 st P th for U.S. 26-11-18 to 2 4-12-18 7 1/2 days pay Rte	PK Field	14.12.18	PK 2 D. 1

6644
OR CAN

AF.B. 103 CHECKED
29 MAY 1918
A.W.W.

* Strike out whichever inapplicable

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

*MR 16.6
26.6*

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>21/3/18</i>	<i>15 days F.P. & forfeits</i>		<i>17.60</i>			<i>Leaperhal</i>	<i>317</i>
<i>18/4/18</i>	<i>15 days pay R.W. Do. 847</i>	<i>B.R.A.S.</i>	<i>9.75</i>			<i>C.P. & Bal</i>	<i>8.89</i>

PARTICULARS OF RENDERING NON-EFFECTIVE *trans to Canada*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS
<i>MAR</i>	<i>Balford</i>			
<i>Apr</i>	<i>P. Pay</i>	<i>33</i>		<i>AR 4. 74. C.F.C. Jura</i>
				<i>5 days H2 for Disobeying of</i>
				<i>the order without authority</i>
				<i>D.O. 20- 12/4/18. 2 Cor</i>
				<i>AR 266 22/4. C.F.C.</i>
<i>May</i>	<i>P. Pay</i>	<i>33</i>		
		<i>34 10</i>		<i>38 days F.P. 21/4/18 - for</i>
				<i>9/30 pm 21/4 to 10/25 pm 23/4</i>
				<i>forfeits 35 days Pay R.</i>
				<i>AR 26 3/5/18 2 Cor</i>
		<i>34 10</i>		<i>AR 421. 23/5. C.F.C.</i>
<i>June</i>	<i>P.P.</i>	<i>33</i>		<i>AR 708 7/6 C.F.</i>
				<i>15 days F.P. 2. 7/6 awk. 9/20/18</i>
				<i>for 1 day R.W. 180 36 2 Cor</i>
		<i>33</i>		<i>AR 870 27/6 C</i>
<i>July</i>	<i>P. Pay</i>	<i>34 10</i>		<i>20 days F.P. 27/7/18, (1) absent</i>
				<i>(2) leaving Camp without order</i>
				<i>(3) awk from 10 30 am 30/6 to</i>
				<i>3 day pay under R.W. 80.41</i>
		<i>34 10</i>		<i>AR 1092 25/7 C</i>
<i>Aug</i>	<i>P. Pay</i>	<i>34 10</i>		<i>AR 1255 10/8</i>
				<i>over credit 16/5/17 to 30/19</i>
		<i>34 10</i>		<i>138 days C 54</i>
<i>Sep</i>	<i>P.P.</i>	<i>33</i>		<i>AR 1679 5/9</i>
				<i>AR 1872 17/9</i>
				<i>CP 360 53 20/9</i>
				<i>CP 369 52 23/9</i>
				<i>AR 4586 18/9</i>

COMPILED BY *John Bremner Lt.*
 CHECKED BY *Allyson*

ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- FORTUNE Edward E			
	EFFECTIVE DATE:-		NUMBER:- 931126			
AMOUNT:-			PARTICULARS OF RANK OR APPOINTMENT			
RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.			AUTHORITY		DATE EFFECTIVE	RANK OR APPOINTMENT
						Pte.
UNIFORM SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			UNIT AND TRANSFERS			
			ORIGINAL UNIT:- 2 nd Construction Bn			
			AUTHORITY		DATE EFFECTIVE	DATE LEDGER SHEET T'S'D
						UNIT TRANSFERRED TO
			Canada Section			
PAID BY			AMOUNT	DATE OF PAYMENT	NUMBER OF A/R	UNIT PAID BY
S. J.			1760	6/11		Ledger Bal 317 09
			975			CPI Bal 289 76
			DAILY RATES OF PAY AND ALLOWANCES			
			AUTHORITY		PAY	F.A.
					1	10
			SUBS'CE ALL'CE			
ORDERING NON-EFFECTIVE						
Trans to Canada auth N.R. 161 d. 12/11/18						
PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3.
rd						
						283 45 177
	33		AR 4. 9/4. CFC Jura	3 57		
			5 days H2 for disturbance of order in credit without pass - D.O. 20. 12/4/18. 2 Const Coy		5 50	
			AR 266 22/4. CFC Jura	3 57		303 81 192A
	33			7 14	5 50	
	34 10		28 Dep 7P1 24/4/18 - for awt to 9/30 pm 27/4 to 10/25 pm 23/4 - 49 Hrs			
			forfeit 35 days pay R.S.			
			D.O 26 3/5/18 2 Const Bn		34 10	
			AR 421. 23/5. CFC Jura	3 57		300 24 207B
	34 10			3 57	34 10	
	33		AR 708 7/6 CFB 5	1 78		222B
			15 days F.P. 2. 7/6 awt. 930pm 2/6 saw 3/4/18			
			for 1 day R.W. 130 36 2 Con 22/6/18		17 60	
			AR 870 27/6 CFB 5	3 57		310 29 196 50
	33			5 35	17 60	178 50
	34 10		20 days F.P. 2 7/18 (1) absent until 930pm 29/6 to Jan 30/6/18			
			(2) leaving Camp whilst under open arrest		25 30	
			(3) awt from 10 30 am 30/6 to 5 am 1/7/18			
			3 day pay under R.W. B.O. 41 2 Con 15/7/18			
	34 10		AR 1092 25/7 CFB 5	3 57		315 52 200
				3 57	25 30	177
	34 10		AR 1255 10/8 CFB 5	3 57		
			over credit 16/5/17 to 30/9/17			
			138 days C 54		6 90	339 15 197
	34 10			3 57	6 90	
	33		AR 1679 5/9 CFB 5	3 57		
			AR 1872 17/9 CFC 5	3 57		
			CP 360 53 20/9 London	34 07		
			CP 369 52 23/9	4 87		
			AR 4586 18/9 CFC 5	97 93		
	33			143 41		339 15 197

NUMBER 931126

RANK Pte.

NAME FORTUNE E

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR.
Sept.		33		Barford	143 41		
				✓ CP. 39516 28/9 LIN	4 87		
		33			148 28		
Oct.	P.P.	34/10		✓ AR 2319 26/10 CFC. 5	3 73		
		34 10			3 73		
Nov	P.P.	33		✓ AR 2684 - CFC. 5 - 8/11/18	3 73		
				✓ AR 2902 - " - 26/11/18	13 06		
Dec	P.P.	3410					
	Int on Def Pay	12 54					
		79 64		AR 3575 RSG B. 18/1/18	9 73		
					26 52		
				AR 70 Kim. PK 9/1/19 (L.P.C.E)	9 73		
				Sentenced to 14 days P.P. no 2 14-11-18			
				and from 24-11-18 to 4th 22 day pay.			24 20
March/19				D.O. 847, 15 days F.P. 9 1 day RW. 21. 8. 18			17 60
				S. C. Canada Bois 25/1/19			17 60
							17 60

CANADIAN
ASSIGNED PAY AUDITED

[Signature]
AUDIT CLERK

DATE 12/1/19

NAME FORTUNE E

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Barford	143 41				339 15 197		
EP. 39516 28/9 LIN	4 87				223 87 212		atc pay
	148 28						
AR 2319 26/10 CFC. 5	3 73				554 24 227		
	3 73						
AR 2684 - CFC. 5 - 8/11/18	3 73						
AR 2902 - " - 26/11/18	13 06						
					317 09 763		
AR 3575 R.G.B. 18/1/18	9 73				307 3 6		
	26 52						
AR 70 Kin. PK 9/1/19 (L.P.C.E)	9 73						
Sentenced to 14 days. P.P. Nov 14-17-18 work from 24-11-18 to 4-12-18 22 day pay.		24 00	13/1/19		273 43		
O.O. 847. 15 days F.P. 9 10 days P.W. 21. 8. 18		17 60			255 83		
		17 60					
S.O.S. Canada Bois 25/1/19 Eff 15/1/19							

307.36
3893
273.43

9.73
37.3
16.79
30.25

317.09
27.33
289.76

CANADIAN
ASSIGNED PAY AUDITED

[Signature]
AUDIT CLERK

DATE 10/1/19

PROMOTIONS, &c.

EFFECTIVE DATE	AUTHORITY
16-5-17	Do. No. 22-5-17
16-8-17	1367, 20-10-17
22-8-17	- - - -

REG'L No. 931126

RANK ~~Plt.~~

NAME *Lortune Edward*

X EV

IF IN PERMT. CORPS }
WHAT UNIT

UNIT *2600 Bw*

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Sydney, W.S.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

5 Aug 16

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS

CASH PAYMENTS

2		3		4	
No.	DATE	No.	DATE	No.	DATE

1	2	3	4
---	---	---	---

ASSIGNED PAY

OTHER CHARGES

TOTAL DEBITS

BALANCE

CREDIT

DEBIT

PAY WITHHELD OR DEFERRED

PAY AVAILABLE FOR ISSUE

REMARKS

17 45

Bal from Canada.

5 50

5 50

44 95

15 - 29 95

96 hrs incl 2 AWOL 22-5-17, 10.74.28-17.

9 73
4 87

14 60

64 45

30 - 34 45

4 87

4 87

94 88

45 - 49 88

*Applic of Op. 16-5-17, D.O. No. 22-5-17
Other Cr. 16ds @ .05. Diff. Pls to 4/17.*

130 53

60 - 70 53

59 30/5.
127 116
196 216
220 217
297 217

3 57

- -

3 57

162 61

75 - 87 61

19 47

117 84

- -

5 50

42 81

182 84

BALANCE DEFER. SER. RED. ALLGE. PAY ENG.

182 84

186 71

Ac. 931126 Fortune &

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				
	No. OF DAYS	RATE	AMOUNT	No. OF DAYS	RATE	AMOUNT				No. OF DAYS	RATE	AMOUNT	1	2	3	4	1	2
MONTH	PARTICULARS					PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE							
	Oct Bal										186 71							
Nov.	P.P.			33	-	AR. 821. 28 ³ / ₇ C.F.C.	3	57										
						" 845. 12 ⁹ / ₇ "	3	57										
						" 967. 25 ¹⁰ / ₇ "	3	57										
DEC				34	10	" 1085. 10 ¹¹ / ₇ "	3	57			239 53							
				67	10		14	28										
JAN 1918	P.P.			34	10	" 1252. 23 ¹¹ / ₇ 2 Bonata Km.	12	49										
						" 1426. 21 ¹² / ₇ "	7	14			254 00	150						
				34	10		19	63										
FEB				30	80	" 1852. 24 ¹⁸ / ₇ C.F.C.	3	57										
				30	80	" 1595 4/1/18 Jura	3	57			277 66							
							7	14										
MAR 1918				34	10	AR 2011. 14 ¹⁸ / ₇ Jura	7	14			177 50							
						AWL 9/30 pm. 3 ³ / ₁₈ - 5 pm 4 ³ / ₁₈ .												
						15 dys 3 ¹ / ₂ 11/3/18.												
						Do 11 ¹ / ₂ 3 ¹ / ₁₈ .												
						AR 2218. 18 ³⁷ / ₁₆ C.F.C. Jura	3	57			17 60							
				34	10		10	71			283 45							

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 10/1/19

Taken on Strength 12-1-19 B.O. 29

AUDITOR PAYMASTER

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

REGT. No. 931126 RANK Pl- NAME (IN FULL) Fortune E. (BLOCK LETTERS SURNAME FIRST)

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS			100 10		2nd Cn Corps	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO DATE AUTHORITY
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE
					PAYABLE TO	RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY
					HALIFAX	14-2-19 Demob. Do 43

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		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
			\$	C.																				NO.
Jan					11 20														05		05		11 15	Subs 11s 29
1-1-19					11 15																			By Jan.
14-2-19	45	110	49 50	240 16	35				100					137 81					05			335 81	By JPB	

BALANCE FROM PREVIOUS ACCOUNT

Completed
all payments made
Bureau Capt

This space to be for numbers



Proceedings on Discharge.

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

No.	931126
Rank	Private
Surname	Tortune
Christian Name	Adward
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No 2. Co. Consto Battn
Date of Discharge	February 14. 1919
Place of Discharge	Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	36	years		months.	Descriptive Marks
Height	5	feet	11	inches.	
Complexion	Dark				Factor left arm and scar right shoulder.
Eyes	Brown				
Hair	Black				
Trade	Teamster				
Intended place of residence	Glace Bay N.S.				
(To be given as fully as practicable.)					

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

Demobilization

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.

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

11-3-19
noted Index
m 14 3-19

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Receipt at 67 Victoria* (Signature of Soldier.)

(Date) *February 12th 1919* (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) *Receipt at*

(Date) *27-2-19*

(Signature) *Damon*

LIEUT, COL

No. 6 DISTRICT DEPOT.

14-2-19

Reservations referred to at Para. 8.

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

List of Discharge Documents

<p>Reg. Conduct Sheet, Militia Form B. 232.</p>	<p>Reg. Conduct Sheet, Militia Form B. 232.</p>
<p>Proceedings on Discharge, B. 218.</p>	<p>Proceedings on Discharge, B. 218.</p>
<p>Copies of Convictions, by C. P. in MS.</p>	<p>Copies of Convictions, by C. P. in MS.</p>
<p>Medical Report for Invalidity, B. 227.</p>	<p>Medical Report for Invalidity, B. 227.</p>
<p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877.</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877.</p>
<p>Medical History Sheet (in the event of such having been prepared).</p>	<p>Medical History Sheet (in the event of such having been prepared).</p>

Nil.

E. Fortune

N. R.—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.

Reservations referred to at Para. 8.
 (To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

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

Casualty Form—Active Service.

Regiment or Corps 2nd Can Construction Coy
 Rank Private Surname Jostine Christian Name Edward
 Religion Age on Enlistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<u>6/6/1918</u>	<u>2nd Can Const Coy</u>	<u>15 days 2nd ho 2 7-6-18 for aw L from 9.30 pm. 2-6-18 till 5 am 3-6-1918.</u>	<u>Field.</u>	<u>2/6/18</u>	<u>B 2129 WFO 35 7 Jan 1918</u>
		<u>3 weeks 1 days pay by R.W</u>			
<u>27-6-18</u>	<u>Jura Hosp</u>	<u>P.U.O.</u>	<u>Admitted Jura Hosp</u>	<u>27-6-18</u>	<u>45604</u>
<u>30-6-1918</u>	<u>Jura Hosp</u>	<u>P.U.O.</u>	<u>Discharged Field.</u>	<u>30-6-18</u>	<u>W 5987/39966</u>
<u>29-6-18</u>	<u>unit</u>	<u>to Hospital</u>	<u>Field</u>	<u>27-6-18</u>	<u>8213</u>
<u>6-7-1918</u>	<u>unit</u>	<u>Returned from Hospital</u>	<u>..</u>	<u>30-6-18</u>	<u>B213</u>

(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) Signaller, Shoeing-Smith, &c. W. 5635-M2733 2000m 9/17 (85611) C. P. & S., Ltd., Form B./103 E/1897. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
4-7-18	cc/unt.	20 days sick leave 2-7-1918 for (1) A.W.L from 9-30 pm 29-6-18 till 7 am 30-6-18 (2) Leaving Camp while under Open Arrest (3) A.W.L from 10-20 am 30-6-18 to 5 am 1-7-18. Insects 3 days pay underlined	Zued	29-6-18	Brong 11/20-417 July 1918
15-9-18	cc/unt.	Traveled 14 days leave.	tdk.	18-9-18	213/11255 2 Sept 1918
12-10-18	cc/unt.	Repus from leave	Zued	10-10-18	1213
11 th 18	cc/unt.	Trans to Eng & posted to U.S. Reg Depot Bramshott		11 th 18	11304 Ba Hwett
14-12-18	N.S. R. D.	J.O.S. & attached to 26.6.12 for Ops & Rations	B'shott	14-12-18	Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B.E.F. 19.0 305 MURD 213 27 th 18 PART II D.O.
	NSRD	ON COMMAND TO CDD Kimmel Embarked	BRAMSHOTT		Ba Smith LIEUT. OFFICER IN RECORDS, NOVA SCOTIA REGTL. DEPOT.

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. 931126 Rank Plt Name Fortune E.
 Corps 2nd Can Bn who was* discharged
 On 14-2-19 191... to 1-1-19 191...

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191... to 14-2-19 191..., 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. <u>13787</u>	70	-	Reg'l. Pay <u>45</u> days at \$... c.	45	-
} No. <u>QR B 70</u>	100	-	Field Allow. <u>45</u> days at \$... c.10	45	50
Assigned Pay and Sep'n Allee. No.			Separation Allowances* (Monthly)		
Other charges <u>Reg Fund</u>		05	Other Allowances* <u>Commiss</u>	35	-
Payment on transfer or discharge No. <u>13786</u>	235	76	Other Credits* <u>SP6</u>	240	16
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	00
Total	405	80	Total	405	80

*Give particulars.

A monthly stoppage of \$ me (†) has (‡) been paid on account of Assigned Pay for the month of 191... (to) Assignee
 and Sep'n Allee. for month of 191...
 (Address)

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

made by stop

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 no
- (3) cause of discharge Commt authority 43
- (4) authority for transfer San

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.

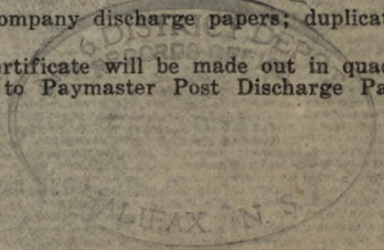
Date 17/2/19
 Place Halifax NS

Wm. Dr. [Signature]
 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.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all persons with Articles 122, 123 and 124. (Issued by the Department of National Defence, Ottawa, C.D.F. 1965)

Name: _____

Rank: _____

Service Number: _____

The following is a statement of the amount of the money earned from _____

_____ the military state on leave or discharge.

Balance of Term of _____
