TRIPLICATE ~~Duplicate~~

ATTESTATION PAPER

No. 424841

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Copy

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Samuel Grant
2. In what Town, Township, or Parish, and in what Country were you born? — Ballygowan, Co. Down. Ireland.
3. What is the name of your next-of-kin? — Samuel Grant (Father)
4. What is the address of your next-of-kin? — Ballygowan, Co. Down Ireland.
5. What is the date of your birth? — June 4th 1884
6. What is your trade or calling? — Bridge Fireman
7. Are you married? — no.
8. Are you willing to be vaccinated or re-vaccinated? — yes.
9. Do you now belong to the Active Militia? — no.
10. Have you ever served in any Military Force? — no.
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? — yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — yes.

S. Grant. (Signature of Man.)

Jas Boyd. (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Samuel Grant, 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.

S. Grant. (Signature of Recruit.)

Date May 17th 1915 Jas Boyd (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel Grant, 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.

S. Grant. (Signature of Recruit.)

Date May 17th 1915 Jas Boyd. (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 Portage la Prairie this 17th day of May 1915.

(Signature of Justice.) Police Magistrate

I hereby certify that this is a true copy of the original Attestation paper signed by the recruit.

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

(Approving Officer.)

Lieut-Col. O. C. 45th Overseas Battalion.

M. F. W. 23.
200 M.—8-15.
H.Q. 1772-39-841.

10

DESCRIPTION OF Samuel Grant ON ENLISTMENT.

Apparent Age 30 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement:
- Girth when fully expanded 37 3/4 ins.
- Range of expansion 4 ins.

Complexion Dark

Eyes Hazel

Hair Black

Religious Denominations:
- Church of England
- Presbyterian x
- Methodist
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- Jewish

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date May 14th 1915 H. J. Haggard

Place Portage la Prairie 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

Samuel Grant 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 of Officer.)

Date 14 May 1915 Lt Col

26/8/18 and

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name, GRANT SAMUEL

Regt, No, 424841 Rank, Pte

Corps, 43rd Bn C E

Died of Wds 16-9-16

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	3
Declaration of change of name	
Authority for special enlistments	
Documents of re-enlisted men	
Regimental Conduct Sheet	1
Compulsory Stoppages	
Casualty Forms	1
Proceedings on discharge	
Corps History Sheet	
Date and No. of Deposit Receipt for Purchase Money and Amount	
Parchment Certificate	
Medical Report for Invalids	
Medical History Sheet	3
Proceedings of Regt. Court Martial	
Copies of Convictions by Civil Power	
Company Conduct Sheet	1
Clothing Transfer Certificate	
Inventory of Kit	
Last Pay Certificate	

Index Card	
Casualty Card	1
Non-Effective Card	
Part II Order Card	
Change of Address Card	
Honour & Award Card	

23382

9/-30.

30-31

23-1

a 2/3/22 -1

cyc card of

2-1822-1

M. F. W. 62.
50m.—9-16.
H. Q. 1772—39—935.

Wx. 16/3/20.

3737

J.6.7

CERTIFIED CORRECT.
Canadian Records Office,
Westminster House,
7, Millbank, S.W.

M. F. W. 54.
150M. 10/15.
H.Q. 1772-39-625.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 45TH. BATT'N. C.E.F.

Regimental No. 424841 Rank Pte. Name Grant, Samuel.

Enlisted (a) 17/5/15 Terms of Service (a) D. of W. C. E. F. Service reckons from (a) 17/5/15

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 Date	Report From whom received	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.
		Embarked Canada		3/3/16.	S.S. "Lapland"
		Disembarked England		25/3/16.	
6.5.16	Bn.O. 34	Transfd. to 29th Battn	France	4.5.16	E.C.Danet Captain Adjutant 45th Battalion, C.E.F.
8-5-16	C.B.D.	Arr. Can. Base Depot	France	8-5-16	Pt.2 O. 14-5-16 Nom.Roll
31-5-16	C.B.D.	Left C.B.D. for Unit	Field	31-5-16	Nom.Roll CR 148
8-6-16	OC 29Bn	Joined 29th. Bn.	Field	4-6-16	B.213 CR 148
28.7.16	-	To Bombing Course	Field	27.7.16	B213 CR176
4.8.16	-	from " "	-	31.7.16	B213 CR178
12-9-16	No6 Gen	G.S.W. leg Lt. Adm	No 6 Gen	12-9-16	W.3034
14-9-16	"	" " Died of Wounds	6	16-9-16	S.158-6-4/16 dd-14-9-16 No 6 Gen Hosp. & adgs. Can Geo. file K.S.137/1149. D.O. No 186 dd-20-9-16

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
					J. W. Hogan Capt., A. G. Lt. Col., A. G., Can. Sec., G.H.Q., 3rd Can. Div. B.E.F.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Grant *Christian Name* Samuel.

Examined { on 14th day of May 1915
at Portage la Prairie

Approved by A. Ross
Rank Captain. A.M.Corps. M.O.

Birthplace { City or Town Ballygowan
County Co Down Ireland.

Apparent age 30 1/2 Years.

Trade or occupation Bridge Foreman.

Height 5 Feet 6. Inches.

Weight Lbs.

Chest measurement { Minimum 33 3/4 inches.
Maximum expansion 4 inches

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(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.
7 15	Good.	W R M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
8 15		
8 15	Good.	W R M.O.
9 15		M.O.
		M.O.

Enlisted on 17th *day of* May *1915 at* Portage la Prairie

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	45th Overseas	424841		14/5/15
Transferred to..	Batt'n C.E.F.			
	29th Bn.			

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.

M. F. B. 313.
100M.—5-15.
H. Q. 1772-39-439

Surname Grant Christian Name Samuel

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

R—122

E.T.

Rank — Name GRANT, Samuel. Reg'l No. 424841

Unit 45th Battn — If in perm. Corps, What Unit? — Married or Single Single

Place and Date of Enlistment Portage-la-Prairie, May 17th 1915. Place of Birth Ballygowan Co., Down. Ireland

Name and Address, Next-of-Kin Samuel Grant

Ballygowan, Co., Down. Ireland. Relationship Father

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to N/E.R.B. 4 — Relationship

Discharge, Date and Place — Reason — Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England.	S. S. Lapland	25.5.16	Inf'm form A 56
6-5-16	O.C. 45	Embarked for France.	29th Bn	4-5-16	Pt II O 34. A.F.B.-103 Ch Rolls
14-5-16.	O.C. 29th Bn.	T.O.S. on arrival from England.	In the field.	8-5-16	Part II 020.
16.9.16	29th Bn.	O.C. Gen. Hosp. Rouen. reports dangerously ill - may be visited	Rouen	13.9.16	C. List A 321. G.S.W. thigh
19.9.16	29th Bn	Died of Wounds Pat no 6 Gen Hosp.	~~Boulogne~~ Rouen	16.9.16	C. List A. 323.
20.9.16	do	Died of Wounds	—	16.9.16	~~Stes~~ Part II O. 46

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

L. L. Job 88773—M. & D. 6195.

2nd. Contingent

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-8-19.

CW

293

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Sam[t] Grant

Address Ballygowan
Co. Down
Ireland

By Whom Assigned Grant Samuel.

Regtl. No. 424841

Rank Pte

Corps 46th Battn.

Rate $15.00 MAR 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Casualty
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			Duplicate sent to England
Feb.				
Marc'				
April				Died of wounds Sept. 16/16 Ch. Sept. 17/16. J.S.L.
May				
June				
July				Stop 3 M. Sept. 21/16
Aug.				
Sept.				Oct. 1/16 J.N.
Oct.				
Nov.				
Dec.				
Jan.	1916			F. X. Rend. Date ... By ...
Feb.				E.F.X. " Date 3/17 By [illegible]
March				

L. L. Job 88773—M. & D. 6195.

2nd. Contingent

10430

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-8-19.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Duplicate

To Whom: Mrs Samuel Grant

Addr: Ballygowan
Co Down
Ireland

Rate $15.00

MAR 1 1916

By Whom Assigned: Grant Samuel

Regtl. No. 424841

Rank Pte

Corps 45th Battn.

PAYMENTS

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

RECEIVED FROM
MAY 1 1916
OTTAWA.

FREE

ASSIGNED PAY.

By whom assigned Grant, Samuel.

Regtl. No. 424841 Pte 45th Battn.

Month	Year	Cheque No.	Amt.	Pay Sheet	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.		24812	30 -		
May.		52615	15		
June		61911	15		
July		91917	15		
Aug.		124758	15		
Sept.		158447	15		
Oct			$105		Payment Stopped A. & M Form. 22. 9. 16 m 24/9/16 J.G.
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Grant	S.	H2848 41

Rank	Unit	Co.	Troop	Batty.
Pte	29 Bn.			

Hospital: #6 Gen Rouen

Date of Admission: 13-9-16

Transferred to Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis: G.S.W. Thigh

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wounds 16.9.16

DISPOSITION — Date

C.R. 16-9-16 F/321

19.9.16 A 323. O.C. #6 Gen Rouen. repts Dang. Ill. may be visited. 13-9-16

REMARKS

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

H.B.
P.

EPITOME OF HOSPITAL TREATMENT.

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

file # 419-B-325

NAME Grant, Samuel

RANK & No. Pte. 42485 D

CORPS 45 L. Battalion

ENLISTMENT, PLACE Portage la Prairie DATE May 17th. 1915. S.

FORMER CORPS Nil.

COUNTRY OF BIRTH Ireland, Ballygowan, Co. Down.

NEXT OF KIN Grant, Samuel (Father).

ADDRESS OF NEXT OF KIN Ballygowan, Co. Down. Ire.

DISCHARGE, PLACE DATE

O/S1:-4-16 335/12.

Sailed from Halifax per S.S. "Baltic" 18/6/16

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011. H. Q. 1772 39 839.

REMARKS:

NAME Grant Samuel

H. Q. FILE No. 649-

REGT'L. No. 424841

RANK AND CORPS Pte. 29th Bn. (Lond. 45th Bn)

CABLE No.	CABLE DATE	NATURE OF CASUALTY
0829	15-9-16	Dangerously ill No6. Gen. Hosp. Rouen. Sept/13th 1916. (Gsw. Thigh)
0911	17-9-16	Died of wounds Six Gen. Hosp. Rouen Sept. 16th (g.s.w. leg.)
A&B 2090a	20-9-16 Rouen	" " " " " " " "

L. L. Job 86907- -M. & D. 16065.

M. F. W. 42—50m.-10-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 321	6-Gen. Hosp. Rouen Reps.	13-9-16	Dang. ill - G.S.W. Thigh
A 323	6. Gen Hosp Rouen	16.9.16	GSW Leg Died Pwounds

R. 149.

Name Grant Samuel *Rank* Private *Reg. No.* 424841

Unit 29th Battalion

RL 28. G. 964

Next of Kin Mr Samuel GRANT Ballygowan Co.Down. Ireland
(Father)

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-9-16.	O.C.6. Gen Hosp	Rouen	Reports Dangerously Ill.	A321.	0.829.	
			G.S.W.Thigh	C.7724.	15-9.16	-9-16
16-9-16.	Do.		DIED OF WOUNDS. G.S.W.Leg	A323.	0.911.	19-9-19-9-16

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Number 424841 Rank Pte.

Surname GRANT

Christian Name Samuel

Units 29th Bn Can Inf Theatre of War France

Date of Service 8.5.16.

Remarks D Mother

Latest Address Mrs. Jane Grant

Ballygowan

Co. Down

Ireland

Roll No. 69

200m.-2-21.M. Page 13288

DESP. JUN 24 1922
REGN. No. 41391

Not eligible for 14/15 Star.

649-G-3251

GRANT PTE. SAMUEL, No. 424841, 2/9th Bn. 5493

MEDALS AND DECORATIONS. Mother, Mrs. Jane Grant,

Scroll Desp. 31. 1. 21 Regn. No 2-15397 Ballgowan,

Co. Down, Ireland

Plaque Desp. OCT 22 1921 Regn. No P13113

P. & S. Father, Samuel Grant,

Serial No 473874 as above

C. OF .S Mother, as above

Desp APR 27 1920 C 5899.

OK

59

W

MARRIED OR SINGLE S.

PLACE OF BIRTH Ballygowan Co. Down Ireland

NAME AND ADDRESS OF NEXT OF KIN Samuel Grant
Ballygowan Co. Down Ireland
Farker.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Died of Wounds	16.9.16	C/A 323. 19/9/16

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L NO. 4214841 RANK Private NAME Grant Samuel

IF IN PERMT. CORPS WHAT UNIT UNIT ~~45th Bn.~~

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Portage la Prairie

DATE OF ATTESTATION 17th May 1915

TRANSFERRED TO 2nd Bn. DATE 7/5/16 AUTHORITY Bo 37

TRANSFERRED TO Non Effective DATE 17.9.16 AUTHORITY C/A 323 19/9/16

TRANSFERRED TO DATE AUTHORITY

TRANSFERRED TO DATE AUTHORITY

PAY OFFICE, H.Q. OCT 25 1916 CANADIAN CONTINGENTS

ASSIGNED PAY MONTHLY $ 15 00/100 DATE EFFECTIVE 1/5/16

PAYABLE TO Mrs S. Grant. Bally gowan. Co Down, Ireland RELATIONSHIP Mother.

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Sept. 20th EFFECTIVE Oct. 1st/16 REASON Died of Wounds 16.9.16 d/19/9/16 C/A 323

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 18.10.16.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
May 1															4 77															4 77				Credit Balance,
1-7	7	1.00	7	-	7	10		70					~~4 77~~		7 70 ~~12 47~~												15 -		15 -		8 51			
8.31	24		24		24		2	40							36 40					3280	20/5			4 85					15 36				
June 1.30	30		30		30		3	00							33 00			1256	16/6				256			15		17 56	30	80			
July 1-31	31		31		31		3	10							34 10			1365	17/7				262			15		20 24	44	66			
Aug. 1-31	31		31		31		3	10							34 10			1334	12/7				262			15		17 62	61	14			
Sept. 1.16	16		16		16		1	60							17 60	1410	29/7						262			15		20 23	58	51			Spare pay 20 3 Office 1 40 Died of Wounds 16.9.16 C/A 323 19/9/16 Than N.C. Branch
																1528	3/8						261										
																1561	19/8																
															Balance on hand up to 31.3.17															58 51				
N.E.B 1917 Mar															22 22															58 73				C/E 22 C.C.E. Sch 526. 1.11.16
" July																							58 73						58 73				To Ottawa for Sett. 28.1.17

Statement of APR 19 1917 Account rendered

Cash found in effects Sch 526 220

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			

Canada)
)
PROVINCE OF MANITOBA, (
)
Portage La Prairie (
)

IN THE SURROGATE COURT OF THE CENTRAL JUDUCUAL DISTRICT OF THE PTOVINCE OF MANITOBA.

BE IT KNOWN that on the thirteenth day of December in the year of our Lord one thousand nine hundred and sixteen the last Will and Testament of Samuel Grant late of the City of Portage La Prairie, in the Province of Manitoba, who died on or about the sixteenth day of September in the year of our Lord one thousand nine hundred and sixteen, at 6 General Hospital, Rouen, France, and who at the time of his death, had a fixed place of abode at the said City of Portage La Prairie, in the Province aforesaid was proved and registered in the aforesaid Court, a true copy of which said last Will and Testamrnt is hereunder written, and that the administration of all and singular the estate and effects, rights and credits of the said deceased, in any way concerning the said Will was granted by the aforesaid Court to Robert Grant, formerly of the Post Office of Big Valley, in the Province of Alberta, now of the City of Winnipeg, in the Province of Manitoba, Fireman, the executor named in the said Will he having been first sworn well and faithfully to administer the same by paying the just debts of the deceased, and the legacies contained in the said Will, so far as he is thereunto bound by law, and to exhibit a true and perfect inventory of all and sihgular the said estateand effects, rights and credits, and to render a just and true account of his executorship whenever required by law so to do.

Entered 30th December, 1916)
)
Folio 341)
) S.M.Macdonald,
Liber 8)
)
- Clerk.

(Seal).

KGJ

WILL.

This is the last Will and Testament of Me, Samuel Grant, formerly of the City of Portage La Prairie, in Manitoba, Railway Foreman, now a Private in the forty-fifth Battalion, Canadian Expiditionary Forces, quartered at Winnipeg, in the said Province.

I revoke all former and other Wills, codicils, testamentary dispositions and appointments whatsoever by me at any time heretofore made.

I direct that all my just debts, funeral and testamentary expenses be first paid out of my estate.

I give, devise and bequeath unto my mother Jane Grant, wife of Samuel Grant, of Ballgowan, County Down, Ireland, all my real and personal estate whatsoever and wheresoever situate, to hold unto her heirs, executros and administrators, absolutely and forever.

I hereby appoint, Robert Grant my brother, of Big Valley in the Province of Alberta, Fireman, to be the executor of this my last Will and Testament.

In witness whereof I the said Samuel Grant, have to this my last Will and Testament set my hand this twenty-fifth day of February, A.D. 1916.

Signed, Published and Declared by the said testator as and for his last Will and Testament in the presence of us, who both present together at the same tim e in his presence, at his request and in the presence of each other have hereunto subscribed our names as witnesses.

"Samuel Grant"

" Valot S.McCarthy"

" W.R.Sexsmith"

S.A.Macdonald

Clerk.

(Seal.)

KGJ

NOTE No.424841 - Pte S.Grant - 29th Battn

I John Crow, Deputy Clerk of the Surrogate Court of the Province of Saskatchewan, Juducual District of Melbille, hereby certify that these letters Probate have been --- produced and a copy thereof deposted with me and the seal of the said Court thereunto affixed under the direction of His Honor A. Gray Farrell, Judge of the said Surrogate Court, subject to the condition upon which the original grant made.

DATED at Melville this 29th day of March 1917.

John Crow

Deputy Clerk.

(Seal)

K.C.J.

IN THE SURROGATE COURT OF THE CENTRAL JUDICIAL DISTRICT OF MANITOBA.

I, May Anderson, of the City of Winnipeg, in the Province of Manitoba, Stenographer, make oath and say:

1. I have compared the annexed paper writing purporting to be a copy of the probate of the last Will and Testament of Samuel Grant, with the original thereof, and I say that the annexed typewriting is a true copy of the said Grant of Probate.

SWORN brfore me at the City of Winnipeg, in the Province of Manitoba, this 13th day of April, A.D. 1917.

(Sgd) M. Anderson

H F Tench

A. Notary Public.

L.S.

KGJ

No. 4844 Name Grant Samuel ~~Sqn., Batty.,~~ or Company } A. Corps 45th Regt Battalion Date of enlistment } May 17/ G.C. Badges } Service or Proficiency Pay } Nil

Date of last entry in Company Conduct Sheet } Nil No. and date of last drunk } Nil Period not reckoning towards freedom from extra fine } Sheet No. Signature O.C. Company, etc. } Character Very good

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
					Deceased at Base Rec Dept 10/16				
					Died of Wounds Dept. 16/16				

1 DEC 1916

Army Form B. 122

[P.T.O.

S.O. 785. W7436/1545. 2,500m. McC. & Co. Ltd.

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks