

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, D'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Mayer*
- 1a. What are your Christian names? *Roy Edward*
- 1b. What is your present address? *37 Watson St. West, St. John,*
- 2. In what Town, Township or Parish, and in what Country were you born? *West St. John, N.B.*
- 3. What is the name of your next-of-kin? *Henrietta Wright*
- 4. What is the address of your next-of-kin? *37 Watson St. West, St. John, N.B.*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *Sept 11th 1897*
- 6. What is your Trade or Calling? *Teamster*
- 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? *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 } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Roy E. Mayer*, 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.

Roy E. Mayer (Signature of Recruit)
Date *Aug 10th 1916* *R.R.A.M. Keane* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Roy E. Mayer*, 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.

Roy E. Mayer (Signature of Recruit)
Date *Aug 10th 1916* *R.R.A.M. Keane* (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 *St. John N.B.* this *10th* day of *August* 1916
Gerald Harrington (Signature of Justice)

Description of Roy Edward Hayes on Enlistment.

Apparent Age 19 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. 7 1/2 ins.

Chest measurement { Girth when fully expanded 33 1/2 ins.
 Range of expansion 3 1/2 ins.

Complexion dark

Eyes black

Hair black

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

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* for the Canadian Over-Seas Expeditionary Force.

Date Aug 12 1916.
 Place Pictou N.S.
SM Murray
SI - A Mc
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.

Roy Ed Hayes 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.

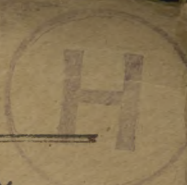
C. H. Rice bapt (Signature of Officer)

OCT 14 1916

Date 1916 .

REGIMENTAL DOCUMENTS

NAME *Hayes, Roy, Edward* (vte) REGT. NO. *931118* UNIT *9th Const Bn* H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

⑤

①

PUBLIC ARCHIVES RECORDS

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

2 DENTAL HISTORY SHEET ^{+ cert} (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

2 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *C. F. W. - 3997*

1 *D. M. S. 1373*

2 *M. F. W. 2572*

16060

DEATH

Category

DISCHARGE

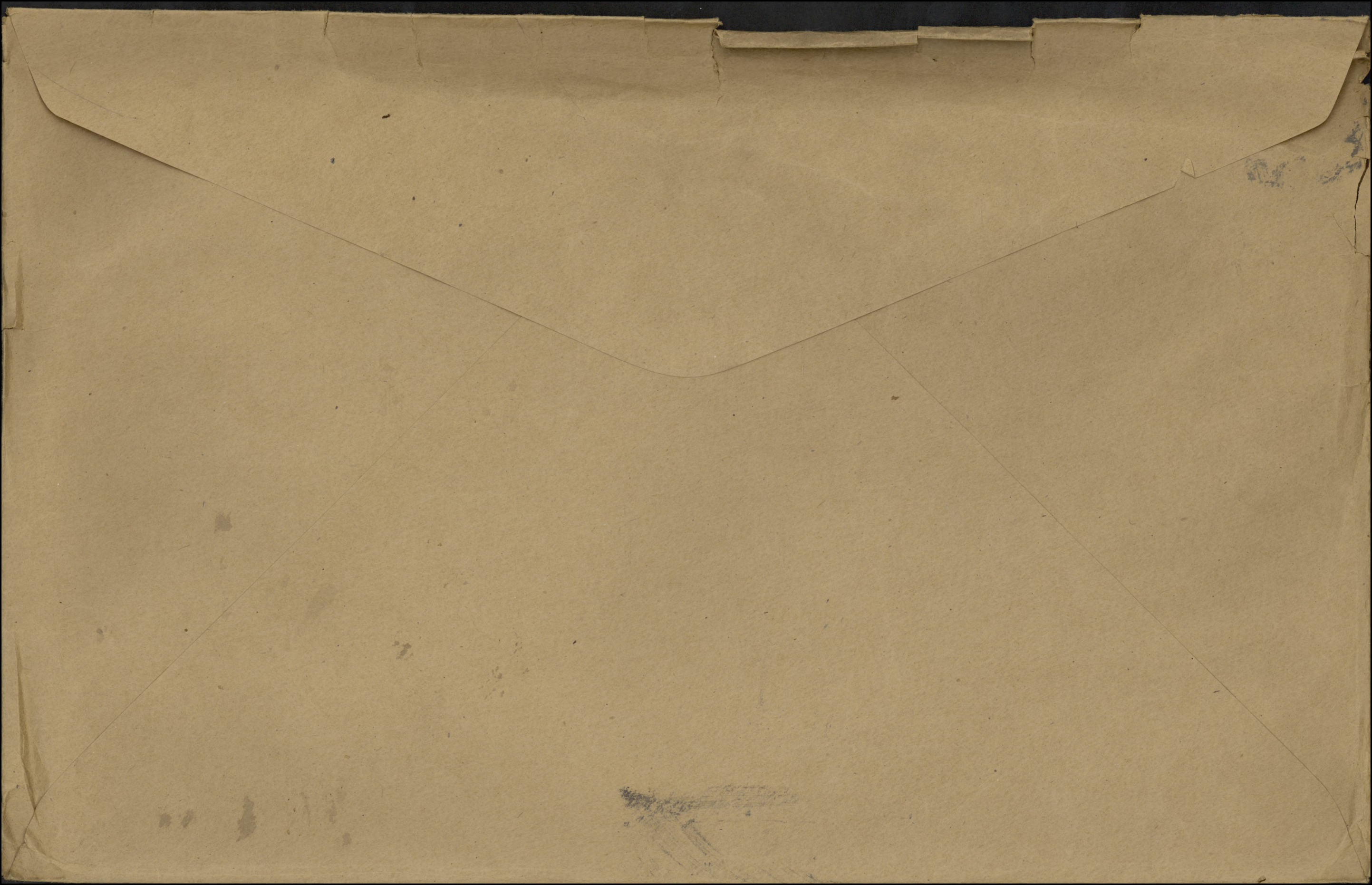
Category

Demob'd

DESERTION

406/14

(2)
~~*1-6*~~
~~*18-7*~~
~~*27-7*~~
~~*2*~~



Dental Examination on Discharge

File No.....

Rank *1st Lt* Name *Hayes R* Regt. No. *93118*

Date of enlistment *10/8/16* Service, where *France*

If any dental treatment in army, where *Nil*

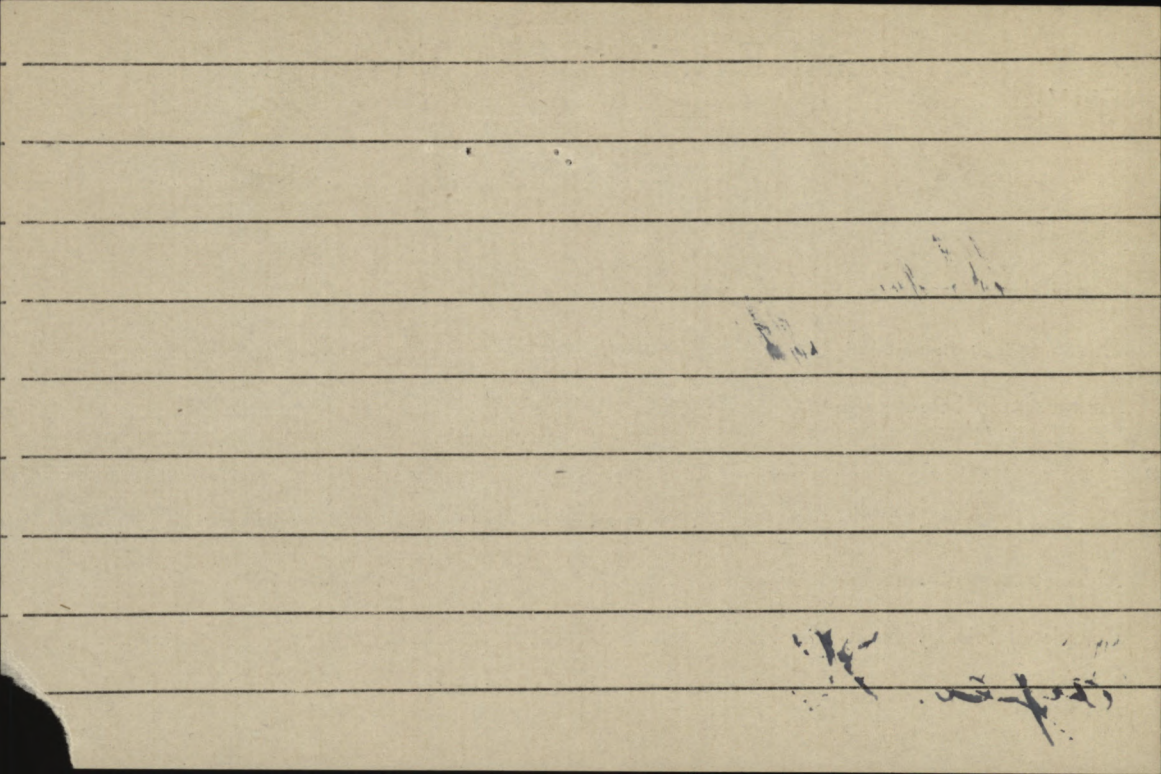
Discharge examination at *Frederickton* Date *3/3/19*

Treatment to be received *Filling 5: 6. 7. 8. 9. 10. 19. 30. 31*

At *St. John's* Examined by *L. R. Dawson Capt.*

Above treatment completed by..... Date.....

Completed History Sheet File No.....



Dental Examination on Discharge

File No.....

Rank *Pte* Name *Blayes R. W.* Regt. No. *921118*

Date of enlistment *10th Aug / 16* Service, where *France*

If any dental treatment in army, where *none*

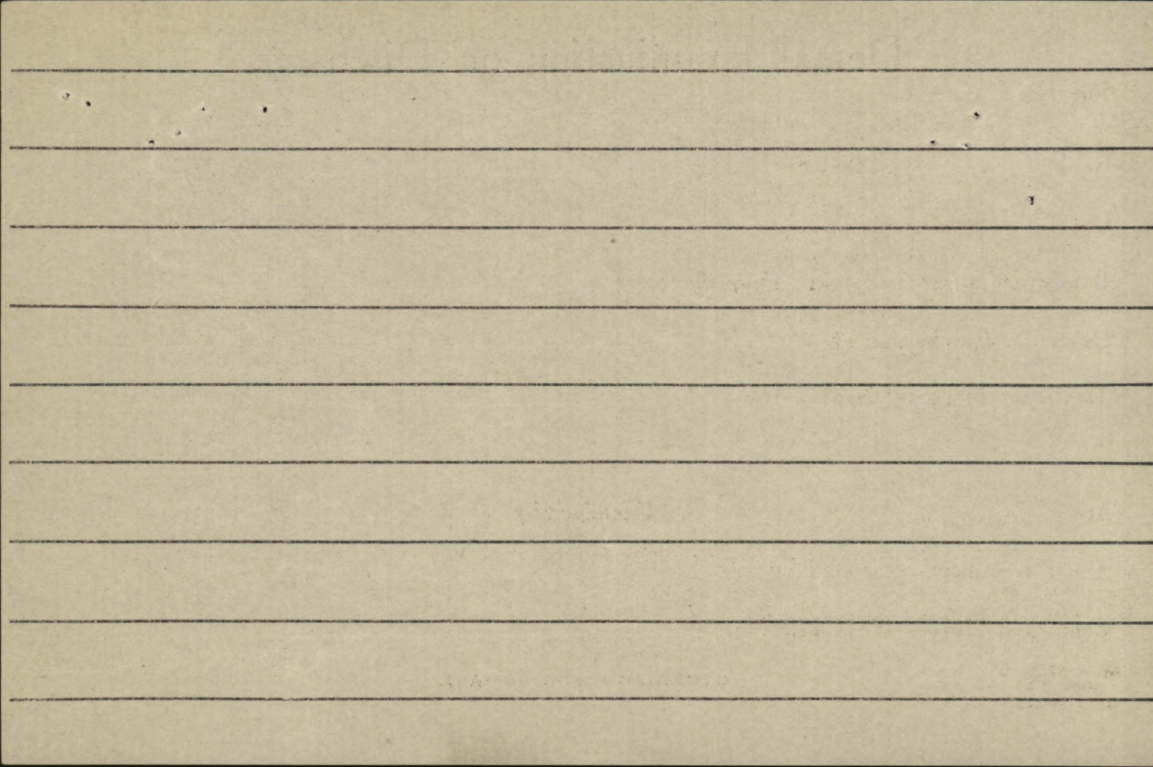
Discharge examination at *Fredrickton N.B* Date *8/2/19*

Treatment to be received *to fill 5, 7, 8, 9, 10, 30, 31*

At Examined by *L. H. Reed Det*

Above treatment completed by Date

Completed History Sheet File No.....



No. 931.118

RANK

Pte.

NAME

Leyes. Roy Edward.

T. O. S. 10-8-16

UNIT

D. O. I. 14-8-16 No 2 Construction Battalion

M. D. 6

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID

PAID

SIG.

OR

REC'T

FROM

TO

1916

1916

Aug 10

Aug 31

n

Sept.

n

Oct.

n

Nov.

✓

Dec.

✓

1917 Jan 1917

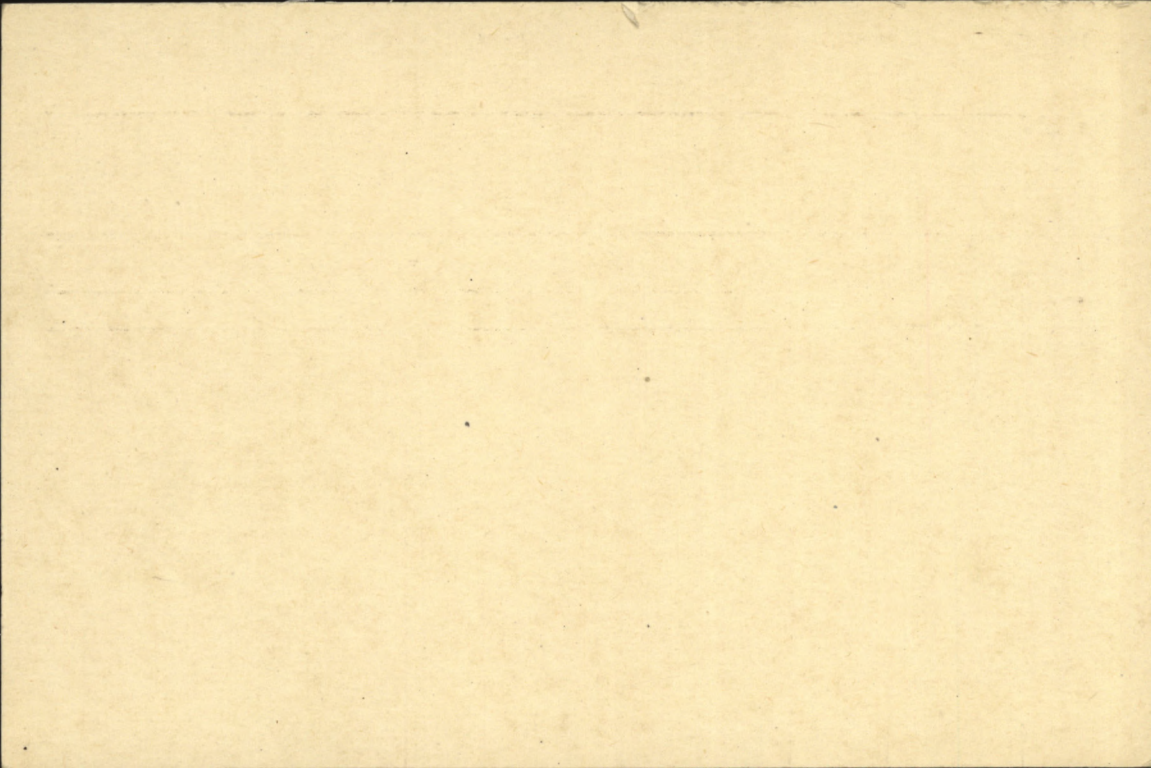
✓

Feb.

n

Mar.

n



ROY EDWARD.

Name HAYES

Rank Co

Reg. No. 931118

Unit 2 Com Bn

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
1-10	C. P. H. La Four		U.S.	a. 340		4592-10
5-10	C. P. H. La Four		"	a. 350		4592-10
26-11-18	C. P. H. La Four		20	a. 386		5986-14
5-12-18	Discharged.		"	a. 394		6211-5

LEDGER No. 1614

SERIAL No. 234844

9

REG. No. 931118

NAME Hayes Roy E

RANK Pte

CORPS 1st

AGE

SERVICE

6 8 3/4 / 12 1 1/2 / 12 6 20 / 12 7

HOSPITALS

DATE OF ADMISSION

1 St John Military

11-2-19

2

3

DIAGNOSIS Gonorrhoea

TRANSFERRED TO

DISPOSITION

Dis-27-2-19

CATEGORY

M.F.W. 2553.
1126-D.P.-50M-12-18.
1772-39-1332.

SURNAME.

Hayes

CARD NO.

CHRISTIAN NAMES

Roy Edward

808 Dec-5-19. 7
No. 97 of FOLY 4-19
Serial # 7 ad ju

REGL. NO.

93 1118

RANK

Pte.

UNIT

No. 2 Construction # 4 DP

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Wright, Mrs. Henrietta

RELATIONSHIP TO SOLDIER

mother

AD

84 Protection St. W. St. John,
N.B.

B. a. a. P. 3-9-17

COUNTRY OF BIRTH

Canada

West St. John, N. B.

DATE

Sept. 11th 1897

PLACE OF ATTESTATION

St. John, N. B.

DATE

Aug. 10th 1916

P/H 17-1-19. $\frac{254}{184}$ Pte.

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

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Teamster

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

19

YEARS

—

MONTHS

HEIGHT

5

FEET

7 $\frac{1}{2}$

INCHES

CHEST MEASUREMENT

37 $\frac{1}{2}$

INCHES

EXPANSION

3 $\frac{1}{2}$

INCHES

COMPLEXION

Dark

EYES

Black

HAIR

Black.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Pictou, N. S.

DATE

Aug. 12th 1916

Present Address:- 37 Watson St., West St. John, N. B.

NAME

Kayes

R.

E.

REGT. NO

931118

RANK AND UNIT

Pti

2 Com.

U.S. Regt.

NEXT OF KIN

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 340 - 3.	Can For Corps La Joux.	1-10-18	W D S
A 350 - 1.	Discharged	15-10-18	" " "
A 386 - 1	San. F. B. Re Joux, Jura	26-11-18	20
A 394 - 1	Disch.	5-12-18	20

~~Army~~

Number 931118 Rank ~~Pte~~ *Spr.*

B

Surname HAYES

H

Christian Name Roy Edward

Units C.O.B. C.C. Theatre of War 7 names

Date of Service 17-5-17

Remarks 80 Sheriff St.

Latest Address ~~84 Protection St.,~~

St. John N. B.

Roll No. B. Page 14522.

200m.-2-21.M.

DESP. JUL 4 1922

REGN. NO.

M 95117

LOCAL

Name..... HAYES Roy Edward Rank Pte. Regtl. No. 931118

Original unit #2 Cons. Present unit 17th Res # M. or S. Age 22 Religion C.E. Ref. H.Q. Fyle Depot.....

Port, ship and date of arrival Halifax, N.S. OLYMPIC 17-1-19.

Next of kin Mother - Henriatta Wright - 37 Watson Street, W. St. John, N.B

Address on leave as above

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Teamster Date and place of enlistment St. John, N.B. 10th. Aug, 1916.

Diagnosis..... Date of Medical Boards.....

Date. T.O.S.	Remarks	Pt. 2 Order No.
10-1-19	Cas Co'y 17-1-19 Leave from 17-1-19 to 3-2-19	#21. <i>CO23</i>
<i>7-2-19</i>	<i>To Discharge Section</i>	<i>CO38</i>
<i>7-2-19</i>	<i>Dis H.M.S. Fredencton N.B.</i>	<i>H.S.O.#32 (7-2-19)</i>

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

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.-5-18

1772-39-1243

Surname Christian Name or Names Reg. No.

Hayes. R. E. 931118

Rank Unit

Pte. R.S. (2600)

Cas. List.

	C. F. C. P. La Jouse.	1. 10. 18
10. 10. 18 @ 340/3	V.D.S. 6.	
29. 10. 18 @ 350	Dis.	15. 10. 18
3. 12. 18 @ 386	Capt. F. C. La Jouse Jura.	25. 11. 18.
	V.D.S. 6.	
12. 12. 18 @ 394	Dis	5. 12. 18

A.M.D. 2 Dept.

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

Cas. List.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.
(Assignee)

Mrs Henrietta Wright

Name of Soldier

*Hayes Roy Edward
Pte No 2 const Bn*

PAYMENTS.

No 931118

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>10⁰⁰</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 4866</i>	<i>10</i>	
May		<i>L 9851</i>	<i>10</i>	<i>10⁰⁰</i>
June		<i>S 15861</i>	<i>10</i>	<i>10 - Bn</i>
July		<i>R 22289</i>	<i>10</i>	<i>c 122289 cancd gks.</i>
Aug.		<i>B 34883</i>	<i>10</i>	<i>L</i>
Sept.		<i>X 40227</i>	<i>10</i>	<i>B</i>
Oct.		<i>S 42536</i>	<i>10</i>	
Nov.		<i>P 48560</i>	<i>10</i>	
Dec.		<i>S 58456</i>	<i>10</i>	<i>90⁰⁰ HS.</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

APR 1917

26529

10

CANADIAN
ASSIGNED PAY AUDITED
[Signature]
AUDIT CLERK
DATE *19/6/19*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs. Henrietta Wright*
 Address *37 Watson St
 West St John N.B.*

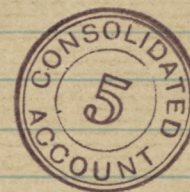
By Whom Assigned *Hayes Roy Edward*
 Regtl. No. *931118*
 Rank *Pte*
 Corps *no 2 const. Bn.*

Rate *10⁰⁰*

APR 1917

PAYMENTS

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



12. 11. 1954

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.S.7.

NAME OF SOLDIER (Block Letters) HAYES, R.E.

REGIMENT 2nd C.C.C. RANK Plt. No. 931118.

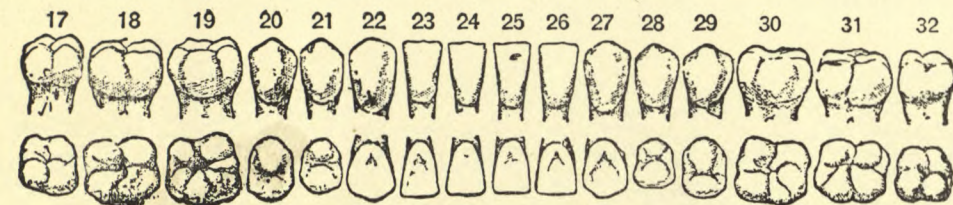
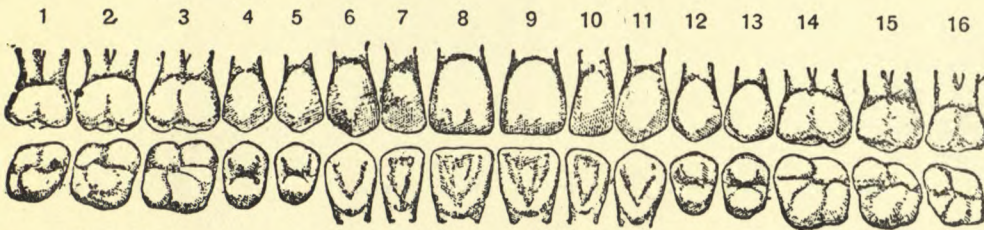
Date of Examination in England 3-1-19. Date of Examination in France _____

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 5-6-7-8-9-29-30

2. EXTRACTIONS _____

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 A. J. Tracey Capt.

M.D.

HAYES R.E.

PAINT

R.C.C.

3-1-19

RECEIVED

5-1-19

() Full Open
() Full Upr
() Full Low

() Full
() Full
() Full



PRINTED AT THE

OFFICE OF THE

COMMISSIONER OF

THE GENERAL LAND OFFICE

THE GENERAL LAND OFFICE
LONDON

THE GENERAL LAND OFFICE
LONDON

THE GENERAL LAND OFFICE
LONDON

PRINTED BY
RICHARD CLAY AND COMPANY

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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

(2) Regimental Number..... *931118*

(3) Full Name of Soldier..... *Roy Edward Deyes*

(4) Place of Birth..... *St John
New Brunswick*

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

(6) If married, state,
 (a) Full name of your wife..... *X*

(b) Present Postal Address..... *X*

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

(8) Have you any children?..... *X*

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

 Also their names and ages..... *X*

(9) Is your Father alive? No

If so, state name and address X

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Henrietta Wright

37 Watson St. West St John, N.B.

(11) If your Mother is a widow No

Are you her sole support, or not? X

(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.

X

(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.

X

(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.

X

(15) Are you insured? Yes

If so, in what Company? Metropolitan Life

Have you made arrangements for payment of your Insurance premium? Yes

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

W. A. Davis Capt
Lieut-Col.
No. 2 Construction Batt'n C. E. F.

Officer Commanding.

MAR 1 1917

Date.....

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

7

NAME OF SOLDIER

Hayes R

REGIMENT

2nd Canad

RANK

Private

No.

931118



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date <i>3/3/19</i>	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoex	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR <i>L. R. Dawson Capt.</i>	Military District	REMARKS		
												U	L	P			Gold	Porcelain						

1914

W. H. ...
...

...

...

...

...

...

off 2-658810.1830
21

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS

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. 93118 Rank Pt Surname HAYES
(Given name in full)
ROY EDWARD
 Unit or Corps DD 7 Cav Co 2 Con Bn Birthplace St John NB

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

1. GENERAL DESCRIPTION:

Physique Good Weight 148 lbs. Height 5 ft. 8 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 76
 Condition of arteries Normal
 Vision Rt. No Left No
 Hearing (conversational voice) Rt. No ft. Left No ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Small linear scar Aug 1917
None

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.

V.D. GAS to record on M.A.S. see Casualty sheets

MEDICAL EXAMINATIONS.
OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at Fredericton N.B. (Canada)

Date July 8th 1919 Signed E. J. Howland 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 Roy Hays

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

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

Attention Deserved Officer

Common as to general health and physical condition
This officer or other rank ever suffered from, or has he now, any affection of the following systems?
Genito-Urinary System
Special Senses
Integumentary System
Muscular System
Digestive System
Respiratory System
Cerebro-Vascular System
Osseous and Joint System, and any other special condition
If the answer to any part of Section 3 above is "Yes," here give full particulars with dates and date of origin, and also a description of the present condition.

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. 931118 Rank Pte Surname HAYES
(Given name in full)
ROY EDWARD
 Unit or Corps A.D.7 Birthplace St. John N.B.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5.8 ft. Colour of Eyes Brown
 Nutrition Good
 Pulse 80
 Condition of arteries Normal
 Vision Rt. no/no Left no/no
 Hearing (conversational voice) Rt. no ft.
 Left no ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Small scar near bridge of nose. Accidental childhood

Opinion as to general health and physical condition Good

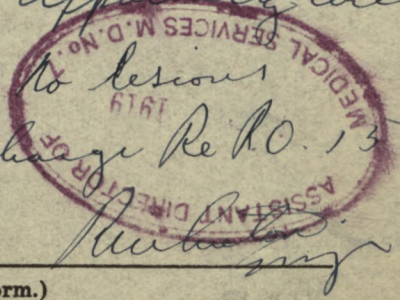
2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

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.

V.O. 5 & V.O. 9

V.O. 9. Apparently cured
V.O. 5. No lesions
Discharge Re R.O. 13 64



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

[OVER]

Attention General Officer

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date

Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at *Fredrickton N.B.* (Canada)

Date *Mar. 25th 1919*

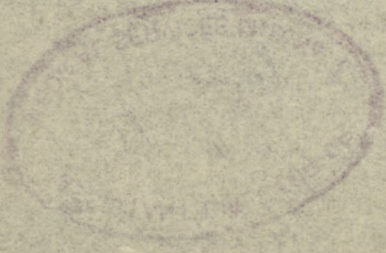
Signed *E. J. Robertson* M.O.

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 *R. E. Magee*

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

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



[OVER]

Surname *D ayes* Christian Name *Roy*

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				
<i>St. John</i>		<i>11</i>	<i>2</i>	<i>19</i>	<i>22</i>	<i>3</i>	<i>19</i>	<i>VDG</i>	<i>48</i>	<i>Discharged to the ...</i>	<i>[Signature]</i>

**Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.**

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank..... *Pte.* Name..... *HAYES* Surname..... *R. S.*
Unit or Corps..... *No 2 Const.* (If a soldier) Regtl. No. *921118*
Born at *St. John, N.B.* on, date *Sept 11, 1897*
Signature (for identification)..... *R. E. Hayes*

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

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

Weight *145* lbs.
Height *5* ft. *8* in.

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? *64* Intermittence or Irregularity? *no*

6. ARTERIES---Any hardening? *no*

7. DIGESTIVE SYSTEM? *no*

8. GENITO-URINARY SYSTEM? *no*
Urinalysis---s.g.? *no* 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..... *St. John's Park* { Signed..... *W. J. [Signature]* M.O.
Date..... *Oct 1 1919* { Signed..... *[Signature]* M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE1..2..1972.....

NAME Service No. CPC No.
NOM ..HAYES ROY EDMUND..... Matricule No° ..931118..... CCP No°
(HAYES EDMUND ROY.)
WVA No.
AAC No° ...212369.....

Information Received from:

Information reçue de:STMO: ST:JOHN: DIST:.....

Date of Death

Date du Décès ..JAN..26..1972..

Place

Endroit ...LANCASTER HOSPITAL.

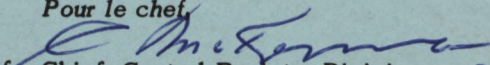
Distribution: WSR-DASG ✓

VI - ASS

~~DOXXE~~XXX

HO - BC

Pour le chef


for Chief, Central Registry Division.

Dépôt central des dossiers.



VENEREAL DISEASE CASE-SHEET

(Gonorrhoea)

Reg. No. 931118 Rank Pte Name Hayes R.E. Unit 7 D.L.

Diagnosis Admitted 11-2-19 Discharged

Medical Officer i/c Case A. Hosier major
Chm

HISTORY.

No. of previous attacks Relapse

Where and when acquired London Eng. Sept. 1918

Date and character of symptoms Lamp meatus on admission.
Inguinal glands enlarged. Skin + m. neg.

DATE -Day of disease-	Smear	Urine	Urinalysis	Other Lab. Tests	Complications	Medicine	Irrigation	Operations
11-2-19	GC - Pus. & Epithelial Cells			Urine Cl. Strud.			Agno 3	
14 " "	S.P.W.			"	"	"	1-20000	
18 " "	"			"	"	"		
20 " "	"			"	"	"		
26 " "	"			"	"	"		
28 " "	"			"	"	"		
Nov 2 " "	Domp.			Urine Cl. Strud.				
" 6 "	"			"	"	"		
" 10 "	"			"	"	"		
" 12 "	Dry			"	"	"		
" 14 "								
" 16 "	Domp. few pus cells & Epithelial							
" 18 "	Dry			Urine Cl. Strud.				
" 20 "	"			"	"	"		
" 22 "	"			"	"	"		

[Handwritten signature]

CASE HISTORY SHEET.

No. 931118 Rank. Pte Name. Hayes R. E. Age.
Unit. 7th D.D. Completed years of service 12 Where and how long } Can 8³/₄ Eng. 1¹/₂ Fr. 20⁰/₁₂
Date of admission 11-2-19 Date of discharge 22-3-19
Diagnosis Place of origin Eng. Sept. 1918.

CONDITION ON ADMISSION AND PROGRESS OF CASE

History by patient: Gonorrhoea in Sept. 1918. After leaving hospital noticed no discharge. Slight discharge from urethra found on examination before discharge from army.
P.E. Skin, m.m., lungs and heart negative. Inguinal glands very slightly enlarged. Urethral moisture, but no purulent discharge macroscopic.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Negative

TREATMENT

(Especially any specific or special form)

See form 101.

CONDITION ON DISCHARGE

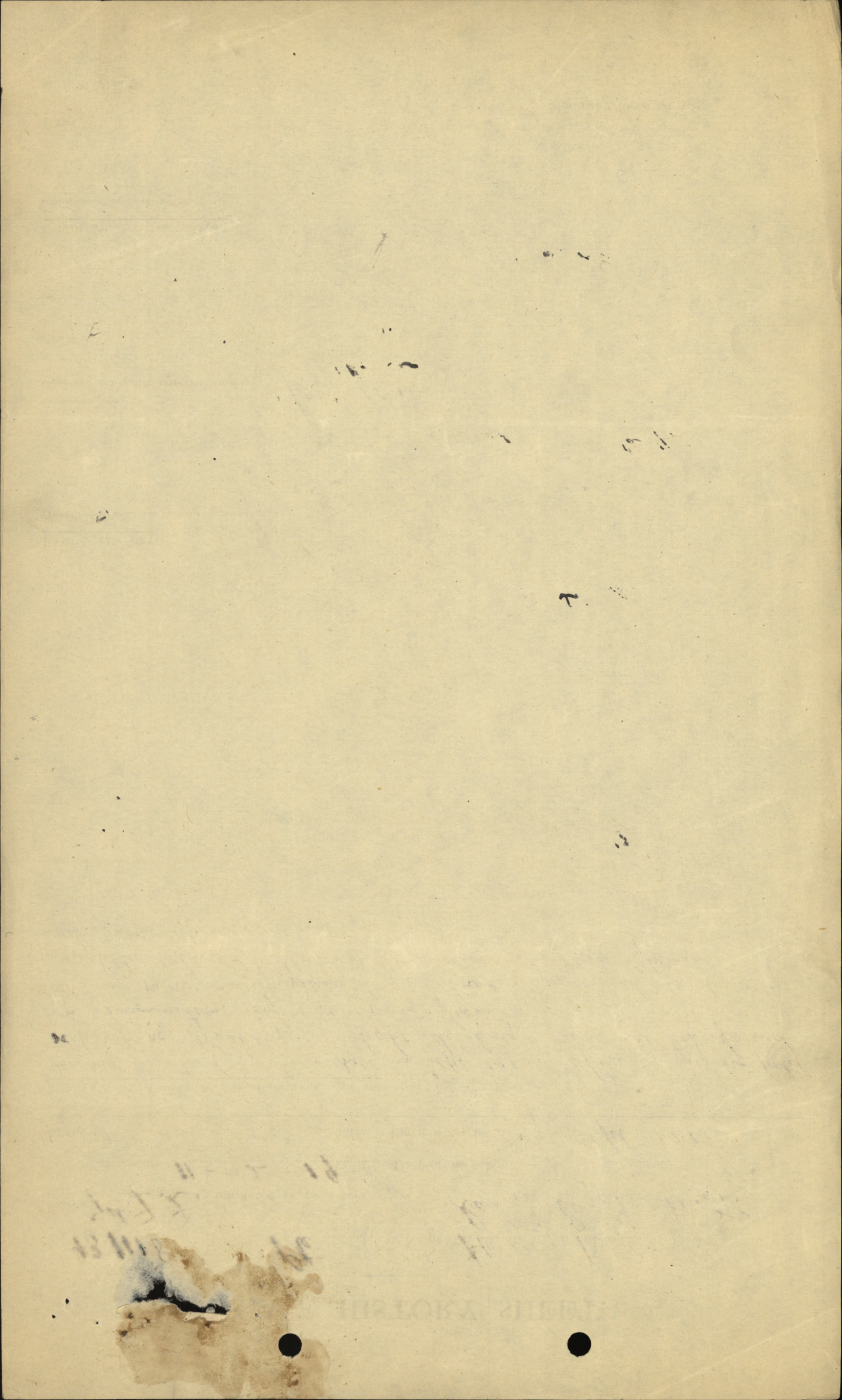
(and disposal made of case.)

Discharged without

Date

A. H. S. H. G. D.

Medical Officer i/c case.



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

Adwards

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. *93/118.*

Rank *pte*

Name *Roy Edward Hayes*

C. E. F.

Enlisted (a) *10-8-16*

Terms of Service (a) *period of war + 6 months*

Service reckons from (a) *10-8-16*

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.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">CERTIFIED CORRECT.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">CAN. RECORDS, LONDON</p> <p>6 JUN. 1917</p>				
	<p>Embarked, Canada</p> <p>Disembarked England</p> <p>Proceeded Overseas</p>	<p>Halifax</p> <p>Liverpool</p> <p>Seaford</p>	<p>25/3/17</p> <p>17/4/17</p> <p>17/5/17</p>	<p>Adjutant, No. 2 Construction</p>
	<p>Landed in France</p>			<p>17-5-17 N.R.</p>
<p>28/3/18.</p> <p>oc</p> <p>unit</p>	<p>absent 5 days FPN^o 2</p> <p>for (1) Leading his Working Party without permission at about 12.30 pm (2) absent from 12.30 pm until 3-15 pm (2 hrs 45 min)</p>		<p>23/4/18</p>	<p>B 2069</p> <p>1275 No 13</p> <p>d/s 8-3-18</p>

(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				
9.4.18	oc. unit.	Sentenced to 20 days F.P. No. 1. 9.4.18 for W.O.A.S. 1. Insobience to a N.C.O.		9.4.18	B2069. D/15/4/18.
		2. Hesitating to obey an order.			O/22. D/18/4/18.
20/6/18.	oc. unit.	Admonished, and placed under stoppage to make good the value of missing article. 13/6. for "W.O.S. Being by neglect articles of clothing 1 Pr. Trousers. 13/6.		B-648.	B2069 Wage 39 7 July 1918
14-9-18	oc.	Granted 14 days leave	int.	9.9.18	B213 W.O.S. 53 7 Sept 1918
5-10-18	oc.	Reper from leave.	Sold	24.9.18	B213
1-10-1918	Infantry	V.O.S.	admitted	1-10-18	W 6496.
5-10-18	Infantry	V.O.S.	admitted	1-10-18	B213
8-10-18.	oc. unit.	7 days S.P. No. 3. 30-9-18 for A.W.L. for 7 am 23-9-18 to 7 am 24-9-18 (overlapping with leave) Defects 1 day pay by R/L			B213 W 56 9 Oct 1918
15-10-18	Infantry	V.O.S.	discharged.	15-10-18	W 9518
19-10-18	oc. unit.	Reper from Hospital		15-10-18	B213
19-10-18	oc.	Defects 2 days allowance in flood under stoppage 2 pay at 50¢ per diem while in ship for 1-10-18 to 15-10-18 (15 days)			B213 W 59 7 Oct 1918
26-11-1918	Infantry	V.O.S.	admitted	26-11-18	W. 3394.
30-11-18	oc. unit.	V.O.S.	Sold Ship	26-11-18	B213

Casualty Form - Active Service.

Regiment or Corps 10th Bde Cont Coy

Rank plc Surname Hages Christian Name Roy Edward

Religion Age on Elistment 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>10¹²/18</u>	<u>COY.</u>	<u>Trans & Eng reported to N.S. Regt depot Bramshott</u>	<u>Bramshott</u>	<u>14¹²/18</u>	<u>10R 305</u>
			<u>Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</u>		
<u>17-12-18</u>	<u>N.S. R. D.</u>	<u>IOS. & attached to 2nd C. S. D. for Quarters & Rations</u>	<u>Bramshott</u>	<u>14-12-18</u>	<u>D. U. 305</u>
	<u>N.S.R.D.</u>	<u>ON COMMAND TO <u>CDD Kimmel</u></u>	<u>BRAMSHOTT</u>		<u>PART II D.O. 27/12/18</u>
		<u>Rhyl</u>			<u>LIEUT. OFFICER 1/c RECORDS.</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 in the REGTL. DEPOT. (b) Signaller, Shoeing-Smith, &c.

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				
28.12.18	17th Res	T.O.S. - M.D. 7	Kennel Park	28.12.18	DOP #58
9.1.19	M.D. 7	So A. on proceeding to Canada	Kennel Park		DOP: II No. 9. 9/1/19
					James Lieut. Officer in Records M.D. 7. Kennel Pk
10.1.19	England	TAKEN ON STRENGTH. 2010 #44101	Kennel Park		
		PART II. ORDER No. 21			
					W. Handley Capt. & Adj. For O. C. District Depot No. 7.
		"DISCHARGED" FROM HIS MAJESTY'S SERVICE			
		5-4-19 D.O. #97 (7-4-19)			
					R. Lindsay Lieut. O. C. Discharge Section For O. C. District Depot No. 7.

J.P. Rank _____ Name **HAYES, Roy Edward** Reg'l No. **931118.**
 Unit **No2. Const Bn.** If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **St. John. N.B. 10th Aug. 1916.** Place of Birth **West St. John. N.B.**
 Name and Address, Next-of-Kin **Henrietta. Wright.**
37 Watson St. West S^T. John. N.B. Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

N/E. R.B. No. **5017**
 File R.L. _____
 Category **OR CAN**

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.				
		<i>Arrived in England ss "Southland"</i>		<i>7-14-17</i>	<i>Alw. W. W.</i>
<i>14:6:17</i>	<i>2-600 Bn</i>	<i>Arrived in France</i>	<i>Field</i>	<i>14:5:17</i>	<i>PT2 DO 115</i>
<i>16-12-18</i>	<i>NSRD</i>	<i>To S from 2 Decoy</i>	<i>Pvt Bshott</i>	<i>14-12-18</i>	<i>308-71 d/19-12-18 2nd decoy</i>
<i>27-12-18</i>	<i>NSRD</i>	<i>O/c to C. D. D. Rhyll</i>		<i>27-12-18</i>	<i>-363-</i>
<i>19 JAN. 1919</i>	<i>NSRD</i>	<i>SOS to CEF in</i>	<i>Pvt Bshott</i>		
		<i>CANADA</i>			<i>9 JAN 1919 PT2DO 16</i>

A.F.B. 103 CHECKED
 29 MAY 1917

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931118 (Rank) Private

Name (in full) -ROY EDWARD HAYES- enlisted in
No. 2 Construction Battalion
 the

St. John, N. B. 10th
 CANADIAN EXPEDITIONARY FORCE at on the
August 16
 day of 19

HE served in CANADA, ENGLAND AND FRANCE

and is now discharged from the service by reason of Demobilization

-Authority--R.O. 1420 (c)-

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

Age	<u>21 years 7 months</u>	Marks or Scars	<u>Small linear scar</u>
Height	<u>5 feet 8 inches</u>		<u>bridge of nose.</u>
Complexion	<u>Dark</u>		
Eyes	<u>Brown</u>		
Hair	<u>Black</u>		

Roy Hayes
 Signature of Soldier

R. W. Lindsay
 Issuing Officer
LIUT.

Date of Discharge APRIL 5th, 1919

For O. C. DISTRICT DEPOT NO. 7

Signed at FREDERICTON, N. B. this 5th day of APRIL 19
 Appointment

in Military District No. 7

File Reference No. D.D.7 86-H-213

District Depot No. 7

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.

APR 5 1919

M. F. W. 39a.

250m-6-18.

H. C. 177-39-332 B.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name **WAR SERVICE BADGE**

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

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

Class "A" No 78760 issued

* Strike out whichever inapplicable.

ASSIGNED ENGLAND OR * CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE: 1 APR 1917	EFFECTIVE DATE:
AMOUNT: 10 ⁰⁰	AMOUNT:
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAY WORD "SAME" ONLY TO BE WRITTEN IN	
Mrs Henrietta Wright mother Watson St W.S. Johns U.S.	
Stop pay eff 1/1/19	

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CHARGED IN RED IN			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/2/18	6582	CDC	460				
18/12	3576		973				
			1479				

75121 New Bo

PARTICULARS OF RENDERING NON-EFFECTIVE:-				
1918 MONTH	PARTICULARS	CR 1	CR 2	PART
MAR	Bal Ford			
Apr	P. Pay	33		C.A.P. AR 4 94070 20 days #1 9/4/18 a 20 C. Col 2 1/2 odd - 20 22 11 ⁰⁰ undr chgs charged 5 days
May	P.P.	34 10		C.A.P. AR 108 9/5 ✓ 472 23
June	P.P.	33		C.A.P. AR 709 v. 871
July	PP	34 10		Can a AR 949 AR 1093
Aug	PP	34 10		Can a AR 1256 AR 1482
Sep	PP	33		Can AR 1673 AR 1679 CP 34359 CP 35059
		33		

SEPARATION ALLOWANCE.

ENGLAND OR CANADA.

NAME:- *HAYES Ray Edward*

EFFECTIVE DATE:-

NUMBER:- *931118*

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

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

Other B.
Stop pay eff 1/1/19

He

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2 Construction Bn*

DATE ACCOUNT FIRST OPENED:- *1 APR 1917*

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S P'D UNIT TRANSFERRED TO

Canada

BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT DATE OF PAYMENT NUMBER OF A R UNIT PAID BY AMOUNT

<i>460</i>				
<i>973</i>				
<i>1429</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE

	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>	
--	----------	----------	----------	-----------	--

75121 New Book issued LN 9/13 139.81.

EFFECTIVE:- *31/12/18 Cr Bal Ledger Sheet 18 105.00 - Def Pay 100.00*
2/1/19 - L.P.C. 125.13

CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
							<i>18272</i>	<i>60</i>	
<i>33</i>		<i>G.A.P.</i>				<i>10</i>			
		<i>AR 4 8/4 C7C Jun</i>	<i>3 57</i>						
		<i>20 days #1 7/4/18. For (1) Insistence to a U.C. of (2) Striking to obey new order - DO 22-18/4/18 - 2 Const Bn</i>		<i>22</i>					
		<i>11⁰⁰ undr chgs to 8¹³ 3/18. 10 days #2</i>					<i>169 35</i>	<i>65</i>	
<i>33</i>		<i>chgs to 5⁰⁰ - 5⁰⁰ difference</i>	<i>3 57</i>	<i>11</i>				<i>60</i>	
<i>34 10</i>		<i>G.A.P.</i>				<i>10</i>			
		<i>AR 108 9/5 C7C Jun</i>	<i>3 57</i>						
		<i>✓ 4/2 23/5 - 1. -</i>	<i>3 57</i>				<i>186 31</i>	<i>90</i>	
<i>34 10</i>			<i>7 14</i>			<i>10</i>		<i>65</i>	
<i>33</i>		<i>Cap</i>				<i>10</i>			
		<i>AR 709 7/6 CFC 5</i>	<i>3 57</i>					<i>75</i>	
		<i>v. 871 ✓</i>	<i>3 57</i>				<i>202 17</i>	<i>65 B</i>	
<i>33</i>			<i>7 14</i>			<i>10</i>		<i>70</i>	
<i>34 10</i>		<i>Can ar</i>				<i>10</i>			
		<i>AR 949 10/7 CFC 5</i>	<i>3 57</i>						
		<i>AR 1093 2/7 ✓</i>	<i>3 57</i>				<i>219 13</i>	<i>90</i>	
<i>34 10</i>			<i>7 14</i>			<i>10</i>			
<i>34 10</i>		<i>Can ar</i>				<i>10</i>			
		<i>AR 1256 1/10/8 CFC 5</i>	<i>3 57</i>						
		<i>AR 1482 25/8 ✓</i>	<i>3 57</i>				<i>236 09</i>	<i>80</i>	
<i>34 10</i>			<i>7 14</i>			<i>10</i>			
<i>33</i>		<i>Can ar</i>				<i>10</i>			
		<i>AR 1673 5/9 CFC 5</i>	<i>3 57</i>						
		<i>AR 1679 5/9 ✓</i>	<i>3 57</i>						
		<i>CP 34359 16/9 London</i>	<i>38 93</i>						
		<i>CP 35054 19/9 London</i>	<i>14 60</i>						
<i>33</i>		<i>Join</i>	<i>60 61</i>			<i>10</i>	<i>236 09</i>	<i>80</i>	

NUMBER 931118

RANK Pte

NAME HAYES RE

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	
		33		Dratforward.	6067		
				AR 3908 7/9 CFC5	9733		
				Cl. 36013 2019 2/11	243		
		33			16043		
Oct	nh	2410		Punishment sentenced to 7 dy F.P. No 2 30/9/18 diff. from 7 am 2319 to 7 am 24/9/18 200.56. No 2 Con 15/10/18		88	
				G.A.P			
				1.10.18. 12.10.18 1st dy 6.60 Dec 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Co 59 24/10 2 board 10/11			
				2321 26/10 676.5	373		
		3410			373	142	
Nov	P. Pay	33		G.A.P. 11/11			
Dec	P.	34	10	AR 2686 11/11 G.S. 65	373		
				2704 26/11	1306		
	Interest on Ref. Pay	437		CAP			
				AR 6582 10/12 G.S. 11/12	466		
				3569 18/12 BRN 12/12	973		
		7147			3118		

S.O.S. to Can 9/1/19 1st

CANADIAN
 ASSIGNED TAX AUDITED
 [Signature]
 AUDIT CLERK
 DATE 19/10/19

HAYES RE

PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Prof forward.	6067			10	236 09	80	
8 7/9 CFC5	9733						
13 2019 L/N	243				9866	85	at agreed
	16043			10			
ment sentenced to pdy 1/9/18 with from 7 am 15/10/18 100.56		880					
A.P.		540		10			
18 12/10/18 1st dy object 1/10 - board of							
10 676.5	373				10483	90	
	373	1420		10			
A.P. M.H.				20			
16 11/11 G.J.C's	373						
4 26/11	1306						
A.P.					135	14 100	
82 10/12 G.G.M.H.	466				139	51	
19 18/12 B.M.Sy.	973				12512		
	3118			20			

to Can 9/1/19 M.H. 10016 19/1/19

CANADIAN
 INDEPENDENT TAX AUDITORS
 [Signature]
 AUDIT CLERK
 19/1/19

M.D. No. 7

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

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S.

REGT. No. *931118*

RANK *Plt.*

NAME (IN FULL) *HAYES, Roy. Edward*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					<i>2nd Cos. Bn.</i>	<i>Olympic 17-1-19</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO DATE
<i>nil.</i>					<i>505 D.O. 21</i>	<i>505 D.O. 21</i>
TO WHOM PAID	RELATIONSHIP				DATE OF ATTESTATION	TRANSFERRED TO DATE
					<i>10-8-16</i>	<i>10-8-16</i>
ADDRESS					ASSIGNED PAY \$	DATE EFFECTIVE
					<i>\$10.00</i>	<i>1-2-19</i>
					PAYABLE TO	RELATIONSHIP
					<i>Mrs. Henrietta Wright</i>	<i>Mother</i>
					ADDRESS	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>84 Protection St.</i>	
					<i>West St. John. N.B.</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE
					DISCHARGED	REASON
					<i>Fredericton #4-19</i>	<i>Demol.</i>
						<i>J.C. 97</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE			AMOUNT	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
<i>Dec.</i>				<i>125 12</i>											<i>125 12</i>		<i>Dr. Col. Cong. P.C. 31-12-18</i>
<i>Jan.</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>	<i>11 20</i>	<i>245 30</i>	<i>Clearing Services</i>	<i>30 00</i>	<i>4 87</i>	<i>5 00</i>	<i>10 00</i>			<i>49 87</i>		<i>120 55</i>		<i>A.P. paid by Ottawa</i>
<i>Feb.</i>	<i>28</i>	<i>1.10</i>	<i>30 80</i>		<i>30 80</i>					<i>10 00</i>			<i>10 00</i>		<i>141 35</i>		<i>Dr. 9446 A.P. Feb.</i>
<i>Mar.</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>		<i>34 10</i>					<i>10 00</i>	<i>24 00</i>		<i>34 00</i>		<i>141 45</i>		<i>A.P. #10447</i>
<i>Apr.</i>	<i>2</i>	<i>1.10</i>	<i>2 20</i>	<i>35 00</i>	<i>37 20</i>								<i>248 65</i>	<i>70 00</i>			<i>Hospital stoppage</i>
<i>"</i>	<i>2</i>	<i>1.10</i>	<i>2 20</i>		<i>2 20</i>	<i>4 4</i>				<i>250 85</i>			<i>250 85</i>	<i>70 00</i>			
<i>"</i>	<i>1</i>	<i>1.10</i>	<i>1 10</i>		<i>1 10</i>										<i>68 90</i>		
				<i>W.S.G.</i>						<i>W.S.G.</i>					<i>68 90</i>		<i>Soldier</i>
				<i>153 days @ 2.00</i>	<i>350 00</i>					<i>281 10</i>			<i>281 10</i>		<i>281 10</i>		<i>1st payment a. store</i>
										<i>71 10</i>			<i>71 10</i>	<i>210 00</i>			<i>Dr. 3496.13 A.P. 5/23/19</i>
										<i>70</i>			<i>70</i>	<i>140</i>			<i>Dr. 843975 A.P. 6/1/19</i>
										<i>70</i>			<i>70</i>	<i>70</i>			<i>Dr. 1053672 A.P. 8/6/19</i>
										<i>70</i>			<i>70</i>	<i>70</i>			<i>Dr. 1253443 A.P. 11/10/19</i>
										<i>70</i>			<i>70</i>	<i>70</i>			<i>Dr. 5/2/19</i>
										<i>70</i>			<i>70</i>	<i>70</i>			<i>Dr. 5/2/19</i>
					<i>350 -</i>					<i>350 -</i>			<i>350 -</i>				<i>No Affection</i>

Separation and Assigned Pay Branch

H

April 1, 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

10			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 931118
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Roy Edward Hayes
 Battalion No 2 Const Bn
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Henrietta Wright
 Address 37 Watton St. West.
 Change of Address St John G.B.
 1 84 Protection St. St. John, N.B.
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917 Dec. 31			90	90	✓
1918 Jan.	Y 65940		10	10	✓ Pr.
Feb.	X 73772		10	10	✓ @
Mar	H 100084		10	10	@
Apr.	I 11370		10	10	@
May	D 6865		10	10	✓
June	A 14325		10	10	✓
July	W 32316		10	10	✓
Aug	D 31918		10	10	✓
Sept	C 39414		10	10	✓
Oct	E 46310		10	10	✓
Nov	C 34372		10	10	✓
Dec	E 65321		10	10	✓
1919 Jan	C 73497		10	10	✓
			<u>220</u>	<u>220</u>	

8248-R-13

CANADIAN
 ASSIGNED PAY AUDITED
 [Signature]
 AUDIT CLERK
 DATE 19/6/19

M. F. W. 128.
 4004. 6-17-1772-38-1141
 L. L. 22220-M. & D. 7993.

.....A/c Closed 31-1-19
 Ret'd per. Olympic
 Date 17-1-19 F.X. 22-1-19
 Clerk [Signature]
 WRD 55971 [Signature] R22-1-19 Lem

A STENCIL
 HAS BEEN MADE
 FOR THIS ACCOUNT

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

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank Promoted Reverted Discharge

Soldier's Name

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.
 Form 6-7-1-72-384-1141
 L. L. 22320-M. & D. 1993.

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.	931118																		
Rank	Private																		
Surname	HAYES																		
Christian name	ROY EDWARD																		
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>																			
Corps (Squadron, Battery or Company)	<i>District Detach. No. 7</i>																		
Date of discharge	APRIL 5th, 1919																		
Place of discharge	FREDERICTON, N. B.																		
1. DESCRIPTION AT THE TIME OF DISCHARGE.																			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Age..... 21..... years..... 7..... months.</td> <td style="width: 50%; text-align: center;">Descriptive marks</td> </tr> <tr> <td>Height..... 5..... feet..... 8..... inches.</td> <td style="text-align: center;">Small linear scar bridge of nose.</td> </tr> <tr> <td>Complexion Dark</td> <td></td> </tr> <tr> <td>Eyes Brown</td> <td></td> </tr> <tr> <td>Hair Black</td> <td></td> </tr> <tr> <td>Trade Teamster</td> <td></td> </tr> <tr> <td>Intended place of residence</td> <td style="text-align: center;">84 Protection St.,</td> </tr> <tr> <td><small>(To be given as fully as practicable.)</small></td> <td style="text-align: center;">St. John, N. B.</td> </tr> </table>	Age..... 21..... years..... 7..... months.	Descriptive marks	Height..... 5..... feet..... 8..... inches.	Small linear scar bridge of nose.	Complexion Dark		Eyes Brown		Hair Black		Trade Teamster		Intended place of residence	84 Protection St.,	<small>(To be given as fully as practicable.)</small>	St. John, N. B.			
Age..... 21..... years..... 7..... months.	Descriptive marks																		
Height..... 5..... feet..... 8..... inches.	Small linear scar bridge of nose.																		
Complexion Dark																			
Eyes Brown																			
Hair Black																			
Trade Teamster																			
Intended place of residence	84 Protection St.,																		
<small>(To be given as fully as practicable.)</small>	St. John, N. B.																		
2. The above-named man is discharged in consequence of Demobilization.																			
Authority for discharge..... R. O. 1420 (c).....																			
<small>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.</small>																			
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <div style="text-align: center;"><small>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.</small></div> 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)																		

amk.

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Fredericton, N. B. Grey Hayes (Signature of Soldier.)

(Date) April 2, 1919 J.W. Foyz (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) Fredericton, N. B.

(Signature) [Signature]

MAJOR

(Date) April 5th, 1919

O. C. DISTRICT DEPOT NO. 7

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge.</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
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Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.