

Duplicate

ATTESTATION PAPER.

No. 657661

162nd O. S. Batt'n, C. E. F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Hornbrook
- 1a. What are your Christian names?..... Joseph Edgar
- 1b. What is your present address?..... Sunderland
- 2. In what Town, Township or Parish, and in what Country were you born?..... Strony & Bsp. D. P. Sound
- 3. What is the name of your next-of-kin?..... Mrs Mary Hornbrook
- 4. What is the address of your next-of-kin?..... Sunderland
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... July 17 1890
- 6. What is your Trade or Calling?..... Operator
- 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 }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, J. E. Hornbrook, 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 Feb 28 1916. J. E. Hornbrook (Signature of Recruit) W. B. Jackson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph E. Hornbrook, 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 Feb 28th 1916. J. E. Hornbrook (Signature of Recruit) W. B. Jackson (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 Sunderland this 28th day of February 1916. W. H. Johnston JP (Signature of Justice)

Description of Joseph Hornibrook on Enlistment.

Apparent Age 26 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. 8 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 2 ins.

Complexion fair

Eyes blue

Hair blond

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist..... yes
 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* fit for the **Canadian Over-Seas Expeditionary Force.**

Date Feb 28th 1916.

H. B. Andrew

Place Sturbridge

Sturbridge
 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.

Joseph Hornibrook 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.

Date Feb 28th 1916.

Arthur W. Hill (Signature of Officer)

162nd O. S. Batt'n, C. E. F.

REGIMENTAL DOCUMENTS

(S)

NAME Hornbrook Joseph E REGT. NO. 65-7661 UNIT _____ H. Q. FILE NO. _____

NON-EFFECTIVE BY
DEATH

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		(M)	(H)		
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)				33566	13-8-19
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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					11/3
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					24-3
1 R149					30 3
1 Form Quill					(1)
1 Bus card					
1 M 2082					
1 Ray card				Box	
				4505	

399
10014-11-15
1972-05-12.7

657661

I.D. number
No. d'identification

HORNIBROOK

Surname
Nom de famille

K.I.A. 13/08/17

JOSEPH EDGAR

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

4505



FORM OF WILL.

I, **Joseph Edgar Hornibrook** (Name in full)

Regimental Number **557661** serving in **162nd O.S. Batt'n O.E.F.**
the ~~Overseas Military Forces of Canada~~, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

**Mary Hornibrook wife-of
J.-E.-Hornibrook-
Sundridge Ont.**

)
) Name and Address
) of person or
) persons to whom
) it is to go.
)

absolutely, and my personal estate I bequeath to

**Mary Hornibrook wife-of
of J. E. Hornibrook
Sundridge Ont**

)
) Name and Address
) of person or
) persons to receive
) personal estate.
) (See note).
)

IMPORTANT NOTE

This must be signed
and dated by the
Soldier Himself.

this **28** day of **Sept** A.D. **1916**.

J. E. Hornibrook Signature of Soldier.

N.B Personal estate includes pay, effects, money in bank, insurance
policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in
the presence of us both present at the same time, who in his presence at
his request and in the presence of each other have hereunto subscribed our
names as Witnesses.

Signature of First Witness **H W Martyn Lieut**

The Two Address of Witness **North Bay**

Witnesses Occupation of Witness **Contractor**

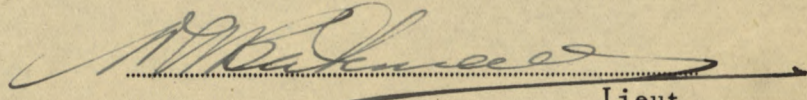
Must Sign
Here.

Signature of Second Witness **G M Hodgson L Corp**

Address of Witness **Sundridge**

Occupation of Witness. **Opl**

I hereby certify the above to be a true copy of the ~~original~~ **certified copy of** Will now on
file in Estates Branch, O.M.F.C.

Date **20 Nov 17**  **Lieut.**
for OFFICER I/C ESTATES, O.M.F.C.

NOTE **Died - K-in A. 3-8-17.**

Transferred Received from O. I/c Estates, Ottawa, 12-11-17.
No. 657661 Hornibrook, J. E. 162nd Battn.

FORM OF WILL

(Name in full)

I hereby declare that this is my last will and I bequeath all my real estate and

Name and Address of person or persons to whom it is to go

and my personal estate I bequeath to

Name and Address of person or persons to receive personal estate (Beneficiary)

IMPORTANT NOTE This must be signed and dated by the testator himself

Day of

Signature of Testator

Personal estate includes pay orders, money in bank, insurance policy, and all other things except real estate

Witnessed and subscribed by the testator as and for his last will in the presence of two or more persons at the same time who in his presence at his request and in the presence of each other have hereunto subscribed our names as witnesses

Signature of First Witness

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

I hereby certify the above to be a true copy of the original will now in my possession, O.M.F.C.

FOR OFFICER OF THE ESTATES, O.M.F.C.

Transferred

FORM OF WILL.

I, Joseph Edgar Hornbrook (Name in full)
Regimental Number 657461 serving in 162nd O. S. Batt'n, C. E. F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Mary Hornbrook wife of
J. T. Hornbrook
Sundridge Ont. } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mary Hornbrook wife of
J. T. Hornbrook
Sundridge Ont. } Name and Address
of person or
persons to receive
personal estate*
(See note).

IMPORTANT NOTE this 27 day of Sept A. D. 1916
This must be Signed and Dated by THE SOLDIER HIMSELF. J. E. Hornbrook Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness [Signature]
Address of Witness [Signature]
THE TWO WITNESSES MUST SIGN HERE Occupation of Witness Contractor
Signature of Second Witness G. M. Hodgson & Corp
Address of Witness Sundridge
Occupation of Witness Ops

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that I am of sound mind and memory and am not under any legal disability and I hereby declare that I am making this my last will and testament.

I hereby declare that I am making this my last will and testament and I hereby declare that I am not making this will under any duress, coercion, or undue influence.

I hereby declare that I am making this my last will and testament and I hereby declare that I am not making this will under any duress, coercion, or undue influence.

I hereby declare that I am making this my last will and testament and I hereby declare that I am not making this will under any duress, coercion, or undue influence.

I hereby declare that I am making this my last will and testament and I hereby declare that I am not making this will under any duress, coercion, or undue influence.

I hereby declare that I am making this my last will and testament and I hereby declare that I am not making this will under any duress, coercion, or undue influence.

I hereby declare that I am making this my last will and testament and I hereby declare that I am not making this will under any duress, coercion, or undue influence.

286m

Fill in **Unit, Number, Rank and Name**

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 162nd O. S. Batt'n, C. E. F.

Regimental No. 657661

Rank Pvt

Name Joseph Edgar

C. E. F.

Enlisted (a) Feb 28/16

Terms of Service (a) Duration of war

Service reckons from (a) Feb 28/16

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) _____

CERTIFIED CORRECT

14 DEC. 1916

CAN. RECORDS, LONDON.

Report Date	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.
		Re embarked Disembarked		1-11-16 Halifax 11-11-16 Liverpool	
30-11-16	O C 162nd	Transferred to 2nd Pioneer Battalion	Overseas	30-11-16 Port 11 219	
17/16	657661	Arrived in France		17/16 NR	10/compund major 17/16 NR 20/16 BV13 13/17 51-16-17957-040-73-17 8/7
22/16	2 657661	Arrived unit	Overseas	20/16 BV13	
14/17	do	Killed in action	do	13/17	

Whogon Major for Lt-Col. A.A.G.
Canadian Section G.H.Q. 3rd Echelon B.E.F.

(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				

ORIGINAL

MEDICAL HISTORY SHEET.

HORNIBROOK

Surname Hornbrook

Christian Name Joseph Edgar

Examined { on 28 day of Feb 1916
at Dunauage
Birthplace { City or Town Strong T.P.
County _____

Approved by H.B. [Signature]
Rank _____ M.O.

Apparent age 25
Trade or occupation Operator
Height 5 Feet 8 Inches.
Weight 165 Lbs.
Chest measurement { Minimum 39 inches.
Maximum expansion 41 inches.
Physical development Good
Small-Pox Marks No.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Vaccination Marks { Arm Right Left X
Number 1
When Vaccinated last 22 years ago
(a) Marks indicating congenital peculiarities or previous disease No.

Date.	Result.	VACCINATIONS.

(b) Slight defects but not sufficient to cause rejection No.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 28 day of Feb 1916 at Dunauage

	CORPS.	REGT'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>162nd</u>	<u>657661</u>		
Transferred to	<u>3rd Pnt</u>			

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.

AK Ham

Number 657661 Rank Pte B

Surname HORNIBROOK

Christian Name Joseph Edgar V

Units 2nd Cin. Div. Theatre of War France

Date of Service 1-12-16 D

Remarks

Latest Address (M) Mrs. Mary Hornibrook, Sundridge,

Roll No. B. Page 14537. Out

200m. -2-21.M.

DESP JUL 28 1922

REGN. NO. GYH 7926

SURNAME.

Hornibrook 649-H-12333

CARD NO.

D

CHRISTIAN NAMES

Joseph Edgar

FOLL.

REGL. NO.

657661

RANK

Plé

UNIT

162nd

Bin

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hornibrook, Mrs Mary

RELATIONSHIP TO SOLDIER

mother

ADDRESS

Sundridge, ont-

COUNTRY OF BIRTH

Canada Parry Sound, nt

DATE

July 7th 1890

PLACE OF ATTESTATION

Sundridge, ont-

DATE

Feb 28th 1916

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Operator

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

26

YEARS

MONTHS

HEIGHT

5

FEET

8

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Blonde

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

Sundridge, ont

DATE

Feb 28-1916

Present Address.

Sundridge, ont

649-H-12333

Pte. Joseph E. Hornibrook., 657661.

Medals & Dec.

(Mother)

Mrs. Mary Hornibrook,
Sundridge, Ont.,

not elig. for 14-15 Star

2nd P.M. Rec.

Placque & Scroll.

(Mother)

Same as above.

Serial No. 757488

Memorial Cross.

(Mother)

Same as above.

W. Desp.

SEP 22 1920

23044

(m)@23793

M

350

Scroll Desp. 412/22 Reqn. No. 25166

Plague Desp. DEC 13 1921 Reqn. No. P 20491

DEC 13 1921

NAME

Hornbrook Joseph Edgar
Sgt. 2nd Cav. Regt. Bn

REG'T'L No. 657661

H. Q. FILE No. 649.

RANK AND CORPS

FOLLOWS
No.

Form 162

CABLE

NATURE OF CASUALTY

NO.

DATE

FOLLOWS

M5929 22-8-17
36-5-
a7B2090a 17-8-17
Date rec. 6-10-17

Killed in action Aug 13th 1917

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

4396

Killed in Action 13-8-17

No. 657661 RANK

Pte

NAME Donibrook James C

T. O. S. 1-3-16
 DO 169 Mar 1916

UNIT 162nd Battalion

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 1	1916 Mar 31	✓		
	Apr	✓		
	May	✓		
	June	✓		
	July	✓		
	Aug	✓		
	Sept	✓		
	Oct	✓		
	Nov	✓		
		✓	Transf'd to Pioneer Bn DO 219. 30-11-16.	
				UNIT SAILED OCT 3 1 1916



Surname

Christian Name or Names

Reg. No. -

HORNIBROOK

J.E.

657661

Rank

Unit

Co.

Troop

Batty.

Pte.

2nd Pnr.Bn,

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

RFB.KILLED IN ACTION 13-8-17.

DISPOSITION

Date

CL. 22-8-17 A396.

REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

TLH Rank Name HORNIBROOK, Joseph Edgar, x Reg'l No. 657661.x
 Unit 162nd.Bn. If in perm. Corps, } Married or Single Single.x
 What Unit? }
 Place and Date of Enlistment Sundridge, Feb.28th.1916. x Place of Birth Township of
 Strong, Dist. of Parry Sound. x
 Name and Address, Next-of-Kin Mrs. Mary Hornibrook, x
 Sundridge, Ont. x Relationship Mother. x

m.x.
13-g. 20
157.

Assigned Pay Monthly \$ Payable to

Relationship

N/E. R.B. No. 2355
 File R.L. 25-H-3224
 Category *Kinda*

Separation Allowance \$ Payable to

Relationship



Discharge, Date and Place Reason Character

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.</i>		<i>11-11-16</i>	<i>per I.S.B. 'Colonial'</i>
<i>30-11-16</i>	<i>162 Bn.</i>	<i>S.O.S. To 2 Pioneers</i>	<i>Shuicliffe</i>	<i>30-11-16</i>	<i>Part II O. 219.</i>
<i>23-12-16</i>	<i>2nd Pioneer</i>	<i>S.O.S. From 162nd Bn</i>	<i>In the field</i>	<i>1-12-16</i>	<i>Pl-II 54.</i>
<i>17.8.17</i>	<i>"</i>	<i>Killed in Action</i>	<i>" " "</i>	<i>13.8.17</i>	<i>738CLA 396 d122/17</i>

A.I.B. 103 CHECKED
 8 DEC 1916

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Mrs. Mary Hornibrook.

Name of Soldier

Hornibrook. J. E.

L. L. Job 4503. - Req. 6832.

PAYMENTS.

657661.

Pte. 162 Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$20.</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>B 32217</i>	<i>20</i>	
Dec.		<i>C 37678</i>	<i>20</i>	
Jan.	1917	<i>H 38021</i>	<i>20</i>	
Feb.		<i>H 3978</i>	<i>20</i>	
March		<i>L 51292</i>	<i>20</i>	<i>20 M</i>
April		<i>Z 2269</i>	<i>20</i>	<i>20 Ch</i>
May		<i>Z 9018</i>	<i>20</i>	
June		<i>JW 15819</i>	<i>20</i>	<i>20 Ch</i>
July		<i>Z 24796</i>	<i>20</i>	<i>Cite 7. X. \$2.00 as B.N.M. March 22/8/17.</i>
Aug.		<i>J 29534</i>	<i>20</i>	<i>Asst closed 31/8/17. Cas. B.N.M. March 28/8/17.</i>
Sept.			<i>20</i>	<i>20</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

NOV 1 1916

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

To Whom *Mrs Mary Hornibrook*
 Address *Sundridge,*
Ont.

By Whom Assigned *Hornibrook. J. E.*
 Regtl. No. *657661.*
 Rank *Pte.*
 Corps *162 Bn.*

Rate *\$20.*

NOV 1 1916

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				



Pensions Notified Date *28/8/17.*
 Killed in Action }
 Died of Wounds } Date *13/8/17.*
 Missing }
 C. I. *(22)* *28/8/17.* Clerk *18 Dec. 1917.*
 Date Noted *28/8/17.* 191*7.*

11-11-11

11-11-11

11-11-11

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Nov 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>			
-----------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *657661*

Rank *pte* Promoted Reverted Discharge

Soldier's Name *J. E. Hornibrook*

Battalion *162nd Batta.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Mary Hornibrook*

Address *Sundridge Ont*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>			<i>200</i>	<i>200</i>	<i>Killed in action 13-8-17 Pensions noted 28-8-17 C.L. (22) 22 ⁸/₁₇ - B. March ac closed 31-8-17 cas.</i>
<i>Dec 31</i>					

P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

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

AUTHOR

Killed in Action

13-8-17

C. L. ...
a. 396

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

Date of Payment.

26.1

23.1

7

24.5

4.8

Single
Dist of Pavy Sound,
Twp of Strong Ont Can.
Mrs. Mary Hornbrook
Sundridge, Ont. Can
mother

Checked J. G. Hutchings

Total F. M. 31.12.16

Statement of
DEC 28 1917
Account rendered

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3				
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE			
NOV 1 - 1916													2 91		2 91									
1-30	30	1.00	30	-	30	10	3	-							33								13 17-11-16	
Dec 31	31		31		31		3	10							34 10								9357 J. L. C. B. D.	
Jan 31	31	1.10	34	10											34 10								1275 28/12 1387 28/11	
Feb 28	28		30	80											30 80								1328 23/11	
Mar 31	31		34	10											34 10								1516 7/11 1620 25/3 1471 11/7 1568 13/3	
April 30	30		33												33								112 21/4	
May 31	31	1.10	34	10											34 10								247 2/5 508 4/6	
June 30	30		33												33								324 25/5	
July 31	31		34	10											34 10									
Aug 31	31		34	10											34 10									
Sep.			33	10											33 10									2nd Pa 600 2/6

A. P. Church

