

ORIGINAL

931800

ATTESTATION PAPER.

No.

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Hyde
- 1a. What are your Christian names?..... James
- 1b. What is your present address?..... 347 Macomb St., Detroit, Mich. U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Nashville, Tennessee U.S.A.
- 3. What is the name of your next-of-kin?..... William Hyde
- 4. What is the address of your next-of-kin?..... 347 Macomb St., Detroit, Mich. U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Brother
- 5. What is the date of your birth?..... July 4th, 1882
- 6. What is your Trade or Calling?..... Cement Finisher
- 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?..... Yes (British Convoy)
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, James Hyde, 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 8th Feb 1917. (Signature of Recruit) James Hyde (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Hyde, 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 8th February 1917. (Signature of Recruit) James Hyde (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 Windsor, Ont. the 8th day of Feb. 1917.

(Signature of Justice) James G. ...

Description of James Hyde on Enlistment.

Apparent Age 36 years 0 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 5ft 1ins.

Chest measurement { Girth when fully expanded 33 ins.
 Range of expansion 30 ins.

Complexion Colored

Both eyes 20/20

Eyes Brown

Hair Black

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

Date Feb 8th 1917

[Handwritten Signature]

Place Windsor, Ont

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.

James Hyde 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.

[Handwritten Signature] Lieut-Col. (Signature of Officer)
 No. 2 Construction Batt'n. C. E. F.

Date February 8th 1917

C.E.F. REGIMENTAL DOCUMENTS

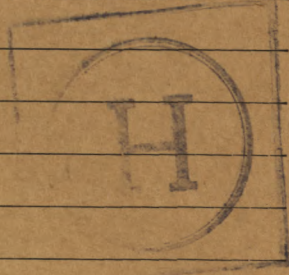
NAME HYDE JAMES

REGT. No. 931800

UNIT 2 CON BN

H. Q. FILE No. 42699

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133 or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					CATEGORY
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					CATEGORY
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOb.
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
CARDS					
PAY-SHEETS					



M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377



Rank **J.P.** Name **HYDE, James** Reg'l No. **931800.**
 Unit **No2. Const Bn.** If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor. Ont. 8th Feb. 1917.** Place of Birth **Nashville. Tenn.**
U.S.A.
 Name and Address, Next-of-Kin **William Hyde.**
347 Macomb St. Detroit. Mich. U.S.A. Relationship **Brother.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. **6033**
 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>7-4-17</i>	<i>Aw.w.w.</i>
<i>14:6:17</i>	<i>2nd Con Bn</i>	<i>Arrived in France</i>	<i>France</i>	<i>14:5:17</i>	<i>Lt 200 153.</i>
<i>16.12.18</i>	<i>NSRD.</i>	<i>TOS from 2nd C Coy.</i>	<i>John Bishott</i>	<i>14.12.18</i>	<i>20305471 / 2 C.C.C. / 19.12.18</i>
<i>27-12-18</i>	<i>N.S.R.D</i>	<i>O/c to C.D.D. Rhyl</i>		<i>27-12-18</i>	<i>- 313</i>
<i>19 JAN. 1919</i>	<i>NSRD</i>	<i>20S to CEF in</i>	<i>PK Bshott</i>		<i>PT2DO 16</i>
		<i>CANADA</i>			

A.F.B. 103 CHECKED
29 MAY 1917

9 JAN 1919

~~Duplicate~~
DUPLICATE

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

INSTRUCTIONS.

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

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

(2) Regimental Number **931800**

(3) Full Name of Soldier..... **James Hyde**

(4) Place of Birth..... **Tennessee**

(5) Are you married, or not? **U.S.A.**

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

(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 *Y*

(10) Is your Mother alive? *No*
If so, state name and address *X*

(11) If your Mother is a widow *Y*
Are you her sole support, or not? *Y*

(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.
Y

(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.
Brother
William Hyde, 347 Macomb St.
Detroit, Mich, U.S.A.

(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.
Y

(15) Are you insured? *No*
If so, in what Company? *X*
Have you made arrangements for payment of your Insurance premium? *X*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. L. Cabell
Lieut-Col.
No. 1 Construction Batt'n. C. E. F.
Officer Commanding.



Date

DEMOBILIZATION PAY DIVISION, M. D. No. 13

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1183 (D.P.) 250M-12-18.
1772-89-903.

LAST PAY CERTIFICATE

Regimental No. 931800... Rank..... Pte..... Name..... HYDE J.
(Surname first)
 Unit 2nd Cont. who was* discharged
 On 25.2.1919... to.....
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from... 1.1.19... to 25.2.1919
 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		302 72
Regimental Pay..... 56..... days at \$..... 1c.00.....		56 00
Field Allowance..... 56..... days at \$..... c. 10.....		5 60
Separation Allowance		35 00
Clothing Allowance		12 00
Post Discharge Pay		12 00
*Other Credits DO. 27 subs. 23.1. to 6.2.19.....		12 00
Advances AR. 304 6.2.19.....	100 00	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. C. 2539.....	311 32	
Total	411 32	411 32

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of
 Assigned Pay for the month of..... 191..... }
 and Separation Allee. for month of..... 191..... } (to) Assignee

(Address) N i l

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

ON TRANSFER OF AN OFFICER.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.

REMARKS:—

- State (1) date of enlistment ~~married~~ or single.....
- (2) Separation Allowance, entitled or not no... (3) Reason for discharge.....
- (4) Authority for discharge or transfer D.D. 13.....

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date ... 24.2.19.....

Place CALGARY.....

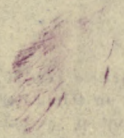
[Signature]
 PAYMASTER—DEMOBILIZATION PAY DIVISION M. D. 13 LIEUT. Paymaster.

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
 (B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1807, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
 BT (C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
 (D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....					
.....					
.....					
.....					
.....					
.....					
.....					
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.....					
.....					
.....					



No. 931800 RANK Pte.

NAME Hyde James.

T. O. S. 8-2-17.

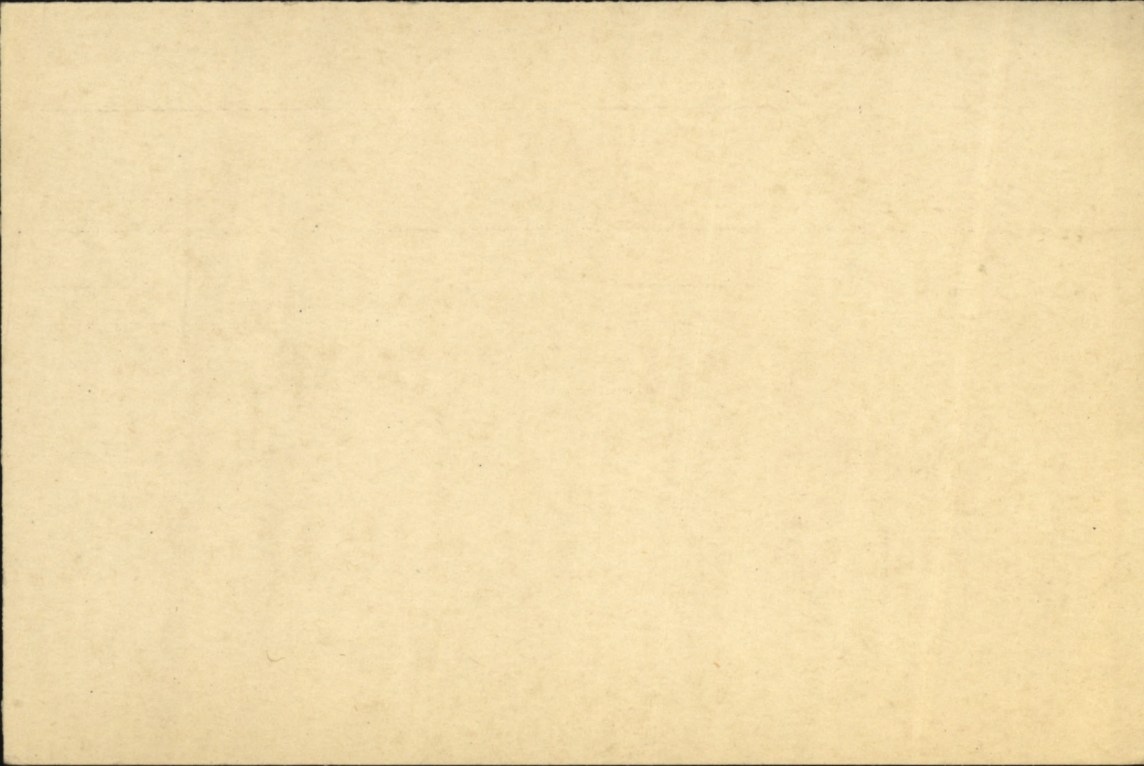
UNIT

Discharge Depot. Inche

D.O. 40 15-2-17.

M. D. 5.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1917 Feb. 8.	1917. Feb. 28	✓		
Mar.		u.		



SURNAME.

Hyde

649-H-28081

13 CARD NO. X 13

CHRISTIAN NAMES

James

SOS Dis 25-2-19.
Semi FOLL.
auth. Doc.

REGL. No.

931800

RANK

Pte.

UNIT

No. 2 Constr. #13 D.D.

O.O. 56 of 25-2-19

Brs.

FORMER CORPS

British Convoy

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hyde, William

RELATIONSHIP TO SOLDIER

Brother

ADDRESS

347 Macomb St., Detroit, Mich.
U.S.A.

COUNTRY OF BIRTH

U.S.A. Nashville, Tenn.

DATE

July 4th 1882

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Feb. 8th 1917

O/S. 28-3-17.

9/6/17-1-19 254
178 & 1/bpl

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

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Cement Finisher

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

36

YEARS

MONTHS

HEIGHT

5

FEET

1

INCHES

CHEST MEASUREMENT

30

INCHES

EXPANSION

3

INCHES

COMPLEXION

Coloured

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Feb. 9th 1917.

Present address: 347 Macomb St., Detroit, Mich.
U.S.A.

Am
Slam

Plt Sgt
24

Number 931800 Rank

Surname HYDE

Christian Name James

Units C.O.R.C.C. Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address % Ined

101st Street - Thelsson Ave

Roll No. Edmonton

200m. - 2-21.M. Page 13413 Alta.

DESP. JUN 26 1922

REGN. NO. 23482

B. V. Reta

15/7/22

*Name **HYDE. James.** LOCAL CARD Rank **Pte** Regtl. No. **931800**
 Origin **2nd. Con.** Present unit **2nd. Con.** M. or S. **S** Age **46** Religion **eth.** Fyle Depot **3. D. H. 360**
 Ref. H.Q.

Port, ship, and date of arrival **Halifax Olympic. 17-1-19**

Next of kin **Wm Hyde. Mother. 347 Mackombe St. Detroit. U.S.A.**

Address on leave **G.P.O. Calgary.**

Address on discharge **Gen Del Edmonton Alta**

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

Previous occupation **Cowboy.** Date and place of enlistment **8-2-17- Ontario**

Diagnosis **Fit** Date of Medical Boards **17-2-19**

T.O.S.	Remarks	Pt. 2 Order No.
10-1-19.	Posted to Cas Co Ca lgary. 23-1-19.	24
	Granted leave with. Subsistence. 6-2-15.	24
24-1-19	Posted to Cas Coy Edmonton (Subsistence Continuing)	27
25-2-19	Discharged from H.M. Service	56

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

Date.

Remarks.

Pt. 2 Order No.

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. 931800 Rank Pte. Surname Hyde.
(Give name in full)
James.
 Unit or Corps 2nd Cons. Battalion Birthplace Tennessee.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 5 1/2 in. Colour of Eyes Black.
 Nutrition Good.
 Pulse 60
 Condition of arteries Normal.
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)

 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.

Address: Gen. Del. Edmonton.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at. Edmonton.....(Canada)

Date 17-2-49..... Signed J. H. [Signature].....M.O.
CAPT. C.A.M.C.

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 J. H. [Signature].....

(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.)

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps 2nd Construction Battalion C. C. F.

Regimental No. 931800 Rank Private Name Hyde J.
C. E. F.

Enlisted (a) 8-2-17 Terms of Service (a) Duration of War Service reckons from (a) 8-2-17

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
<u>25-2-19</u>		<p>DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. <u>2056</u></p> <p>AUTHORITY <u>RD 1420</u></p> <p>Dated <u>Ottawa 12-12-18</u></p> <p style="text-align: right;"><u>W. W. Macmyth</u> Officer Commanding District Depot No. 13</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				

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

M. F. W. 54. (A. F. B. 10)

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. #2 Construction Battalion, C E F

Regimental No. 931800 Rank Private Name James Hyde
C. E. F.

Enlisted (a) 8/2/17 Terms of Service (a) Duration of War Service reckons from (a) 8/2/17
6 months 6 months

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }

Extended Re-engaged Qualification (b) Cement finisher

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

17/5/17

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
			Embarked, Canada	Halifax	25/3/17	
			Departed England	Liverpool	17/4/17	✓
			Proceeded Overseas	Seaford	17/5/17	
			Landed in France		17-5-17	N.R.
	2/4/18	OC Unit	Granted 14 day leave to UK.		30/1/18	B213 P29, 8 of 13/2/18
	9-3-18	do	Returned from Leave		14/2/18	B213
	26/10/18	do	Granted 14 day leave	UK	16/10/18	B213 1015 63 7 Nov 1918
	9-11-18	do	Returned from Leave	Field	2-11-18	B213
	10/1/19		TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 24			

Adjutant, No. 2 Construction Battalion, C.E.F.
[Signature]

[Signature]

(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.

Casualty Form - Active Service

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				
11 ¹² / ₁₈	AAH	Trans to Eng reported to N.S. Reg Depot Bramshott		14 ¹² / ₁₈	KP 344. A. Dewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
17-12-18	H.S. R.D.	T.O.S. attached to 2 nd C.C.D. for Instructors & Nations.	B. Shott.	14-12-18	DO 305.
	N.S.R.D.	ON COMMAND TO L.D.D. Kimmel Pl R. H. G.	BRAMSHOTT		PART II D.O. M.S.R.D. 313 27/12/18
27. 12. 19.	oc dw wg	T.O.S. from 2 nd C.C.D.	27. 12. 19		LIEUT. OFFICER IN CHARGE, NOVA SCOTIA REGTL. DEPOT. PART II D.O. 20.
9. 1. 19	" "	Trans to CEF Canada	KPCamp	9. 1. 19.	PART II D.O. 7.
					A. C. M. Keenan Pl for OC. C.C.C.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. **931800** (Rank) **Private.**

Name (in full) **James HYDE** enlisted in

the **Second Construction Battalion (C)**

CANADIAN EXPEDITIONARY FORCE at **Windsor, Ontario,** on the **Eighth**

day of **February** 19 **17.**

HE served in **FRANCE.**

and is now discharged from the service by reason of **"Demobilization"**

R.O. #1420, 12-12-18.

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

Age **36 Years, 7 Months.**

Height **5 Feet, 6 Inches.**

Complexion **Colored.**

Eyes **Brown.**

Hair **Black.**

Marks or Scars

J. Hyde
Signature of Soldier

W. MacCowan
Issuing Officer

Date of Discharge **February 25, 1919.**

Rank
Officer i/c Discharge Section District Depot M. D. 13

Appointment

Signed at **Calgary, Alberta,** this **Twenty-fifth** day of **February** 19 **19.**

in Military District No. **13.**

File Reference No. **13 D-H.360.**

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.

War Service Badge, Class _____ No. _____ Issued

CANADIAN EXPEDITIONARY FORCE Discharge Certificate

No. _____ (Rank) _____ Name _____

Unit _____

Address on Discharge _____

Character and Conduct _____

Former Occupation _____

Special Qualifications of Value in Civil Life _____

Medals and Decorations _____

Remarks _____

Signed at _____ this _____ day of _____ 19 _____

Name of Officer

Rank

Appointment

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

Hyde E. J.

REGIMENT

2 Construction

RANK

Lt. Col.

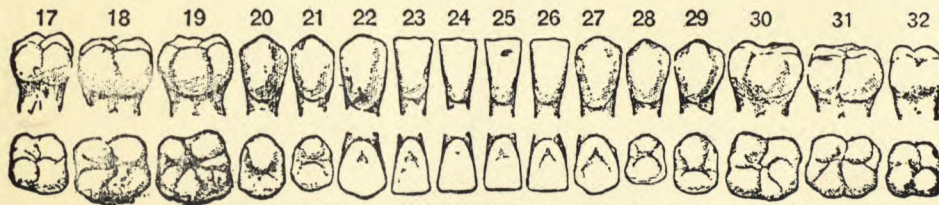
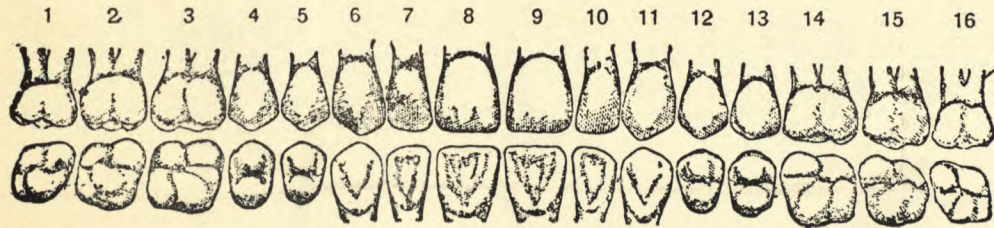
No.

991500

Date of Examination in England

25-12-15.

Date of Examination in France



1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

7 - it.

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

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

(a) In Canada

(b) In England

(c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer

W. Kennedy
Brant

DENTAL CERTIFICATE FOR DEMOBILIZATION

M.P.L.

Hy 1.2 84/10

no 911220

NAME OF SOLDIER

REGIMENT

DATE OF EXAMINATION

REMARKS

EXAMINATION

PRESENT DENTAL REQUIREMENTS

7 1/2

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

No 931800 Hyde. J

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 \$	c.	No. OF DAYS	RATE				AMOUNT \$	c.	No. OF DAYS	RATE	AMOUNT \$	c.	1	2				3	4				1	2	3	4
NOV	PARTICULARS																												
			CR. 1	CR. 2	PARTICULARS			DR. 1	DR. 2	DEB	CR. 2	DEBIT BALANCE																	
					Oth. Pay								203	37															
Nov	33				AR 823. 25 ⁹ / ₇ . etc.			3	57																				
					" 847. 12 ¹⁰ / ₇ ~			3	57																				
					" 969. 25 ¹⁰ / ₇ ~			3	57																				
DEC	34	10			" 1087. 10 ¹¹ / ₇ ~			3	57				256	19															
	67	10						14	25																				
JAN	34	10			" 1250. 22 ¹¹ / ₇ 26month			12	49																				
	34	10			" 1430. 21 ¹² / ₇ ~			7	14				270	66	150														
	34	10						19	63																				
FEB	30	80			" 653. 24 ¹⁷ / ₇ etc.			7	14																				
					" 456. Jura. 30 ¹⁸ / ₇			9	73																				
	30	80			" " " " "			8760	10447				19699																
MAR	34	10			AR 339. 18 ³ / ₇ Jura etc			7	14				223	95	180														
	34	10						7	14																				

CANADIAN
ASSIGNED PAY AUDITED
[Signature]
AUDIT CLERK
DATE 11/9/18

* Strike out whichever inapplicable.

ASSIGNED, PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <i>Hyde James</i>				
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <i>931800</i>				
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT				
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT		
						<i>etc</i>		
				UNIT AND TRANSFERS				
				ORIGINAL UNIT:- <i>2 Construction Bn</i>				
				DATE ACCOUNT FIRST OPENED:- <i>1 APR 1917</i>				
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D		
						<i>Canada</i>		
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK								
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
<i>7/12</i>	<i>6586</i>		<i>466</i>					
<i>18/12</i>	<i>3569</i>	<i>B.R.A.G.</i>	<i>773</i>					
			<i>1439</i>					
				<i>55</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>

Des. to Can 11/19 in that ledger 356.98
20161 17/12/18 P.S.R. L.P.G. 342.59

1918	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	MAR	<i>Bal Ford</i>								<i>23395</i>	<i>180</i>	
	apl	<i>P. Pay</i>	<i>33</i>		<i>AR 267 22/4 CFC Lura</i>	<i>357</i>				<i>25338</i>	<i>195</i>	
	May	<i>P. Pay</i>	<i>3410</i>		<i>AR 408 9/5 CFC Lura</i>	<i>357</i>				<i>28034</i>	<i>210</i>	
	June	<i>P.P</i>	<i>33</i>		<i>AR 709 7/6 CFC 5</i>	<i>357</i>					<i>225</i>	
	July	<i>P. Pay</i>	<i>3410</i>		<i>AR 1093 25/7</i>	<i>357</i>				<i>33316</i>	<i>240</i>	
	Aug	<i>P. Pay</i>	<i>3410</i>		<i>AR 1256 10/8 CFC 5</i>	<i>357</i>				<i>36017</i>	<i>255</i>	
	Sep	<i>P.P</i>	<i>33</i>		<i>AR 1673 5/9 CFC 5</i>	<i>357</i>				<i>38598</i>	<i>270</i>	
	Oct	<i>P.P</i>	<i>3410</i>		<i>AR 2251 12/10 CFC 5</i>	<i>373</i>						
					<i>AR 2749 24/10 CP Lura</i>	<i>2920</i>						
					<i>6319 16/10 6265</i>	<i>9733</i>				<i>28987</i>		
			<i>3410</i>			<i>13026</i>						
	Nov	<i>P.P Held</i>	<i>6710</i>		<i>AR 2904 26/11 CFC 5</i>	<i>1306</i>				<i>35698</i>	<i>300</i>	
		<i>Int on Ref. Pay.</i>	<i>1312</i>		<i>✓ 6586 10/12 C.G.B.N.</i>	<i>466</i>						
					<i>✓ 3569 18/12 B.R.A.G.</i>	<i>973</i>				<i>34259</i>		
			<i>8022</i>			<i>2742</i>						




This space to be for numbers.

War Service Badge, Class _____ No. 274 Issued

Proceedings on Discharge.

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

No. <u>931800</u>	
Rank Private <u>Private.</u>	
Surname <u>HYDE</u>	
Christian name <u>James</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>2nd Con. Coy. Bn., (0)</u>	
Date of discharge <u>February 25, 1919.</u>	
Place of discharge <u>Calgary, Alta.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 46 <u>36</u> years <u>7</u> months.	Descriptive marks 
Height <u>5</u> feet <u>6</u> inches.	
Complexion ruddy <u>Colored.</u>	
Eyes <u>Brown</u>	
Hair black <u>Black.</u>	
Trade Bricklayer <u>Cement Finisher.</u>	
Intended place of residence (To be given as fully as practicable.)	<u>c/o Sneed, 101st St. & Nelson Ave., Edmonton, Alta.</u>
2. The above-named man is discharged in consequence of	
DEMOBILIZATION	
Authority for discharge <u>RO.#1420, 12-12-18.</u> <u>13DD-Part 11 DO 56, 25-2-19.</u>	
<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.
	<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>
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
M. F. B. 218.	
200M.—5-18.	
H. Q. 1772-39-113.	(OVER)

Handwritten note: Voted Study 21-2-19

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) *Edmonton*

(Signature of Soldier.) *E. Hyde*

(Date) *5/2/19*

(Signature of Witness.) *Geo Herald*

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) *Calgary, Alta.*

(Signature).....

W. MacEwan
Officer i/c Discharge Section District Depot M. D. 11

(Date) *25-2-19.*

Reservations referred to at Para. 8.

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

J. Hyde

Attention Paper Militia Form W. 33	Militia form B. 203	Reg. Conduct Sheet
Particulars of Receipt W. 133	B. 203a	Conduct Sheet Battery Company
Proceedings on Discharge B. 212	W. 178	Field Conduct Sheet
In the case of recruits who are rejected on final approval, the discharge documents will consist of	Copies of Convictions by C. P. B. 125	
	Militia form W. 405	Med. Hist. Sheet
	W. 31	Casualty Form
(A) Particulars on Discharge	B. 203	Medical Report for Invaliding
	B. 405	Dental History Sheet
(B) Attention	W. 44	Last Pay Certificate
	W. 30A	Medical Discharge Certificate
(C) Medical History Sheet	W. 82	Form of Will
		Only if discharged "Medically unfit"
		Only if man has not been overseas

Documents not accompanying this form should be closed 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.

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>
--	---

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.*

ORIGINAL
MEDICAL HISTORY SHEET

931800

Surname Hyde Christian Name James

Examined { on 8th day of Feb 1917
at Windsor, Ont

Approved by Dauk Murray
Rank Capt M.O.

Birthplace { City or Town Nashville
County Tennessee

Apparent age 36

Trade or occupation Cement finisher

Height 5 feet 5 1/2 Inches

Weight 170 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 36 1/2 inches

Physical development normal

Small-pox Marks none

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection

A.S. 20/80
V.S. 20/80

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
<u>1/2/17</u>	<u>2448</u>	<u>SS Shepley</u>
		M.O.
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1/2/17</u>	<u>2448</u>	<u>Eau Murray</u>
<u>1/4/17</u>	<u>2448</u>	<u>Dauk Murray</u>
<u>2/4/17</u>	<u>2448</u>	<u>Dauk Murray</u>
		M.O.
		M.O.
		M.O.

Enlisted on 8th day of Feb 1917 at Windsor, Ont

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Const</u> <u>Batt'n C.E.F.</u>	<u>931800</u>		<u>8/2/17</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>FEB 9 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>J. Bucknall</u>	<u>Major, A.M.C.</u>	<u>M. Dwyer</u>	<u>Capt. A.M.C.</u>
<u>Edmonton, Alta.</u>	<u>17. 2. 19.</u>	<u>M. F. W. 139</u>	<u>Capt. A.M.C.</u>

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

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

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

Dep. ~~Hyde~~ Name Hyde Surname James
 Rank 2 C.C.D. (If a soldier) Regtl. No. 931800
 Unit or Corps Nashville Tennessee
 Born at Nashville Tennessee on, date July 4 - 1872
 Signature (for identification) Hyde James

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 142 lbs.
 Height 5 ft. 5 1/2 ins.

no

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?**

normal

4. **RESPIRATORY SYSTEM.**

normal

5. **HEART?**

normal

Abnormal Sounds?

no
no

Abnormal Size?

Pulse Rate?

72

Intermittence or irregularity?

no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

normal

8. **GENITO-URINARY SYSTEM?**

normal

Urinalysis—s.c.?

10224

Reaction?

acid

Albumen?

no

Sugar?

no

9. **SKIN, MIDDLE EAR, EYE**
or any other part?

normal

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

none

11. Opinion as to the health and physical condition of the one examined?

Good

Examined at.

Kimmel PK

Signed.

Sw Todd Capt M.O.

Date.

Jan 2 1919

Signed.

Sw Otton Capt 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.

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.

W. H. ...

W. H. ...

*951700
1877*

Name: *W. H. ...*
Rank: *...*
Unit or Corps: *...*
Born at: *...*
Signature (for investigation): *W. H. ...*

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

1. PHYSIQUE—Any abnormality, marking or lameness. If so describe.

Weight: *...*
Height: *...*

2. NUTRITION AND DIETESIS?

After searching properly and through examination is any evidence found of disease or impairment of the parts indicated below? If so describe.

3. NERVOUS SYSTEM?

4. RESPIRATORY SYSTEM?

5. HEART?

Abnormal sounds?

Abnormal action?

Pulse rate?

6. LUNGS—See questions?

7. GASTRIC SYSTEM?

8. GENITOURINARY SYSTEM?

9. SKIN—See questions?

10. TEETH—See questions?

11. EYES—See questions?

W. H. ...

W. H. ...

**DECLARATION OF DISABLED MEMBER OF FORCES RE WIFE
AND CHILDREN.**

Form to be filled in and signed by a disabled man at the time he is medically examined for discharge and pension.

(Note:-At the time of medical examination this form is to be handed to the Officer or Soldier and when filled in is to be attached to completed M.F.B.227 or other form used for medical examination.

=====oOo=====

I, 931800 Lance / Corp.
Regimental Number Rating or Rank

HYDE James
Full Name

2nd Con. Coy
Ship or Unit

hereby declare as follows:-

1. That I am married and my wife is alive.
 Attach marriage certificate if possible.

If you are not married write the words "NOT MARRIED" on next line.

Not Married

2. And that the following are the true particulars of my living children, boys under sixteen and girls under seventeen years of age.
 Attach birth certificates if possible.

Names of Children	Sex	Dates of Birth	Place of Residence	By whom Maintained

Note:- If you have no children write the words "NO CHILDREN" across the above space.

J. Hyde
 Signature of Officer or Soldier.

Witness:

 Member of Medical Board.

Note:- If the marriage and birth certificates mentioned above are not forwarded with this form you will be requested to secure and forward them at a later date. The certificates will be returned to you after perusal.

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

M. OR S. _____ REGT. No. **931800** RANK **Plt.** NAME (IN FULL) **Hyde J.** (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN _____ ORIGINAL UNIT C.E.F. **2 Con** IF IN P.F. WHAT UNIT? _____

ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____

IS SEPARATION ALLOWANCE PAID? **No** DATE EFFECTIVE _____ ASSIGNED PAY \$ _____ DATE EFFECTIVE _____

TO WHOM PAID _____ RELATIONSHIP _____ PAYABLE TO _____ RELATIONSHIP _____ ANY CHANGE IN ASSIGNEE OR ADDRESS _____

ADDRESS _____ ADDRESS _____

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____

DISCHARGED _____ PLACE _____ DATE _____ REASON _____ AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____

CALGARY, ALTA. FEB 25 1919

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		CREDIT
31.12.18				342 59													Cr. 342 ⁵⁹ infra CPC ✓	
		1 ¹⁰			342 59	✓	✓	30 00	4	87	5 00			39 87		302 72		
1.1.19				302 72	304 6/2			100										
			35 00 15 00	108 60													Clothing Allowance \$ 35 00 ✓ 27 Subsistence from 23/1 to 6/2/19 ✓	
25.2.19	56	1 ¹⁰	61 60	4 11 32					31 32				4 11 32				DISCHARGED FEB 25 1919 ✓ 65 Sedhall ✓	
			61 60 47 -	342 59	451 19			130	4	87	316 32		451 19					
have been audited by <i>[Signature]</i> 11/5/19																		
WAR SERVICE GRATUITY																		
				350				70					70		280 00		136 069 21-3-19 ✓	
				350				70					70		210 -		914 3055 29-11-19 ✓	
				350				70					70		140 -		5611 789 ✓ 20-5-19 ✓	
				350				70					70		70 -		9851 753 ✓ 19-6-19 ✓	
				350				70					70		0 -		9186 332 ✓ 19-7-19 ✓	
				350				350					350		0 -			

All Payments Due on This Account have been completed.

[Signature]
Lieut. Paymaster War Service Gratuity M.D. 12

MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS			BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1		COL. NO. 2		COL. NO. 3		\$	C.	\$	C.	\$	C.	\$	C.	TOTAL DEBITS		\$	C.	\$		C.			
			\$	C.					NO.	DATE	NO.	DATE	NO.	DATE									\$	C.						\$	C.	\$
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