

ATTESTATION PAPER

NO. 2 CONSTRUCTION B'D C.E.F.

No. Folio

QUESTIONS TO BE PUT BEFORE ATTESTATION.

- 1. What is your name? *Robert Samuel Irving*
  - 2. In what Township or parish, and in or near what Town and in what County or Country were you born? In or near the Town of *Beaufort* in the County of *Beaufort* in *Annapolis County N.S.*
  - 3. \*What is the name of your next of kin? *Cousin, Glades Burrell*
  - 4. \*What is the address of your next of kin? *Annapolis Royal, N.S.*
  - 5. What is the date of your birth? *Nov. 17, 1893*
  - 6. What is your trade or calling? *Horseman*
  - 7. Are you an apprentice? *no*
  - 8. Are you married? *no*
  - 9. Are you willing to be vaccinated or re-vaccinated? *yes*
  - 10. Do you now belong to the Active Militia? *no*
  - 11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? *no*
- †† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.
- 12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force? *yes*
  - 13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? *no*
  - 14. Do you understand the nature and terms of your engagement? *yes*
  - 15. Are you willing to be attested to serve in the *yes*
- or for General Service for the term of.....
- (Signature of Man) *Robert Irving*  
(Witness) *John Lambert*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Irving*, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of *war*, provided His Majesty should so long require my services, or until legally discharged.

*Robert Irving* } Signature of Man. } *John Lambert* } Signature of Witness. }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Irving*, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) *Robert Irving*

(Witness Present) *John Lambert*

The above questions were asked of the said *Robert Irving* and answered by him in my presence, as herein recorded; and the said *Robert Irving* made the above Declaration and Oath before me at *Beaufort* this *3* day of *October* One Thousand Nine Hundred *and 16* at *two* o'clock *P*.M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. } *C. H. Rev Capt* Justice of the Peace in and for the County of *Colchester, Province of Nova Scotia.*

\* To be verified in the month of January in each year. † But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (See K. R. & O. for the C. M., and the Militia Act.)

Description of Erwin Robert Samuel on Enlistment.

Apparent Age 23 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. 5 ins.

Weight ..... 160 lbs.

Chest measurement { Girth when fully expanded ..... 40 ins.  
 Range of expansion ..... 4 ins.

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Black

Religious denomination { Church of England .....  
 Presbyterian .....  
 Methodist .....  
 Baptist and Congregationalist Baptist  
 Roman Catholic .....  
 Jewish .....  
 Other Protestants .....  
 (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 Permanent Force,

Date ..... Oct 22 1916.

Place ..... T. New Ws.

H. V. Kent-Meynand  
 Medical Officer.

\*Insert here "fit" or "unfit."

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

**CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS**

Robert Samuel Erwin ..... 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. Rees Capt ..... (Signature of Officer)

**OCT 23 1916**

Date ..... 1916.



# MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Deferred Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N. B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

<p>2. Passed classes of Instruction ..... {</p> <p>3. Campaigns..... {</p> <p>4. Wounded ..... {</p> <p>5. Effects of wounds {</p> <p>6. Special instances of gallant conduct..... {</p> <p>7. Medals, Decorations and Annuities ..... {</p>	<p>Initials of Officers.</p> <hr/>
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<p>9. Particulars as to Marriage..... {</p>	<p>(a)</p>	<p>(b)</p>	<p>(c)</p>	<p>(d)</p>	<p>Date of being placed on Married Roll</p>	<p>Initials of Officers.</p>
<p>(a) Christian and surname of woman to whom married and whether spinster or widow;                  (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and                  (d) Name of two Witnesses.</p>						

<p>10. Particulars as to Children..... {</p>	<p>Christian Name</p>	<p>Date and Place of Birth</p>	<p>Date and Place of Baptism, and Name of Officiating Minister</p>

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

REGIMENTAL DOCUMENTS

NAME **IRVING, ROBERT FAMEL**

REGT. NO. **931294**

UNIT **#2, Const. Bat.** H. Q. FILE NO.

14.5  
H

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

S

M

01799

DEATH

Category

DISCHARGE

Category *Demob.*

DESERTION

H

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

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

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

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

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

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)

1 DENTAL HISTORY SHEET (M.F.B. 465)

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)

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)

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

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

PARTICULARS OF CHARACTER (A.F.W. 322G)

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

1 *A.F.W. 3997*

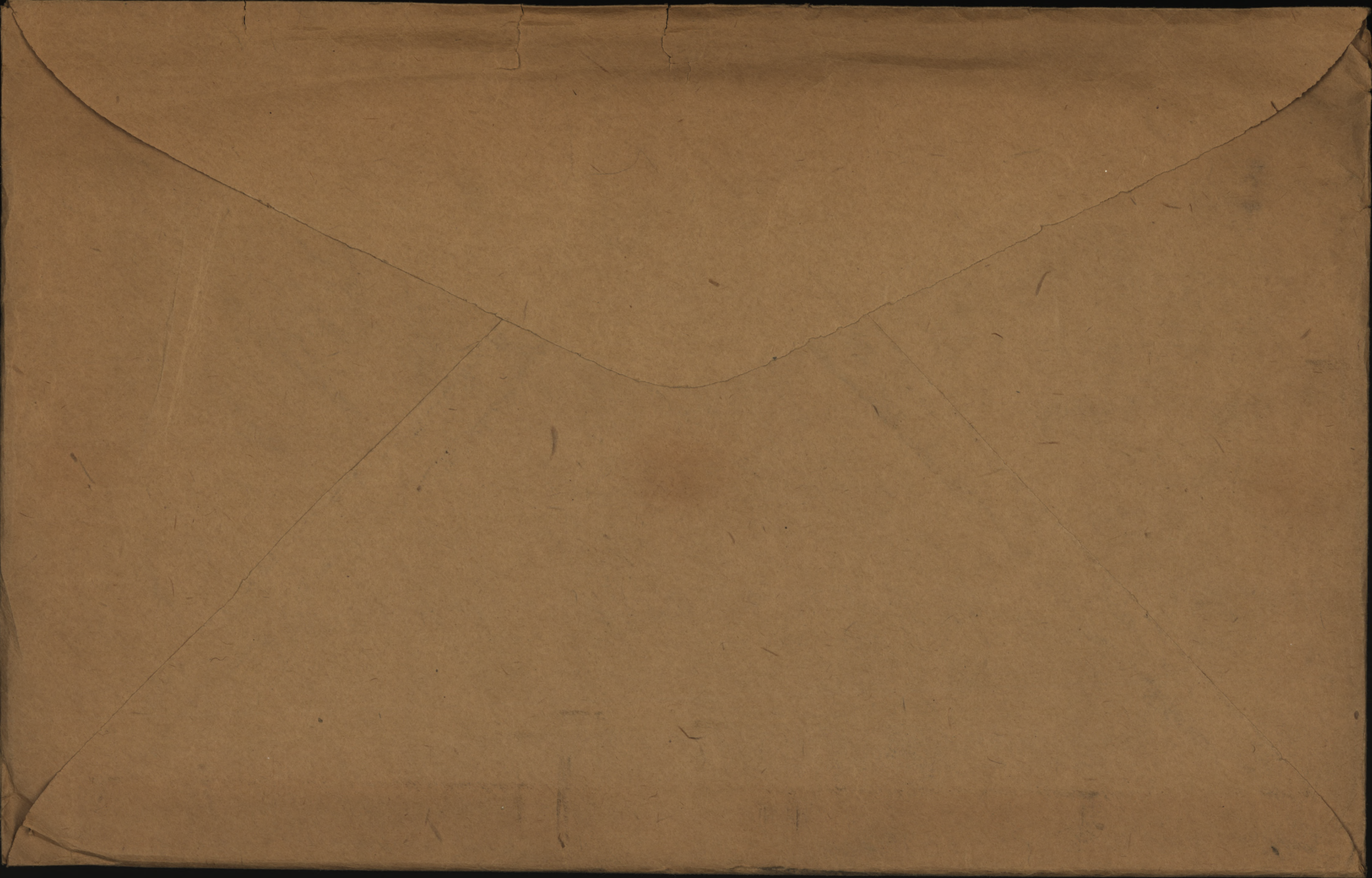
1 *M.F.W. 192*

2 *...*

1 *...*

1 *...*

1 *Hollwich Card*





DEPARTMENT OF VETERANS AFFAIRS

RECORD OF SERVICE  
IN THE

Canadian Army

THIS REPORT IS NOT VALID WITHOUT THE IMPRINT OF THE OFFICIAL STAMP OF THE DEPARTMENT

Service Rank or Number 931294 Name Robert Panuel IRVING

- 1. Date and Place of Birth: 17th November, 1893 Bear River, Annapolis Co, N.S.
- 2. Date and Place of Appointment, Enlistment or Enrolment: 23rd September, 1916 Truro, N.S.
- 3. Unit on Appointment, Enlistment or Enrolment: No 2 Construction Battalion
- 4. Theatres of Service: CANADA--ENGLAND & FRANCE
- 5. Date and Place of Retirement or Discharge: 14th February, 1919 Halifax, N.S.
- 6. Reason for Retirement or Discharge: " Demobilization "
- 7. Rank on Retirement or Discharge: Private
- 8. Medals and Decorations: BRITISH WAR & VICTORY MEDALS

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
9. Other Active Service (1939-45)

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

Sex: Male Age: 25 years 3 months Height: 5 feet 5 inches

Eyes: Brown Hair: Black Complexion: Dark

Marks or Scars: Tattoo right arm.

JUL 31 1951

WAR SERVICE RECORDS  
Ottawa, Ont., Canada.  
OTTAWA - CANADA  
31st July, 1951

*[Signature]*  
Director, War Service Records.

DEPARTMENT OF VETERANS AFFAIRS  
RECORD OF SERVICE  
IN THE

Canadian Army

THIS REPORT IS NOT VALID WITHOUT THE STAMP OF THE DEPARTMENT

Service Rank or Number: \_\_\_\_\_

Name: \_\_\_\_\_

1. Date and Place of Birth: \_\_\_\_\_

2. Date and Place of Appointment, Enlistment or Entitlement: \_\_\_\_\_

3. Unit on Appointment, Enlistment or Entitlement: \_\_\_\_\_

4. Theater of Service: \_\_\_\_\_

5. Date and Place of Retirement or Discharge: \_\_\_\_\_

6. Reason for Retirement or Discharge: \_\_\_\_\_

7. Rank on Retirement or Discharge: \_\_\_\_\_

8. Medals and Decorations: \_\_\_\_\_

Other Active Service (1939-45): \_\_\_\_\_

DESCRIPTION AT TIME OF RETIREMENT OR DISCHARGE

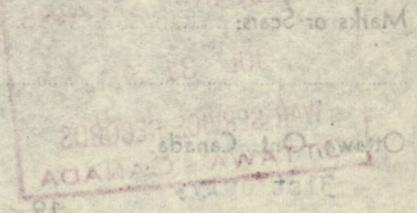
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Complexion: \_\_\_\_\_

Marks or Scars: \_\_\_\_\_





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, Div. C.E.F.*

(2) Regimental Number... *931294*

(3) Full Name of Soldier... *Robert Panuel*  
*Iwing*

(4) Place of Birth... *Beas River,*  
*Annapolis Co. N. S.*

(5) Are you married, or not? ... *(Yes) Married*

(6) If married, state,  
(a) Full name of your wife... *Mrs Gladys*  
*Iwing,*

(b) Present Postal Address... *Sequille*  
*Annapolis Royal, N.S.*

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

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

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? No

If so, state name and address X

(11) If your Mother is a widow X

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.

Yes

(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.

*Stanie Carr*  
..... Lieut-Col.  
No. 2 Construction Battalion, C. E. F.  
.....  
Officer Commanding.

Date MAR 6 1917

**Casualty Form Active Service.**

Regiment or Corps *No 2 Cde Construction Coy*  
 Rank *Plt* Surname *Dwight* Christian Name *Robert Daniel*  
 Religion ..... Age on Enlistment ..... years ..... months  
 Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 or Corps Trade and rate .....  
 Occupation ..... Signature of Officer .....

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked			
		Disembarked			
<i>14.9.18</i>	<i>CO unit</i>	<i>2 weeks 2.4 in place under stoppage pay at 50 p/d then while on leave from 3.9.18 to 12.9.18 (10 days)</i>			<i>B213 No 539 September 1918</i>
<i>11.12.18</i>	<i>AAQ</i>	<i>trans to Eng reported to U.S. Regimental Depot Channahon</i>		<i>14.12.18</i>	<i>CO 3404</i>
<i>17-12-18</i>	<i>In S. H. D.</i>	<i>T.O.S. &amp; attached to 2nd B.D. for Quarters &amp; Rations.</i>	<i>B. Shott</i>	<i>14-12-18</i>	<i>D.O. 305</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) Signaller, Shoeing-Smith, &c.  
 W. 6655 M2733 2000m 9/17 (3641) C. F. & S., Ltd., Form B.103 E/1907. P.T.O.



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

M. F. W. 54. (A. F. B. 1)

350m.—5-16

H. Q. 1772-39-920.

# Casualty Form Active Service.

Unit, Regiment or Corps

*No 2 Const Batt C.C.F.*

Regimental No. *931294*

Rank *Plt*

Name *Peter Samuel Irving*

C. E. F.

Enlisted (a) *23/10/16*

Terms of Service (a) *period of war*

Service reckons from (a) *and six months after 23/10/16*

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)

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
<i>17/5/17</i>	<i>O.C. of Const Batt.</i>	<i>Embarked from Canada Halifax, N.S.</i>	<i>Halifax, N.S.</i>	<i>25/3/17</i>	
		<i>Disembarked, England Liverpool</i>	<i>Liverpool</i>	<i>7/4/17</i>	
		<i>Proceeded Overseas</i>	<i>Seaford</i>	<i>17/5/17</i>	<i>Pt. 2. D.O. #</i> <i>H. B. Maclean</i> <i>Adjutant, No. 2 Construction Batt. C.E.F.</i>
			<i>Landed in France</i>	<i>17-5-17</i>	<i>N.R.</i>
<i>8/12/17</i>	<i>omit</i>	<i>appt<sup>d</sup> as/cpl with pay inc. 931113 as/cpl Wolms of. reduced to ranks.</i>		<i>27-11-17</i>	<i>B213. P2B. 4 of 23/1/18.</i>
<i>27-12-17</i>	<i>omit</i>	<i>Reprimanded for when on a/s disobedience of g.O. found in contact without a pass (2) absent without leave from 9.30 pm until 6/30 pm 24/12/17 (3) Drunkenness. (Forfeit 2 days pay under R.W.)</i>		<i>26/12/17</i> <i>23/12/17</i>	<i>B2069 P2B. N° 4</i> <i>df = # 23/1/18.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc. etc., also special qualifications in technical Corps duties.

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				
31/1/18	Jura Hosp	Influenza adm.		31/1/18	W 3034 / D1044
3/2/18	return	adm hospital		31/1/18	B213
23/2/18	ocunit	Discharged from Jura Hosp		19.2.18	B213
6/3/18	5 Dec CFC	do do		19/2/18	K9. 12/600
4.5.18	L. For. Hosp	Influenza. Adm.		4.5.18	F. 381. W. 409.
4.5.18	ocunit	To Hosp. fld.		4.5.18	B. 213.
14.5.18	Jura Hosp	Influenza. Disch.		14.5.18	F1651. W1339.
18.5.18	ocunit	Roj. from Hosp. fld.		14.5.18	B213.
17.8.18	do	Granted 14 days leave	uk.	15.8.18	B213 W 950 of Sept 1918
5.9.1918	no	Deposed of appointment of Lt/Corporal 2-9-1918 for (1) Improper Conduct. (after being suspected prior to proceeding on leave, changing his uniform. (2) Improperly dressed (wearing riding breeches and Cap not of a standard Pattern)			B2019 W 90. 51 of Sept 1918.
7-9-18	re adm	Returned from leave	Field	2-9-18	B213
3-9-18	Jura Hosp	V.D.G.	admitted	3-9-18	W 2735
7-9-18	oc unit	V.D.G.	To Hospital "	3-9-18	B213
12-9-18	Jura Hosp	V.D.G.	discharged	12-9-18	W 4163
14-9-18	oc	V.D.G.	Returned from Hospital	12-9-18	B213.

931294

DUPLICATE.

# MEDICAL HISTORY SHEET

Samuel

Surname Irving Christian Name Robert Samuel

Examined { on 2<sup>nd</sup> day of Oct 1916  
at Trenton N.S.  
Birthplace { City or Town Bear River  
County Annapolis Co. Md.

Approved by H.V. Kent  
Rank Major Amc. M.O.

Apparent age 23  
Trade or occupation Mariner  
Height 5 feet 5 Inches  
Weight 160 lbs.  
Chest measurement { Minimum 36 inches  
Maximum expansion 40 inches  
Physical development Good  
Small-pox Marks None

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

Vaccination Marks { Arm Right Left  
Number None  
When Vaccinated Last None

Date	Result	VACCINATIONS
<u>18/1/17</u>		<u>Dan Murray</u> M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None  
(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/10/16</u>	<u>9R</u>	<u>H.V. Kent Major Amc.</u> M.O.
<u>3/11/16</u>	<u>9R</u>	<u>H.V. Kent Major Amc.</u> M.O.
<u>8/11/16</u>	<u>9R</u>	<u>H.V. Kent Major Amc.</u> M.O.

Enlisted on 23 day of Sept 1916 at Chero N.S.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>931294</u>		<u>23/9/16</u>
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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





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

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

Rank Pte. Name Robert F. Surname Iving  
 Unit or Corps 17<sup>th</sup> Reserve (If a soldier) Regtl. No. 931294  
 Born at Bear River, N.S. on date November 17, 1893  
 Signature (for identification) Robert F. Iving

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

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

Weight 150 lbs.  
 Height 5 7 ft. 7 ins.

2. **NUTRITION AND DIATHESIS** good

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

3. **NERVOUS SYSTEM** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART**

Abnormal Sounds? no  
 Abnormal Size? no  
 Pulse Rate? 68 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM** no

8. **GENITO-URINARY SYSTEM** no

Urinalysis—s.g.? 1020 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 Kinnear Park Signed W. Stephens Capt. M.O.  
 Date 2 1 19 Signed W. B. ... 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 ship  
of an Officer by the service records in a South Sea

Mr. J. H. ...  
17th ...  
December 17, 1893  
P. H. ...

100  
27

James ...

# 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. *921294* Rank *Pte* Surname *Irving*  
(Given name in full)  
*Robert. Fannuel. Irving*  
 Unit or Corps *D. D. 6.* Birthplace *Bear River, N.S.*

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

1. GENERAL DESCRIPTION:

Physique *Good* Weight *167* lbs. Height *5* ft. *6* in. Colour of Eyes *Brown*  
 Nutrition *Good*  
 Pulse *70*  
 Condition of arteries *Normal*  
 Vision Rt. *6/6* Left *6/6*  
 Hearing (conversational voice) Rt. *15* ft.  
 Left *15* ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
*Tattoo R. arm.*

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.

*Armagh Royal.*  
*R.S.*  
*[Signature]*

MEDICAL EXAMINATIONS  
OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY  
**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 *Halifax* .....(Canada)

Date *Feb. 11. 1919* ..... Signed *J. W. McKeay* .....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 *Robert Living* .....M.O.

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

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

*MD 6*

NAME OF SOLDIER (Block Letters) IRYING R F  
REGIMENT No 2 Construction Bty RANK Pte No. 931294

Date of Examination in England 31/12/18 Date of Examination in France \_\_\_\_\_



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES

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

*Fit*

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 - *ye*
- (c) In France

Signature of Dental Officer *J. Somerville Capt.*

KINMEL PARK,  
NORTH WALES

W.D. J  
#1218

R 4

Handwritten notes, possibly a list or index, including numbers and names, written vertically.

Handwritten scribbles or faint text.

Handwritten scribbles or faint text.

2010  
11-3-19

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. <u>931294</u>	
Rank <u>Private</u>	
Surname <u>Irving</u>	
Christian Name <u>Robert Samuel</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>No 2 Construction Bn</u>	
Date of Discharge <u>February 14<sup>th</sup> 1919.</u>	
Place of Discharge <u>Halifax N.S.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>25</u> years <u>3</u> months.	Descriptive Marks <u>Tattoo Right Arm</u>
Height <u>5</u> feet <u>6</u> inches.	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
Trade <u>Horseman</u>	
Intended place of residence } <u>Annapolis Royal N.S.</u> <small>(To be given as fully as practicable.)</small>	
2. The above-named man is discharged in consequence of <u>Demobilization</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>	
3. Conduct and character while in the service have been, according to the records, etc.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	<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.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)

*Noted*  
*Feb. 13. 3-19.*

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding .....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Helifax N.S. R. F. King (Signature of Soldier.)

(Date) February 12/19 Geo. Clark (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) Helifax N.S.

(Date) 22-2-19

(Signature) Daniel LIEUT. COL. No. 6 DISTRICT DEPOT.



**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.)

*mil*

List of Discharge Documents.

*R. F. Young*

<p>Militia Form B. 232 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia Form B. 263</p>
<p>Proceedings on Discharge B. 218</p> <p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Company Battery Squadron Conduct Sheet B. 263a</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet Militia Form B. 313</p> <p>Medical Report for Invalid* B. 232</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate D. 877</p> <p>*Only if discharged "Medically unfit."</p>

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.

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

## List of Discharge Documents.

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

*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.*

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931294 (Rank) Private

Name (in full) Robert Fannell Irving enlisted in

the No 2 Construction Bn

CANADIAN EXPEDITIONARY FORCE at Ituro N.S on the 3rd

day of October 19 16

HE served in France

and is now discharged from the service by reason of Demobilization

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

Age 25 years 3 months

Height 5 feet 6 inches

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Tattoo Right Arm

R. F. Irving

Signature of Soldier

C. W. MacAloney

O. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT.

Issuing Officer

CAPTAIN.

Rank

Date of Discharge February 14, 1919.

Appointment

Signed at Halifax N.S this 12<sup>th</sup> day of February 19 19

in Military District No. 6

File Reference No. ....

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge *Annapolis Royal NS*

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

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 93/294 Rank Pvt Name Irving R F.  
 Corps 2nd Can Bn who was\* discharged  
 On 14-2-19 1919, to 1-1-19 1919  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 1919  
 to 14-2-19 1919, the inclusive date of transfer or discharge.

Dr.			Cr.		
	\$	c.		\$	c.
Bal. Dr. from prev. month	46	40	Balance Cr. from prev. month	11	15
Advances by Cheques No. <u>13821</u>	70	-	Reg'tl. Pay <u>45</u> days at \$ <u>1</u> c.	45	-
Assigned Pay and Sep'n Allee. No. <u>13820</u>	30	-	Field Allow. <u>45</u> days at \$ <u>10</u> c.	45	50
Other charges <u>Reg Fund</u>	-	05	Separation Allowances* (Monthly) <u>Feb</u>	30	-
Payment on transfer or discharge No. <u>13819</u>	49	20	Other Allowances* <u>Clothing</u>	35	-
Balance Cr. (to be paid by the new unit)			Other Credits*		
			Bal. Dr. (to be deducted by new unit)	70	-
<b>Total</b>	<b>195</b>	<b>65</b>	<b>Total</b>	<b>195</b>	<b>65</b>

\*Give particulars.

A monthly stoppage of \$ 2.000 (†) has ..... (‡) been paid on account of Assigned Pay for the month of Jan 1919 and Sep'n Allee. for month of Feb 1919 (to) Assignee Mrs G. Irving Legault Anna G. 18  
 (Address) 24 Feb by RSD 6

(†) 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.

Out Allowance of \$ ..... has been paid by Paymaster, Military District No. 6

REMARKS:—

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted .....
- (3) cause of discharge Disent authority 260 43
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

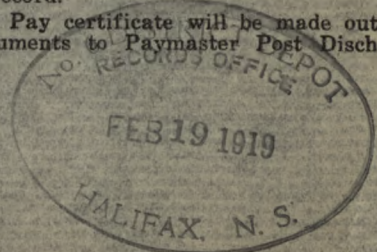
I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit

Date 17-2-19  
 Place Halifax NS  
 Paymaster No. 6 District Depot Halifax NS Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

THIS CERTIFICATE IS ISSUED TO THE MEMBER OF THE CANADIAN CONTINGENT EXPEDITIONARY FORCE...

Name

Rank

Service Number

Branch

Regiment

Company

Platoon

Section

Post

Location

Date

Place

Remarks

Signature

Witness

Official

Postmark

Time

Day

Month

Year

Initials

Final

Check

Amount

Balance

Interest

Dividend

Gratuity

Retirement

Discharge

Final

Check

Amount

Balance

Interest

Dividend

Gratuity

Retirement

Discharge

Final

Check

Amount

HPB  
Number

931294

Rank

a/cpl

**M**  
Surname

IRVING

Christian Name

Robert-Francis

Units

60986

Theatre of War

France

Date of Service

17-5-17

Remarks

Latest Address

~~Annapolis Royal~~  
H.B.

Roll No.

68 Sterling St.

10m. - 8-21.M.

Blage

22678

Boston Mass.

DESP. MAY 26 1923

REGN. NO. 585



SURNAME.

*Irving*

6

CARD NO.

*S.O.S. Dis. 14.2.19.*

CHRISTIAN NAMES

*Robert Fanuel*

*Demob. 20.0.43.*

FOLL.

*12.2.19. #600*

REGL. NO.

*931294*

RANK

*Pte*

UNIT

*No. 2. Construction*

*#6 D.D.*

*Bn.*

FORMER CORPS

*nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Burrell, Glades*

RELATIONSHIP TO SOLDIER

*Cousin*

ADDRESS

*Annapolis Royal, N.S.*

COUNTRY OF BIRTH

*Canada Bear River*

DATE

*N.S. Nov. 17<sup>th</sup> 1893.*

PLACE OF ATTESTATION

*Truro, N.S.*

DATE

*Oct. 3<sup>rd</sup> 1916.*

*op. 28-3-17,*

*91625-1-19 <sup>256</sup>/<sub>68</sub> Pte.*

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M. -8-16. H. G. 1772-39-339.

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

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

*Horseman*

RELIGION

*Baptist*

DESCRIPTION.

APPARENT AGE

*22* YEARS

*11* MONTHS

HEIGHT

*5* FEET

*5* INCHES

CHEST MEASUREMENT

*40* INCHES

EXPANSION

*4.* INCHES

COMPLEXION

*Dark*

EYES

*Brown*

HAIR

*Black*

DISTINGUISHING MARKS

*not stated.*

MEDICAL EXAMINATION.

PLACE

*Luero, N.S.*

DATE

*Oct. 2<sup>nd</sup> - 1916*

*Present address not stated.*

NAME

*Irving*

*R. J.*

REGT'L. No.

*931294*

RANK AND CORPS

*Pvt*

*(2.600)*

H. Q. FILE No. 649

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 133

Jura Champagne Jura

31-1-18

Influenza

a 149

Discharged

19-2-18

Influenza

a 213-2

Can. Forestry Corps La Joux

4-5-18

a 219

Discharged.

14-5-18

Influenza (N.S. Regt)

a 314<sup>2</sup>

Can. For. Corps, La Joux Jura

3-9-18

V.D.G.

a 321<sup>2</sup>

Discharged

12-9-18

" " "

Robert Fanuel

Name *Irving* Rank *A/CPL* Reg. No. *931294*  
 Unit *2<sup>nd</sup> Const B*  
 Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918</i>						
<i>31-1</i>	<i>Turo Hs/Champagne</i>		<i>Influenza</i>	<i>A 133</i>	<i>133</i>	<i>19275</i>
<i>19-2</i>	<i>Discharged</i>		"	<i>A 149</i>	<i>149</i>	
		<i>2009579</i>		<i>FA2</i>		
<i>4-5</i>	<i>CFCH La Toux</i>		<i>Influenza</i>	<i>A 213</i>	<i>213</i>	<i>1193/13</i>
<i>14-5</i>	<i>discharged</i>			<i>A 219</i>	<i>219</i>	<i>134579</i>
<i>3-9</i>	<i>Cpl. H. La Joux</i>		<i>V.D.G.</i>	<i>A 314</i>	<i>314</i>	<i>3867-15</i>
<i>12-9</i>	<i>Dischgd.</i>			<i>A 321</i>	<i>321</i>	<i>4090-16</i>



No. 931 294 RANK *Pte*

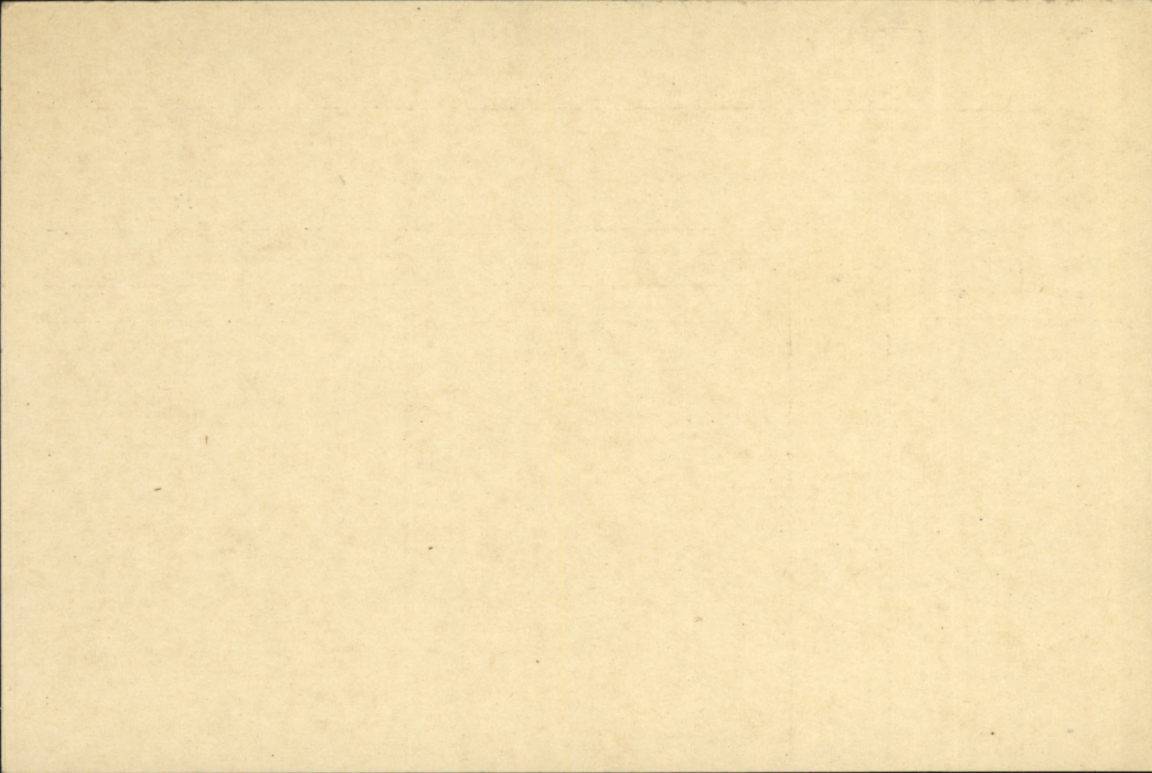
NAME *Irvine, Robert. F.*

T. O. S. *23-9-16*  
*N.O. 42. 4-10-16*

UNIT *No 2. Construction Battalion*

M. D. *6*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Sept 23.</i>	<i>Oct 31</i>	<i>m</i>		
	<i>Nov.</i>	<i>✓</i>		
	<i>Dec.</i>	<i>✓</i>		
<i>1917</i>	<i>Jan 1917</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>m</i>		





\*Name. IRVING. R. F. Rank. PTE. Regtl. No. 931294.  
 Fyle Depot 74-I-43.  
 Original unit 2 Con. Bnt Present unit #6 D. D. M. or S. Age 23 Religion Bapt. Ref. H.Q.  
 Port, ship, and date of arrival. Halifax. N. S. "Empress of Britain" 22-1-19  
 Next of kin. Cousin. Gladys. Burrell.  
 Address on leave. Annapolis Royal. N. S.  
 Address on discharge. Annapolis Royal. N. S.  
 Transportation issued Yes No Date. Character on discharge.  
 Previous occupation. Horseman. Date and place of enlistment. Truro. N. S. 3-10-16.  
 Diagnosis. Date of Medical Boards.

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

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

Date.

Remarks.

Pt. 2' Ord. No.

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

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

*Irving. R. F.*

*931294*

RANK

UNIT

Co.

TROOP

BATTY.

*A/c. U.S. (2 Coon)*

HOSPITAL

DATE OF ADMISSION

*Jura H. Champagnash. Jura. 31. 1. 18.*

*1. b Jousty Cop. Hosp La Joux Jura HOSP. 4. 5. 18*

*2. . 50 50 50 50 HOSP. 3. 9. 18.*

*3. HOSP.*

*4. HOSP.*

DIAGNOSIS

1.

*Influenza*

2.

*Influenza*

3.

*Dysentery. V.D.G.N.*

DISPOSITION

*Dis:- 19-2-18 DATE*

*" 14-5-18*

REMARKS

*" 12-9-18.*

*Ch. 8. 2. 18. A/33.*  
*27-3-18 A/149-2.*  
*15-5-18. A/213(2)*  
*22-5-18. A/219*  
*10-9-18. A/314. 3.*  
*18-9-18. A/321-2*

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

**J.P. Rank** \_\_\_\_\_ **Name** IRVING, Robert ~~Sanuel~~ <sup>FANUEL</sup>  
**Unit No2. Const Bn.** \_\_\_\_\_ **If in perm. Corps** }  
**Place and Date of Enlistment** Truro. 3rd Oct. 1916. **Married or Single** Single.  
**Name and Address, Next-of-Kin** Glades Burrel. **Place of Birth** Bear River.  
 Annapolis Royal. N.S. **Relationship** Cousin.  
**Assigned Pay Monthly \$** \_\_\_\_\_ **Payable to** \_\_\_\_\_  
**Relationship** \_\_\_\_\_  
**Separation Allowance \$** \_\_\_\_\_ **Payable to** \_\_\_\_\_  
**Relationship** \_\_\_\_\_

N/E. R.B. No. 6666  
 File R.L. OR CAN  
 Category \_\_\_\_\_

**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.				
	C	Arrived in England ss "Southland"		7-4-17	Awarded
14.6.17	2 <sup>nd</sup> Bn. Co	Landed in France	Free	17.5.17	Seq. 115.
23.1.18	"	Appd. as Cpl with pay	St. La Joux	27.11.17	" 4
13.9.18	"	Deprived of appointment of a/cpl	Field,	13.9.18	→ 51
16.12.18	N.S.R.D.	Prom. 2 <sup>nd</sup> ccc.	plé Béhett	14.12.18	NO 305471 / 2 ccc. / 19.12.18
27-12-18	N.S.R.D.	O/c to C.D.D. Rhye	-	27-12-18	- 313
25.1.19	N.S.R.D.	Case of C. G. 1. Rhye. S.O.S. to C.G. 7. Canada	Repon	12.1.19	- 18.

A.F.B. 103 CILKED  
 29 MAY 1917



*Wife*  
MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

*Mrs Gladys Irving,  
Annapolis Legation,  
N. S.*

*\$20.<sup>00</sup>*

APR 1917

*Irving, Robt. Paul*  
*931294*  
*Pte*  
*2 Constr'n Btu.*

## 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				



226  
180  

---

406

8/2

0. 2240

0. 2240 \*  
0



MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.  
50m.—7-16  
1772—39—319.

Sheet No. 2.  
(Assignee)

L. L. Job 5470—Req. 6888.

Name of Soldier

*Wife*  
*Mrs Gladys Irving*  
*Irving, Robt. Paul*  
*931294-Pte-2 1st Australian Bn.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4981	20	
May		J 9627	20	20%
June		M 16149	20	Mc
July		J 22965	20	Pa
Aug.		S 30459	20	
Sept.		H 36727	20	lo
Oct.		R 42312	20	
Nov.		O 49909	20	
Dec.		P 56197	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

\$ 20.<sup>00</sup>

APR 1917

180  
*[Signature]*

*Wife*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier

Name of Soldier

**PAYMENTS**

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

Married 22.1.17

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 1772-39-518.

## SEPARATION ALLOWANCE

Name *Gladys Irving*  
 Address *Annapolis Doquille*  
*N. S.*

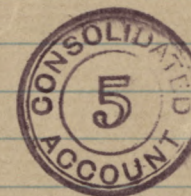
Name of Soldier *Irving, Robert F*  
 Regtl. No. *931294*  
 Rank *Plt*  
 Corps *No 2 Const Batt*

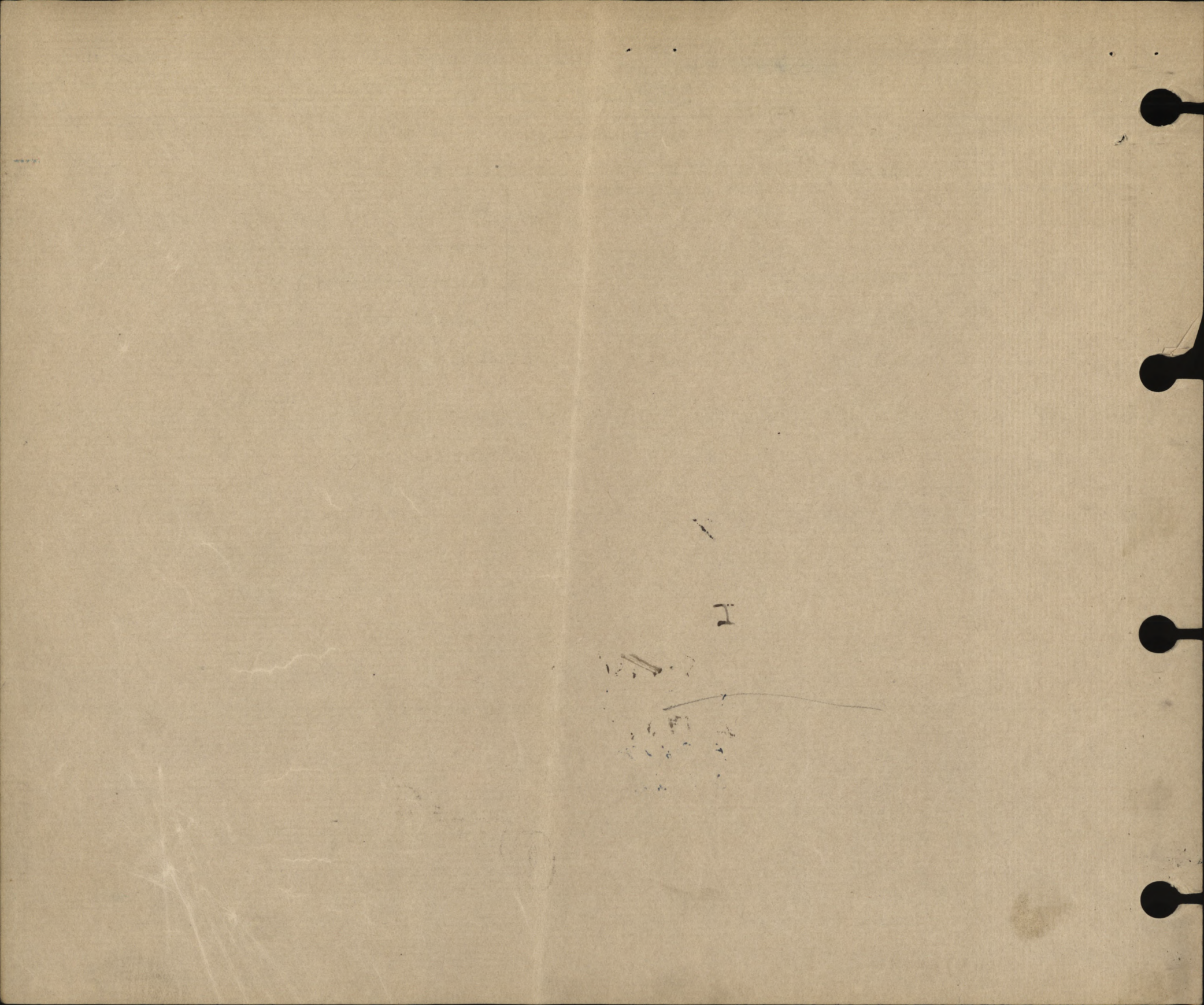
Relation to Soldier }  
 wife, child or mother } *Wife*

To what Corps belonging }  
 when called out } *V V*

## PAYMENTS

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





22.1.14

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-6-16.  
1772-39-818.

## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Gladys Irving

Wife  
PAYMENTS *Pie*

Name of Soldier

Irving, Robert F.

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		Z 37174	46	46 (J)
April		21689	20	20
May		F 5282	20	20
June		I 8053	20	20
July		G 11441	20	20
Aug.		S 14486	20	20
Sept		R 17975	20	20
Oct.		Z 19835	20	20
Nov.		E 24274	20	E 24274 Rem Requille N.S. 22/17 TRH.
Dec.		K 27210	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

226  
O'Brien 28/18

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

*married 22-1-17*

# Separation and Assigned Pay Branch

I

528

*Apr 1/17*

OVERSEAS CONTINGENTS

### RATE OF SEPARATION ALLOWANCE

<del>20</del>	<del>25</del>	30	
---------------	---------------	----	--

*PC 305 PC 2757  
mo 47627*

### RATE OF ASSIGNMENT

20			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. *931294*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *Robt Paul Irving*  
 Battalion *2 Const Batta*  
 Beneficiary *Gladys Irving*  
 Relationship *wife M F W 2554 issued 8/18*  
 Address *Dmsp. 90-11-18 AED*

### PARTICULARS OF ASSIGNMENT

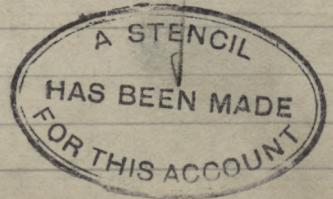
Name *Mrs Gladys Irving (Wife)*  
 Address *Annapolis Leguille N.S.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec 31/17</i>	<i>---</i>	<i>226</i>	<i>180</i>	<i>406</i>	<i>✓</i>
<i>1918 Jan</i>	<i>B 69603</i>	<i>30</i>	<i>20</i>	<i>50</i>	<i>✓</i>
<i>Feb</i>	<i>T. 73211</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>March</i>	<i>I 97385</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>April</i>	<i>J. 11732</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>May</i>	<i>F 7559</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>June</i>	<i>C 17657</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>July</i>	<i>H 33880</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Aug</i>	<i>F 32977</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Wam Sept</i>	<i>G 48366</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Oct</i>	<i>J 53902</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Nov</i>	<i>K 50459</i>	<i>25</i>	<i>20</i>	<i>45</i>	<i>✓</i>
<i>Dec</i>	<i>L 66751</i>	<i>45</i>	<i>20</i>	<i>65</i>	<i>✓</i>
<i>1919 Jan</i>	<i>M 74132</i>	<i>30</i>	<i>21</i>	<i>51</i>	<i>✓</i>
		<i>581</i>	<i>440</i>	<i>1021</i>	

*9348-R-31*  
*plus MRO 56660 destroy issued 28/1/19*

M. F. W. 128  
400M-6-17-1772-39-1141  
L. L. 22220-M. & D. 1588.

A/c Closed *31-1-19*  
 Ret'd per *Emp of B.*  
 Date *22/1/19* M.F.W. 187  
 Clerk *[Signature]*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128  
 400M-6-17-1172-38-1141  
 L. L. 22320-M. & D. 7488.



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

*W. Percis*

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

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

REGT. No. 931294 RANK *Plt* NAME (IN FULL) *Irving R. F.*

M. OR S.

NEXT OF KIN: *AP 20<sup>00</sup> pd. to 31-1-19*

ADDRESS: *Mrs. G. Irving Leguillo Amapolisles N.S.*

RELATIONSHIP: *Wife*

DATE EFFECTIVE: *1-1-19*

ORIGINAL UNIT C.E.F.: *2nd Com Bu*

IF IN P.F. WHAT UNIT? *[Blank]*

ASSIGNED PAY \$: *11.20*

DATE EFFECTIVE: *1-1-19*

PAYABLE TO: *Mrs. G. Irving*

RELATIONSHIP: *Wife*

ANY CHANGE IN ASSIGNEE OR ADDRESS: *[Blank]*

ADDRESS: *[Blank]*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE: *[Blank]*

EFFECTIVE: *[Blank]*

DISCHARGED: *14-2-19*

PLACE: *[Blank]*

DATE: *14-2-19*

REASON: *Disob*

AUTHORITY: *8043*

IF ENTITLED TO POST DISCHARGE PAY: *[Blank]*

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
					\$	C.													
<i>Jan</i>				<i>11 20</i>									<i>05</i>			<i>11 15</i>	<i>Sub. elo 29</i>		
<i>Feb.</i>	<i>1-1-19</i>	<i>110</i>	<i>49 50</i>	<i>35 =</i>									<i>46 40</i>			<i>125 65</i>	<i>Dr. L.P.C.</i>		
	<i>14-2-19</i>	<i>45</i>	<i>30 =</i>					<i>138 19</i>	<i>138 20</i>	<i>30 =</i>	<i>05</i>		<i>125 65</i>			<i>125 65</i>	<i>Sub. Feb. 1919</i>		
								<i>138 21</i>	<i>70 =</i>				<i>70 =</i>			<i>70 =</i>	<i>125 65 pay</i>		
		<i>153 350</i>	<i>- 150 -</i>		<i>500 -</i>			<i>170 -</i>		<i>170 -</i>						<i>man Wife</i>	<i>drd s.a.</i>		
								<i>March 15/199 445</i>		<i>15</i>			<i>210 - 90 -</i>						
								<i>April 19 15/613 70 00</i>					<i>140 60</i>						
								<i>April 12 15/614 30 00</i>					<i>70 30</i>				<i>107 890/1/9/10/19</i>		
								<i>70</i>					<i>70</i>						
								<i>30</i>					<i>500</i>				<i>291946/7 6/6/19</i>		
		<i>350</i>	<i>150</i>		<i>500</i>			<i>415</i>					<i>500</i>						
													<i>85000</i>						

*Completed*

Certified that all payments due on this acct. have been paid.

*[Signature]* CAPT







\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND OR CANADA.	SEPARATION ALLOWANCE. ENGLAND OR CANADA.
EFFECTIVE DATE: 1 APR 1917	EFFECTIVE DATE: -
AMOUNT: 20 <sup>00</sup>	AMOUNT: -

NAME: IRVING Robert ~~Jamuel~~ <sup>JANUEL.</sup>

NUMBER: 931294

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.
Wm Gladys Irving wife Annapolis Leguille N.S.	
Sept 1, 19	

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Approved of app of 13051 26051 26051	13/9/18 21/9/18	Cpl. Pte

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>Nov 1918</del>	<del>196</del>	<del>196</del>	<del>4.66</del>				
<del>11/19/18</del>	<del>2597</del>	<del>2597</del>	<del>9.93</del>				
			14.39				

UNIT AND TRANSFERS

ORIGINAL UNIT: 2 Construction Bn

DATE ACCOUNT FIRST OPENED: 1 APR 1917

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

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
13051. 26051	1 10	10		
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: -

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	Pal Ford								78 05		
Apr	P. Pay	33		b.a.p.				20			
				AR 594 CFC para	3 57						
				✓ 267 22/4 - - -	3 57				83 91		
May	P.P.	33		b.a.p.				20			
		34 10		AR 408 9/5 CFC para	3 57						
				✓ 422 23/5 - - -	3 57				90 87		
June	P.P.	34 10			7 14			20			
		33		b.a.p.				20			
				AR 709 7/6 CFC 5	3 57						
				✓ 872 27/6 ✓	3 57				96 73		
July	P.P.	33			7 14			20			
		34 10		Canal				20			
				AR 949 10/7 CFC 5	3 57						
				AR 1093 25/7 ✓	3 57				103 69		
Aug	P.P.	34 10			7 14			20			
		34 10		Canal				20			
				AR 1256 10/8 CFC 5	3 57						
				AR 2516 15/8 ✓	97 33						
				CP 26952 26/8 L/N	9 73						
				AR 1439 19/8 CFC 5	3 57				3 59		
Sept	P.P.	34 10			114 20			20			
		33		Canal				20			
		18 30		AR 1673 5/9 CFC 5	1 78						
	under credit He instead of cpl 146 30/9/18 183 days C 10%			deprived of app of 26051 26051 (1) improper conduct (2) wearing riding breeches change clothes after march 13051 26051 prior to going on leave. 13051 26051				2 90			
		51 30		AR 1877 24/9 CFC 5	3 57						
		57 30		3/9/18 10 day 604 12/9/18				6 00			
				2052 26051 27/4/18	5 35			8 90	20 64		ap agreed

NUMBER	RANK	NAME		PARTICULARS				BALANCE	DEFERRED	SEPARATION
MONTH		CR. 1.	CR. 2.		DR. 1	DR. 2	DR. 3	DR. 4.		
				Paid					2064	
Oct	P.P.	3410		E.A.P.				20		
				NR 2252 12/10 E.F.S.	373					
				2331 26/10 " - "	373				2728	
		3410			746			20		
Nov	P.P.	6710		NR 2687 11/11 E.F.S.	373				9438	
				2908 26/11 " "	1306				7759	
				E.A.P.	1074			40	3759	
				NR 6615 0/12 C.G.B.D.	466					
				3577 18/12 BRADY	973				2320	
		6710			3118			40		
				NR 89 10/1 Kimmel	973				1347	
					973					
				S.O.S. to Com 12/1/19 NR 18 7112ND 25/1/19						

1439  
 746  
 1699  
 ---  
 3884

1877