ORIGINAL 931171

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? Jones
1a. What are your Christian names? Glendower
1b. What is your present address? 29 Poplar St-
2. In what Town, Township or Parish, and in what Country were you born? Bridgetown Annapolis Co N.S.
3. What is the name of your next-of kin? William Jones
4. What is the address of your next-of-kin? Bridgetown. N.S.
4a. What is the relationship of your next-of-kin? Brother
5. What is the date of your birth? Feb 17. 1882
6. What is your Trade or Calling? Laborer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Glendower Jones, 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.

Glendower Jones (Signature of Recruit)

Date Aug 14 1916. H. Tomkinson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Glendower Jones, 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.

Glendower Jones (Signature of Recruit)

Date Aug 14 1916. H. Tomkinson (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 Amherst this 14 day of August 1916

W. A. Fillmore J.P. (Signature of Justice)

J.P. for the County of Cumberland

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

Description of Glendower Jones on Enlistment.

Apparent Age 24 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft 9 ins.

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

Complexion Dark

Eyes Blue

Hair Dark

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

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Aug 14 1916. ..... C. V. Ellis M.D

Place Amherst. N S ..... 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.

Glendower Jones 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.

D. H. Sutherland (Signature of Officer)

Date SEP 13 1916 191 .

Duplicate

No. 2 Construction Batt'n. C. E. F.

9J1171

Card Lit 301/D/16.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Jones
1a. What are your Christian names? Glendower
1b. What is your present address? 29 Poplar St. Amherst.
2. In what Town, Township or Parish, and in what Country were you born? Bridgetown. Annapolis Co. N S
3. What is the name of your next-of kin? William Jones
4. What is the address of your next-of-kin? Bridgetown. N S.
4a. What is the relationship of your next-of-kin? Brother
5. What is the date of your birth? Feb 17. 1882.
6. What is your Trade or Calling? Laborer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Glendower Jones, 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.

Glendower Jones (Signature of Recruit)

Date Aug 14 1916. H. Tomkinson (Signature of Witness)

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I, Glendower Jones, 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.

Glendower Jones (Signature of Recruit)

Date Aug 14 1916. H. Tomkinson (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 Amherst this 14 day of Aug 1916.

W. A. Fillmore J.P. (Signature of Justice)

Act for the County of Cumberland

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

129

Description of Glendower Jones on Enlistment.

Apparent Age 34 years ..... months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9 ins.

Chest measurement: Girth when fully expanded ..... 37 ins.

Range of expansion ..... 3 ins.

Complexion Dark

Eyes Blue

Hair Dark

Religious denominations:

Church of England .....

Presbyterian .....

Methodist .....

Baptist or ~~Congregationalist~~ Yes

Roman Catholic .....

Jewish .....

Other denominations .....
(Denomination to be stated.)

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Aug 14 1916. S. W. Blair M.D.

Place Amherst N.S. .....

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.

Glendower Jones 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.

D H Sutherland (Signature of Officer)

Date SEP 13 1916 191 .

22-3-19

REGIMENTAL DOCUMENTS

NAME Jones Glendower (Pte.) REGT. NO. 931171 UNIT #2 Constrn. Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3 1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					DISCHARGE
1	DENTAL ~~HISTORY SHEET~~ certy (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob'n
1	MEDICAL EXAMINATION (M.F.W. 129)				11724	
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)					DESERTION
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. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	A.F.W. 3997					
1	M.F.W. 192					
1	D.M.S. 1375					
1	M.F.W. 67					
1	R 12					

H

H

W. 2589
100M-11-18
1772-39-1377

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To be made out in duplicate.

DUPLICATE

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins ..... #2 Construction Battalion

(2) Regimental Number 931171

(3) Full Name of Soldier ..... Jones Glendower

(4) Place of Birth ..... Bridgetown, N. S.

(5) Are you married, or not ? ..... no

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

(b) Present Postal Address ..... —

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

(8) Have you any children ? ..... —

If so, give number of boys and girls ..... —

Also their names and ages ..... —

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? no

If so, state name and address —

(10) Is your Mother alive ? no

If so, state name and address —

—

(11) If your Mother is a widow —

Are you her sole support, or not ? —

(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.

—

—

(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.

William H. Jones (brother)
Bridgetown
N.S.

(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.

—

(15) Are you insured ? no

If so, in what Company ? —

Have you made arrangements for payment of your Insurance premium —

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

C. H. Rejs Capt
for *Officer Commanding.*

Date 24/10/16

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 93171 (Rank) Private

Name (in full) Gludower Jones. enlisted in

the No 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Amherst NS on the 14th

day of August 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 36 yrs. 11 mos.

Height 5 ft. 7 in.

Complexion Dark

Eyes Blue

Hair Dark.

Marks or Scars.

Birth mark on right arm.

G Jones

Signature of Soldier

C.W. MacAlmon CAPTAIN.

Signature of Officer

O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT,

Rank

Appointment

Date of Discharge Feb. 13, 1919.

Signed at Halifax N.S. this 11th 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.

M. F. W. 39a
200m.—2-18
H.Q. 1772-39-882

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 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.

Hd

Number 931171 Rank ~~Pte~~ Spr

Surname JONES

Christian Name Glendower

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

Date of Service 17-8-17

Remarks

Latest Address Amherst.
N. S.

Roll No. B. Page 175-37

200m.-2-21.M.

No. 931171. RANK Pte NAME Jones Glendower

T. O. S. 12-8-16 UNIT No 2 Construction Battalion.
D.D. 15. 23.8.16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 12	Aug 31	m-		
Sept.		m		
Oct.		m		
Nov.		✓	a.w.l. forf. 1 days pay.	D.O. 88. 26-11-16
Dec.		✓		
1917 Jan	1917	✓		
Feb.		✓		
Mar.		m	a.w.l. forf. 2 days pay. 4 days C/B.	D. D. 54. 3-3-17.

*Name Jones G. Rank Pte Regtl. No. 93171

Fyle Depot J-211

Original unit 2 Con Bn Present unit 6 D D M. or S. Age 37 Religion Bap Ref. H.Q.

Port, ship, and date of arrival Empress Britain Halifax 22-1-19

Next of kin 21m Jones Brother

Address on leave Amherst N S.

Address on discharge Amherst N S.

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer Date and place of enlistment Amherst 14 Aug/16

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12-1-19	T.O. S 6 D D Posted Cosy 22-1-19	D O 29
13-2-19	Discharged Halifax	D O 42

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

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. 931171 Rank Pte. Surname Jones.
(Given name in full)
Glen Jones.
Unit or Corps D.D.C. Birthplace Bridgetown N.S.

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

1. **GENERAL DESCRIPTION:**

Physique Good Weight 210 lbs. Height 5 ft. 7 in. Colour of Eyes Brown.

Nutrition Good

Pulse 76

Condition of arteries normal

Vision Rt. Good Left Good

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

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

Birth mark R. arm.

Opinion as to general health and physical condition

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.

Amherst.
2nd Pop. Lt.
N.S.

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

[OVER]

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. 10, 1919.. Signed H.A.B. Lamont.....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 Jones G.

(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.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, ~~Regiment or Corps~~ No 2 Construction Batt C.E.F.

Regimental No. 931171 Rank pte Name Glendower Jones

Enlisted (a) 14-8-16 Terms of Service (a) C. E. F. period of war ~~Six months after~~ & 6 months Service reckons from (a) 14-8-16

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

Extended Re-engaged Qualification (b)

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked from Canada	Halifax N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
17/5/17	O.C. 2nd Constn Battn.	Proceeded Overseas	Seaford	17/5/17	Rt 2 D.O. # H B MacLean Capt. Adjutant, No. 2 Construction Batt'n, C.E.F.
		Landed fn France 17-5-17 N.R.			
6.6.17.	O.C.	Drunk on the Public St. at Andelot. Fld. Forfeits 10 days pay.		5/6/17.	B2069. Pt 2-0. 122.7 8/17
5 7/17	do	Fined $2.00 for Drunk in Camp		27 6/17	B2069 P/- 124.24 8/17
18 7/17	do	Fined $6.00 for Drunkenness		16 7/17	B2069 P/- 127.7 9/17
29-11-17.	OC Unit	7 days F.P. No 2 for AWOL from 10 pm 23/11/17 until 4-30 pm 24/11/17. (Forfeits 2 days Pay under R.W.)		26 11/17.	B2069 P/1 d/ 3/1/18

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

[P.T.O.

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

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				
27.12.17	OC	10 days F.P. No 1, for AW leave from 9-30 pm 20-12-17 until 7 am 21-12-17 (Forfeits 1 days. Pay under RW)		21-12-17	B2069 P275 No 2. d/- 9-1-18
5/1/18	OC Unit	attached to 1 Dist CFC Alencon		30/12/17	B213
14.9.18	43 CSC	Granted 14 days leave	uk.	12.9.18	B213 pt no. 53 of Sep 1918
5.10.18	DO	Returns from leave	Sund	30.9.18	B213
11 12/18	AAG	Trans to Eng & posted to N.S. Regimental Depot	Bramshott	14 12/18	KR 344.
17.12.18	N.S.R.D.	T.O.S. and attd 2nd C.C.D. for Quarters & Rations	Bramshott	14.12.18.	D.O. 305
	NSRD	ON COMMAND TO C.D.D. Kinmel Pk Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27 12/18

C.A. Hewett
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

C.A. Knight LIEUT.
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 931171 Rank Pte. C. E. F. Name Jones G.

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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				
12.1.19	O'seas. T/O/S. No. 6 D. D. Hlfx. Cosy Co.			22.1.19	DO 29.
					A. M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
13.3.19		DISCHARGED at Halifax, N. S.	DO #42	for	R. L. Chvatec LIEUT O C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

C.A.M.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

mD6

NAME OF SOLDIER (Block Letters) JONES J.

REGIMENT No2 Constr Bn RANK Pte No. 931171

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 Ind.
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (*a*) In Canada
- (*b*) In England No
- (*c*) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer J. A. Somerville Capt

P. 550
MARRIED OR SINGLE S.

PLACE OF BIRTH Bridgetown Anna. Co. N.S.

NAME AND ADDRESS OF NEXT OF KIN William Jones, Bridgetown N. S.

RELATIONSHIP OF NEXT OF KIN Brother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES. PROMOTIONS. &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL. &c.

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

REG'L NO. 931171 RANK NAME Jones Glendower

IF IN PERMT. CORPS WHAT UNIT UNIT 2nd Con Bn, TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Amherst N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 14th Aug 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
							Sep 20c.						13 40	13 40																13 40				Bal from Canada.
	Apr 1/30	30	1.10	33	00									33 00															46 40		15 -	31 40	
MAY	1.37	31	"	34	10									34 10	4	7/5						9 74												
															14	19/4						4 86						14 60	65 90		30 -	35 90	
June	1.30	30	"	33	00									33 00	69	14/5						4 87						4 87	94 03		45 -	49 03	
July	1.31	31	"	34	10									34 10														- -	128 13		60 -	68 13	
Aug	"	"	"	34	10									34 10					62	30/5			3 57					14 57	147 66		75 -	72 66	Forfeits 10 do pay. 5.6.17. 20.122. 7.8.17
Sep	1.20	30	"	33	-									33					198	23/6													
				201	30								13 40	24 40					273	19/7			3 57										Fined 6 to ft. Dunkerque. 16.7.17. 20.122. 7.8.17
																							3 56										
																						19 47	10 70			17 -	47 17	167 53					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.
Sep	Bal	~~167 53~~ 16.							167 53.		
Oct	~~PP~~	34 10		A.R 624. 11/9/17 2 Bdm Rm. Att. C for Corps	3 57						
				" 575. 27/9/17 " " " "	3 57						
				" 464. 13/9/17 " " " "	3 57				190 92 180.		
		34 10			10 71						

Pte 931171 Jones . G

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CR DIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR.1		CR.2		PARTICULARS					DR.1	DR.2	DR.3	DR.4	BALANCE		DEFER-RED. PAY	SEP. ALLCE. ENG.													
																				100														
	Oct Bal																	190	92															
Nov-	P.P.				33	-			AR.824. 28 9/17 C.F.C.					3	57																			
									" 848. 12 10/17 "					3	57																			
									" 970. 25 10/17 "					3	57																			
DEC	-	-			34	10			" 1088. 10 11/17 "					3	57		-	-	243	74	130		113												
					67	10								14	28																			
JAN 1918		P.P.			34	10																													
									Std 7 do FP. 24 for. 2 do pay RW 26 11/17 DO 1. 2-1-18.						9	90																			
									AR1257. 23 11/17. 2 Const. Nu.					12	49																			
									Std 10 do FP 1. 21. 12/17. DO 2. 9 1/18. Forfeit pay RW. ANL 9 am 20th 7 am 21 12/17						12	10.																			
									AR. 1431. 21 12/17 2 Const. C.F.C.					3	57				241	78	135														
					34	10								16	06	20	00	-	-																
FEB		-			30	80			AR 2187. 21 1/18. 2 Const. att C.F.C.					3	57																			
									" 2379 5/2/18. #1. C.F.C.					3	57				265	44															
					30	80								7	14																			
MAR 1918		-			34	10			AR 2617 20 2/18. #1 C.F.C.					3	57						165.													
									" 2875. 7 3/18 "					3	57																			
									" 3071. 19 3/18 "					3	57				288	83															
					34	10								10	71																			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

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.

NAME:– JONES. Glendower.

NUMBER:– 931171.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Construction Bn

DATE ACCOUNT FIRST OPENED:– 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			Canada.

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
9/12	662	2 Cons Bn	~~466~~				
18/12	3578	BRDG.	~~97~~ 71				
			1439				

Ledger Bal £ 346.97

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 – – 10			

PARTICULARS OF RENDERING NON-EFFECTIVE:– Discharge 11/1/19. Ledger Bal £ 332 18 11 AR 161 17/12 RAR

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Balford								288 83	165	
apl	P. Pay	33 –		AR 121 6/4 CFC 2nd	3 57						
				" 308 20/4 – " – ✓	3 57				314 69	180	
		33			7 14						
May	P. Pay	34 10		AR 498 7/5 CFC 1	2 68						
				AR 926 22/5 ✓ ✓	4 46				341 65	195	
		34 10			7 14						
June	P.P.	33 –		AR 913 7/6 CFC 1	3 57					210	
				" 1109 22/6 " ✓	3 57				367 51		
		33			7 14						
July	P Pay	34 10		AR 1299 6/7 CFC 1	3 57						
				AR 1508 22/7 ✓	3 57						
				GR. 631 29/7 Ltd ✓	50 00				344 47	225	
		34 10			57 14						
Aug	P Pay	34 10		AR 1703 6/8 CFC 1	3 57						
				AR 1951 22/8 ✓	3 57				371 43	240	
		34 10			7 14						
Sep	P.P.	33		AR 2206 6/9 CFC 1	3 57						
				AR 2258 10/9 CFC 1	1 78						
				CP. 34756 17/9 London	34 07						
				AR 4190 10/9 CFC 1	97 33						
				CP 36448 21/9 London	9 73				257 95	255	at request
		33			~~140~~ 48						
Oct		34 10		Nott 7/10 CFC 1	9 73						
				2936 23/10 "	3 73				284 59	210	
		34 10			7 46						

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Fwd.					12 14 59	300	
Nov	Pay'd	6 10							38169		
				AR 3103 8/11 6.5.61	373						
				" 3310 25/11 "	1306				33490	300	
	Fwd O/A Pay:	11 87	50	6cm 10/12 eg LD	466				346 77	300	
	Can Remit Families Cr'ook Error.			3878 12/12 BRAY	973				33238		
		78 97	50		3118				38238		
				AR 98 10/1 · Kinnear 2966	973				37265		
					973						

S.O.S. to Can 12/1/19 POSTED DO. 18. 25/1/19

1679
1430
748
3864

LP
16-3-19

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. 931171

Rank Private

Surname Jones

Christian Name Glendower

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No 2 Construction Battalion

Date of Discharge February 13th 1919.

Place of Discharge Halifax Ns.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 36 years 11 months.

Height 5 feet 7 inches.

Complexion Dark

Eyes Blue

Hair Dark

Trade Laborer

Intended place of residence (To be given as fully as practicable.) Amherst Ns.

Descriptive Marks

2. The above-named man is discharged in consequence of

Demobilization

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.

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.

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.

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 Index
RW 18/3/19

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) Halifax NS Glen Lowe .....*(Signature of Soldier.)*

(Date) 11th Feb 1919 Geo Fox .....*(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) Halifax N.S.

(Date) Feby 13. 1919

(Signature) .....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.)

— Nil —

G Jones

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263.	
Squadron / Battery / Company Conduct Sheet,	"	B. 263a.	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form	B. 313	
Medical Report for Invalid*	"	B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.	

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form	B. 235.
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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 CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

M.D. DISTRICT DEPOT

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

Regimental No. 931171 Rank Pte Name Jones G.

Corps 2nd Con Bn who was* Discharged

On 13-2-19 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191....

to 13-2-19 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	11	15
Advances by Cheques No. 13758	70	—	Regt'l. Pay 44 days at $ 1 c.	44	—
Advances by Cheques No. B.70.AR	100	—	Field Allow. 44 days at $ c. 10	4	40
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Reg. Fund		05	Other Allowances* Clothing	35	—
Payment on transfer or discharge No. 13757	277	28	Other Credits* IPC	282	78
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	—
Total	447	33	Total	447	33

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of Assigned

Pay for the month of .....191...
and Sep'n Allce. for month of .....191...

(to) Assignee Nil

(Address) Nil

(†) 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. .....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge Demob authority Order

(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.

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 for Post Discharge Pay and triplicate, with his discharge documents.

M.F.W. 44.

1772-39-903.
D.P. 874.

HALIFAX N.S.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name JONES, Glendower. | Reg'l No. 931171.

Unit No2. Const Bn. | If in perm. Corps What Unit? | Married or Single Single.

Place and Date of Enlistment Amherst 14th Aug.1916. | Place of Birth Bridgetown. Annapolis.Co.N.S.

Name and Address, Next-of-Kin William Johes. Bridgetown. N.S. | Relationship Brother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

N/E. R.B. No. 6684
File R.L.
Category OR CAN

A.F.B. 103 CHECKED
29 MAY 1917

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England ss "Southland"		7-4-17	A.W.W.W.
14.6.17	2nd CC Co	Landed in France	Field	17.5.17	Pt II O. 115
16-12-18	NSRD	TOS from 2nd CC Coy	Pte	B'shy	14-12-18 +305+71 d/ 19-12-18 2nd C C Coy
27.12-18	NSRD	O/C to C.D.D. Rhyl	"	"	27.12-18 D.O. 313
25.1.19	N S R.D.	Ceases O/C to Rhyl & S.O.S. to C.E.F. Canada	"	Repor.	12.1.19 — 18.

931171 Jones G.

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.						

D.M.S. 1375.

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 Jones Surname Glendower

Unit or Corps 17th Reserve (If a soldier) Regtl. No. 931171

Born at Bridgetown on, date Feb. 17th 1882

Signature (for identification) Glendower Jones

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

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

Weight 236 lbs.

Height 5 ft. 10 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?**

no

4. **RESPIRATORY SYSTEM.**

no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening?

no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1016 Reaction? acid Albumen? nil Sugar? nil

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 Kinmel Park

Date 2 / 1 / 19

Signed [illegible] M.O.

Signed [illegible] 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.

ORIGINAL 931171

MEDICAL HISTORY SHEET

Surname Jones Christian Name Glendower

Examined on 22 day of Aug 1916 at Picton

Birthplace City or Town Bridgetown County Bridgetown

Apparent age 34

Trade or occupation Laborer

Height 5 feet 9 Inches

Weight 200 ~~3~~ lbs.

Chest measurement Minimum 35 inches Maximum expansion 4 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Never Left Number Never

When Vaccinated last None

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by D Murray

Rank Lt-a-rec M.O.

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
15/3/17	L&GR	Dan Murray M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18/10/16	L.&G.R.	D Murray Lt M.O.
31/10/16	L.&G.R.	D Murray Lt M.O.
15/11/16	L.&G.R.	G A Dunn M.O.

Enlisted on 12 day of August 1916 at Amherst N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		931171		12/8/16
Transferred to No. 2 Construction Bn. C.E.F.				

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Jones Christian Name Glendower

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

AUDITOR | PAYMASTER

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

M. OR S. REGT. No. 931171 RANK Pte NAME (IN FULL) Jones G.

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	1/10	

ORIGINAL UNIT C.E.F. 2nd Con Bn IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ Nil DATE EFFECTIVE

PAYABLE TO RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bridgetown, Annap. Co N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Halifax, N.S. DATE 13-2-19 REASON Demob. AUTHORITY DO 42 IF ENTITLED TO POST DISCHARGE PAY

62

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Jan					11	20			11	20																05						05			11	15	Subs DO 29
1-1-19					11	15																															
Feb. 13-2-19	44	110	48	40	282	78			377	33	B/70	8/2/19					100				137	87	277	78			05					377	33					C.L.P.C
					35	00																															
																					137	88	70									70		70			
	153		350						350		March 19-14	4-94					70										70								210		
											April 12/19	1516	44				70																		140		
																	70																		70		1578355 8/5/19
																	70															350			Nil		597008 7/6/19
			350						350								280										70					350			~~350~~		

War Gratuity

W.S.G. Payments Completed

H A Allum Lt

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	