

931135

TRIPPLICATE

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?..... *James Arthur Jones*
- 1b. What is your present address?..... *New Glasgow.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Dorchester N.B.*
- 3. What is the name of your next-of-kin?..... *Mrs Alfred Skinner.*
- 4. What is the address of your next-of-kin?..... *New Glasgow.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *20 Feb. 1898*
- 6. What is your Trade or Calling?..... *Laborer*
- 7. Are you married?..... *Single*
- 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, *James Arthur 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.

Date *Aug 10th* 191*6* *Arthur Jones* (Signature of Recruit)  
*L. P. H. Pearce* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *James Arthur 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.

Date *Aug 10th* 191*6* *Arthur Jones* (Signature of Recruit)  
*L. P. H. Pearce* (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 *New Glasgow* this *10* day of *Aug* 191*6*  
*L. P. H. Pearce* (Signature of Justice)

*For and for the Society of Petrol S.*



Description of James Arthur Jones on Enlistment.

Apparent Age 18 years 2 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.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 3 ins.

Complexion Colored

Eyes Colored

Hair Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him\* Fit for the Canadian Over-Seas Expeditionary Force.  
 Date Aug 14 1916 D. M. Murray  
 Place Recruiting St. A. M. C.  
 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.

Geo. A. 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.

C. H. Reis Capt (Signature of Officer)  
 No. 2 Construction Batt'n, C. E. F.

Date OCT 14 1916 1916



REGIMENTAL DOCUMENTS

NAME **JONES. JAMES** *Arthur (Pte)*

REGT. NO. **93/135**

UNIT **\*2 Constan Bn.** H. Q. FILE NO.

CONTENTS		DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					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)				12040	DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465) <sup>copy</sup> 1					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob. n.</i>
1	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
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)					
	<i>m.f.w. 192 - 1</i>					
	<i>a.f.w. 3997 - 1</i>					
	<i>d.m.s. 1375 - 1</i>					
1	<i>m.f.w. 67</i>					
1	<i>1122</i>					

**M**

*11-6-58*

**H**



Open  
ATIP

Box  
4943



*MD*  
*Jones*

Number *931135*

Rank *PTE Spr*

Surname *JONES*

Christian Name *James Arthur*

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

Date of Service *17/5/17*

Remarks

Latest Address *PO Box 841*

*New Glasgow*  
*N.S.*

Roll No.

*B*  
*Page 17739*

200m-2-21.M.

*B*



DESP. DEC 12 1922  
REG. 10908



\*Name Jones, James Athol Rank Plt Regtl. No. 931135  
 Origin unit 2 Class Bn Present unit no 6 Co M. or S. Age 21 Religion Baptist Fyle Depot 74-J-212 Ref. H.Q.  
 Port, ship, and date of arrival Salisbury, England Britain 22.1.19  
 Next of kin Alfred Skinner (Mother)  
 Address on leave New Glasgow, N.S.  
 Address on discharge  
 Transportation issued Yes No Date Character on discharge  
 Previous occupation Rabanser Date and place of enlistment 1 Oct Aug 1916 New Glasgow N.S.  
 Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12.1.19	20 S. no. 6 District Depot	29
22.1.19	Posted to Casualty Company	29
15/2/19	S/O/S Discharged D.M.V.	44

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



Date.

Remarks.

Pt. 2 Ord. No.



SURNAME.

*Jones*

CHRISTIAN NAMES

*James Arthur*

REGL. NO.

*931195*

RANK

*Pte.*

UNIT

*No. 2 Construction*

*# 6 D. D.*

*Bn.*

FORMER CORPS

*nil.*

CARD NO.

*S. O. S. His 15.2.19*  
*6. Demob. U. O. 44*  
*13.2.19. #682*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Skinner, Mrs. Alfred*

RELATIONSHIP TO SOLDIER

*mother*

ADDRESS

*New Glasgow, N.S.*

COUNTRY OF BIRTH

*Canada* *Dorchester, N.B.*

DATE

*Feb. 20<sup>th</sup> 1898*

PLACE OF ATTESTATION

*New Glasgow, N.S.*

DATE

*Aug. 10<sup>th</sup> 1916*

*O.S. 28.3.17.*



*R/C 25-1-19. 256 Pte. 6*  
*68*



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

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Laborer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

18

YEARS

—

MONTHS

HEIGHT

5

FEET

5

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Colored

EYES

—

HAIR

—

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Pictou, N.S.

DATE

Aug. 14<sup>th</sup>, 1916

Present Address:— New Glasgow, N.S.



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) JONES J A MDL  
REGIMENT No 2 Construction Co RANK Pte No. 931135

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



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. EXTRACTIONS
- 3. CROWNS
- 4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*J. i. .*

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 *J*
- (c) 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.

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer *J. H. Somerville*



UNIVERSITY ARMY DENTAL CORPS OFFICER  
DENTAL CERTIFICATE FOR DEPLOYMENT

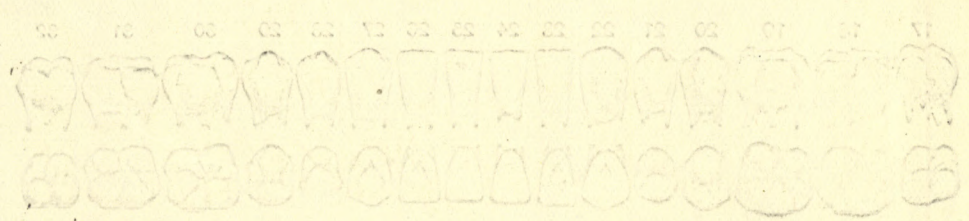
DIRECTORS TO  
DENTAL OFFICERS

1. This form will be  
filled out for each  
dental officer at the  
beginning of deployment  
and in England  
or France.  
2. It should be  
filled out by the  
dental officer in  
charge of the  
dental section at  
the time of  
deployment.  
3. It should be  
filled out by the  
dental officer in  
charge of the  
dental section at  
the time of  
deployment.

NAME OF SUBJECT: J. A. JONES

REGIMENT: The Canadian Army Dental Corps

DATE OF EXAMINATION: 1/1/45



PATIENT DENTAL REQUIREMENTS

1. Periodontal
2. Perforation
3. Caries
4. Dentures
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*Handwritten signature*

*Handwritten mark*



# 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. 931135 Rank Pvt Name James J. A. [unclear]  
 Corps 2nd Con Bn who was\* Discharged  
 On 15-2-19 191... to 1-1-19 191...  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191... to 15-2-19 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month <u>LPC</u>	4	11	Balance Cr. from prev. month <u>Jan</u>	11	15
Advances } No. <u>AK 71B</u>	25	=	Reg'l. Pay <u>46</u> days at \$... c.	46	=
Cheques } No. <u>13945</u>	70	=	Field Allow. <u>46</u> days at \$... c.	10	460
Assigned Pay and Sep'n Allee. No. ....			Separation Allowances* (Monthly) .....		
Other charges <u>Reg. Fund</u>		05	Other Allowances* <u>at transfer</u>	35	=
Payment on transfer or discharge No. <u>3944</u>		67	Other Credits* .....		
Balance Cr. (to be paid by the new unit) .....		59	Bal. Dr. (to be deducted by new unit) .....	70	=
<b>Total</b> .....	<b>166</b>	<b>75</b>	<b>Total</b> .....	<b>166</b>	<b>75</b>

\*Give particulars.

A monthly stoppage of \$ 12.00 (†) has ..... (‡) been paid on account of Assigned Pay for the month of January 191... (to) Assignee Mrs Mary Jane Somner and Sep'n Allee. for month of ..... 191...  
 (Address) appdly Ottawa New Glasgow N.S.

(†) 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 .....
- (3) cause of discharge ..... authority Do U V
- (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 N.S. Paymaster [Signature] CAPT

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 is to certify that the undersigned is a member of the contingent of the Expeditionary Force of the Canadian Contingent Expeditionary Force... Name... Rank... Service No...

Table with columns for Name, Rank, Service No., and other details. The text is mirrored and difficult to read.

The undersigned is a member of the contingent of the Expeditionary Force of the Canadian Contingent Expeditionary Force... (1) ... (2) ...

The undersigned is a member of the contingent of the Expeditionary Force of the Canadian Contingent Expeditionary Force... (1) ... (2) ...

The undersigned is a member of the contingent of the Expeditionary Force of the Canadian Contingent Expeditionary Force... (1) ... (2) ...



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.

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

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... 931136

(3) Full Name of Soldier..... James Arthur Jones

(4) Place of Birth..... Dorchester A.B

(5) Are you married, or not? ..... Single

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

(b) Present Postal Address..... ~~New Glasgow A.S~~  
T.O. Box 844

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

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

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

Also their names and ages.....



(9) Is your Father alive? No

If so, state name and address X

(10) Is your Mother alive? yes

If so, state name and address Mrs. Mary Jane Skinner

New York - N.S. 9 C.P. Box 841

(11) If your Mother is a widow? No

Are you her sole support, or not? No renamed

(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.

\$15.00

(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.

Mother  
Mrs. Mary Jane Skinner  
New York - N.S. 9 C.P. Box 841

(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.

No

(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.

Date OCT 21 1916

C. W. Reis Capt  
Officer Commanding.  
No. 2 Construction Batt'n. E. F.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 9311335 (Rank) Private

Name (in full) James Arthur Jones enlisted in  
the No 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at New Glasgow on the 10<sup>th</sup>  
day of August 1916

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 21 years

Marks or Scars nil

Height 5 feet, 6 inches

Complexion Coppered

Eyes Brown

Hair Dark

J A Jones  
Signature of Soldier

C W MacAloney CAPTAIN  
O. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT.

Date of Discharge February 15, 1919

Rank

Signed at Haltwhistle N.S. this 13<sup>th</sup> day of February 1919

Appointment

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 .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

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

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



**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 Ote. Name James A Surname Jones  
 Unit or Corps 17th Reserve (If a soldier) Regtl. No. 931135  
 Born at Dorchester, N. B. on, date February 28, 1899  
 Signature (for identification) James A Jones

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

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

Weight 142 lbs.  
 Height 5 ft. 6 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?** nd

4. **RESPIRATORY SYSTEM.** nd

5. **HEART?**

Abnormal Sounds? nd  
 Abnormal Size? nd  
 Pulse Rate? 65 Intermittence or irregularity? nd

6. **ARTERIES.**—Any hardening? nd

7. **DIGESTIVE SYSTEM?** nd

8. **GENITO-URINARY SYSTEM?** nd

Urinalysis—s.g.? 10/16 Reaction? ac Albumen? nd Sugar? nd

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

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

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

Examined at Kimmel Park Signed W. Stephens Capt M.O.  
 Date 2 1 19 Signed W. Jones Capt M.O.

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



Medical Examination upon leaving the Service

of an Officer in the general service of the United States Army

The undersigned, James A. [unclear]  
Inspector, U. S. Army  
James A. [unclear]

James A. [unclear]  
Inspector, U. S. Army  
[unclear]

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2

1. HISTORY AND PRESENT ILLNESS

2. PHYSICAL EXAMINATION

3. SPECIAL EXAMINATIONS

4. HEART

5. LUNGS

6. ABDOMEN

7. URINARY SYSTEM

8. BLOOD

9. VISION

10. HEARING AND SENSE OF TOUCH

11. REFLEXES

12. GAIT AND POSTURE

13. MENTAL CONDITION

James A. [unclear]

[unclear]



ORIGINAL 35

MEDICAL HISTORY SHEET

Surname *Price* Christian Name *Arthur*

Examined { on *14* day of *Aug* 191*6*  
at *Pieton*

Approved by *D M Murray*

Birthplace { City or Town *Dorchester*  
County *W B*

Rank *Stamg* M.O.

Apparent age *18*

EXAMINED FOR RE-ENGAGEMENT

Trade or occupation *Labourer*

Height *5* feet *6* inches

Weight *130* lbs.

Chest measurement { Minimum *31* inches

{ Maximum expansion *3 1/2* inches

Physical development *Good*

Small-pox Marks *none*

Vaccination Marks { Arm Right Left *none*

{ Number

When Vaccinated last *none*

VACCINATIONS

(a) Marks indicating congenital peculiarities or

previous disease *None*

*15/3/17* *John Dan Murray* M.O.

(b) Slight defects but not sufficient to cause rejection

*None*

ANTI-TYPHOID INOCULATIONS, ETC.

*5/10/16* *L.S.R.* *H.V. Kent-Major* M.O.

*1/11/16* *L.S.R.* *H.V. Kent Major* M.O.

*7/11/16* *L.S.R.* *H.V. Kent Major* M.O.

Enlisted on \_\_\_\_\_ day of \_\_\_\_\_ 191*6* at \_\_\_\_\_

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to		<i>931135</i>		<i>8/14/16</i>

No. 2 CONSTRUCTION, B'n. 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 Service, on the man becoming non-effective; the date and cause being stated on next page.







# 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. 921135 Rank Pte Surname Jones  
(Given name in full)  
 Unit or Corps D.D.C. Birthplace Dorchester, H. B.

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

1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 6 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse 76  
 Condition of arteries good  
 Vision Rt. 20 Left 20  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

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.

Inv. Glasgow.  
P. O. Box 841.  
N. S.



# 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 11/19* Signed *J. A. Jones* 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 *J. A. Jones* .....

(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.)



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

*Answers*

M. F. W. 54. (A. F. B. 193.)

250M.—1-16.  
H. Q. 1772-39-920.

# Casualty Form Active Service.

Unit, Regiment or Corps *Co 2 Construction Batt. C.P.F.*

Regimental No. *931.135* Rank *pte* Name *James Arthur Jones*

Enlisted (a) *10-8-16* Terms of Service (a) *period of war 46 months* Service reckons from (a) *10-8-16*

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

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

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		<i>Embarked from Canada Halifax, N.S.</i>	<i>Halifax, N.S.</i>	<i>5/3/17</i>	
		<i>Disembarked, England Liverpool</i>	<i>Liverpool</i>	<i>7/4/17</i>	
	<i>O.C. 2nd Constr. Batta.</i>	<i>Proceeded Overseas</i>	<i>Seaford</i>	<i>17/5/17</i>	<i>PT 2. W. O. #</i> <i>H. B. Malleys</i> <i>Adjutant, No. 2 Construction Batta.</i>
		<i>Landed in France</i>	<i>France</i>	<i>17-5-17</i>	<i>N.R.</i>
<i>4-6-18</i>	<i>oe</i>	<i>Left with unit</i>	<i>Sea</i>	<i>4-6-18</i>	<i>W.B. K.S. 18/11/18</i>
<i>17. 8. 18</i>	<i>oe</i>	<i>Received 14 days leave</i>	<i>unk.</i>	<i>14-8-18</i>	<i>C 213 No 20.507 Rept 1918</i>
<i>31. 8. 18</i>	<i>oe</i>	<i>Returned from leave.</i>	<i>Sea.</i>	<i>31-8-18</i>	<i>C 213 3</i>
<i>21. 9. 18</i>	<i>oe</i>	<i>Awarded one S.C. Badge</i>	<i>..</i>	<i>10-8-18</i>	<i>C 213 No 557 Rept 1918</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				

11-12-18 AAG

Trans to Eng. and posted to N.S.  
Reg. Depot. Bramshott

14-12-18. KR 344

*Ca Hewett*

Canadian Section, G. H. Q. 3rd Echelon, B. L. F.

14.12.18

N. & R. D.

S.O.S. attached to 2 b.l. D  
for Ops. Rations

B'shatt

14.12.18 D. O. 305.

*NSRD 313 27/12/18*  
PART II D.O.....

NSRD

ON COMMAND TO *CDD Kimmel* BRAMSHOTT  
*Rhyf*

*ca. Knight* LIEUT.  
OFFICER IN CHARGE RECORDS,  
NOVA SCOTIA REGTL. DEPOT.

*S.O.S. O.M.F.B.*  
*on transfer to 6.8.7.*  
*Discharge Canada*  
*Sailing No 4*

12-1-19

*Kimmel*

*Roy. M. Hammond*  
Lieut

*Embarked for Canada 12/1/19*



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. 931125 Rank Pte Name James J. A.  
C. E. F.

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

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

Extended..... Re-engaged..... Qualification (b).....

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	Dreas. 7/0/S	M. 6 D. O. 44	4th Coy Co.	22.1.19. 2029.	<u>Am. Serjeant</u> Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
12/2/19	8/0/S	Discharged	M. 6 D. O. 44		<u>J. P. Khan</u> CAPT. & ADJT. R LIENT. COL. 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				



J.P. Rank

Name

JONES, James Arthur

Reg'l No. 931135.

Unit No2. Const. Bn.

If in perm. Corps  
What Unit?

Married or Single Single.

Place and Date of Enlistment New Glasgow. 10th Aug. 1916. Place of Birth Dorchester. N B.

Name and Address, Next-of-Kin Mrs Alfred Skinner.

Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Disc 6682  
Category OR CAN

Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9:46-16.

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.				
		Arrived in England ss "Southland"		7-4-17	<u>AWOW</u>
14. 6. 17	2 <sup>nd</sup> Lt	Arrived in France	Field	17. 5. 17	Rt-115
7. 10. 18	2 <sup>nd</sup> Lt	Awarded 1 gc Badge	Field	10. 8. 18	Rt-55
16. 12. 18	NSRD.	TOS from 2 <sup>nd</sup> CO	plé Bicheth	14. 12. 18	10305-471 / 2 <sup>nd</sup> CO
27. 12. 18	H.S.R.D	O/C to C.D.D Rhye	-	27. 12. 18	- 313
25. 1. 19	NSRD.	Access o/c to Rhye 8503 6687 Canada	Repon	12. 1. 19	- 18.

A.F.B. 188 CHECKED  
29 MAY 1917







MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

To Whom *Mrs Mary Jane Skinner,*  
Address *P. O. Box 841,*  
*New Glasgow.*  
*N. S.*

By Whom Assigned *Jones, Arthur*  
Regtl. No. *931135*  
Rank *Pte*  
Corps *N°2 Constr'n Btm.*

Rate *\$15.00*

APR 1917

## PAYMENTS

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





111

12  
11  
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9  
8  
7  
6  
5  
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2  
1





# ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.  
(Assignee)

*Mrs Mary Jane Skinner*

Name of Soldier

*Jones, Arthur*  
*93/113 Pte-2 Constn Bn.*

PAYMENTS.

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4909	15	✓
May		S 8712	15	15-45.
June		B 16475	15	OBa
July		S 23276	15	B
Aug.		D 80480	15	
Sept.		R 36757	15	120 OB
Oct.		D 43363	15	
Nov.		M 50054	15	
Dec.		R 56444	15	
Jan.	1918		13 5	
Feb.				
March				
April				
May				
June				
July				

CANADIAN  
ASSIGNED PAY AUDITED  
*W. Baskette*  
AUDIT CLERK  
DATE 6-6-19

APR 1917

93/113  
\$15.00



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE: -	1 APR 1917	EFFECTIVE DATE: -	
AMOUNT: -	15 <sup>00</sup> .	AMOUNT: -	

NAME: - JONES, James Arthur  
NUMBER: - 931135

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.

Mrs Mary Jane Skinner - mother.  
Po Box 841 - New Glasgow N.S.

Stop 1.1.19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS			
ORIGINAL UNIT: - 2 Construction Bn			
DATE ACCOUNT FIRST OPENED: - APR 1917			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P 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	6616	B.F.O.	466				
8/12	3575	B.F.O.	942				
			1479				

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

PARTICULARS OF RENDERING NON-EFFECTIVE: - Disch Can 1/1/19 AR 60.49 ✓ AR 161 7/12 MSR

1917	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918	MAR	Bal Ford								12047		
	apt	P. Pay	33		b.a.p.				15			
					AR 6. 84 CFC para	357						
					268 27/4	357				13133		
	May	P. Pay	33		b.a.p.	714			15			
			34 10		AR 109 9/8 CFC para	357			15			
					423 22/5	357				14329		
	June	P. Pay	33		AR 710 7/6 CFC 5	357			15			
			34 10		873 21/6	357			15	15415		
	July	P. Pay	33		Canada	714			15			
			34 10		AR 950 10/7 CFC 5	357						
					AR 1094 25/7	357			15	16611		
	Aug	P. Pay	33		Canada	714			15			
			34 10		AR 1257 10/8 CFC 5	357						
					EP 25402. 21/8 LIN	4867						
					AR 1425 19/8 CFC 5	357						
					AR 3253 12/8	9733				3207		
	Sep	P.P.	33		Canada	15314			15			
			34 10		AR 1674 5/9 CFC 5	357			15			
					AR 1878 21/9	357			15	4293		at agreed
	Oct		33		AR 443 12/10 b 365	379			15			
			34 10		234 26/10	379			15	5451		
			34 10			416			15			

7486  
14599  
16719  
3884











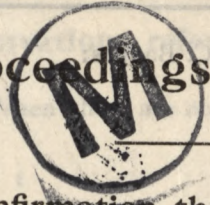




War Service Badge  
Class "A" #77008  
issued

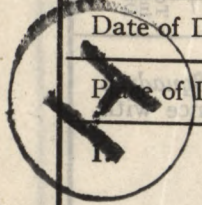
This space to be for numbers

# Proceedings on Discharge.



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

No.	931135
Rank	Private
Surname	Jones
Christian Name	James Arthur
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	2nd Construction Battalion
Date of Discharge	February 15, 1919
Place of Discharge	Halifax N.S.



## DESCRIPTION AT THE TIME OF DISCHARGE.

Age	21 years 0 months	Descriptive Marks	
Height	5 feet 6 inches		nil
Complexion			
Eyes	coloured		
Hair			
Trade	Labourer		
Intended place of residence	P.O. Box 844 New Glasgow N.S.		
(To be given as fully as practicable.)			

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.

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.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

(OVER)

11-3-19  
E. R. J.



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 N.S. J. A. Jones (Signature of Soldier.)

(Date) 13/2/19 J. A. Jones (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) 22-2-19

(Signature) .....

Samuel .....

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.)

List of Discharge Documents.

*Nil*

*J. A. Jones*

<p>Militia Form B. 233 Attestation Paper</p>	<p>Reg. Conduct Sheet Militia form B. 263</p>
<p>Proceedings on Discharge B. 218</p>	<p>Conduct Sheet " B. 233 Squadron Battery Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p>	<p>Copies of Convictions, by C.P. in MS. Militia Form B. 313 Med. Hist. Sheet</p>
<p>(a) Proceedings on Discharge.</p>	<p>Medical Report for Invalidity " B. 227</p>
<p>(b) Attestation.</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate " D. 877</p>
<p>(c) Medical History Sheet (in the event of such having been prepared).</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 Para. 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.

Reg. Conduct Sheet, Militia form B. 263.  Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Attestation Paper, Militia Form B. 235.  Proceedings on Discharge " B. 218.
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."	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.*

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)

Statement of Service.

Service from Engagement to (the date to which the Record of Service is completed) years

Total years

Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) \_\_\_\_\_ (Signature) \_\_\_\_\_



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# J

3246

*Apr 1. 1917.*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. *931135*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *Arthur Jones.*

Battalion *No 2. Coniston Btn.*

Beneficiary

Relationship

Address

### PARTICULARS OF ASSIGNMENT

Name *Mrs Mary Jane Skinner*

Address *P.O. Box 841 New Glasgow*

Change of Address *N.S.*

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
--------------	---------------	---------------	---------------	-------	---------

	<i>Dec. 31</i>	<i>—</i>	<i>135</i>	<i>135</i>	<i>✓</i>
<i>1915</i>	<i>Jan E 57406</i>		<i>15</i>	<i>15</i>	<i>Br. ✓</i>
	<i>Feb. F 70817</i>		<i>15</i>	<i>15</i>	<i>✓</i>
	<i>Mar I 100633</i>		<i>15</i>	<i>15</i>	<i>✓</i>
	<i>Apr J 15052</i>		<i>15</i>	<i>15</i>	<i>✓</i>
	<i>May F 11927</i>		<i>15</i>	<i>15</i>	<i>✓</i>
	<i>June F 13092</i>		<i>15</i>	<i>15</i>	<i>✓</i>
	<i>July R 30649</i>		<i>15</i>	<i>15</i>	<i>✓</i>
	<i>Aug H 35887</i>		<i>15</i>	<i>15</i>	<i>✓</i>
	<i>Sept J 40089</i>		<i>15</i>	<i>15</i>	<i>C ✓</i>
	<i>Oct N 49349</i>		<i>15</i>	<i>15</i>	<i>✓</i>
	<i>Nov E 53983</i>		<i>15</i>	<i>15</i>	<i>✓</i>
	<i>Dec K 66548</i>		<i>15</i>	<i>15</i>	<i>✓</i>
<i>1914</i>	<i>Jan L 70024</i>		<i>15</i>	<i>15</i>	<i>✓</i>

*09616-J-220*

CANADIAN  
ASSIGNED PAY AUDITED

*G. B. Baker*  
AUDIT CLERK

DATE *6-19*

M. F. W. 128  
400M-6-17-1772-39-141  
L. L. 22320-M. & D. 1933.

*330 330*

Acc Closed *3/1/19 M.O. 61721*

Ret'd per *Empress of Britain*

Date... *22/1/19 M.F.W. 187 29/1/19 M.O. #6.*

Clerk... *M. Ventura*

A STENCIL  
HAS BEEN MADE  
FOR THIS ACCOUNT



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

## PARTICULARS OF ASSIGNMENT

No. *15-7*

Rank Promoted Reverted Discharge

Soldier's Name *12*

Battalion

Beneficiary

Relationship

Address *19*

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128  
 400M 6-17 1772-39-141  
 L. L. 2220-M. & D. 1583.



PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING  
 DAILY RATE OF PAY AND ALLOWANCES  
 Taken on Strength 12-1-19/29

M. OR S. \_\_\_\_\_ REGT. No. 931135 RANK *Plt* NAME (IN FULL) *Jones Jr.*  
 ORIGINAL UNIT C.E.F. *2nd Con Bn* IF IN P.F. WHAT UNIT? \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 IS SEPARATION ALLOWANCE PAID? \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_ ASSIGNED PAY \$ *15.00 pd. to 31-1-19* DATE EFFECTIVE *40 Days Plan*  
 TO WHOM PAID \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS *Stauffen 20*  
 ADDRESS \_\_\_\_\_ PAYABLE TO *Mrs. Mary Jane Skinner* ADDRESS *Box 841*  
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_  
 DISCHARGED \_\_\_\_\_ PLACE \_\_\_\_\_ DATE *15-3-19* REASON *Demob.* AUTHORITY *Doyle* IF ENTITLED TO POST DISCHARGE PAY \_\_\_\_\_

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		\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$		C.
			\$	C.																					
<i>Jan</i>							<i>11 20</i>																	<i>11 15</i>	<i>Auto 29</i>
<i>1-1-19</i>							<i>11 15</i>																		<i>Dr LHC</i>
<i>4-1-19</i>	<i>46</i>	<i>110</i>	<i>50</i>	<i>60</i>	<i>35</i>	<i>=</i>	<i>96 75</i>	<i>41</i>	<i>10</i>	<i>10</i>	<i>19</i>			<i>25 00</i>		<i>139 44</i>	<i>67 59</i>	<i>05</i>	<i>4</i>	<i>11</i>			<i>96 75</i>	<i>40 = 140 =</i>	<i>paid pay</i>
	<i>13</i>		<i>350</i>				<i>380</i>							<i>70</i>		<i>139 45</i>	<i>70</i>						<i>70</i>	<i>210</i>	
														<i>March 17/19 - 144 293</i>		<i>70 00</i>				<i>70 00</i>			<i>210</i>	<i>2866.08</i>	<i>12/15/19</i>
														<i>Apr 12/19 121643</i>		<i>70</i>							<i>70</i>	<i>2973.02</i>	<i>12/6/19</i>
			<i>350</i>				<i>350</i>									<i>70</i>							<i>350</i>	<i>nil</i>	
																<i>280</i>							<i>350</i>		
																							<i>70 00</i>	<i>350</i>	

*All Payments Made W/Sy*  
*Completed*  
*A. A. Allum Lt*



