ORIGINAL 931289

ATTESTATION PAPER

No.

Folio

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

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name ? ..... Robert Russell Joseph
2. In what Township or parish, and in or near what Town and in what County or Country were you born ? ..... In or near the Town of Annapolis; in the County of Annapolis; in Nova Scotia
3. *What is the name of your next of kin ? ..... ~~Lila Morton~~ Annie Joseph
4. *What is the address of your next of kin ? ..... ~~44 Dolphin St.~~ Parrsboro N.S. wife
5. What is the date of your birth ? ..... Sept 1 1877
6. What is your trade or calling ? ..... Enamel worker
7. Are you an apprentice ? ..... no
8. Are you married ? ..... yes
9. Are you willing to be vaccinated or re-vaccinated? ..... yes
10. Do you now belong to the Active Militia ? ..... no
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police ? †† ..... No

†† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.

12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force ? .... yes
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? .... No
14. Do you understand the nature and terms of your engagement? .... yes
15. Are you willing to be attested to serve in the Canadian Expeditionary Force ..... or for General Service for the term of duration of war & 6 months after

(Signature of Man) Robert R Joseph

(Witness) Act Cpl W Medford

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Russell Joseph { Signature of Man. } [illegible] { Signature of Witness. }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Witness my hand.

(Signature of Man) Russell Joseph

(Witness Present) John Lambert

The above questions were asked of the said Robert Russell Joseph and answered by him in my presence, as herein recorded ; and the said Robert Russell Joseph made the above Declaration and Oath before me at Pictou this 26 day of September One Thousand Nine Hundred and Sixteen at eleven o'clock A. M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. } William Cameron a Justice of the Peace in and for the County of Pictou

* To be verified in the month of January in *each year*.

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

M. F. B. 235.

25M.-2-16.
H. Q 1772-39-87.

[OVER]

Description of Robt Russell Joseph on Enlistment.

Apparent Age 39 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	6 ft. ins.
Weight	175 lbs.
Chest measurement. Girth when fully expanded	40 ins.
Chest measurement. Range of expansion	4 ins.

Complexion Colored

Eyes

Hair

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

Date Sep 26 1916. D Murray

Place Picton

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

Robert Russell Joseph 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)

Date OCT 23 1916 191 .

Statement of the Services of No._____ Name_____

Corps	Squadron, Battery or Company, etc.	PROMOTIONS, DEDUCTIONS CASUALTIES, &c.	RANK	DATE	Service towards Deferred Pay		Service towards completion of engagement		Signature of Officers certifying correctness of Entries.
					Years.	Days	Years	Days	
		Services towards engagement reckons from..... Joined at							
		Total Services as above ..							

(OVER)

MILITARY HISTORY SHEET.

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

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

		Initials of Officers.
2. Passed classes of Instruction		
3. Campaigns.....		
4. Wounded		
5. Effects of wounds		
6. Special instances of gallant conduct.....		
7. Medals, Decorations and Annuities		

	(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two Witnesses.				Date of being placed on Married Roll	Initials of Officers.
	(a)	(b)	(c)	(d)		
9. Particulars as to Marriage.....						

	Christian Name	Date and Place of Birth		Date and Place of Baptism, and Name of Officiating Minister
10. Particulars as to Children				

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

REGIMENTAL DOCUMENTS

NAME Joseph Robert Russell (L/Cpl.) REGT. NO. 931289 UNIT 2nd Compstrn. Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	CASUALTY FORM (M.F.W. 24 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)					13769 DISCHARGE
1	DENTAL ~~HISTORY~~ Certy. SHEET (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)					
	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)					
	a7.W.3997 – 1					
	m.7.W.192 – 1					
	D.m.S. 1375 – 1					
	~~[illegible]~~					
1	R.A.F.					
	ITC					

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.

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(1) Name of Overseas Unit which Soldier joins No 9. Construction Batt. C.E.F.

(2) Regimental Number 931[illegible]9

(3) Full Name of Soldier Robert Russel Joseph

(4) Place of Birth Grandville Ferry N.S.

(5) Are you married, or not? yes

(6) If married, state,
(a) Full name of your wife Mrs ~~Lila~~ Annie Joseph

(b) Present Postal Address ~~Amherst N.S.~~ Pictou N.S
~~4 Poplar St~~

(7) Are you a widower? no

(8) Have you any children? yes. one girl 4 mths.

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

If so, state name and address ———

(10) Is your Mother alive? yes

If so, state name and address Mrs Robert Joseph
Granville N.S.

(11) If your Mother is a widow yes

Are you her sole support, or not? no

(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.

~~Wife~~
Mrs Lilie Joseph
4 Poplar St Amherst 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.

Yes ———

(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. Reid Capt
for Officer Commanding.

Date Oct 23rd 1916

FORM OF WILL

I, Robert Russell Joseph. (Name in full)

Regimental Number 931789 serving in #2 Const Batta.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

wife Mrs Annie Joseph
Pictou NS

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

absolutely, and my personal estate I bequeath to

wife.
Mrs. Annie Joseph.

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

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 25th day of July A.D. 1917.

R R Joseph Signature of Soldier.

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

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

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness: J. L. Laine

Address of Witness: 1 East Young St. Halifax N.S.

Occupation of Witness: Manufacturer.

Signature of Second Witness: R R Mackern.

Address of Witness: Moncton N.B.

Occupation of Witness: Fireman.

Field Ambulance
Number 63

M. F. W. 82.
300M.-12-16.
1772-39-983.

Aurora

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

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

Casualty Form—Active Service.

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

Regimental No. 931.289 Rank Pte Name Robert Russell Joseph

Enlisted (a) 26-9-16 Terms of Service (a) C. E. F. Period of war 46 months Service reckons from (a) 26-9-16

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
17/5/17	O.C. 2nd Const Battn.	Embarked from Canada	Halifax, N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
		Proceeded Overseas	Seaford	17/5/17	Pt 2. O.O. # H. P. MacGregor Capt. Adjutant, No. 2 Construction Battn. C.E.F.
		Landed in France		17-5-17	N.R.
31.5.17.	OC.	Forfeits 5 days pay for Making away with Iron Rations	Fld.	31.5.17	B2069 Pad. £ 130. 26/7/17
20.10.17	OC	appt. A/L/Cpl. with pay.		20/10/17.	B213 P/137. dt. 31-10-17.
4-6-18	do	Shell wound Mouth	Fld	4-6-18	G.R.O. 18/11780
29.6.18	OC	Granted 14 days leave ak.	29-6-1918 to	13-7-18	B213 Wire no. 7 July 1918
23.7.18	do	Rejoined from leave	Field	16-7-18	B213

(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				
11-12-18.	AAG	Trans to Eng. and posted to N.S. Reg. Depot.	Bramshott.	14-12-18	K.R. 344
					Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
14.12.18	N.S.R.D	S.O.S. attached to 2.b.b. D for Qrs & Rations	B'shott	14.12.18	D.O.305.
	NSRD	ON COMMAND TO C.D.D. Kimmel Park Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27/12
12/1/19		S.O.S. O.M.H.C. on Ufs to B.E.F. Discharge Canada Salisbury No 4 R M Hammond Lieut			LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
		Embarked for Canada 12/1/19.			

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name JOSEPH, Robert Russell | Reg'l No. 931289.

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

Place and Date of Enlistment Pictou. 26th ~~Oct~~ SEP. 1916. | Place of Birth Anapolis.

Name and Address, Next-of-Kin Annie Joseph.

Pictou. N.S. | Relationship Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. C687
File R.L.
Category OR CAN

A/L/Cpl.

H. W. V., Ld.—9546-16.

A.F.B. 108 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	
14.6.17	2nd Bde	Arrived in France	Field	17.5.17	Bde O. 115
31.10.17	"	Apptd. A/L/Cpl with pay	Pte. Le Jeune Jura	20.10.17	Pt II 137
16.12.18	H.S.R.D.	TOS from 2nd CCC	A/L/C Bexhill	14.12.18	DO 305 871
27-12-18	H.S.R.D	O/C to C.D.D Rhyl	—	— 27-12-18	— 313
25.1.19.	H.S.R.D.	Cease O/C to Rhyl. 45056 C.E.F. Canada	Rhyl	12.1.19.	— 18

931289 Joseph R. R.

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.						

*Name JOSEPH. R. R. Rank L/CPL. Regtl. No. 931289

Fyle Depot 74-J-216.

Original unit 2 CON. BN. Present unit #6 D. D. M. or S. Age 39 Religion C. E. Ref. H.Q.

Port, ship, and date of arrival Halifax. N. S. "Empress of Bretain." 22-1-19

Next of kin Wife. Annie Joseph.

Address on leave 4 Poplar St. Amherst. N. S.

Address on discharge 139 Pleasant St. Amhset. N. S.

Transportation issued Yes No Date Character on discharge

Previous occupation Enamuel Worker. Date and place of enlistment Pictou. 26-9-16.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12-1-19	T. O. S. #6 D. D. and posted to CASY. COY. 22-1-19	D. O. 29.
13-2-19	Discharged. H. M. S.	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.

H. Q. Reference

No. 931289 Rank L cpl Unit No 2 Construction

Surname Joseph

Christian names Robert - Russell

Kindly forward Medals, to which I am entitled by reason of my service in France
(Theatre of War)

with No. 2. Construction
(Unit with which served in Theatre of War)

No.

Street

Town Norton

County KINGS. Co. NB

R R Joseph
(Signature)

(WRITE IN BLOCK LETTERS AND IN INK)

031716

O. H. M. S.

POSTAGE
FREE

SECRETARY, MILITIA COUNCIL,

DIRECTOR OF RECORDS,

OTTAWA, ONT.

200M.-4-21.

Mtd

Number 931289 Rank a/k/cpl.

Surname JOSEPH

Christian Name Robert Russell

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

Date of Service 17-5-17

Remarks

Latest Address 139 Pleasant St.
Amherst,
N.S.

Roll No.

200m.-2-21.M.

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6 CARD NO. V/6

SURNAME. Joseph

CHRISTIAN NAMES Robert Russell

REGL. No. 931289 RANK Pte.

UNIT ~~No. 2. Construction~~ 6 DD. Bn.

FORMER CORPS nil

S of S Dis 13-2-19
Demob FOLL.
auth DD 42- 11-2-19
#6 DD

NEXT OF KIN.

NAMES IN FULL Martin, Lila

RELATIONSHIP TO SOLDIER not stated

ADDRESS 4 Poplar St., Amherst, N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Annapolis, N.S. DATE Sept. 2nd. 1877.

PLACE OF ATTESTATION Pictou, N.S. DATE Sept. 26th. 1916.

O.S. 28.3.17

P/C 25-1-19. 2-3-6/71 L/cpl 6

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

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

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

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Enamel Worker RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 39 YEARS MONTHS

HEIGHT 6 FEET not stated. INCHES

CHEST MEASUREMENT 40 INCHES EXPANSION 4. INCHES

COMPLEXION Coloured EYES Coloured HAIR Coloured.

DISTINGUISHING MARKS not stated.

MEDICAL EXAMINATION. PLACE Pictou, N.S. DATE Sept. 26th. 1916

Present address. not stated.

No. 931 289 RANK Pte NAME Joseph Robert Russell

T. O. S. 26-9-16 UNIT No 2. Construction Battalion
D.D. 41. 3.10.16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 26	1916 Oct. 31	n.		
Nov.		✓		
Dec.		✓		
1917 Jan	1917	✓		
Feb.		n.		
Mar:		n.		

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. 931289 Rank L/Cpl. C. E. F. Name Joseph R. R.

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. Hfx. Casy. Co.	22.1.19	Do 29	A. M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
13.2.19	DISCHARGED at Halifax, N. S	Do #42 for			R. H. Cusack 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				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931289 (Rank) Lance Corporal

Name (in full) Robert Russell Joseph, enlisted in

the No 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Pictou N.S. on the 26th

day of September 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 41 yrs, 5 mos

Height 6 ft.

Complexion Dark

Eyes Black

Hair Black

Marks or Scars Nil.

R R Joseph
Signature of Soldier

C. W. MacAlmey CAPTAIN.
Issuing 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 1919

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.

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. 931289 Rank L/Cpl. Surname Joseph.
(Given name in full) Robert Russell Joseph.

Unit or Corps D.D.C. Birthplace Annapolis N.S.

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

1. GENERAL DESCRIPTION:

Physique good Weight 180 lbs. Height 6 ft. ... in. Colour of Eyes Brown.

Nutrition good.

Pulse 76

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

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.

Amherst
139 Pleasant St.
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 Vancouver (Canada)

Date Feb. 10/19 Signed [illegible] Capt. 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 R.R. Joseph

(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.

C.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

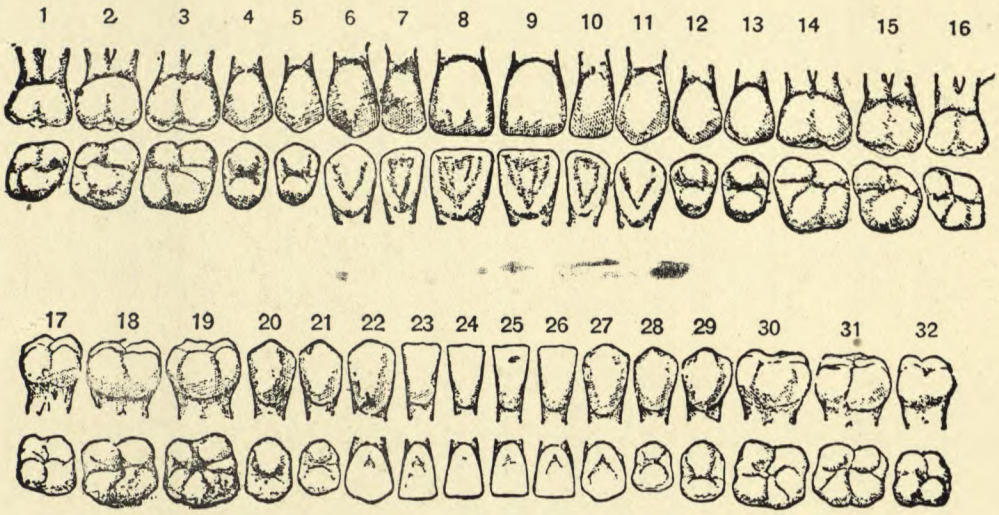
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) JOSEPH RR MDC

REGIMENT No 2 Construction Co RANK L/Cpl No. 931289

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS 4, 18, 19, 32
2. EXTRACTIONS
3. CROWNS 5
4. DENTURES
   - (a) Full Upper
   - (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 [illegible]

ORIGINAL

931289

MEDICAL HISTORY SHEET

Surname Joseph Christian Name Robt Russell

Examined on 26 day of Sept 1916 at Pictou

Approved by D Murray

Rank Lt AMC M.O.

Birthplace City or Town Granville County Annapolis

Apparent age 39

Trade or occupation

Height 6 feet Inches

Weight 175 lbs.

Chest measurement Minimum 32 inches Maximum expansion 4 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left Number None

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease None

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

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	
8/3/17		Daulleroy	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
19/10/16	L.G.R.	D Murray Lt	M.O.
1/11/16	L.G.R.	D Murray Lt	M.O.
15/11/16	L.G.R.	G A Dunn	M.O.

Enlisted on 26 day of Sept. 1916 at Pictou N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		931289		26/9/16
No. 2 CONSTRUCTION, Bn. C.E.F.				
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical 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 Goldsmith Christian Name Robert Russell

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				

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Lila Martin
Address 4 Poplar st
Amherst
N.S.

Rate 15.00 "

By Whom Assigned Joseph Robert R.
Regtl. No. 931289
Rank Pte
Corps No 2 Const Bn

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				

CONSOLIDATED 2 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Lila Martin
(Assignee)

L. L. Job 5470—Req. 6888.

Name of Soldier Joseph Robert R.
No 931289 Pte No 2 Const. Bn

15-00

APR 1917

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April		Z 4916	15		
May		U 8914	15		15-00.
June		W 17019	15		Mc
July		U 22371	15		Ba
Aug.		F 34007	15		
Sept.		I 37263	15	120	e
Oct.		E 42587	15		
Nov.		50035 K 50034	15		K 50034 Can.
Dec.		M 56408	15		135-00
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

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.				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–	1 APR 1917	EFFECTIVE DATE:–	
AMOUNT:–	15.00	AMOUNT:–	

NAME:– Joseph Robert Russell

NUMBER:– 931289

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 Lila Martin (Sister)~~
~~4 Poplar St. Amherst NS~~
Mr J Joseph (Brother)
13 Gold St Amherst NS. 8/1/18
Lpl 1. 1. 19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
DO 137. 31/10/17.	20.10.17.	Lpl

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
9/17	6618	CPC	~~4 66~~				
~~18/12~~	~~3799~~	~~BRDG.~~	~~9 75~~				
			~~14 39~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
DO 137. 31/10/17.	1 05	– 10		
Led Bal $ 19.05				

PARTICULARS OF RENDERING NON-EFFECTIVE:– Disch Pay 1. 1. 19. Lpc Bal 62.66. NR 161 19/12 MCR

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								137 54	3 75	
apl	L/c Pay	34 50		C. a. P.				15 –			
				AR. 6. 8/4 CFC Jura	3 57						
				" 268 22/4 –"–	3 57				149 90	~~4 25~~	
		34 50			7 14			15			
May	L/c Pay	35 65		C. a. P.				15 =			
				AR 409 9/5. CFC Jura	7 14						
				" 423 23/5 –"–	3 57				159 84	~~5 00~~	
		35 65			10 71			15			
June	L/c. Pay	34 50		C. a. P.				15 –			
				AR 710 7/6 CFC 5	3 57					~~5 75~~	
				" 915 28/6 " "	3 57						
				" 915 " " "	3 57						
				" 458 27/6 " "	73 00				95 63	3 75	
		34 50			83 71			15			
July	L/c Pay.	35 65		Can aP				15			
				CP 14515. 4/7/18. L/N	87 60						
				CF 15893 11/7/18 L/N	4 87						
				AR 1094 25/7 CFC 5.	3 57				20 24	3 75	
		35 65			96 04			15			
Aug	L/c Pay.	35 65		Can aP.				15			
				AR 1257 10/8 CFC 5	3 57						
				AR 1478 25/8 "	3 57				33 75		
		35 65			7 14			15			
Sep	L/c P.	34 50		Can aP				15			
				AR. 1674 5/9 CFC 5	3 57						
				AR 1878. 24/9 "	3 57				46 11		ap agreed
		34 50			7 14			15			

NUMBER 931289 RANK L/cpl NAME JOSEPH RR

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Forward					46 11		
Oct	L.C. Pay	35 65		Cap				15			
				W.S.A. 17/10 6 7 6 5	5 60						
				B.W. 26/10	5 60				55 56		
		35 65			11 20			15			
				Cap no 5				30	95 91		
Nov	L.C. Pay N.K.D.	70 15		M.R. 2688 11/11 6.7.6.5	5 60						
				2906 26/11	13 06				97 05		
				6618 10/12 C.S.B.D.	18 66 4 66						
				3579 20/12 B.H.D.G.	9 73				62 66		
		70 15			33 05			30			
				M.R. 109 10/1 Kinnel L.R.E.	9 73				52 93		
					9 73						

S.O.S. to Canada 12/1/19 D.O. 18 N.S.R.D. 25/1/19

1439
1130
18 66
4 4 25

P. 550

Married or Single: M.

Place of Birth: Annapolis

Name and Address of Next of Kin: Annie Joseph Pictou N.S.

Relationship of Next of Kin: Wife.

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
Appointed Cpl. with pay.	20-10-17	B.O. 137-31/10/17.

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 931289 Rank Cpl. Name Joseph Robert Russell.

If in Permt. Corps What Unit } Unit 2nd Con. Bn. Transferred to — Date — Authority

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation Pictou N.S. — Transferred to — Date — Authority

Date of Attestation 26th Sep. 1916 — Transferred to — Date — Authority

Assigned Pay Monthly $ 15.00 Date Effective 1-4-17

Payable to Mrs. Lila Martin 4 Poplar St. Amherst N.S. Relationship Sister

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 A S	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
							Sep.						16 75	16 75																16 75				Bal from Canada.
Apr/30	30	1 10	33	00										33 00													15		15 -	34 75			34 75	
MAY 1.31	31	-	34	10										34 10	41	1/5							9 74				15		29 61	39 24			39 24	
															14	19/4							4 87											
June 1.30	30	-	33	00										33 00	69	14/5							4 87				15		19 87	52 37			52 37	
July 1.31	31	-	34	10										34 10													15	5 50	20 50	65 97			65 97	forfeit 5 d. pay. 21-5-17. ~~D.O.~~ 120. 26-5-17.
Aug.	-	-	34	10										34 10													15		18 57	81 50			81 50	
Sep 1.30	30	-	33	-										33 -							63	20/5			3 57		15		29 28	85 22				
			201	30									16 75	218 05									19 48		17 85		90	5 50	132 83	85 22				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Ser. Allce. Eng.
Sep	Bal	~~85 22~~ 86							85 22		
Oct	P.P. 19 day	20 90		A.R. 624. 11/7. 2 Con Bn. alt. C for Corp.	3 57		-	15			
	L/CP 12 day	13 80		" 575. 27/7 " " " "	3 57						
				" 464. 13/7 " " " "	3 57						
		34 71			10 71			15	94 22		

a/4cp

Pte 931 289 Joseph. R.R

15.00

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	SER ALLOW ENC.														
	Wd Tick																	94 22																	
Nov	4/cp				34 50				A.R. 824. 25 9/17 C.F.C.				/	3 57			15			75															
									" 848. 12 10/17 "				/	3 57																					
									" 970. 25 10/17 "				/	3 57																					
DEC	"				35 65				" 1058. 10 11/17 "				/	3 57			15	120 09		150															
					70 15									14 28			30																		
JAN 1918	4/cp				35 65												15.																		
									" 1410. 2 Cont. Bn. all C.F.C. 25 11/17				/	12 49.																					
									" 1440. 21 12/17 " "				/	7 14				121 11		275															
					35 65									19 63			15																		
FEB	4/cp				32 20				Assigned Pay								15																		
									AR. 1854. 24 1/18. C.F.C.					3 57																					
									" 1597 4/1/18 Jura					3 57				131 17																	
					32 20									7 14			15.																		
MAR 1918					35 65				Assigned								15																		
									AR 2017. 14 2/18 C.F.C.					7 14																					
									" 2320. 18 3/18 "					7 14																					
					35 65									14 28			15	137 54																	

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. 931289

Rank L/Cpl.

Surname Joseph

Christian Name Robert Russell

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

Corps (Squadron, Battery or Company) No 2 Construction Batt.

Date of Discharge February 13. 1919.

Place of Discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	41 years 5 months.	
Height	6 feet inches.	
Complexion		
Eyes	Colored	
Hair		
Trade	Enamel Worker	
Intended place of residence (To be given as fully as practicable.)	139 Pleasant St. Amherst N.S.	

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)

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. R R Joseph (*Signature of Soldier.*)

(Date) February 11th 1919 C W Knowles (*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) 13-2-19

(*Signature*) Dennis 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.

RR Joseph

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company Conduct Sheet,	" B. 263a.	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.

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

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 93129 RANK L/C NAME (IN FULL) Joseph R. R. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? DATE EFFECTIVE

TO WHOM PAID RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	10 5 10	

ORIGINAL UNIT C.E.F. 2nd Con Bn IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE 11/- AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE pd. to 31.1.19

PAYABLE TO Mrs. H. Joseph. RELATIONSHIP Brother

ADDRESS 13 Gold St. Amherst N.S.

ANY CHANGE IN ASSIGNEE OR ADDRESS

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

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
Jan					11	20			11	20																05						05			11	15	Pub clo 29
1-1-19					11	15															137	10															
Feb. 13-2-19	44	115	50	60	35	00			96	75											94	76				05	1	94			96	75					Dr F.P.C
																					137	81															
																					70										70		70				
																	War Gratuity																				
																	March 1/19	144308	70								70								210		
	153	350							350								Apl 15/19	151654	70																140		
																			70																70		286615 14/5/19
																			70												350				Nil		277012 7/6/19
		350							350										280								70				350				140		

Completed

All Payments Made W.S.G.

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		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

J 4135

Date of Assignment April 1917.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

5E8J12

PARTICULARS OF SEPARATION ALLOWANCE

No. 931289

Rank Pte. Promoted Reverted Discharge

Soldier's Name Robert. R. Joseph.

Battalion No. 2 Const Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name ~~Lila Martin~~

Address ~~4 Poplar St Amherst N.S.~~

Change of Address

1 ① Mr. F. Joseph, 13 Gold St. Amherst. N.S.

2

3

4

9638-R-1

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31			135	135		① Assignee Changed effective 1-9-18 Auth A.2.M 20/8/18. 6Am 26/8/18.
Jan	M 70057		15	15	D	
Feb	G 70809		15	15	1/6	
Mch	K 90488		15	15		
Apr	J 15902		15	15		
May	F 10785		15	15		
June	F 13894		15	15		
July	R 31468		15	15		
Aug	H 36720		15	15		
Sept	J 45954		15	15		
Oct	N 50216		15	15		
Nov	E 54840		15	15		
Dec	K 67110		15	15		
Jan	K 70782		15	15		
			330			

A/c Closed 31-1-19

Ret'd per Comptroller of B

Date 22/1/19 M.F.W.187 28/1/19

Clerk W.H. 777 R.O. 532904 28/1/19 Um

MS #6

M. F. W. 128
400M.—6-17—1772-39-1141
L. T. 22260—M. & D. 7593.

Alteration LH7128 26-8-18

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

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—1772-39-1141
L. L. 22320—M. & D. 7666.

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. 931289 Rank L/C Name Joseph R R

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

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month YRC	1	94	Balance Cr. from prev. month	11	15
Advances by Cheques No. 13751	70	—	Regt'l. Pay 44 days at $ 1 c. 05	46	20
Advances by Cheques No.			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. 13750	94	76	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	—
Total	166	75	Total	166	75

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of January 1919 and Sep'n Allce. for month of 191... (to) Assignee Mrs F. Joseph

(Address) 13 Gold St. Amherst NS

(†) 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. ..... Made by Corps

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 2042

(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

W W Mc[illegible]

Paymaster No. 6 District Depot — Paymaster.

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

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

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

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

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 2/Cpl. Name Joseph Surname Russell. R.

Unit or Corps 17th Reserve (If a soldier) Regtl. No. 931289

Born at Annapolis Nova Scotia on, date Sept 14th 1896

Signature (for identification) RR Joseph

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

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

Weight 175 lbs. Height 6 ft. 1 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.? 1020 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 Signed J Kennedy Capt M.O.

Date 2-1-19 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.