

Original

ATTESTATION PAPER.

No. 217030

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Moffat
- 1a. What are your Christian names? Robert, George
- 1b. What is your present address? Holmfield, Man. Canada
- 2. In what Town, Township or Parish, and in what Country were you born? Sidney, Man. Canada
- 3. What is the name of your next-of-kin? Robert Moffat
- 4. What is the address of your next-of-kin? Holmfield, Man. Canada
- 4a. What is the relationship of your next-of-kin? Father
- 5. What is the date of your birth? 20th February 1894
- 6. What is your Trade or Calling? Farmer
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? 100th Winnipeg Grenadiers
- 10. Have you ever served in any Military Force? If so, state particulars of former Service. No
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert George Moffat, 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.

Robert G Moffat (Signature of Recruit)

Date June 2nd 1916 A. Christie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert George Moffat, 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.

Robert G Moffat (Signature of Recruit)

Date June 2nd 1916 A. Christie (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 Camp Hughes this 2nd day of June 1916

W. Wood (Signature of Justice)

Major

Description of Robert George Moffat on Enlistment.

Apparent Age.....22 years2 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.....6 ft. 0 ins.

Chest measurement. { Girth when fully expanded.....38½ ins.
 Range of expansion.....4 ins.

Complexion.....Fair

N11

Eyes.....Blue

Hair.....Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date.....June 2nd..... 191 6

D. F. Abbott
Capt Campbell
 Medical Officer.

Place.....Camp Hughes.....

*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.

Robert George Moffat..... 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.

B. M. Hill Lieut-Col. (Signature of Officer)
 Commanding 100th. Battalion C. E. F.,
 WINNIPEG GRENADIERS

Date.....June 2nd..... 191 6.

REGIMENTAL DOCUMENTS

30/01

NAME **MOFFAT ROBERT GEORGE** REGT. NO. **217030** UNIT **3rd Bn CB** H. Q. FILE NO.

S

M

DEATH

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
1 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)				26443	
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Remobilization</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
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					52-17
PARTICULARS OF CHARACTER (A.F.W. 3226)					20-17
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					13-18
2 Misc R-722					
1 Descant					
1 CD3					
1 IP 149					

H

Name

Moffat. Robert. George.

Rank

Pte.

Reg. No. 217030

Unit

~~XXXXXX~~

11th. Reserve.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
17-12.	Rovercraft	Miltth Seaford.	measles	30		
29-12.	Discharged.	Seaford.	Measles.	33		

SURNAME. *Moffat*

CHRISTIAN NAMES *Robert George*

REGL. NO. *217030*

RANK *Pte.*

UNIT *100th*

FORMER CORPS *100th Winnipeg Grenadiers*

CARD NO. *M 10*

*30510 7-5-19 10 and
D01320 FOLL. 10-5-19
#106627*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Moffat Robert*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Holmfield man.*

COUNTRY OF BIRTH *Canada Sidney man*

DATE *Feb 20th. 1894*

PLACE OF ATTESTATION *Camp Hughes man*

DATE *June 2nd 1916*

*018. 18/9/16 540
11*

*R/O. 4-5-19 313
97 Spt.*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING *Farmer*

RELIGION *not stated*

DESCRIPTION.

APPARENT AGE	<i>22</i>	YEARS	<i>2</i>	MONTHS	
HEIGHT	<i>6</i>	FEET	<i>0</i>	INCHES	
CHEST MEASUREMENT	<i>38 1/2</i>	INCHES	EXPANSION	<i>4</i>	INCHES
COMPLEXION	<i>Fair</i>	EYES	<i>Blue</i>	HAIR	<i>Brown</i>
DISTINGUISHING MARKS	<i>nil</i>				

MEDICAL EXAMINATION. PLACE *Camp Hughes Man* DATE *June 2nd. 1916.*

Present Address *Holmsfield Man.*

a.m.m

Number. 217030 Rank. Apr.

Surname. MOFFAT

Christian Name. Robert George

Units C. E. Theatre of France

Date of Service. 22-3-17

Remarks.

Latest Address. Hulmfield P.O.

. man

Roll No.

B. Page 7542.

~~B~~
~~X~~

NAME

RANK

No.

UNIT

T. O. S.

M. D.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

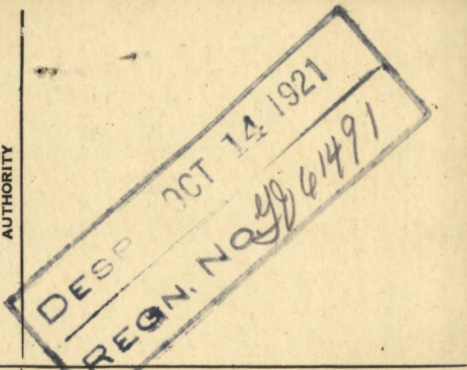
AUTHORITY

PARTICULARS

SIG.
OR
REC'T

PAID
TO

PAID
FROM



NAME

Moffat R. G.

RANK AND CORPS

Cpl. 100th Bn

REG'TL NO

217030

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
30	Ravenscroft Mil.,	17-12-16	Measles
34	Seaford (ford)		
33	Ravenscroft Mil., sea-	29-12-16	Disch. Measles.

No. 917030 RANK

1st Lt

NAME

Maffett R. G.

T. O. S. 2-6-16

UNIT

*100th Battalion**D.O. 160 2-6-16*M. D. *10*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID

PAID

SIG.

OR

REC'T

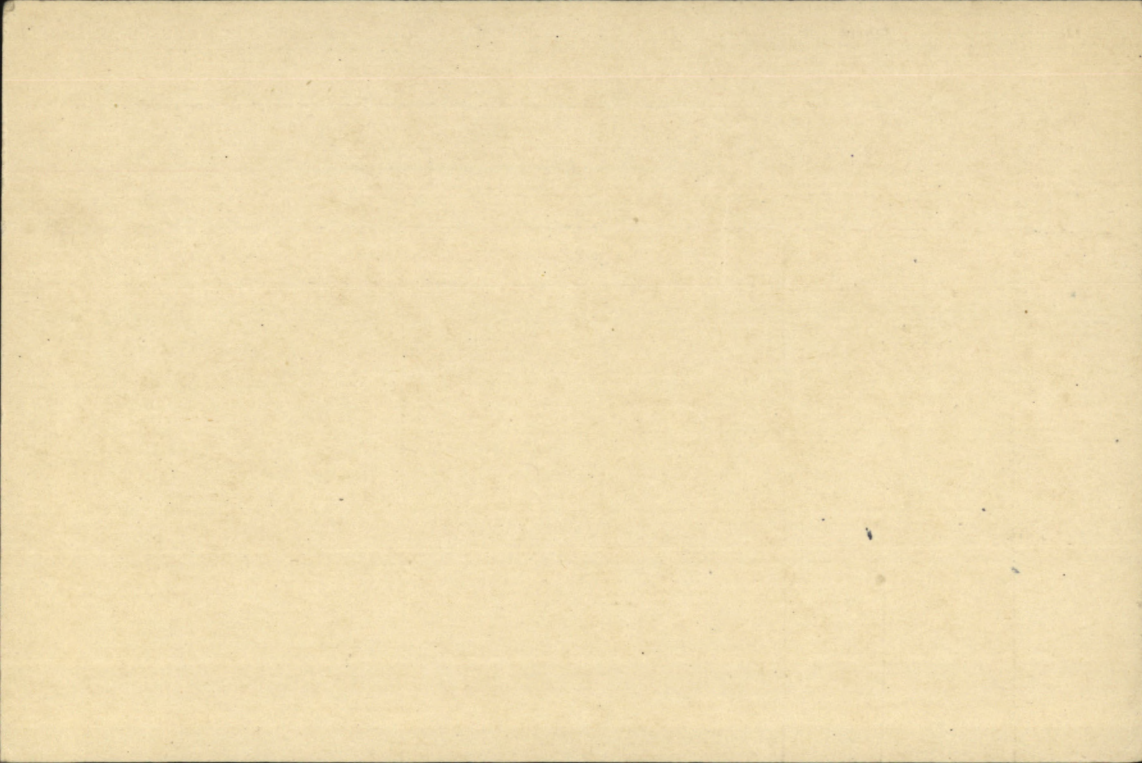
FROM

TO

1916	1916	
<i>June 2</i>	<i>June 30</i>	<i>✓</i>
	<i>July</i>	<i>✓</i>
	<i>Aug</i>	<i>✓</i>
	<i>Sept</i>	<i>✓</i>

UNIT SAILED

SEP 1 8 1916



Surname **Moffat** Christian Name or Names **R.K.** Reg. No. **217030**
 Rank **Pte** Unit **100th Bn.** Co. **217030** Troop **100th Bn.** Batty.

Hospital **Seaford Mil** Date of Admission **17-12-16**
 Transferred **Seaford Mil** Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis **Measles**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Dis.

Date **29-12-16**

C.L. 23-12-16 / 30

REMARKS

e.L. 1-1-17 33.

A.M.D. 2 DEPT.

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

R.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

FORM OF WILL.

I, Robert G Maffat (Name in full)
Regimental Number 217030 serving in 100th Ops Bn.

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

I bequeath all my real estate unto

Mrs. Louisa Maffat
Holmfield, near
Canada.

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

absolutely, and my personal estate I bequeath to

Mrs. Louisa Maffat
Holmfield near
Canada

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

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

this 9 day of Sept A. D. 1916

Robert G Maffat 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.

Signature of First Witness

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

J. K. [Signature]
100th Ops Bn
Clerk
Reuben Perry
100th Battalion
Soldier

THE TWO WITNESSES MUST SIGN HERE

FORN OFFICIALS

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

[Faint, illegible handwriting]

TERMINAL BOARD

W.S.B. Class A

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

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

250M.—1-15.
H. Q. 1772-39-920.

W.B.

Casualty Form—Active Service.

Unit, Regiment or Corps *100th Overseas Battalion*

Regimental No. *217030* Rank *Pte* Name *Robert George Moffat*

Enlisted (a) *2/6/16* Terms of Service (a) *8 & 8 1/2 W* Service reckons from (a) *2/6/16*

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) *Military - none - Civil - Farmer*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				

Embarked - Canada Halifax 18-9-16
Disembarked - England Liverpool 25-9-16

~~*Transferred to 1st C.R.B.*~~

~~*Transferred to 11th Reserve Bn Shorncliffe*~~

James
Captain & Adjutant 100th Overseas Batt.

JAN 20 1917

James
Pat II Order 20
Captain & Adjutant 100th Overseas Batt.

20-1-17 O.C. 11th Taken on strength 11th Shorncliffe *20-1-17* Pt. 11 Bn. O. 15

21-3-17 O.C. 11th Trans to 107th Bn. Overseas. ~~8888~~ Pt II Bn. O. 66

Lieut & A/Adjt 11th C.R.Bn.

CERTIFIED CORRECT.
20
12 APR. 1917
O.C. RECORDS, LONDON.

(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, Shoening Smith, etc., etc., also special qualifications in technical Corps duties.

217030 Moffat R.G.

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				
22/3/17.	C. B. D.	ARRIVED C. B. D.	FRANCE	22/3/17.	N. R. D. 22/3/17. PART II ORDERS No. 6 D 26/3/17.
26/3/17.	C. B. D.	LEFT C. B. D. FOR	107 th	26/3/17.	N. R. D. 26/3/17.
1/4/17.	O. C. 107 th BN	ARRIVED 107 th BN.	FIELD	29.3.17.	B. 213 OBS 148 24/4/17.
16.3.18	do	Granted 14 days leave to	U.K.	11.3.18	B 213 Pt II 10/25 d/26.3.18
6-4-18	do	Rejoined from leave		3-4-18	B 213
31.5.18	O.C. 107 th	S O S 107 BN TO		28.5.18	Pt 2 DO 66
1.6.18	O.C. 3 rd Cdn Engr.	3RD CDN ENGR BATTN	Field	29.5.18	B213. " " 1.
	to camp	PROCEEDED TO ENGLAND		28/3/19.	NR
		H. M. T.S. EMPRESS OF BRITAIN.			
		S.O.S. OF O.M.F.O. ON			
26/4/19	order 8	PROCEEDING TO CANADA.		30/4/19	
		T.O.S. Dispersal Station			
		and Dispersed 7.5.19.			
		Lieut. J. J. D. A. C.			
		for O. C. 10 District Depot.			



Rank *Pte* Name **MOFFAT Robert George.** Reg'l No. **217030**
 Unit **100th. Batt.** If in perm. Corps, } Married or Single **Single.**
 What Unit? }
 Place and Date of Enlistment **Camp. Hughes. 2nd. June 1916.** Place of Birth **Sidney Man. Canada.**
 Name and Address, Next-of-Kin **Robert Moffat. x**
Holmfield. Man. Canada. Relationship **Father. x**
 Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **13468**
 File No. **CAN. CR**
 Category

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—7165-16.

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.				
		Art. in England S. S. Olympic		25th Sept. 1916.	
18-12-1916	<i>C.C. 100th Bn</i>	<i>Admitted Southland Inf. Hosp</i>	<i>Seaford</i>	<i>16-12-16.</i>	<i>D.C.L. No 30 Part II. D.O. 350 Part II. D.O. 361 D.C.L. No 33.</i>
1-1-1917	<i>C.L. 100th Bn</i>	<i>Discharged from ditto</i>	<i>"</i>	<i>29-12-16</i>	<i>"</i>
20.1.17	100th Bn.	S O S to IIth Res Bn	Seaford	20.1.17	Pt. 2. DO-20
20-1-17	IIth Bn	T.O.S from 100th Bn	Sh'cliffe	20.1.17	Pt. 2. DO. 15
4. 3. 17		<i>Proceeded Open. Post to 107th Bn</i>	<i>"</i>	<i>4. 3. 17</i>	<i>"</i>
Now Known as 107th Pioneer Canadian Eng.					
2. 7. 18	3 Bn C.E.	T.O.S. from 107 Pwr. Bn	Spr. 30. 5. 18	Field Det 107 Pwr Bn	DD 66/27/18
56-M-26-4-19.					
2. 4. 19	F. Wing CCE	T.O.S. from 3rd Bn C.E.	Bramshott	29. 3. 19	20. 10

A.F.B. 103 CHECKED
 W.B. 3 - APR 1917

*66 P. 50. 6. 107/12
 9. 26/3/17*

ORIGINAL MEDICAL HISTORY SHEET

Surname Moffat Christian Name Robert George

Examined { on 2 nd day of June 1916
at Camp Hughes

Approved by [Signature]
Rank Capt M.O.

Birthplace { City or Town Sidney, Man. Canada
County

Apparent age 22 years 2 mos.

Trade or occupation Farmer

Height 6 feet 0 Inches

Weight 141 lbs.

Chest measurement { Minimum 34½ inches
Maximum expansion 4 inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Slightly flat-footed

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
Date	Result	VACCINATIONS	
<u>2/8/16</u>	<u>✓</u>	<u>[Signature]</u>	M.O.
			M.O.
			M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	
<u>25/8/16</u>	<u>✓</u>	<u>[Signature]</u>	M.O.
<u>1/9/16</u>	<u>✓</u>	<u>[Signature]</u>	M.O.
<u>6/9/16</u>	<u>✓</u>	<u>[Signature]</u>	M.O.

Enlisted on 2 day of June 1916 at Camp Hughes

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment	<u>100th Batt.</u>	<u>217030</u>	<u>Good</u>	<u>June 2 nd 1916</u>
Transferred to	<u>1st C.M.R.</u> <u>11th Regt. W.C.B.</u>			<u>JAN 20 1917</u>

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.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 162840

THIS IS TO CERTIFY that No. 217030 (Rank) Spr.
 Name (in full) Moffat Robert George enlisted in
 the 100th Bn.
 CANADIAN EXPEDITIONARY FORCE at Camp Hughes on the 2nd
 day of June 1916
 HE served in 107th Bn. C.I. + 3rd Bn. C.I.
 and is now discharged from the service by reason of Demobilization.
Medical Unfitness. Demobilization R.O. 1420

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

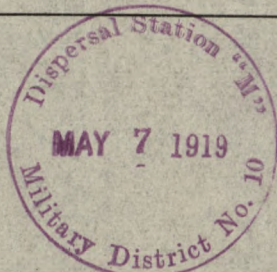
Age 25
 Height 6ft. 0 in.
 Complexion fair
 Eyes blue
 Hair brown

Marks or Scars _____

R. G. Moffat
 Signature of Soldier

W. H. H. H. H. H.
 Issuing Officer

Date of Discharge



Lieut.
 Rank

Date 7. 5. 1919

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

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

_____ the _____

_____ on the _____ day of _____

He served in _____

and is now discharged from the service by reason of _____

Medical Examination _____

Discharge Certificate _____

THE DESCRIPTION OF HIS SERVICE IS AS FOLLOWS:

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge only with written authorization.
- 3.—That wearing of uniform is liable to punishment as if as _____

Height _____

Complexion _____

Eyes _____

Hair _____

Signature of Soldier _____

Date of Discharge _____

Issuing Officer _____

Rank _____

Date _____

N.B.—No duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unopened envelope to the Secretary, Military Control, Ottawa, Canada.

M.P.M. 30-A
1010-17-2000-1-17
H. 01175-38-882

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. 5170 30 Rank Sapper Surname Moffat Robert George
(Given name in full)

Unit or Corps 3rd Batt. C.F. Birthplace Manitoba

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

1. GENERAL DESCRIPTION:

Physique Good Weight Estimate 175 lbs. Height 6 ft. 1 in. Colour of Eyes Blue
 Nutrition Good
 Pulse 70 Regular
 Condition of arteries Soft
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
One vaccination scar on left arm.

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
 Special Senses No Integumentary System No Respiratory System No
 Disturbance of mentality No Muscular System No Digestive System No
 Osseous and Joint System No Any other general condition Yes

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.

Measles 16-12-16: Good recovery

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 1-4-19

Signed J. A. Hele 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 Robert G. Moffet

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

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

[OVER]

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

MOFFAT R. G.

REGIMENT

3rd GE

RANK

Lt

No.

21703D

Date of Examination in England

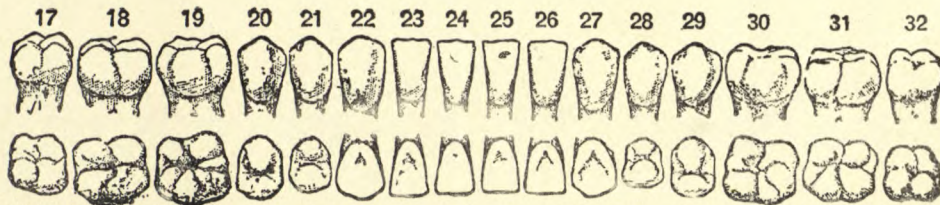
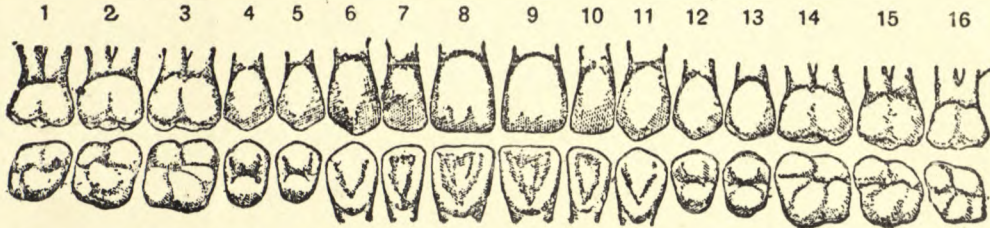
31/3/19

Date of Examination in France

1. This form will be made out for each individual at the time of Demobilization in England or France.

2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated



**23
M**

PRESENT DENTAL REQUIREMENTS

1. FILLINGS

12. 13.

2. EXTRACTIONS

18. 19.

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

[Handwritten signature]

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

(c) In France

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer *E. Berry Capt.*

3/13/44
R. C. MORFAT JR.
21003D

23
M

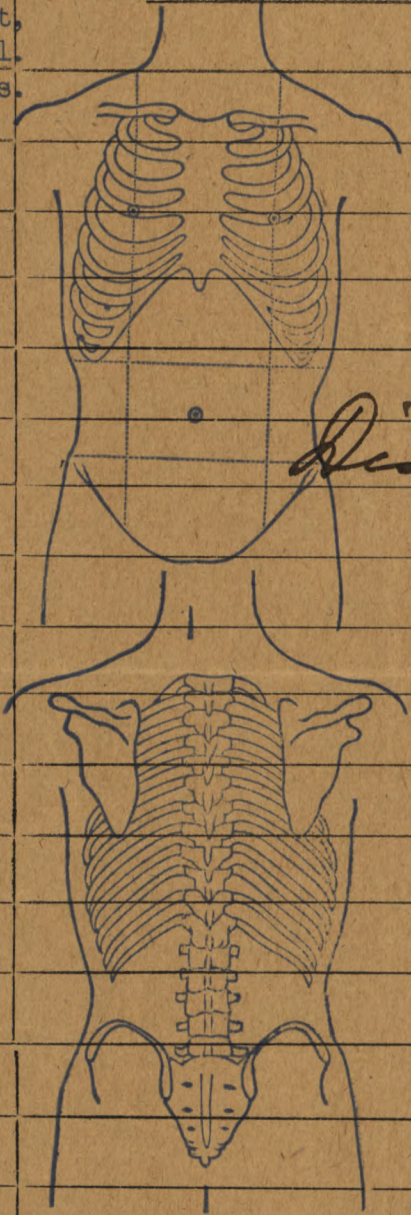
10/11/44

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. <i>400</i>	Regimental No.	Rank	Surname.	Christian Name.
	<i>217031</i>	<i>Pte</i>	<i>Mayer</i>	<i>R.A.</i>
Year <i>1916</i>	Unit.	Age.	Service.	
	<i>100th Bn</i>	<i>22</i>	<i>7/12</i>	

Station and Date.
Raven's Croft,
Military Hpl.
Seaford, Suss.
16 DEC 1916

Disease *Measles*



*Discharged to Line
Charles J. Jones -
Capt Comm*

REGISTRAR
RAVEN'S CROFT
HOSPITAL,
29 DEC. 1916
SEAFORD, SUSSEX.

Discharged to Duty.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

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.

100th Overseas Battalion C. E. F.

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

(2) Regimental Number 2 17030.....

(3) Full Name of Soldier Robert George Moffat.....

(4) Place of Birth Sydney. Man.
Canada.....

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

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

(b) Present Postal Address.....

(7) Are you a widower?.....

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

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

Also their names and ages.....

(9) Is your Father alive?.....Yes.....

If so, state name and address Robert Moffat
Holmfild. Man Canada

(10) Is your Mother alive?.....Yes.....

If so, state name and address Louisa Moffat
Holmfild. Man
Canada

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....No.....

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

J.B. Mitchell Lieut. Col.
Commanding 100th. Battalion C. I.
WINNIPEG-GRENADIER
Officer Commanding.

Date August 17th 1916

23

Mother

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs Louisa Moffat*
 Address *Holmfield*
Mass

By Whom Assigned *Moffat R.S.*
 Regtl. No. *217030*
 Rank *Pfc*
 Corps *100th Bn*

Rate *\$20.00* **SEP 1916**

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				



2012 FEBRUARY

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

2012

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2.

Mrs Louisa Moffat
(Assignee)

Mother

Name of Soldier

Moffat R.G.
#217030
SEP 1916
100 110 Bn

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.		T 20892	20	
Oct.		R 24817	20	
Nov.		R 29035	20	
Dec.		R 30932	20	
Jan.	1917	N 40572	20	
Feb.		N 46835	20	N 46835 Cancelled
March		G 52099	20	20 60
April		C 3665	20	20 CL
May		B 9905	20	20 T.
June		B 18394	20	Me
July		C 23402	20	ln
Aug.		P 31024	20	
Sept.		P 37793	20	ln
Oct.		F 44164	20	
Nov.		R 50557	20	
Dec.		P 58820	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

C.B.

\$20.00

320.21.1. V.

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.				

MARRIED OR SINGLE *Single,*

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN *Robert Moffatt,
Holmfild, Man. Can.*

RELATIONSHIP OF NEXT OF KIN

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	AUT

ADMISSIONS TO HOSPITAL, &c.

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

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE
Oct.	1-31	31	1 ¹⁰	31	-	31	1 ¹⁰	31	10	3	10	16 50	16 50								
Nov.	1-30	30	1 ¹⁰	30	-	30	1 ¹⁰	3	-					34 10	37	30/16	78	16/16			
Dec.	1-31	31	1 ¹⁰	31	-	31	1 ¹⁰	3	10					33 -	120	30/16					
Jan.	1-31	31	1 ¹⁰	31	-	31	1 ¹⁰	3	10					34 10	129	15/16					
Feb.	1-28	28	1 ¹⁰	30	80									34 10							
Mar.	1-31	31	1 ¹⁰	34	10									34 10	382	30/1					
Apr.	1-31	31	1 ¹⁰	34	10									34 10	386	28/2					
May	1-31	31	1 ¹⁰	22	00									11	3295	15/2	3527	15/3	599	29/3	
June	1-31	31	1 ¹⁰	34	10									222 88							
July	1-31	31	1 ¹⁰	34	10									34 10	16 50	28 380	16	17.4.17	81	29.4.17	
Aug.	1-31	31	1 ¹⁰	33	-									33							
Sept.	1-31	31	1 ¹⁰	34	10									34 10							
Oct.	1-31	31	1 ¹⁰	34	10									34 10							
Nov.	1-31	31	1 ¹⁰	36	50									16 50	385 00	306					

EFFECTIVE DATE
 AUTHORITY
 IF IN PERM. CORPS
 WHAT UNIT
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION
 DATE OF ATTESTATION

REG'L No. 217030 RANK Pte. NAME Moffatt Robert George
 UNIT 100th Bn TRANSFERRED TO 11th Res. Bn. DATE 1/2/17 AUTHORITY BO.69 2/17
 TRANSFERRED TO 107th Bn. DATE 2/6/16 AUTHORITY BO.66
 PLACE OF ATTESTATION Camp Hughes, Man. Can. TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION 2/6/16. TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ 2.00 DATE EFFECTIVE Sept. 1st 1916.
 PAYABLE TO Mrs. Louise Moffatt, Holmfild, Man. Can. RELATIONSHIP Mother.
 ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____ RELATIONSHIP Canada

HOSPITAL, &c.
 NAME OF HOSPITAL
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)
 DISCHARGE DATE AND PLACE
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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) _____

Assigned pay for month of Sept
 paid by Assigned Pay Branch, and
 recovered on Sept. Pay Sheets,
 Canada B.G.

QUITTANCE ROLLS
 2 3 4
 DATE NO. DATE NO. DATE

CASH PAYMENTS					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4	CREDIT				DEBIT				
								16 50				Bal from Canada
8 1/2 16	✓ 972	✓ 487			20 -		34 60	16 -				
	✓ 487				20 -		24 87	24 13				
	✓ 486				20 -	✓ 289	27 75	30 48				g. 4005-122-17/16/16
					20 -		20 -	44 58				2/16 to 11th Res Bn 1/17 BO.69 2/17
	✓ 1703				20 -		37 03	38 35				
17 1/2 16	✓ 487				20 -		41 22	31 23				
599 29/3 107 B.	✓ 973	✓ 487	✓ 175		20 -		20	22 23				
					20		20	44 23				To 107 Bn 8072. 2/1/14
	✓ 349				20		26 11	52 22				
	✓ 262				160	289	231 58					
	✓ 267	974	175		20		25 35	59 87				
	✓ 268				20		22 68	71 29				
	✓ 268				20		22 68	82 71				
	6791	974	175		220	289	302 29					

#217030 Ste. Moffat R.G. A.P. 20⁰⁰

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3				
			\$	C.						\$	C.	NO.	DATE	NO.	DATE				NO.	DATE	NO.	DATE
1917	Forward		3	68	50				1650	385	00						67	91	97	4	175	
Sept	30	1 ⁰	33							33		517	297	17	621	15	817	✓	357	✓	268	
										418		458	157	17	765	30	817	✓	268	✓	535	
																			74	16	17	79

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. RED. PAY	SEP. ALLGE. ENG.
B. Ford		81	43						81 43		
Oct	P.P.	34	10						20		
		34	10	AR. 804 107 Bu. 15.9.17	✓	267			20	98	86
		33							20		
Nov	P.P.			AR. 967 " 10.10.17	✓	535					
				" 1036 " 30.10.17	✓	446					
Dec	P.P.	34	10						20	110	15
1918		67	10		981				40		
Jan	Prints	34	10	A. Pay (Can)					20		
				AR 1090 11/11/17 107 Bu	✓	357					
				" 1174 14/12/17 "	✓	357					
				" 1129 30/11/17 "	✓	1338					
				" 1224 30/11/17 "	✓	446				99	27
Feb		34	10		2495				20		
					2498				20		
	P.P.	30	80	AR 1288 10/1/18 104 Bu	✓	354					
		30	80	" 1341 30.1.18 "	✓	446			20	102	04
					803						
Mar	P.P.	34	10						20		
				AR 1420 14/2/18 107 Bu	✓	357					
				" 2575 15/3/18	✓	9433					
				" 1489 15/3/18	✓	803					
				" 1564 30/3/18	✓	446				2	75
		34	10		113	39			20		

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: **MOFFAT, R.**

EFFECTIVE DATE: **1. 9. 16**

EFFECTIVE DATE: -

NUMBER: **214030**

AMOUNT: **#20⁰⁰**

AMOUNT: -

PARTICULARS OF RANK OR

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY DATE EFFECTIVE

**Mrs Louise Moffat
Holmfeld, Man. Can.**

MOTHER
Clipped 1-5-19.

*K6139.
24/19
B. photo.*

UNIT AND TRANSFER

ORIGINAL UNIT: **100 BN.**

DATE ACCOUNT FIRST OPENED -

AUTHORITY DATE EFFECTIVE DATE LOG SHEET T'S

21-6-1

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
14.3.1918	1495	3 b6.	3 73				
2.4.1918	74	hob.	73				
			76 73				

DAILY RATES OF PAY AND

AUTHORITY	PAY
	1 -

PARTICULARS OF RENDERING NON-EFFECTIVE: *14/19. h6 139 - huan. huan. 5/4. h6 10 h6 - h6. 2*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4
1918								
Mar 31	Bal fwd							
April	S.S.	33 -		C.A.P.				20 -
		33 -						20 -
May	S.S.	34 10		C.A.P.				20 -
				190 107 Bn 17 5 18	3 57			
June	S.S.	34 10		C.A.P.	3 57			20 -
		33 -		13 - 3 b6 steps	4 46			20 -
				36 - 146/18	3 57			20 -
July	S.P.	33 -		baP	8 03			20 -
		34 10		111 - 3 C.E. 1-7-18	4 46			20 -
				184 " 11-7-18	3 57			20 -
Aug		34 10		C.A.P.	8 03			20 -
		34 10		2276 - 2-8-18	3 57			20 -
				- 345 - 22-8-18	3 57			20 -
		34 10			7 14			20 -
Sept	Pay.	33 -		C.A.P.				20 -
				402. 3rd C.E. 4/9/18	3 57			20 -
				466. " 16/9/18	3 57			20 -
		33 -			7 14			20 -
Oct	Pay.	34 10		C.A.P.				20 -
				1150. Misc. Det. 1st Can Div. 8/10/18	3 73			20 -
				700. 2nd C.E. 2/10/18	3 73			20 -
				2114. 4th Wing C.R.C. 2/10/18	3 73			20 -
		34 10			11 19			20 -
Nov	P.a.	33 -		C.A.P.				20 -
Dec	P.a.	34 10		676. 3rd C.E. 4/11/18	3 73			20 -
Jan	P.a.	34 10		C.A.P. Dec-Jan				20 -
				1583. 2nd C.E. 19/12/18	3 89 m			20 -
					7 62			60 -

W. Shaugdon

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: *MOFFAT Robert George*
NUMBER: *214030*

EFFECTIVE DATE: *1. 9. 16*
AMOUNT: *#20⁰⁰*

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private</i>

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 Louise Moffat
Holmfeld, Man. Can.
MOTHER
K6139.
24/19
Bphott!
1-5-19.
MB10*

UNIT AND TRANSFERS
ORIGINAL UNIT: *100 BN.*
DATE ACCOUNT FIRST OPENED: *1. 10. 16*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
		<i>21-6-19</i>	<i>Can/sect</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>14.3.1918</i>	<i>1495</i>	<i>3 Lt.</i>	<i>3 73</i>				
<i>2.4.19</i>	<i>94</i>	<i>lt. Lt.</i>	<i>73</i>				
			<i>76 73</i>				

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

PARTICULARS OF RENDERING NON-EFFECTIVE: *14/19. Lt. Lt. 6139. Man. Can. 5/4. MB10 Lt. Lt. 25²⁴*

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>1918</i>											
<i>Mar 31</i>	<i>Bal fwd</i>								<i>2 75</i>		
<i>April</i>	<i>S.S.</i>	<i>33 -</i>		<i>Cap.</i>				<i>20 -</i>	<i>15 75</i>		
		<i>33 -</i>						<i>20 -</i>			
<i>May</i>	<i>S.S.</i>	<i>34 10</i>		<i>C.A.P.</i>				<i>20 -</i>			
				<i>190 107 Bn 17 5 18</i>	<i>3 57</i>				<i>26 28</i>		
<i>June</i>	<i>S.S.</i>	<i>34 10</i>		<i>C.A.P.</i>	<i>3 57</i>			<i>20 -</i>			
		<i>33 -</i>		<i>13 - 3 Lt steps</i>	<i>4 46</i>						
				<i>36 - Lt Lt</i>	<i>3 57</i>			<i>20 -</i>	<i>31 25</i>		
<i>July</i>	<i>SP</i>	<i>34 10</i>		<i>Cap</i>	<i>8 03</i>			<i>20 -</i>			
				<i>111 - 3CE 1-7-18</i>	<i>4 46</i>						
<i>Aug</i>		<i>34 10</i>		<i>184 " 11-7-18</i>	<i>3 57</i>			<i>20 -</i>	<i>37 32</i>		
		<i>34 10</i>		<i>C.A.P.</i>	<i>8 03</i>			<i>20 -</i>			
				<i>2276 - 2-8-18</i>	<i>3 57</i>						
				<i>- 345 - 22-8-18</i>	<i>3 57</i>			<i>20 -</i>	<i>44 26</i>		
		<i>34 10</i>			<i>7 14</i>						
<i>Sept</i>	<i>Pay.</i>	<i>33 -</i>		<i>C.A.P.</i>				<i>20 -</i>			
				<i>402. 3rd C.E. 4/9/18</i>	<i>3 57</i>						
				<i>466. " 16/9/18</i>	<i>3 57</i>				<i>50. 14 agreed.</i>		
		<i>33 -</i>			<i>7 14</i>			<i>20 -</i>			
<i>Oct</i>	<i>Pay.</i>	<i>34 10</i>		<i>C.A.P.</i>				<i>20 -</i>			
				<i>1150. Misc. Det. 1st Can Div. 8/10/18</i>	<i>3 73</i>						
				<i>700. 2nd C.E. 2/10/18</i>	<i>3 73</i>						
				<i>2114. 4th Wing CERC. 21/10/18</i>	<i>3 73</i>				<i>53.05</i>		
		<i>34 10</i>			<i>11.19</i>			<i>20 -</i>			
<i>Nov</i>	<i>P.F.A.</i>	<i>33 -</i>		<i>C.A.P.</i>				<i>20 -</i>			
<i>Dec</i>	<i>P.F.A.</i>	<i>34 10</i>		<i>676. 3rd C.E. 4/11/18</i>	<i>3 73</i>						
<i>Jan</i>	<i>P.F.A.</i>	<i>34 10</i>		<i>C.A.P. Dec/Jan</i>				<i>20 -</i>			
				<i>1583. 2nd C.E. 19/12/18</i>	<i>3 89m</i>			<i>20 -</i>	<i>86 63</i>		
					<i>7 62</i>			<i>60 -</i>			

W. Haugdon

NUMBER 217030.

RANK SPR.

NAME MOFFAT Robert George.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Brought forward.					86.63		
				1750 2 nd C.E. BATT. 1/1/19	7.54						
				1997 " " 19/1/19	3.73						
				2230 " " 2/2/19	3.73						
				2393 " " 14/2/19	3.73						
Feb & March	Prd.	64.90		1427 3 rd C.E. 1/3/19	3.73			40	89.07		
April		33		1495 " 1/1/19 15/3	3.73			40	102.07		
		64.90			22.14			40	86.04		
					26.19				85.34		
April	Prd.	33 -		B.O.P. April.				20 -			
				ARF93. 2 nd 9. F Wing CEC 73 -					118.34		
				" F1146. 18 th 9. " " 14 60 6 out 196					10.74		
		33 -			67.60			20 -			
				S.L. 56. 3 rd 6. 80 St 6 da m 10. 26 th 19							

217030.

RANK

SPR.

NAME

MOFFAT Robert George.

PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
			Brought forward.					86.63		
			1750 2 nd C.E. BATT. 1/1/19	7.54						
			1997 " " 19/1/19	3.73						
			2230 " " 2/2/19	3.73						
			2393 " " 14/2/19	3.73						
Pub.	64.90		1427 3 rd C.E. 1/3/19	3.73			40	89.07		
	37		1495 " 1/1/19 15/3	3.73			40	702.07		
	64.90			22.4			40	86.04		
				26.19				85.34		
DPA.	33-		C.A.P. April.				20-			
			ARF 93. 2 ⁴ g. F Wing C.C. 73-					118.34		
			" F 1146. 18 ⁴ g. " " 14 60 6 out 86					10.74		
	33-			87.60			20-			
			S.L. 56. 3 rd C.E. 80 St bda M 10. 26 ⁴ g.							

10316

E of Brit
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

AUDITOR PAYMASTER *15*

M. OR S.

REGT. No. 2170 30

RANK *Spr*

NAME (IN FULL) *moffatt R G*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F. <i>100 Bn.</i>	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION <i>Dis Stn. M.</i>	TRANSFERRED TO DATE <i>APR 26 1919</i>	AUTHORITY <i>80132</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION <i>2-6-16</i>	TRANSFERRED TO DATE <i>1-6-19</i>	AUTHORITY
TO WHOM PAID <i>nil</i>	RELATIONSHIP				ASSIGNED PAY \$ <i>20⁰⁰</i>	DATE EFFECTIVE	
ADDRESS					PAYABLE TO <i>Louisa Moffatt</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS <i>Holmfild man</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>M. D. 10</i>	DATE <i>MAY 7 1919</i>	REASON <i>D</i>
							AUTHORITY <i>80132</i>
							IF ENTITLED TO POST DISCHARGE PAY

7

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3								DEBIT	CREDIT		
30-4-19					25 34	25 34															25 34		BAL. ENG. L. P. C. 2-5-34.
1/5 to 16/5	16	1/100	17 60	35 00	25 34				14 60														<i>pr a to 16-5-19</i>
				70 00		147 94				4 87							20 00		147 94				Clothing Alice. 1st payment W.S.G.
										5 00													Advances - Boat - Train
										103 47													A.P. chgt. on Eng. L. P. C. to <i>Mary</i>
																							& heque
				W.S.G. 8.2.					War Service Gratuity.				W.S.G.										Soldiers Dependents
153 Days at min				350 00		350 00							70 00							280 00	nil		1st Payment W. S. G. as above
																				270 10	nil		9 ⁹⁰ % P & a
													758972 70							200 10			70 - 2nd
													783035 70							130 10			70 - 3rd
													407779 70							60 10			70 - 4th
													1232115 60 10										Final Payment 60 ¹⁰
						350 -														340 10	990	350 10	

*Jan 7
July 7*

*Aug 7
Sep 7*

*758972 70 ✓
783035 70 ✓
407779 70 ✓
1232115 60 10 ✓*

acc closed

AUDITED
SEP 3 1919
Audit Clerk
M. D. 10

545

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M 17769 *Sept 1/16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

20.			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *217030*
 Rank *Pte.* Promoted Reverted Discharge
 Soldier's Name *R. G. Moffat*
 Battalion *100 B attn.*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

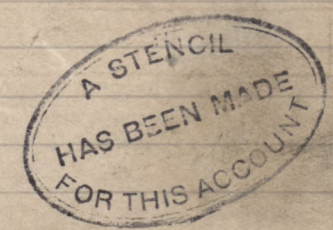
Name *Louisa Moffat*
 Address *Holmfild Man.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Dec. 31.</i>	<i>—</i>	<i>—</i>	<i>320</i>	<i>320</i>	<i>✓</i>
<i>Jan/18</i>	<i>W 68133</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb.</i>	<i>B. 74459</i>		<i>20</i>	<i>20</i>	
<i>Mar</i>	<i>N 90397</i>		<i>20</i>	<i>20</i>	
<i>April</i>	<i>M 11604</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>R 15518</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>L 27634</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>H 29234</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>P 38468</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept</i>	<i>S 49859</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>X 54122</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov</i>	<i>T 60557</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec</i>	<i>Y 67789</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Jan</i>	<i>U 70592</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>W 75036</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Mar</i>	<i>M 84419</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>P 2354</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>Q 7077</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>660</i>	<i>20</i>	
<i>660 = 31-5-19</i>					
<i>A/c Closed</i>					
<i>Ret'd per ...</i>					
<i>Date 4/5/19 M.F.W</i>					
<i>Colours</i>					
<i>also may L.P. 81060</i>					

012968-R-11

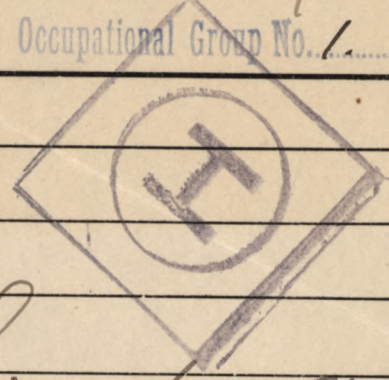
M. F. W. 128
400M-6-17-1772-89-1141
L. L. 22320-M. & D. 7503.

MIND.# 10



SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

DA M.
Occupational Group No. 1



1. No. 217030

2. Rank. Taffer

3. Name. Moffat Robert George

4. Unit. 3rd Bn Ck.

5. Date of Discharge 7. 5 19 Place Minnipeg M.

6. Reason for Discharge Demobilization

7. Authority. D.O. 132

8. Proposed Residence after Discharge. Minnipeg, Minn.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

R. G. Moffat

Signature of Soldier.

10. CONFIRMATION.

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

Place

Date. MAY 7 1919

Signature Wm. H. ... for (O. C. Discharging Unit.)



SHORT FORM
PROCEEDINGS ON DISCHARGE

(Mobilization)

1. No. <i>1000</i>
2. Date <i>1/15/45</i>
3. Name <i>John Doe</i>
4. Unit <i>1st Co. 100th Inf.</i>
5. Date of Discharge <i>1/15/45</i>
6. Reason for Discharge <i>Discharged</i>
7. Authority <i>100th Inf.</i>
8. Proposed Residence after Discharge <i>100th Inf.</i>
9. CERTIFICATE TO BE SIGNED BY SOLDIER I hereby acknowledge that at the indicated place and date I received my discharge Certificate M. V. W.? Signature of Soldier
10. CONFIRMATION The discharge of the above named man is hereby confirmed. Place Date Signature (O. C. Discharge Unit)

LIST OF DISCHARGE DOCUMENTS

Medical Form W-12	Abstracts of Reports
Medical Form W-13	or Particulars of Reports
Medical Form W-14	Field Conduct Sheet
Medical Form W-15	Casualty Report
Medical Form W-16	Last Pay Certificate
Medical Form W-17	Certificates and various documents and instructions
Medical Form W-18	Medical History Sheet
Medical Form W-19	Proceedings of Medical Board
Medical Form W-20	Final History Sheet
Medical Form W-21	Medical Report
Medical Form B-22	Regimental Conduct Sheet
Medical Form B-23	Company Conduct Sheet

1. Medical Form W-12
 2. Medical Form W-13
 3. Medical Form W-14
 4. Medical Form W-15
 5. Medical Form W-16
 6. Medical Form W-17
 7. Medical Form W-18
 8. Medical Form W-19
 9. Medical Form W-20
 10. Medical Form W-21
 11. Medical Form B-22
 12. Medical Form B-23

Group
 Class

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a),
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group B3

Checked by 30

Date 27-7-19