

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **Moffatt**
- 1a. What are your Christian names?..... **Walter Rainey**
- 1b. What is your present address?..... **Estevan, Sask.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Carroll, Manitoba**
- 3. What is the name of your next-of kin?..... **Anne Jane Moffatt**
- 4. What is the address of your next-of-kin?..... **Estevan, Sask.**
- 4a. What is the relationship of your next-of-kin?..... **Mother**
- 5. What is the date of your birth?..... **19th. January, 1895**
- 6. What is your Trade or Calling?..... **Banker**
- 7. Are you married?..... **No**
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **Yes**
- 9. Do you now belong to the Active Militia?..... **No**
- 10. Have you ever served in any Military Force?..... **Yes, 12th. Man. Dragoons B Squad**
If so, state particulars of former Service. **from 1911/13**
- 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, **Walter Rainey Moffatt**, 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.

WRMoffatt (Signature of Recruit)

Date **Nov. 21st.** 1916. *E. J. Smith* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Walter Rainey Moffatt**, 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.

WRMoffatt (Signature of Recruit)

Date **Nov. 21st.** 1916. *E. J. Smith* (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 **Estevan** this **21st.** day of **November** 191 **6**

Arthur C. France (Signature of Justice)

Justice of the Peace

Description of Walter Rainey Moffat on Enlistment.

Apparent Age.....21.....years.....10.....months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height.....5 ft. 6 ins.

**One vaccination mark on left arm
Scar on left great toe**

Chest measurement { Girth when fully expanded.....36 1/2.....ins.
 Range of expansion.....3 1/2.....ins.

Complexion.....Fair.....

Eyes.....Brown.....

Hair.....Auburn.....

Religious denominations.
 Church of England.....
 Presbyterian.....Yes
 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.....Nov. 21st......1916

[Handwritten Signature]
[Handwritten Name]

Place.....Estevan.....

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Walter Rainey 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.

[Handwritten Signature]
 Lieutenant Colonel
 249th O.S. BATTALION C.E.F. (Signature of Officer)

Date.....Nov. 30th.....1916

REGIMENTAL DOCUMENTS

913
10-4-19

Rte

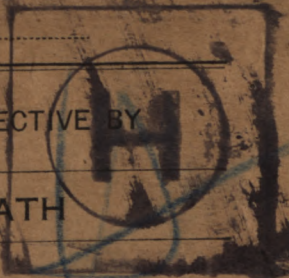
NAME

MOFFAT WALTER RAINEY REGT. NO. **1069133**

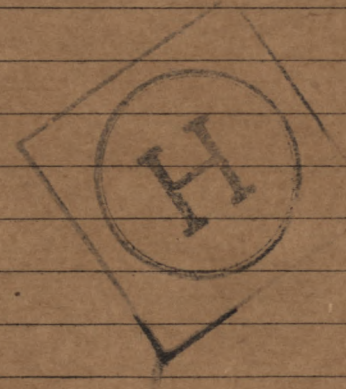
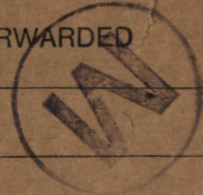
UNIT

249th 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
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				26453	
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 <i>Demob</i>
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
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)					
2 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
1 PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 m 2w 192					
1 case swg					
1 sms 1375					
1 m 2w 067					
1 B 122					





a m m.

Number. 1069133 Rank. 21 cpl. B

Surname. M O F F A T

Christian Name. Walter Rainey V

Units Can. Cyclist. Co. Theatre of France

Date of Service. 26-9-18

Remarks.

Latest Address. Estevan
Sask

Roll No. B. Page 7544.

NAME

RANK

No.

UNIT

T. O. S.

M. D.

Rec'd. 14/9/26

DESP. JUL 19 1926

REC'D. No. 24330

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

AUTHORITY

PARTICULARS

SIG.
OR
REC'T

PAID
TO

PAID
FROM

SURNAME.

Moffat

CHRISTIAN NAMES

Walter Rainey

REGL. No.

1069133

RANK

Pte. left

UNIT

249th (Draft)

FORMER CORPS

12th Man Dragoons. 3 yrs

SOS No 28-3-1912
auth'd 806 of
97-3-19 Demob.
#12 WKS

Bu.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Moffat, Mrs. Anne, J. mother.

RELATIONSHIP TO SOLDIER

ADDRESS

Gen Del., Estevan, Sask.

COUNTRY OF BIRTH

Canada, Carroll Man.

DATE

Jan. 19th 1895.

PLACE OF ATTESTATION

Estevan, Sask.

DATE

Nov. 21st 1916

From Halifax per S/S Megantic & Aronia 21/2/18.

P/C. 6-3-19 275. 49 Pte.

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Banker.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

21.

YEARS

10.

MONTHS

HEIGHT

5.

FEET

6.

INCHES

CHEST MEASUREMENT

36 1/2

INCHES

EXPANSION

3 1/2

INCHES

COMPLEXION

Fair.

EYES

Brown.

HAIR

Auburn.

DISTINGUISHING MARKS

One Vacc mark on left arm. Scar on left great toe.

MEDICAL EXAMINATION.

PLACE

Estevan Sask.

DATE

Nov. 21st, 1916

Present Address Estevan, Sask.

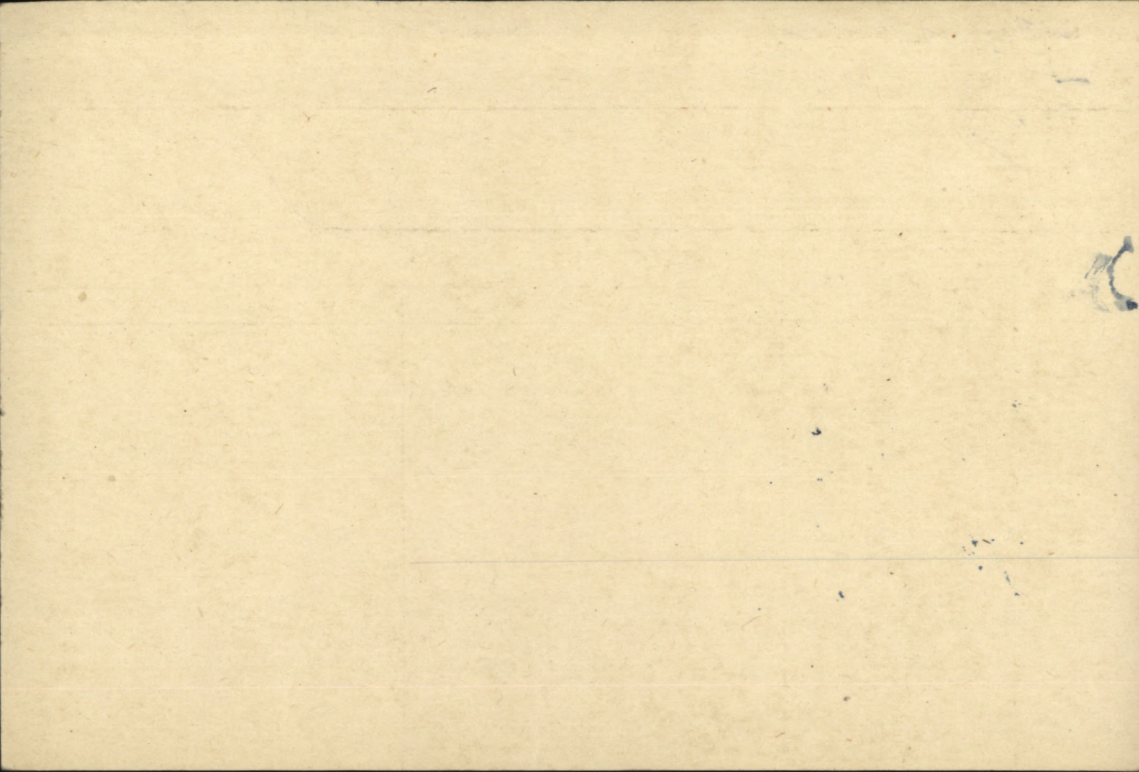
No. 1069133. RANK *Plt.*

NAME *Moffatt, Walter Rainey.*

T. O. S. *21-11-16.* UNIT *249th* *Battalion.*
(p.o. 41 of 29-11-16)

M. D. *12.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916.</i>	<i>1916.</i>			
<i>Mar. 21.</i>	<i>Dec. 31.</i>	<i>d.</i>		
<i>1917.</i>	<i>1917.</i>			
<i>Jan.</i>		<i>v.</i>		
<i>Feb.</i>		<i>v.</i>		
<i>Mar.</i>		<i>v.</i>		
<i>Apr.</i>		<i>v.</i>		
<i>May</i>		<i>v.</i>		
<i>June</i>		<i>v.</i>		
<i>July</i>		<i>v.</i>		
<i>Aug.</i>		<i>v.</i>		
<i>Sept.</i>		<i>v.</i>		
<i>Oct.</i>		<i>v.</i>		
<i>Nov.</i>		<i>v.</i>		
<i>Dec.</i>		<i>v.</i>		
<i>1918</i>	<i>1918</i>			
<i>Jan.</i>		<i>v.</i>		
<i>Feb.</i>		<i>v.</i>		
			<i>Pro-prom. Corp. 2-12-17</i>	<i>D.O. 292 6-12-17</i>



Reference copy of original C.E.F. Discharge Certificate
issued to the soldier shown hereon.

This copy is to be attached to a soldier's discharge documents and must contain the exact wording which appears on the original certificate, and must be signed by the Officer carrying out discharge.

This is to Certify that No. 1069133 (Rank) Private
 (Name in Full) Walter Rainey Moffat enlisted in
249th. Battalion
 Canadian Overseas Expeditionary Force, on the 21st of November
 1916, and accompanied said unit to France Four Months with the C.C.C.
 was returned to Canada, and discharged from the service at Regina, Saskatchewan
 on the 28th of March 1919 in consequence of Demobilization

DESCRIPTION ON DISCHARGE

Age	Marks or Scars
<u>24 years</u>	
Height	
<u>5 feet 6 inches</u>	
Complexion	
<u>Fair</u>	
Eyes	
<u>Brown</u>	
Hair	
<u>Auburn</u>	
Trade	
<u>XXX File No. 373-M-12 D.D.</u>	
Signature of Man	<i>W.R. Moffat</i>
Place and Date	<i>H. Bradburn</i>
<u>Regina, Sask., 28-3-19.</u>	Officer in charge Discharge Depot. XXXXXXXXXXXXXXXXXX
	C.C.No. 12 District Depot.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No.
Rank
Name
Unit
Address on Discharge

A. No. 66863
War Service Badge, Class
issued
B. No.

Discharge Section
MAR 28 1919
NO. 12 DISTRICT DEPOT

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

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

His conduct and character while in the Service have been

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

Place
Date Commanding
Campaigns
Medals and Decorations
Entitled to wear Two (2) Blue Service Chevrons.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103-1.
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
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(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	Initials and Rank of an Officer.

(Authority)

(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin		
(18) Demobilizer (f)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoemaking, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W 1889 - P 1150 1M 5/18 G.W.P. Co (3490)

1069133

Moffat W. R.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

17.2.19 G.D.

D038

Sgt L. C. C. Wilby
Ryl M.D. 12

J. W. Melling
LIEUT.
OFFICER i/c RECORDS,

15/2/19

Attached C.C.C. Kinmel Park for return to Canada. Part 11 Orders No. 40. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: _____

22 FEB 1919

Commanding _____ Wing,
Kinmel Park Camp,

A. B. B. B. B.
Lieut.
i/c Records, M.D. 12.

EMBARKED FEB 22 19
S.S. CASSANDRA

J. F. Allen Capt. & Adjt.
for O.C. 100 13. T.A.C.S.

10.3.19

D.D.O. Part II .O.S. No. 12 DISTRICT DEPOI REGINA
69-438 From Clearing Depot 22.2.19
O.C. Casualty Company, No. 12 District Depot

27-3-19 Car. Co.

Discharged on Demob. Regina 28-3-19 No 1420 (86-543)

L. J. Maabrook
Lieut. & A/Adjt.
No. 12 District Depot

Nothing to be written in this margin.

CR. Rank **MOFFAT, Walter Rainey.** Reg'l No. **1069133.**
 Unit **Dft 249th Bn.** If in perm. Corps, }
 What Unit? }
 Married or Single **Single.**
 Place and Date of Enlistment **Estevan, Nov. 21st. 1916.** Place of Birth **Carroll, Man.**
 Name and Address, Next-of-Kin **Anne Jane Moffat,**
Estevan, Sask., Canada. Relationship **Mother.**

R.B.C. Bn.

Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **5926**
 File R.L.
 Category **OR Can**

Discharge, Date and Place Reason Character

H. W. & V., Ltd.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England		4-3-18	S/S SAXONIA
24.3.18	15 th Res	Reverts to rank of Pte	K Park	16.3.18	Pt II 77
29.4.18	"	S.O.S. to Can. Res: Cyclist Pte	"	29.4.18	" 119
3/5/18	b.R. byc Bn	SOS from 15 th Res Bn	Seaford	29/4/18	H1
27.9.18	do	SOS O/seas to b. b. byc Bn	Pte do	26.9.18	Do 101 57 4/3-10-18
7.2.19	"	S.O.S. on leave from home. Col. and passed to Gen Dept.	Fulda	27-1-19	D.O.S. P. 110 24 2/10.1.19
17-2-19	12 Mbc Wing	T.O.S. from Gen Dept	" K Park	15-2-19	S.O.S. G.D. No 462/18-2-19 40 40
22-2-19	"	S.O.S. on proceeding to Canada	" K Park	21-2-19	— 45

Amuel

1917

VICTORY LOAN.

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom ~~The Accountant Genl~~ By Whom Assigned Moffatt, W.R.
 Address Paymaster General, Regtl. No. 1069133 -
 Ottawa, Rank Pte -
 Corps 249 Bn

Rate \$50⁰⁰ Bond, \$5⁰⁰ Monthly
 beginning with 4th paymt due on
 Bond 1st March, 1918. Last paymt
 \$4⁰⁰ due 7th Sept. See Nom Roll.

PAYMENTS

VICTORY LOAN.—1917

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1917			Bond to be registered in name of - J. G. Moffatt, Esteran, Sask.
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March		List Cq	5 - -	March paymt in Teby Cq U50554
April		"	5 - -	Paymt due 1/4/18 in Cq U51472, 28 ³ /18. List 12
May		"	5 - -	" " 1/5/18 Cq U6387. List 14, 25/4/18
June		"	5 - -	May Cq U1664, List 18, 27/5/18
July		"	5 - -	June Cq U3083, List 20, 28/6/18
Aug.		"	5 - -	July Cq U2220, List 22, 30/7/18
Sept.		"	4 - -	List 24, Cq U1014, 29/8/18
Oct.			<u>\$34.00</u>	
Nov.				M.F.W. 187, \$34 ⁰⁰ . M.D. 12, 12/3/19. Dm en
Dec.				
Jan.	1919			
Feb.				
March				

File 012969-W-17

10.00

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

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins... 249th O/S Battalion C.E.F.

1069133

(2) Regimental Number

(3) Full Name of Soldier... Moffat Walter Rainey.

(4) Place of Birth... Carroll, Manitoba.

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

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

(b) Present Postal Address.....

(7) Are you a widower? *no*

(8) Have you any children? *none*

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

Also their names and ages.....

(9) Is your Father alive? *Yes John G Moffat*
If so, state name and address *Estevan, Sask*

(10) Is your Mother alive? *Yes Anne Jane Moffat*
If so, state name and address *Aslabone*

(11) If your Mother is a widow *no*
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.

(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. *no*

(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.

Date *April 20/17*

C B Reynolds
Lieutenant Colonel
O.C. 249th O.S. B. Co. I.A.C. Coy. 2nd Div.

REGINA, SASK.
General Medical Board

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

3730M

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. 1069133 Rank Pte. Surname MOFFAT
(Given name in full)
 Unit or Corps 12th Plat 249. Bat Birthplace Walter Rainey, Carroll, Mass., Can

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5 7 ft. Colour of Eyes Brown
 Nutrition Good
 Pulse Good
 Condition of arteries Good
 Vision Rt. 20/20 Left 20/20
 Hearing (conversational voice) Rt. normal ft. Left normal 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 N Genito Urinary System N Cardio-Vascular System N
 Special Senses N Integumentary System N Respiratory System N
 Disturbance of mentality N Muscular System N Digestive System N
 Osseous and Joint System N Any other general condition N

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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date SignedM.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 *Regina S.*(Canada)

Date *26.iii.19* Signed *[Signature]*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 *[Signature]*

(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]

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 *1st Lt* Name *WALTER. RAINEY* Surname *MOFFAT.*
Unit or Corps *Gen Depot* (If a soldier) Regtl. No. *1069133*
Born at *CARROLL MAN CANADA* on, date *19-1-1895*
Signature (for identification) *W B Moffat*

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

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

Weight *145* lbs.
Height *5* ft. *5* ins.

nil,

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 ?**

normal

4. **RESPIRATORY SYSTEM.**

normal

5. **HEART ?**

Abnormal Sounds? *nil*
Abnormal Size? *nil* *left border in ripple line*
Pulse Rate? *96.* Intermittence or irregularity? *nil*

6. **ARTERIES.**—Any hardening?

nil,

7. **DIGESTIVE SYSTEM ?**

normal

8. **GENITO-URINARY SYSTEM ?**

v.
Urinalysis—s.g.? *1020* Reaction? *acid* Albumen? *nil* Sugar? *nil,*

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

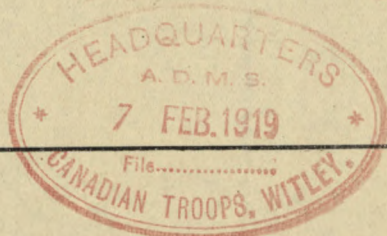
V.R.E 4/6 *V.L.E 4/6* *Ears & hearing normal* *Whalmer* *Sept. C.A.M.C.*

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 *Witley* Signed *G. W. Moffat* M.O.
Date *6/2/1919* Signed *R. B. Kennedy* 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.

Labels for the service

Labels for the service

MOFFAT

WINTER RAINY

MOFFAT

1911

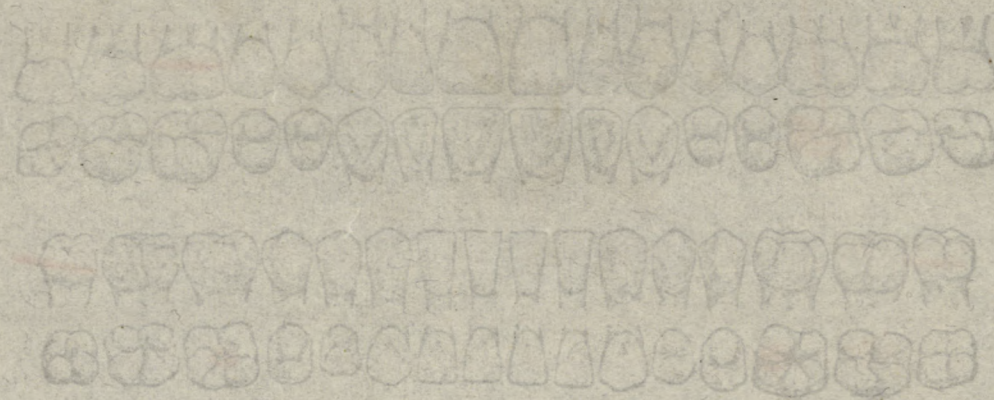
CANADA

CANADA

Labels for the service

Labels for the service

PATIENT'S NAME		PATIENT'S AGE		PATIENT'S SEX		PATIENT'S OCCUPATION		PATIENT'S ADDRESS		PATIENT'S TELEPHONE		PATIENT'S DENTAL HISTORY	
DATE	TIME	NO. OF TEETH	NO. OF ROOTS	NO. OF BRACES	NO. OF VENEERS	NO. OF CROWNS	NO. OF BRIDGES	NO. OF IMPLANTS	NO. OF X-RAYS	NO. OF PERIODONTOLOGY	NO. OF ORTHODONTICS	NO. OF ESTHETICS	NO. OF SURGERY



DENTIST'S HISTORY SHEET
 PATIENT'S NAME: _____
 PATIENT'S AGE: _____
 PATIENT'S SEX: _____
 PATIENT'S OCCUPATION: _____
 PATIENT'S ADDRESS: _____
 PATIENT'S TELEPHONE: _____
 PATIENT'S DENTAL HISTORY: _____

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL

OCT 1918

Surname Moffat Christian Name Walter Rainey

Examined { on 21 day of Nov. 1916
 at Estevan, Sask.

Approved by [Signature]
 Rank [Signature] AMC

Birthplace { City or Town Carroll
 County Manitoba

Apparent age 21
 Trade or occupation Bank Clerk

Height 5 feet 6 Inches

Weight 145 lbs.

Chest measurement { Minimum 33 inches
 Maximum expansion 3 1/2 inches

Physical development Good

Small-pox Marks

Vaccination Marks { Arm Right Left 1
 Number 1

When Vaccinated last 1904

(a) Marks indicating congenital peculiarities or previous disease W

(b) Slight defects but not sufficient to cause rejection W

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
Date	Result	VACCINATIONS
<u>20/4/17</u>		<u>[Signature]</u>
		M.O.
		M.O.
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/8/18</u>	<u>7012</u>	<u>[Signature]</u>
<u>10/3/17</u>	<u>2</u>	<u>[Signature]</u>
<u>5/6/17</u>		<u>[Signature]</u>
<u>14/6/17</u>		<u>[Signature]</u>
		M.O.
		M.O.
		M.O.

Enlisted on 21st day of November 1916 at Estevan Sask

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>249th Batta</u>	<u>1069126</u>		<u>21/11/17</u>
Transferred to	<u>16th Canadian Res. Bn.</u>	<u>1069126</u>		<u>4 MAR 1918</u>
	<u>CANADIAN CORPS CYCLIST BN., FRANCE.</u>	<u>1069133</u>		<u>26 SEP 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Walter</u>	<u>6-2-19</u>	<u>Fur [Signature]</u>	<u>[Signature]</u>
<u>Regimo S. 26.iii.19-129-</u>		<u>[Signature]</u>	<u>[Signature]</u>

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.

MARRIED OR SINGLE

PLACE OF BIRTH

NAME OF NEXT OF KIN

ADDRESS

NAME OF NEXT OF KIN

ADDRESS

Single
Carroll, Man.
Anne Jane Moffat
Estevan, Sask

RELATIONSHIP
Mother

RELATIONSHIP

RELATIONSHIP

APPOINTMENTS.
PROMOTIONS AND REVERSIONS

PARTICULARS
Promoted to Pte

EFFECTIVE DATE

AUTHORITY

16.5.18 B097 18/3/18

DATE ADMITTED

ADMISSIONS DATE DISCH'D

V. OR A.

TO HOSPITAL, & C.

NAME OF HOSPITAL

REG'L No. 1069133

RANK

Pte
Cpl.

NAME

Moffat, Walter, Rainey

PLACE OF ATTESTATION

Estevan, Sask.

DATE OF ATTESTATION

ORIGINAL UNIT

249th Batt'n
15th Can. Res.

ASSIGNED PAY

PER MONTH \$ 15⁰⁰ DATE EFFECTIVE 1/2/18 AUTH.

STOPPED EFFECTIVE

PAYABLE TO Anne Moffat, Estevan, Sask. RELATIONSHIP Mother

CAUSE

PER MONTH \$ 5⁰⁰ DATE EFFECTIVE 1/2/14 AUTH.

DATE AS3M FORMS REND

PAYABLE TO Victory War Loan.

STOPPED EFFECTIVE

PER MONTH \$ DATE EFFECTIVE AUTH.

CAUSE

PER MONTH \$ DATE EFFECTIVE AUTH.

DATE AS3M FORMS REND

PAYABLE TO

STOPPED EFFECTIVE

PER MONTH \$ DATE EFFECTIVE AUTH.

DATE AS3M FORMS REND

PER MONTH \$ DATE EFFECTIVE AUTH.

STOPPED EFFECTIVE

PAYABLE TO

CAUSE

PER MONTH \$ DATE EFFECTIVE AUTH.

DATE AS3M FORMS REND

DISCHARGE DATE AND PLACE

ACCOUNT TRANSFERRED TO N.E. BRANCH (DATE)

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

SEPARATION ALLOWANCE

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE) STOPPED EFFECTIVE (DATE)

PAYABLE TO REASON

RELATIONSHIP AUTHORITY

AUTHORITY FOR ISSUE REMARKS

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE) STOPPED EFFECTIVE (DATE)

PAYABLE TO REASON

RELATIONSHIP AUTHORITY

AUTHORITY FOR ISSUE REMARKS

NEW PAYBOOK ISSUED NEW PAYBOOK ISSUED

PERIOD		PAY AND FIELD ALLOWANCE			WORKING PAY		SEPARATION ALLOWANCE		ASSIGNED PAY CREDITS		ANY OTHER CREDITS		TOTAL CREDITS		SEPARATION ALLOWANCE		CASH PAYMENTS DURING THE MONTH				ASSIGNED PAY		OTHER CHARGES		TOTAL DEBITS		BALANCE CARRIED FORWARD		NUMBER OF ACQUITTANCE ROLLS		NUMBER OF S.A. AND A.P. CHEQUE		REMARKS. ALL CASUALTIES, PROMOTIONS, &C. TO BE NOTED. ALSO PARTICULARS OF "OTHER CREDITS" OR "OTHER CHARGES"
FROM	TO	No. OF DAYS	RATE	\$	C.	No. OF DAYS	RATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	1	2	3	4	\$	C.	\$	C.	\$	C.	CREDIT	DEBIT	1	2		

1918
28 FEB

Balance from Canada.

\$ 8.60

MONTH	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
11/15	Cpl pay 18.					4 87
11/3	Pte ✓ 17 60					9 73
						14 60
						20 29 60

MONTH	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
11/15	Cpl pay 18.					4 87
11/3	Pte ✓ 17 60					9 73
						14 60
						20 29 60

20 29 60

Ass Pay for the month of February has been deducted on Pay list for that month.

Strike out which ever is inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	12/17 11/2/17 \$15.00 12/18	EFFECTIVE DATE:-	
AMOUNT:-	5.00 13/18 6.34 1/18 8.40 for aug 1918	AMOUNT:-	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY			
Wan Loan CRAC Moffat (mother) Estevan Sask			
WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.			

NAME: MOFFAT Walker Rainey

NUMBER: 1069133

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<u>Corp Pte</u>

UNIT AND TRANSFERS

ORIGINAL UNIT: 24th Bn

DATE ACCOUNT FIRST OPENED: 1-3-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'5'0	UNIT TRANSFERRED TO
<u>H.I. 29411</u>	<u>1.5.18</u>		<u>SRD</u> <u>Rev Coy C</u>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
12/18	1298	60 marks	7.79				
17/1/19	int 74	40	6.84				
20/1/19	cheque	£5-	2.53				
23/1/19	8202	25 frs L.P.D.	1.66				

Ledger Balance. 61.97
L.P.C. Balance. 20.16

DAILY RATES OF PAY AND ALLOWANCES.

AUTHORITY	PAY	F.A.	P.F.A.	SUBSCE ALL'CE
	<u>1.10</u>	<u>10</u>		
	<u>1.00</u>	<u>10</u>		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Discharge to Canada. 1.3.19. Auth. N.R. L. 2683 6.2.19. Willey-Willey M.D. 2.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
1918											
March	<u>31st</u>								<u>9.60</u>		
Apr.	<u>Pte pay</u>	<u>33</u>		<u>b.a.P.</u>				<u>15</u>			
				<u>b.a.P.</u>				<u>5</u>			
				<u>AR 33 15/4 15 Rs</u>	<u>7.30</u>				<u>8-</u>		
				<u>1 529 50/4 ✓</u>	<u>7.30</u>				<u>22.10</u>		
					<u>14.60</u>			<u>20</u>	<u>1.30</u>		
May	<u>P.P.</u>	<u>34.10</u>		<u>b.a.P. pay</u>				<u>15</u>			
				<u>622 Seafood 11.5.18</u>	<u>4.87</u>			<u>5</u>			
				<u>865 28.5.18</u>	<u>2.43</u>				<u>14.80</u>		
					<u>7.30</u>			<u>20</u>			
June	<u>P.P.</u>	<u>33</u>		<u>1166 Seafood 13.6/18</u>	<u>4.87</u>						
				<u>loan a pay</u>				<u>20</u>			
				<u>1269 Seafood 27.6/18 12.17</u>	<u>7.30</u>				<u>15.63</u>		
					<u>12.17</u>			<u>20</u>	<u>5.36</u>		
July	<u>P.P.</u>	<u>34.10</u>		<u>loan a.P.</u>				<u>20</u>			
				<u>1635. Seafood 11/7</u>	<u>9.73</u>						
				<u>1779. ✓ 2577</u>	<u>9.73</u>				<u>10.27</u>		
					<u>19.46</u>			<u>20</u>			
Aug	<u>P.P.</u>	<u>34.10</u>		<u>loan a pay</u>				<u>19</u>			
				<u>2268 Seafood 13.8/18</u>	<u>9.73</u>						
				<u>2398 - 27.8/18 19.46</u>	<u>9.73</u>				<u>6.91</u>		
					<u>19.46</u>			<u>19</u>			
				<u>Can a pay</u>				<u>15</u>			
Sep	<u>P.P.</u>	<u>33</u>		<u>2800 Seafood 14.9.18</u>	<u>7.30</u>						
				<u>2824 - 19.9.18 21.90</u>	<u>14.60</u>				<u>2.01</u>		
					<u>21.90</u>			<u>15</u>			

Carried forward

NUMBER 1069133. RANK

Pte

NAME Moffat, Walker Rainey

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									2 01		
Oct	✓	34 10		can a lay				15	21 11		
				959 l.c. l. to 25/10/18 (38)	839				12 72		
		34 10			839			15			
Nov	✓	33		can a lay				15	30 72		
				1101 l.c. l. to 10/1/18 20	466				26 06		
Dec	✓	34 10		b. A.P.				15	45 16		
Jan 1919.	✓	34 10						15	64 26		
				3622. 10/12/18. 6 J.B. - 52	13 06				51 20		
		101 20			17 72			15			
Feb	✓	30 80		b. A.P.				15	67 -		
				1442. 6.1.19. ceck	5 03				61 97		
				1299. 20/12/18. ✓	2 7 79				54 18		
				1444. 19.1.19. ✓	5 03				49 15		
				4633. 20.1.19. ✓	24 33				24 82		
				708. 20.2.19. K.P. (end)	9 73				15 09		
				271.8202. 25.1.19. C.P.D. (11)	51 91				10 43		
		30 80			56 57			15			

61.97
41.81
20.16

S.O.S. to Canada 22.2.19. D.O. 12 G.D.

Handwritten initials

This space to be for numbers.

A. No. 66863
War Service Badge, Class issued
B. No.

Proceedings on Discharge.

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

No. 1069133

Rank PTE

Surname MOFFAT

Christian name WALTER R.

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

Corps (Squadron, Battery or Company) 249TH BATT

Date of discharge 28-3-19

Place of discharge REGINA

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years 7 months.	Descriptive marks
Height 5 feet 6 inches.	
Complexion FAIR	
Eyes BROWN	
Hair AUBURN	
Trade CLERK	
Intended place of residence ESTEVAN	

(To be given as fully as practicable.)

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

Authority for discharge RO.420 (A.A.O. 86-543)

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

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

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, and that I have received my permanent discharge certificate.

(Place) Regina W.B. Moffat (Signature of Soldier.)

(Date) 28-3-19 J. Williams (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) Regina

(Signature)

Lt. Col.

(Date) 28-3-19

Officer Commanding

No. 12 District Depot

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

I hereby certify that there are
no reservations.

W. Moffat

Reg. Conduct Sheet, Militia Form B 203	of	Company
Conduct Sheet	of	Company
Field Conduct Sheet	of	Company
Copies of Quarters by C. P.	in MS.	
Med. Hist. Sheet	Militia Form H 313	
Casualty Form	W. 24	
Medical Report for Invalids	B. 227	
Dental History Sheet	B. 403	
Last Pay Certificate	W. 41	
Duplicate Discharge Certificate	W. 392	
Form of Will	W. 83	

Documents not accompanying this form should be crossed off.

I hereby certify that the following documents are unobtainable:

Other Comments:

2003 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.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Squadron }
 Battery } Conduct Sheet, " B. 263a
 Company }

or
 Field Conduct Sheet " W. 178

Copies of Convictions, by C. P. in MS.

Med. Hist. Sheet, Militia form B. 313

Casualty Form " W. 54

Medical Report for Invalid§ " B. 227

Dental History Sheet " B. 465

Last Pay Certificate " W. 44

Duplicate Discharge Certificate " W. 39A

‡Form of Will " W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper Militia Form W. 23

or
 Particulars of Recruit " W. 133

Proceedings on Discharge " B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M

17831

Feb 1-18

RATE OF SEPARATION ALLOWANCE

--	--	--	--

OVERSEAS CONTINGENTS

Enlisted 21 ¹¹/₁₆

RATE OF ASSIGNMENT

15			
----	--	--	--

ANOTHER ACCOUNT IN
 .. Viet. Loan .. Ledger
 Ledger
 Ledger
 Ledger
 Ledger Name

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 1069133
 Rank *cpl* Promoted Reverted Discharge
 Soldier's Name *Moffatt W. R.* *WR*
 Battalion *249 BN*
 Beneficiary
 Relationship
 Address

Crae Moffatt
 Address *Estevan, Sask*
 Change of Address
 ② *Souris* CRAE MOFFATT, ESTEVAN, SASK. (Auth n.R.)
 2 *man* 15 15.00
 3 2 1069133 CPL. W.R. MOFFATT
 4 FIFTEEN DOLLARS
Estevan

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Mar 1918</i>	<i>M 75184</i>		<i>30</i>	<i>30</i>
<i>April</i>	<i>G 4862</i>		<i>30</i>	<i>30</i>
<i>Apric</i>	<i>M 11660</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>R 15577</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>L 27693</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>H 29292</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>P 38528</i>		<i>15</i>	<i>15</i>
<i>Sept</i>	<i>S 49920</i>		<i>15</i>	<i>15</i>
<i>Oct</i>	<i>X 54183</i>		<i>15</i>	<i>15</i>
<i>Nov</i>	<i>T 60621</i>		<i>15</i>	<i>15</i>
<i>Dec</i>	<i>Y 67836</i>		<i>15</i>	<i>15</i>
<i>Jan</i>	<i>U 70650</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>W 75092</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>M 84471</i>		<i>15</i>	<i>15</i>
			<i>210 =</i>	

012969-W-17 REMARKS

M 75184 - Remained 29-3-18 to Estevan Sask. RAB.
M 75184 Ret'd & Cancelled 15 ¹¹/₁₆ RAB. M.R.O. 1st 27-3-18 - RAB.
#30th adj Feb. & Mar. Spcl Reg. 15 ¹¹/₁₆ RAB. Mailed 16 ⁴/₁₈ RAB.
 ② *alter add #66217*

AUTHORITY FOR NEW ACCT. *W. R. Moffatt*
 3/16/18

M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 22220-M. & D. 7693.

A/c Closed *31.3-19*
 Ret'd per *Cassandra*
 Date *5/3/19* M.F.W. 187 *11/3/19*
 Closed *Collins*
 M. D. #12
McDonay #72204

M. OR S.

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

REGT. No. 1069133

RANK *pfc*

NAME (IN FULL)

MOFFATT

AUDITOR PAYMASTER

W.R.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		<i>108 22 1/2 Loc 60 10/3 for 11/3 - 25/3 in 20.6.8</i>			<i>249th Bn.</i>		
<i>Carroll, P.O. Man.</i>						No. 12 DISTRICT DEPOT	
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO DATE	AUTHORITY
<i>No</i>						<i>21-11-16.</i>	
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS					<i>15.00</i>	<i>1/4/19</i>	
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					<i>Miss Grace Moffatt</i>	<i>Wife</i>	
					ADDRESS		
					<i>Louis Estevan</i>		
						<i>Man's Sack</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE	REASON AUTHORITY
						<i>Regina 28/3/19</i>	<i>So 86</i>

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		CREDITS	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$		C.
			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE							
<i>28/3/19</i>					<i>20 16</i>													<i>20 16</i>		
					<i>30 80</i>															
	<i>28/3</i>	<i>28</i>	<i>110</i>		<i>30 80</i>	<i>35</i>												<i>44 80</i>		<i>47</i>
					<i>30 80</i>	<i>67 16</i>												<i>94 96</i>		<i>39</i>
																		<i>39 60</i>		<i>113 15</i>
																		<i>113 15</i>		<i>15 00</i>
																		<i>167 96</i>		<i>40 00</i>
																		<i>54 60</i>		<i>34 44</i>
																		<i>113 36</i>		<i>70 00</i>
																		<i>167 96</i>		<i>40 00</i>
																		<i>70 -</i>		<i>70</i>
	<i>153</i>					<i>350</i>												<i>70 -</i>		<i>70</i>
																		<i>70 -</i>		<i>70</i>
																		<i>70 =</i>		<i>210 -</i>
																		<i>70 =</i>		<i>140 =</i>
																		<i>70 =</i>		<i>280 -</i>
																		<i>70 =</i>		<i>70 =</i>
																		<i>350 =</i>		<i>350 =</i>

WAR SERVICE GRATUITY.
 WAR SERVICE GRATUITY M.D. 12

I certify that all payments due on this account have been completed.

W.S.G. Soldier.

12 DD.

195660 APR 28 1919

702932 28/3/19

622131 JUN 28 1919

630483 JUL 28 1919

