

9th CFA

# ORIGINAL ATTESTATION PAPER

No. 304094

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name? Clayton Pomeroy.
2. In what Town, Township, or Parish, and in what Country were you born? Castleton. Nothumberland. Ontario.
3. What is the name of your next-of-kin? Mr J.B. Pomeroy. (Father)
4. What is the address of your next-of-kin? Castleton. Ontario. Canada.
5. What is the date of your birth? July 21st 1895
6. What is your trade or calling? Labourer.
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated? Yes.
9. Do you now belong to the Active Militia? No.
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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.

*Clayton Pomeroy* (Signature of Man.)  
*J. Bouch* (Signature of Witness.)

### DECLARATION TO BE MADE BY MAN ON ATTESTATION. Clayton Pomeroy.

I, Clayton Pomeroy, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Nov 12th 1915. *Clayton Pomeroy* (Signature of Recruit.)  
*J. Bouch* (Signature of Witness.)

### OATH TO BE TAKEN BY MAN ON ATTESTATION. Clayton Pomeroy

I, Clayton Pomeroy, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date Nov 12th 1915. *Clayton Pomeroy* (Signature of Recruit.)  
*J. Bouch* (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 Belleville this 12th day of Nov 1915.

*W. McLean* (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*W. B. H.* (Approving Officer.)

DESCRIPTION OF Clayton Pomeroy. ON ENLISTMENT:

Apparent Age 20 years 4 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. 11 ins.

Chest measurement { Girth when fully expanded 37 ins.  
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue.

Hair Brown.

None.

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

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 13th 1915.

W. B. Reed

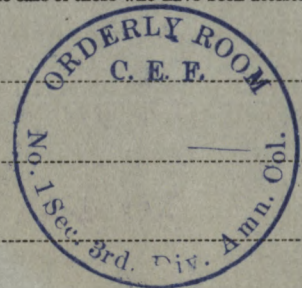
Place Belleville.

Capt. Reed

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

C. Pomeroy 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.

W. B. Reed (Signature of Officer.)

Date JAN 6 - 1916 1916.

for O.C.  
 33rd Battery, C. F. A., C. E. F.

POMEROY CLAYTON

304094

33 BTY

2524

DIED OF WOUNDS 1-11-16

MB

C.E.F. REGIMENTAL DOCUMENTS  
WAR SERVICE RECORDS D.V.A.





No.

RANK

*Pte*

NAME

*Pomeroy Clayton*

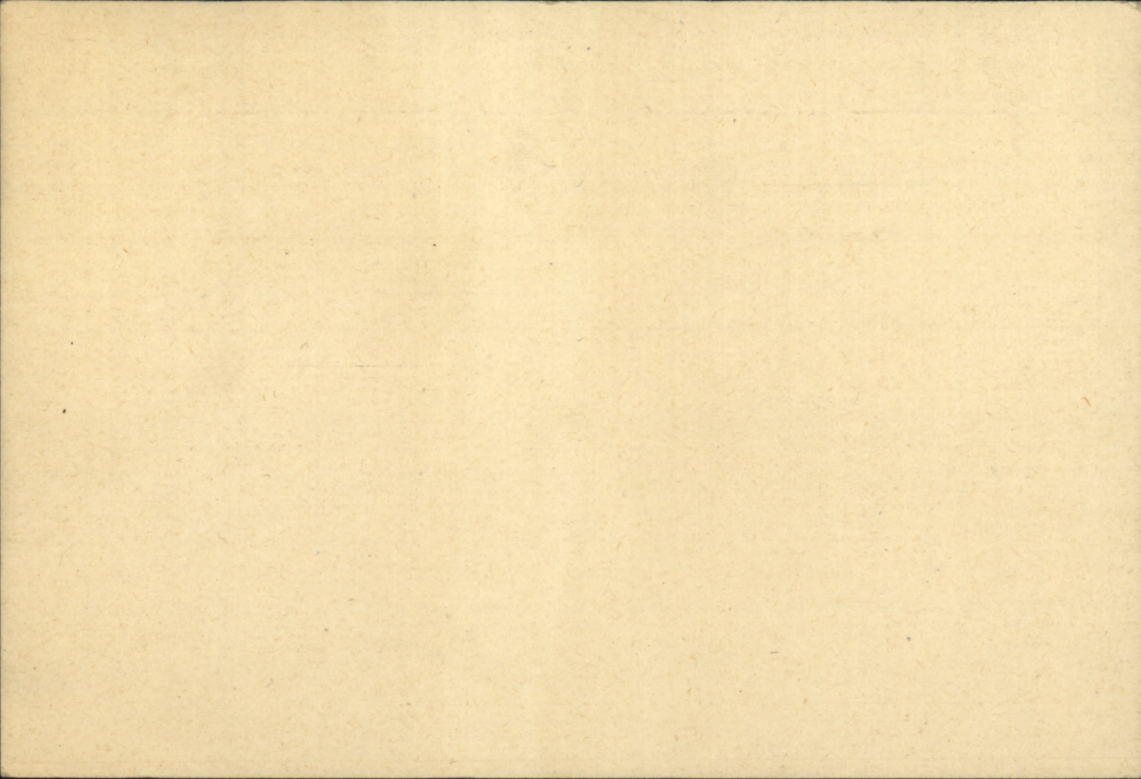
T. O. S.

*Nov. 12. 1915*

UNIT

*49th Regt. (Hastings Rifles)**D.O. of 30/11/15*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Nov. 12.</i>	<i>1915 Nov. 15.</i>	<i>✓</i>	<i>Trans. to 33rd Stg. 15/11/15</i>	<i>D.O. of 30/11/15.</i>



POMEROY, Cl. 304094 Dvr. 3rd C.D.A.C. 649-P-3878

*not elig. for 4-15 Star.*

Medals & Decorations - father - J.B. Pomeroy,  
Box 41, Castleton, Ont.

P & S.

*Serial No 781018*

Memorial Cross

mother - Georgina Pomeroy,  
as above.

Scroll Desp **FEB 16 1921** Regn. No *2-204 38*

*M* **OCT 19 1921** Regn No *012588*

*25828*

*Desp.* **OCT 2 - 1920**

*(dn) @ 25451*

M/

393



hup  
KR  
Number

304094 ✓

Rank

Cor ✓  
B

Surname

POMEROY ✓

Christian Name

Clayton ✓

Units

C. F. A. ✓

Theatre of War

France ✓

Date of Service

14/7/16

D

Remarks

Father

Latest Address

Mr. J. B. Pomeroy  
Box 41

Roll No.

BR Page 10174 Castleton Out.

Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date \_\_\_\_\_ Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

DESP FEB 16 1922  
REGN. NO. 3069146

Name POMEROY, Clayton Rank Dvr.

Reg. No. 304094

Unit 3rd. Can. Div. Amm. Column.

P.L. - 25 - P. 1268.

Next of Kin CANADA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.	<b>"DIED OF WOUNDS"</b>					
1-11.	No. 89. Cas. Clg Station.		BSW. L. Khee	A. 74. 0.	4710.	



NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REG'T L No

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

No.	DATE	NATURE OF CASUALTY
04710	13-11-16	Died of wounds at No 49, Cleav. Stat. Hoop. 1st, 1916. G. S. Knee. ✓
A. F. B. Rouen	2090a 12-11-16	Died of wounds at 49 Casualty Clearing Station on Nov. 1st, 1916.

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a. 74	No. 49 Cas. Cl. Station	1-11-16	Died of wounds L.W. L. Knee.

No. 304094

RANK

Pte

NAME

Pomeroy, Clayton

T. O. S. 16-11-15 UNIT 33rd Battery (9th Bde) C. 7 a.  
 (A.O.# 94 of 17-11-15)

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915- Nov 16	1915- Nov 30 Dec	✓ ✓	Transf'd to Amm. Col.	L. P. C. for December





No. 304094 RANK *Pte*

NAME *Pomroy. L.*

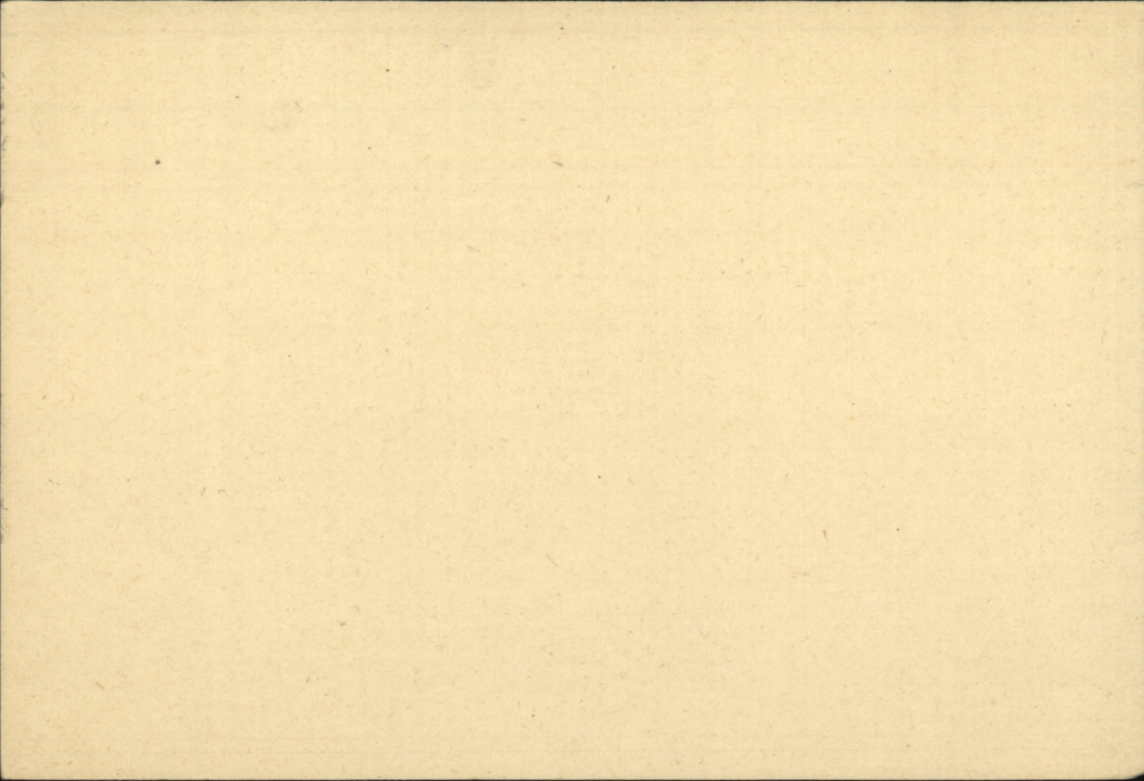
~~T.O.S.~~

UNIT *3rd Div. Amm Column (1 Section)*

*Trans from 33rd Bty.  
1-1-16 001 of 1-1-16.*

M. D. *3.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 Jan 1.</i>	<i>1916 Jan 31</i>	<i>✓ ✓</i>		



(649-8-3878)

CARD NO. ✓

**D**  
FOLL.

SURNAME. *Pomeroy,*

CHRISTIAN NAMES

*Clayton*

REGL. NO. *304094*

RANK *Gnr.*

UNIT *33*

*3rd. Bat. no. 1. Sect. 3rd. Div. Amv. Col.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Pomeroy, J. D.*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

~~*Carleton*~~, Ont. *Castleton*

*Cost SAAP 13-11-16*

COUNTRY OF BIRTH

*Canada, Castleton, Ont.*

DATE

*July 21<sup>st</sup> 1895.*

PLACE OF ATTESTATION

*Belleville*

DATE

*Nov. 12<sup>th</sup> 1915.*

MARRIED

SINGLE

*yes*

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Wesleyan*

DESCRIPTION.

APPARENT AGE

*20* YEARS

*4* MONTHS

HEIGHT

*5* FEET

*11* INCHES

CHEST MEASUREMENT

*37* INCHES

EXPANSION

*2* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Brown*

DISTINGUISHING MARKS

*nil.*

MEDICAL EXAMINATION.

PLACE

*Belleville*

DATE

*Nov. 13<sup>th</sup> 1915.*

Surname **Pomeroy.** Christian Name or Names **C.** Reg. No. **304094**  
 Rank **Cor.** Unit **3<sup>rd</sup> D. A. C.** Co. Troop Batty.  
 Hospital **49. Cas C. Stat** Date of Admission **1. 11. 16**  
 Transferred Hosp.

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

**G. S. W. R. of Knee**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

**died of Wounds.**

DISPOSITION

Date

**C.L. 14.11.16.A44**

REMARKS

**A.M.D. 2 DEPT.**  
**Beh. of D.G.M.S. O.M.F.C. London.**

16  
0

R

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

# ORIGINAL

## MEDICAL HISTORY SHEET.

Surname Jomeoy Christian Name Dayton

Examined { on 13<sup>th</sup> day of Nov. 1915  
at Belleville  
Birthplace { City or Town Castleton  
County Ont

Approved by D.E. Bell  
Rank Captain M.O.

Apparent age 20  
Trade or occupation Laborer  
Height 5 Feet 11 Inches  
Weight 170 Lbs.  
Chest measurement { Minimum 35 inches  
Maximum expansion 37 inches  
Physical development good  
Small-Pox Marks None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left  
Number None  
When Vaccinated last \_\_\_\_\_

Date	Result	VACCINATIONS.
<u>Jan 21/16</u>	<u>D.E. Bell</u>	M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease None  
(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Jan 11/16</u>	<u>D.E. Bell</u>	M.O.
<u>Jan 21/16</u>	<u>D.E. Bell</u>	M.O.
		M.O.

Enlisted on 12<sup>th</sup> day of Nov. 1915 at Coast Hill, Ont.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>3rd D.A. Co.</u>	<u>304094</u>		<u>Nov 12/15</u>
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 Service, on the man becoming non-effective ; the date and cause being stated on next page.





Pomeroy

Enl. 12-11-15

Date of Embarkation for England

11-3-16

Proceeded to France.

14-7-16

Returned to England.

Date returned to Canada.

Wid of wds. —  
recd in action.

Chfid  
(over)  
19-8-16

P.R. 2855.

Cas. Sherr.

28-10-16 - Y. P. W. Knee left.

1-11-16 - died of wounds

CERTIFIED CORRECT.

7 7 AUG. 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

Unit, Regiment or Corps 33rd Battery, C. F. A., C. E. F. *Transferred to 1st Sec 3rd D. U. C.*

Regimental No. 304094 Rank Gunner *DUR* Name Pomeroy, Clayton

Enlisted (a) 12-11-15 Terms of Service (a) war 9.6. *now after* Service reckons from (a) 12-11-15

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) Labourer

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				
<i>13.7.16</i>	<i>3 D.A.C.</i>	<i>Embarked Canada St John</i>	<i>St John</i>	<i>11.3.16</i>	<i>J. S. Intayama</i> <i>Pte D.O. No 111</i> <i>J. A. Stotter</i> Captain, Adjutant, 3rd Canadian Div. Amn. Coln.
		<i>Disembarked</i>	<i>Liverpool</i>	<i>25.3.16</i>	
		<i>Embarked for Service Overseas</i>	<i>England</i>	<i>14.7.16</i>	
<i>28.10.16</i>	<i>49.c.c.s.</i>	<i>G.S.W. Knee R. adm.</i>		<i>28.10.16</i>	<i>A 36. 28.10.16 Dec. 5.6. 8.11.16</i>
<i>8.11.16</i>	<i>49.c.c.s.</i>	<i>Died of wounds Rec. in action</i>	<i>Field</i>	<i>1.11.16</i>	<i>Pk. 2. O. 172. 12.11.16. A.B. 8.11.16</i>
					<i>J. B. Walker</i> Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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

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

E.T.

Rank

Name POMEROY Clayton

Reg'l No. 304094

R-122

Unit CAVC att; H'qrs 3rd

If in perm. Corps,  
What Unit? }

M

Married or Single Single

Place and Date of Enlistment

Belleville Nov 12th 1915.

Place of Birth Castleton,  
Ontario.

Name and Address, Next-of-Kin

Mr J.B. Pomeroy

Castleton, Ontario. Canada

Relationship Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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.				
13-7-16	3 <sup>rd</sup> D.A.C.	Arrived in England Embarked for France.	25 MAR 1916	14 JUL 1916	S.S. Metagama Pt. II D.O. 111.
14-11-16	do.	Died of wounds #49 casualty } Clearing Station	Field	1-11-16	Gas list A 74
12-11-16	do.	Died of wounds.	do.	1-11-16	Pt. II D.O. 172.

In-A.

25.9.2

R.

H



408

2nd Contingent

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
20m.—11-15.  
H. Q. 1772-39-8.9.

*Em*  
To Whom  
Address

*Mr. John B. Pomeroy*  
*Castleton,*  
*Ont*

By Whom Assigned

*Pomeroy*

Regtl. No. 304094

Rank

*Drv.*

Corps

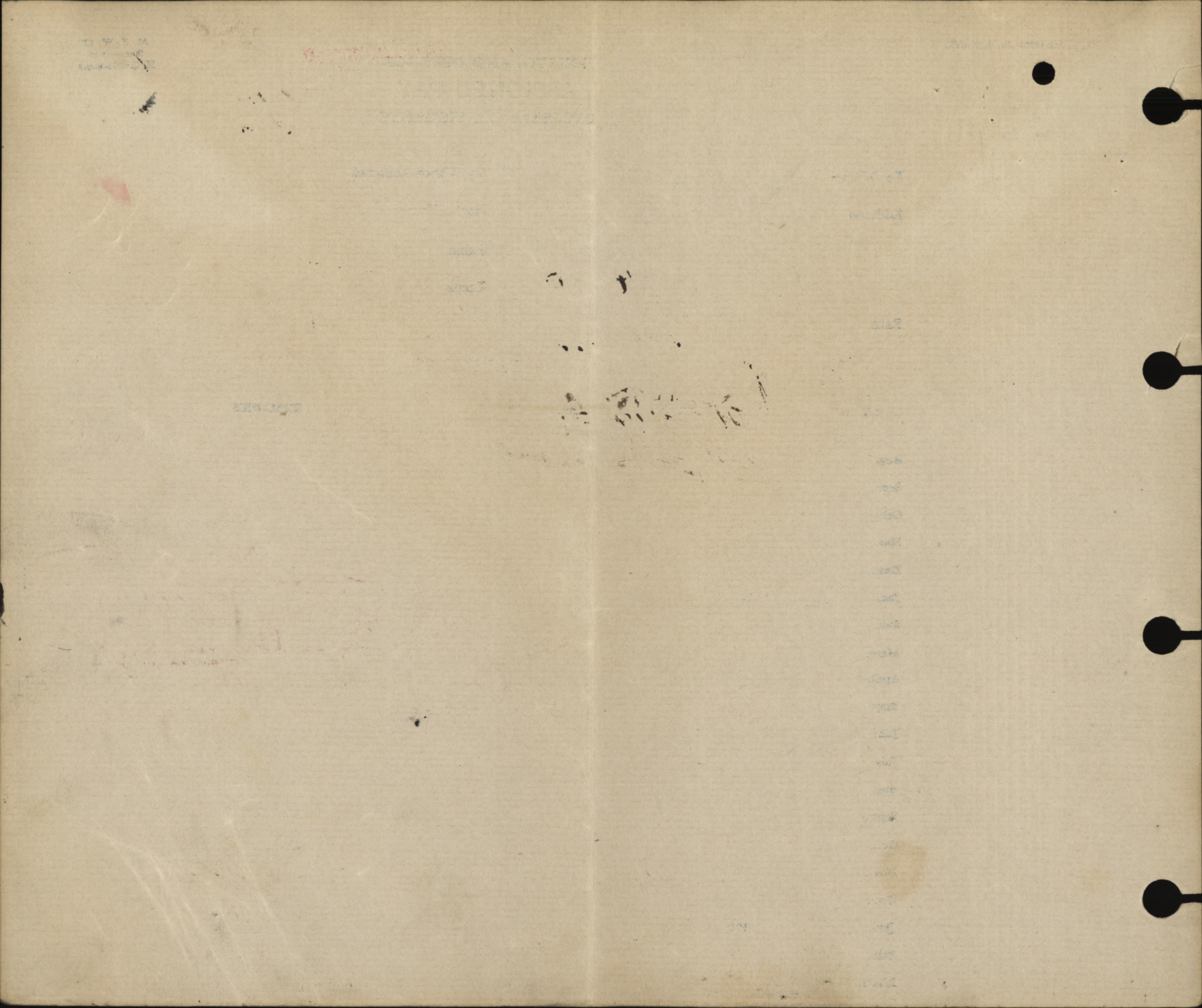
*3rd Div. Amm. Col*  
*#1 sec*

Rate \$ 20<sup>00</sup>

MAR 1 - 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 5px; display: inline-block;"> <p style="color: red; font-size: 1.2em;">Casualties</p> <p style="color: red; font-size: 1.5em;">Stop Payments</p> <p style="color: red;">Dec 1/16</p> <p style="color: red;">Died of wounds</p> <p style="color: red;">3M 13/11/16 C.A.C. 19/12/16</p> <p style="color: red; font-size: 1.2em;">Died of wounds Nov 1-16</p> <p style="color: red;">6(5) 14-11-16 6/11</p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		216902	20—	





MILITIA AND DEFENCE  
**ASSIGNED PAY**

*2nd Contingent*

*40*

M. F. W. 12a.  
 60m.-12-15.  
 1772-39-819.

Sheet No. 2.

*Mr. J. B. Pomeroy*

OVERSEAS CONTINGENTS

Name of Soldier

*Pomeroy C*

PAYMENTS.

*(Dr) 3rd Div Am. Col.*

L. L. Job 8902.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$20.00</i>
				<i>MAR 1 1916</i>
April	1916	<i>M 2441</i>	<i>20</i>	
May		<i>N 5199</i>	<i>20</i>	
June		<i>G 2634</i>	<i>20</i>	
July		<i>W 10055</i>	<i>20</i>	
Aug.		<i>H 13603</i>	<i>20</i>	
Sept.		<i>P 19137</i>	<i>20</i>	
Oct.		<i>W 24437</i>	<i>20</i>	
Nov.		<i>J 28414</i>	<i>20</i>	
Dec.		<i>W 36681</i>	<i>20</i>	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Casualty's*

*Spec Reg 2/12/16 F.L.*  
*stop the Nov 1/16*  
*Act done. base*  
*Issue cheque to adj November*  
*C.S.C.*

*adj note*  
*AP*

*Total \$ 180.00*  
 F. X. Rend. Date *12/17/16* By *CB*  
 E.F.X. " Date *12/17/16* By *CB*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

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

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

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

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

Single  
Castleton, Ont.  
Mr. J.B. Pomeroy,  
Castleton, Ont. Can.  
Father.

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Died of wounds	1/11/16	Ch. A 74 14/11/16

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No.

304094

RANK

Gunner

NAME

Pomeroy

IF IN PERM. CORPS  
WHAT UNIT

UNIT

3rd Dal.

TRANSFERRED TO

REG

DATE

2/11/16

AUTHORITY

Ch. A 74  
14/11/16

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Belleville, Ont.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

Nov 12th 1915

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$

20.00

DATE EFFECTIVE

1/3/16

PAYABLE TO

John B Pomeroy Castleton Ont.

RELATIONSHIP

Father

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

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

16. 11. 16

EFFECTIVE

1. 12. 16

REASON

Died of wounds 1/11/16  
Ch. A 74. 14/11/16

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

1/12/16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	CREDIT	DEBIT										
			\$	C.			\$	C.			\$	C.														No.	DATE				No.	DATE			
Mar 16	31	1.00	31	31	1.10	31	0	0	0	0	0	10	44	10	8	31/3/16																		# 10 Bal Fwd	
Apr 16	30	1.00	30	30	1.10	30	0	0	0	0	0	33	31	18/4/16	35	28/4/16	487	487	20	2974	1519														
May	31	1.00	31	31	1.10	31	0	0	0	0	0	34	10	82	15/5/16	107	30/5	487	730	20	3217	1712													
June	30	0	30	30	0	30	0	0	0	0	0	32	0	0	148	15/6	487	0	20	2487	2825														
July	31	0	31	31	0	31	0	0	0	0	0	34	10	199	30/6	10	20/7	486	0	20	2486	3449													
Aug	31	0	31	31	0	31	0	0	0	0	0	34	10	52	31/7	149	31/8	486	0	20	2697	4162	4162												
Sept	30	0	30	30	0	30	0	0	0	0	0	33	0	0	101	15/8	262	0	20	2524	4938	4938													
Oct	31	0	31	31	0	31	0	0	0	0	0	34	10	284	29/9	198	15/9	261	0	20	2522	5826													
Nov	1	0	1	1	0	1	0	0	0	0	0	110	0	0	30	15/11	262	0	20	2262	3674														
Aug 17																																			



Entered on N.E. Card Index 13/11/16

Checked by Ed. Rippe

Statement of  
JUN 21 1917  
Account rendered

