

Original ORIGINAL

931024

ATTESTATION PAPER

No.

No. 2 CONSTRUCTION, B.N. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Reid
- 1a. What are your Christian names? Thomas
- 1b. What is your present address? New Glasgow N.S.
- 2. In what Town, Township or Parish, and in what Country were you born? New Glasgow N.S.
- 3. What is the name of your next-of-kin? Thomas Reid
- 4. What is the address of your next-of-kin? New Glasgow N.S. (Marsh St.)
- 4a. What is the relationship of your next-of-kin? Father
- 5. What is the date of your birth? July 27 1897
- 6. What is your Trade or Calling? Laborer
- 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?
- 10. Have you ever served in any Military Force?
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Reid, 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.

Thomas J. Reid (Signature of Recruit)

Date JUL 25 1916 1916 H. Tomkinson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Reid, 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.

Thomas J. Reid (Signature of Recruit)

Date JUL 25 1916 1916 H. Tomkinson (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at NEW GLASGOW this 25 day of July 1916.

A. Hancock (Signature of Justice)

Description of Thomas Reid on Enlistment.

Apparent Age 18 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 5 ins.

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

Complexion Dark

Eyes Blue

Hair Dark

Religious denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist yes
 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 27 July 1916. C. D. Murray

Place Pickering O/S ame
 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.

Thomas Reid 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.

J. H. Sutherland (Signature of Officer)

Date AUG 1 0 1916 1916

REGIMENTAL DOCUMENTS

NAME *REID THOMAS*

REGT. NO. *931024* UNIT *No 2 Coast* H. Q. FILE NO.

H

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)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 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)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3225)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 *a-f-w 3997*

1 *m-ow 192*

1 *Dms 1375*

1 *Dental certificate*

M

DEATH

Category

DISCHARGE

Category

Demob.

DESERTION

06963

H

9718

SURNAME.

Reid

6

CARD NO.

✓

CHRISTIAN NAMES

Thomas.

S.O.S. Dis 10/12/19.6.

REGL. NO. *931024.*

RANK *Pte.*

20.39 of 8/2/19.6.50

UNIT *No 2. Construction. (coloured.)*

Demob.

Bn.

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Reid, Thomas.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

New Glasgow. N.S.

COUNTRY OF BIRTH

Canada. New Glasgow. N.S.

DATE

July 27, 1897.

PLACE OF ATTESTATION

New Glasgow. N.S.

DATE

July 25, 1916.

Q/S 28/3-17.

R/C 28-1-19 256 as Pt

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

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Laborer

RELIGION

Baptist or Congregationalist

DESCRIPTION.

APPARENT AGE

18 YEARS

MONTHS

HEIGHT

5 FEET

5 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

coloured

HAIR

Dark

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Pictou, N.S.

DATE

July 27th 1916.

Present Address: New Glasgow, N.S.

No. 931024 RANK *Pvt.*

NAME *Reid Thomas*

T. O. S. 24-7-16

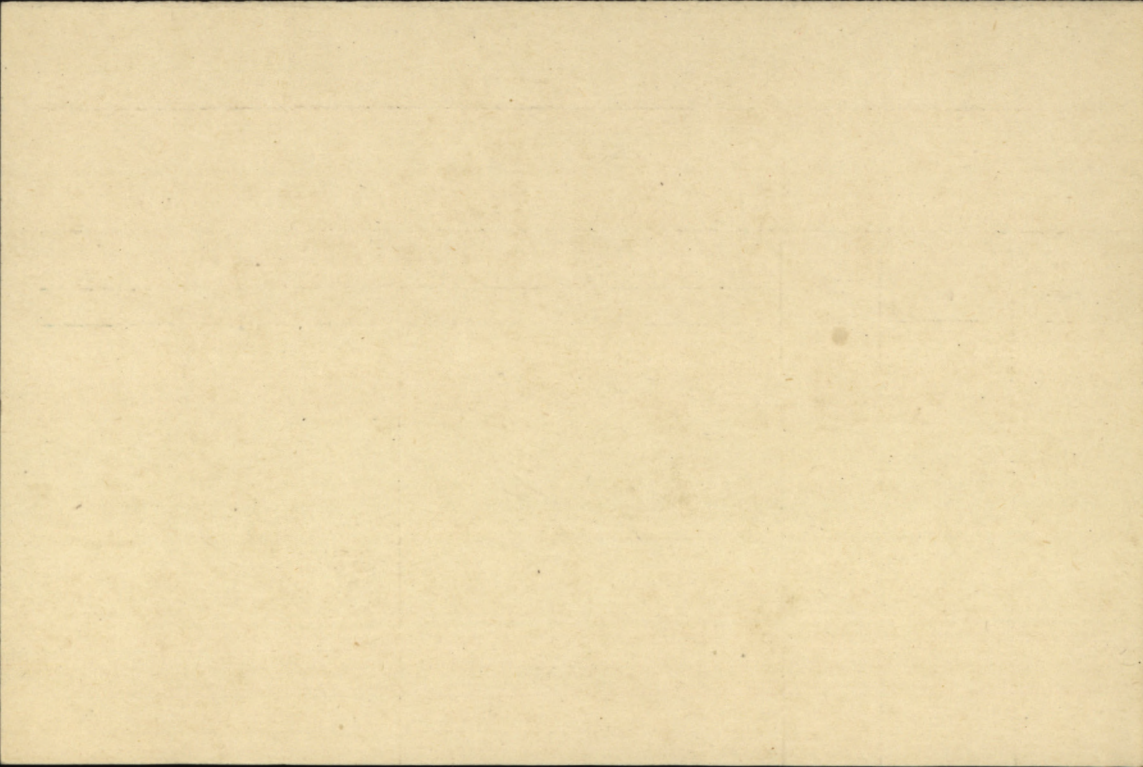
UNIT

No 2 Construction Battalion

D.O.B. 24-7-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>July 24</i>	<i>July 31</i>	<i>n.</i>		
<i>Aug.</i>		<i>n.</i>		
<i>Sept.</i>		<i>n.</i>		
<i>Oct.</i>		<i>n.</i>		
<i>Nov.</i>		<i>v.</i>		
<i>Dec.</i>		<i>v.</i>		
<i>1917</i>	<i>Jan 1917</i>	<i>v.</i>		
<i>Feb.</i>		<i>n.</i>		
<i>Mar.</i>		<i>n.</i>		



M 84

B

Number... 931024 Rank... Spruce

Surname... R. E. L. D. 649 R. 20664

Chris ian Name... Thomas ✓

Uni s... ~~2 Const. Bn~~ hea re of War... France ✓

Da e of Service... 17-5-17

Remarks... 153 William St.,

La es Address... Buffalo, N.Y., USA 25¹⁰/₃₀

~~New Street~~
~~New Glasgow~~

Roll No. B

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Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date 4/19/33 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.

Name Reed T. Rank Pte Regtl. No. 931024

Fyle Depot 74 R-453

Original unit A.S.R.D. Present unit 6 D. S. N. or S. Age 1597 Religion Bapt Ref. H.Q.

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

Next of kin Latter Mr. T. Reed New Glasgow N.S.

Address on leave New Glasgow N.S.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer Date and place of enlistment New Glasgow July 25-1916

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
29-1-19	I.O.S. 12-1-19 Potted Crystals.	D.O. 29
10-2-19	Discharged <u>HSW</u>	D.O. 39

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

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931024 (Rank) Private

Name (in full) Thomas Reid enlisted in
the No 2 Construction Bn

CANADIAN EXPEDITIONARY FORCE at New Glasgow on the 25th
day of July 1916

HE served in France

and is now discharged from the service by reason of Demobilization

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

Age 21 years 6 months

Height 5 ft 8 ins

Complexion

Eyes Coloured

Hair

T Reid

Signature of Soldier

Marks or Scars Nil

Date of Discharge February 10, 1919

Signed at Halifax this 8th day of February 1919

in Military District No. 6

File Reference No.

C. W. McAloney CAPTAIN
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.
Issuing Officer
Rank

Appointment

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge *Marsh St New Glasgow N.S.*

Character and Conduct

Former Occupation *Laborer*

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at *Halifax* this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931024 Rank Pte Name Reid, J.

Corps 2 S.R.D. - 2 Lon Bn. who was* Discharged

On 10-2-19 1918, to 1-1-19 1919,
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 1919,
to 10-2-19 1918, the inclusive date of transfer or discharge.

Dr.		\$	c.	Cr.		\$	c.
Bal. Dr. from prev. month	<u>L.P.L.</u>	<u>39</u>	<u>11</u>	Bal. Cr. from prev. month		<u>11</u>	<u>15</u>
Advances by	No. <u>13279</u>	<u>10</u>	<u>00</u>	Regt'l Pay	<u>41</u> days at \$ <u>1</u> c.	<u>41</u>	<u>00</u>
Cheques	No. <u>13296</u>	<u>42</u>	<u>09</u>	Field Allow.	<u>41</u> days at \$ <u>c.10</u>	<u>4</u>	<u>10</u>
Assigned Pay and Sep'n Allce. No.				Separation Allowances* (Monthly)			
Other charges			<u>03</u>	Other Allowances* <u>clothing</u>		<u>35</u>	<u>00</u>
Payment on transfer or discharge No.				Other Credits*			
Balance Cr. (to be paid by the new unit)				Bal. Dr. (to be deducted by new unit)			
Total		<u>91</u>	<u>25</u>	Total		<u>91</u>	<u>25</u>

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned
Pay for the month of Jan. 1919 } (to) Assignee Mrs Thomas Reid (mother)
{ and Sep'n Allce. for month of 1918 }
(Address) New Glasgow, N.S.
Made by W.E.B.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

M.D. NO. 6
NO. 33

- State (1) date of enlistment
- (2) if married and if a Separation Allowance Card has been submitted no.
- (3) cause of discharge Emol. authority W.O. 39.
- (4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

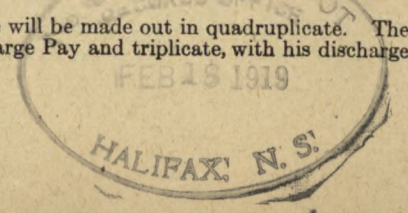
Date 11-2-19

Place Halifax NS

W. D. Small PT
10. 6 DISTRICT DEPT. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record. For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record. If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.



NO. 6 DISTRICT DEPUT

1875
11 130 145
12 130 145

M. D. NO. 6
NO. 3

OF DISTRICT DEPUT

1875

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MDL

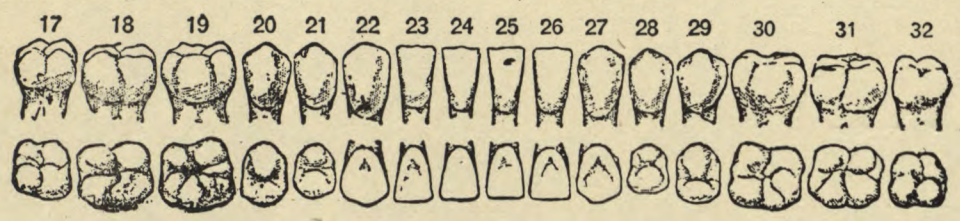
NAME OF SOLDIER (Block Letters) REID T. S

REGIMENT No 2 Consts Bn RANK Pte No. 931024

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

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT? _____

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England *2.*
- (c) In France

KINMEL PARK,
NORTH WALES.

Signature of Dental Officer *J. S. Somerville*

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000

REID T. J.

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

ORIGINAL

931024

MEDICAL HISTORY SHEET

Surname Reid Christian Name Thomas

Examined { on 26 day of July 1916
at Pictou
Birthplace { City or Town New Glasgow
County Pictou

Approved by Lt D Murray
Rank AME M.O.

Apparent age 15
Trade or occupation Labourer
Height 5 feet 5 Inches
Weight 142 lbs.
Chest measurement { Minimum 33 inches
Maximum expansion 36 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 Left
Number

Date	Result	VACCINATIONS
<u>5/1/17</u>		<u>Dau Murray</u> M.O.
		M.O.
		M.O.

When Vaccinated last 6 years ago
(a) Marks indicating congenital peculiarities or previous disease None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/10/16</u>	<u>2 J.R.</u>	<u>H.V. Kunt Major Amb</u> M.O.
<u>31/10/16</u>	<u>2 J.R.</u>	<u>H.V. Kunt Major Amb</u> M.O.
<u>7/11/16</u>	<u>2 J.R.</u>	<u>H.V. Kunt Major Amb</u> M.O.

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

Enlisted on 24 day of July 1916 at New Glasgow

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to		<u>931024</u>		<u>24/7/16</u>

No. 2 CONSTRUCTION, 2nd C.F.E.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Medical Examination upon leaving the Service
of 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 He Name Reed Surname Thomas
 Unit or Corps 17 Reserve (If a soldier) Regtl. No. 931024
 Born at New Glasgow Scotland on date July twenty ninth 1896
 Signature (for identification) Reed Thomas

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

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

Weight 163 lbs.
 Height 5 ft. 6 ins.

rw

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?**

rw

4. **RESPIRATORY SYSTEM.**

rw

5. **HEART?**

Abnormal Sounds? rw

Abnormal Size? rw

Pulse Rate? 80

Intermittence or irregularity? rw

6. **ARTERIES.**—Any hardening?

rw

7. **DIGESTIVE SYSTEM?**

rw

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g. ? 1.020

Reaction? acid

Albumen? rw

Sugar? rw

9. **SKIN, MIDDLE EAR, EYE**

or any other part?

rw

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

rw

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

Good

Examined at Kinnel Park

Signed Thomson M.O.

Date 2-1-19

Signed W. Stephens M.O.

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

Medical Examination upon Issuing the License

State of Ohio, Office of the State Board of Health, Columbus, Ohio

Examination of
[Name] on
[Date]

The [Name] is
[Description of condition]

1. PHYSICAL EXAMINATION
2. MENTAL AND MORAL CHARACTER

[Large section of the document is heavily obscured by a large, irregular stain, likely from a liquid spill, making the text illegible.]

Signature of [Name]
[Date]

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. 931024 Rank Pte Surname Reed
(Given name in full)
Thomas
 Unit or Corps D.D. # 6 Birthplace New Glasgow

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 8 in. Colour of Eyes Brown
 Nutrition Good
 Pulse Normal
 Condition of arteries Normal
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 15 ft. Left 15 ft.

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

nil

Opinion as to general health and physical condition.....

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

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

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

New Glasgow, Pictou Co., N.S.

(If space is insufficient, continue on back of form.)

[OVER]

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(Canada)

Date *Feb 6, 1919* 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 *J. Reid*

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

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

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

Awards

M. F. W. 54. (A. F. B. 113.)

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 2 Construction Batt. C.E.F.
 Regimental No. 931024 Rank pte Name Thomas Reid
 C. E. F.
 Enlisted (a) 25-7-16 Terms of Service (a) period of war + 6 months Service reckons from (a) 25-7-16
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) _____

CERTIFIED CORRECT.
 MAY 1 8 1917
 CAN. RECORDS, LONDON

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				
		Embarked, Canada Disembarked, Egypt Proceeded Overseas	Halifax, N.S. Suez	25/3/17 17/4/17 MAY 17 1917	PT 2 D-O-11 D. Under Capt for Capt & dep
31.5.17	O.C.	Forfeits 5 days pay for M. King & V. Y. with Iron Rations			Landed in France 17-5-17 N.R. Hd. 31.5.17 Probq. Pt 2120 36/2/15
6.7.17.	O.C.	Sentenced 10 days for refusing to obey an order	Hd.	5/7/17.	Probq. Pt 10122 7/17

(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.

Casualty Form - Active Service.

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				
5/1/18	ocdmis	att to 1 Dist to 7 Corps		30/10/17	B213.
14.9.18	430 686	Granted 14 days leave	uk.	12.9.18	B213 for 5 days of Sep 1918
5.10.18	do	Report from leave	2nd	27.9.18	B213
11 ¹² / ₁₈	nah	Trans to Eng & posted to N.S. Reg Dep Bramshott		11 ¹² / ₁₈	KR3424 C. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
17.12.18	NSRD.	T.O.S and attel 2nd b.b.D for Quarters & Rations	Bramshott	14.12.18	D.O.305
12/1/19	NSRD	ON COMMAND TO <u>odd Kimmel</u> <u>Rhyl</u> S.O.S. O.M.G. on Sun. to C.C.F. Disch Canada Scilery No 4 R.M. Hammond Lieut. Kimmel Park Embarked for Canada	BRAMSHOTT		PART II D.O. <u>M.D. 313</u> 27 ¹² / ₁₈ <u>C.A. Knight</u> LIEUT. OFFICER in RECORDS, NOVA SCOTIA REGTL. DEPOT.

Embarked for Canada 12-1-19

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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

Regimental No. 931024 Rank Pte Name Reid J.
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12.1.19	O'Leary	2/0/5 No. 6 D. D. Refr.	Coy. Co.	22.1.19	Do 29 <u>W. Ferguson</u> Lieut ASST. LIEUT. No. 6 DISTRICT DEPOT
15/7/19	8/0/5	Discharged	NMS	20.3.19	<u>P. Shaw</u> CAPT. & ADJUT. FOR LIEUT. COL. No. 6 DISTRICT DEPOT

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

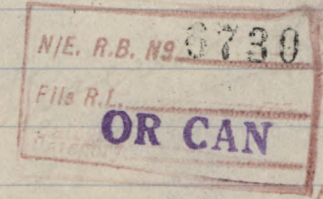
Casualty Form - Active Service

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				

JM

Rank _____ Name **REID, Thomas.** Reg'l No. **931024**
 Unit **No. 2 Const. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **New Glasgow. 25th July 1916.** Place of Birth **New Glasgow, N.S.**
 Name and Address, Next-of-Kin **Thomas Reid.**
New Glasgow, N.S. Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____



Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ld.-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.				
<i>Arrived in England. S. S. Southland</i>				<i>4.4.14</i>	<i>Arrived.</i>
<i>14.6.14</i>	<i>2nd CCC</i>	<i>Arr'd in France</i>	<i>Field</i>	<i>27-5-14</i>	<i>PA 115A</i>
<i>19.12.18</i>	<i>2nd Accy</i>	<i>SOS to NSRD</i>	<i>St Field</i>	<i>14.12.18</i>	<i>71 & 3054 16.12.18 NSRD</i>
<i>25.1.19</i>	<i>NSRD</i>	<i>SOS to C & S Canada</i>	<i>Ripon</i>	<i>12.1.19</i>	<i>18</i>

A.F.B. 183 CHECKED
30 MAY 1917

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

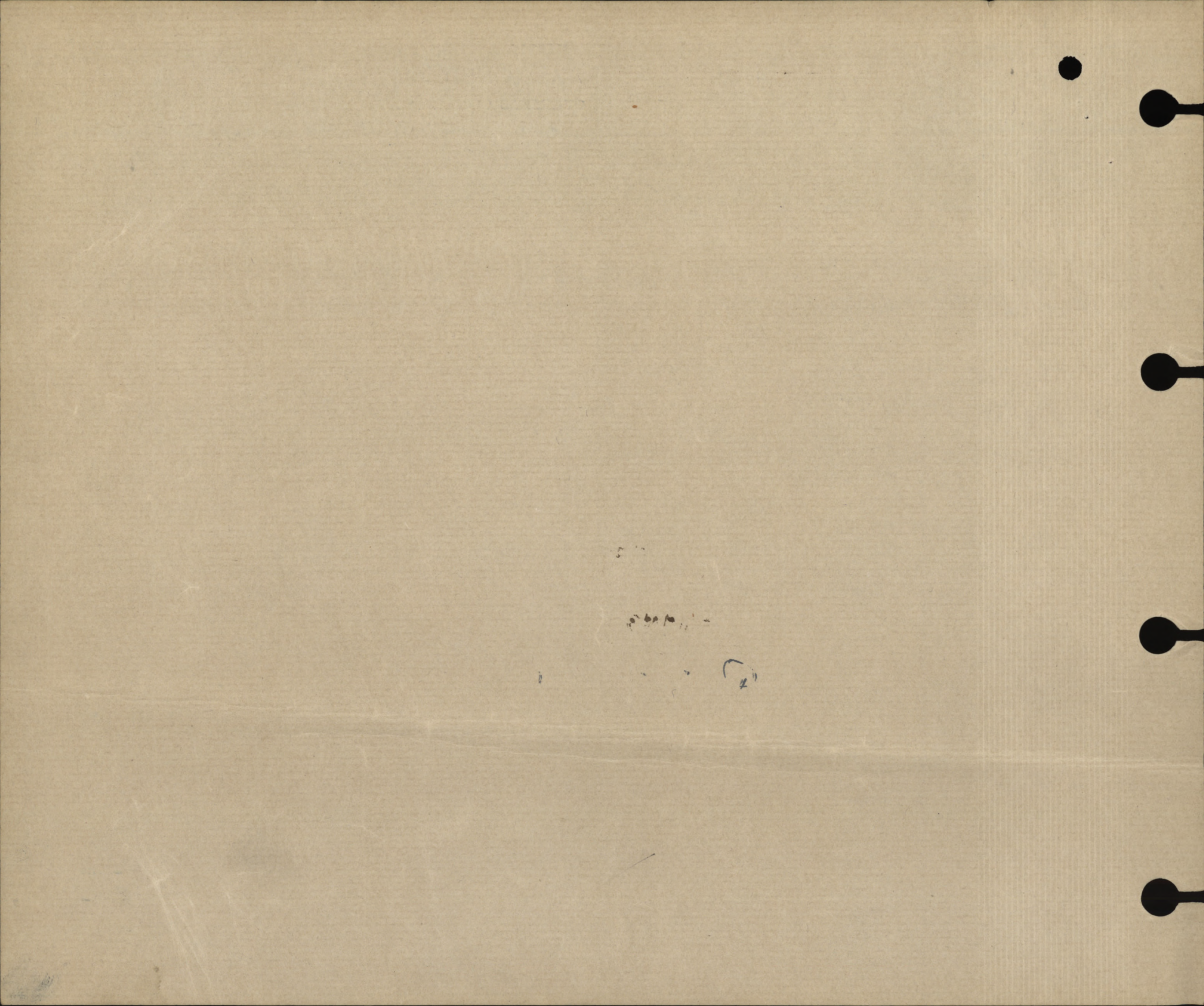
M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *Mrs Thomas Reid* By Whom Assigned *Reid Thomas*
 Address *New Glasgow N.S.* Regtl. No. *931024*
 Rank *Pte*
 Corps *#2 Cons Batta*
 Rate *15.00*

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				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.
(Assignee)*Private Thomas Reid*

PAYMENTS.

Name of Soldier

Reid Thomas

L. L. Job 5470—Req. 6888.

Pte 931024 2 Comd Battr

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>Z 5053</i>	<i>15</i>	
May		<i>B 10803</i>	<i>15</i>	
June		<i>G 19432</i>	<i>15</i>	<i>15 R</i>
July		<i>B 26319</i>	<i>15</i>	<i>6</i>
Aug.		<i>D 31700</i>	<i>15</i>	
Sept.		<i>I 38916</i>	<i>15</i>	<i>OB.</i>
Oct.		<i>C 47306</i>	<i>15</i>	
Nov.		<i>A 34221</i>	<i>15</i>	
Dec.		<i>L 61988</i>	<i>15</i>	<i>13</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

APR 1917

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

P. 550
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

CASUALTIES, PROMOTIONS, &c

PARTICULARS

EFFECTIVE DATE

AUTHORITY

REG'L No. 931024 RANK

NAME Reid Thomas

IF IN PERMT. CORPS, WHAT UNIT

UNIT 2nd Con. Bn.

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

New Glasgow N.S.

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

July 25th 1916

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 15.00

DATE EFFECTIVE 1.4.17.

PAYABLE TO

Mrs Thomas Reid, New Glasgow N.S.

RELATIONSHIP

mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

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

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY		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				
Apr-1/30	30	1.10	33.00						33 00																							
MAY 1-31	31	1.10	34.10						34 10	9 19/4				4 86																		
June 1-30	30	1.10	33.00						33 00	64 14/5				2 43																		
July 1-31	31	1.10	34.10						34 10																							
Aug	-	-	34.10						34 10																							
Sep 1-30	30	1.10	33.00						33 -																							
			201.30						201 30					7 29																		
MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. - RED. PAY ENG.	SEP. ALLGE.																					
Sep	bal								39 52																							
Oct	RP	34 10		AR 679 27 11 2 months to At. & C.	3 57				15																							
				" 628.11 2/7 - - - -	3 57																											
				" 468.13 2/7 - - - -	3 57																											
		34 10			10 71				47 91					15																		

Handwritten initials 'C' and '60'

Bal. to from Canada

Grants 5 lbs per 21-5-17

28 15 7.10 20. 26. 7.17.

28 66 5 10 lbs 12. 5. 7-17. 20. 122. 7-8-17.

ASSIGNED PAY: ~~ENGLAND~~ CANADA. SEPARATION ALLOWANCE: ENGLAND or CANADA. NAME: **REID Thomas E**

EFFECTIVE DATE: **1 APR 1917** EFFECTIVE DATE: NUMBER: **931024**

AMOUNT: **15⁰⁰** AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

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.

Wm. Thomas Reid mother
New Glasgow N.S.

Stopped 1-1-19

AUTHORITY: DATE EFFECTIVE: RANK OR APPOINTMENT: *Plt*

UNIT AND TRANSFERS

ORIGINAL UNIT: *2 Construction Bn*

DATE ACCOUNT FIRST OPENED: *1st April 1917*

AUTHORITY: DATE EFFECTIVE: DATE LEDGER SHEET T'S F'D: UNIT TRANSFERRED TO: *L.P. 2/2/19 Can Sec*

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9-12-18	6744	<i>Old</i>	<i>25 fcs 4/66</i>				
18-12-18	3588	<i>BRDG.</i>	<i>£12 9/73</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

Trans to Can 3-12-18 Auth NR 161. 2nd C.C. Co. 17-12-18. Ledger Cr Bal # 39.88 L.P. Cr Bal # 25.49

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	<i>Bal Ford</i>								<i>83 68</i>		
apl	<i>P. Pay</i>	<i>33</i>		<i>b.a.P.</i>				<i>15</i>			
				<i>AR 129 1/4 CFC 1</i>	<i>3 57</i>						
				<i>AR 311 20/4 " 1</i>	<i>3 57</i>				<i>94 54</i>		
		<i>33</i>			<i>7 14</i>			<i>15</i>			
May	<i>P.P.</i>	<i>34 10</i>		<i>b.a.P.</i>				<i>15</i>			
				<i>AR 506 7/5 CFC 1</i>	<i>2 68</i>						
				<i>AR 734 27/5</i>	<i>4 46</i>				<i>106 50</i>		
		<i>34 10</i>			<i>7 14</i>			<i>15</i>			
June	<i>P.P.</i>	<i>33</i>		<i>all pay</i>				<i>15</i>			
				<i>AR 921 7/6 CFC France</i>	<i>3 57</i>						
				<i>AR 117 27/6 CFC 1</i>	<i>3 57</i>				<i>117 36</i>		
		<i>33</i>			<i>7 14</i>			<i>15</i>			
July	<i>PP.</i>	<i>34 10</i>		<i>Can a.P.</i>				<i>15</i>			
				<i>AR 1307 6/7 CFC 1</i>	<i>3 57</i>						
				<i>AR 1516 27/7</i>	<i>3 57</i>				<i>124 32</i>		
		<i>34 10</i>			<i>7 14</i>			<i>15</i>			
Aug	<i>PP</i>	<i>34 10</i>		<i>Can a.P.</i>				<i>15</i>			
				<i>AR 1711 6/8 CFC 1</i>	<i>3 57</i>						
				<i>AR 1958 27/8</i>	<i>3 57</i>				<i>141 28</i>		
		<i>34 10</i>			<i>7 14</i>			<i>15</i>			
Sept	<i>PP</i>	<i>33</i>		<i>Can a.P.</i>				<i>15</i>			
				<i>AR 2212 6/9 CFC 1</i>	<i>3 57</i>						
				<i>AR 2761 10/9 CFC 1</i>	<i>1 78</i>						
				<i>CP 33779 14/9 London</i>	<i>48 67</i>						
				<i>AR 4193 10/9 CFC 1</i>	<i>97 33</i>				<i>793</i>		
		<i>33</i>			<i>151 35</i>			<i>15</i>			

COMPILED BY *J.M. Mearns*
CHECKED BY *G. Brown*

* Strike out whichever inapplicable.

NUMBER 931024

RANK *plc*

NAME REID J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
OCT 1918	<i>ple pay</i>	<i>3410</i>		<i>lab.</i>				<i>15</i>	<i>797</i>		
				<i>2692 7/10 lab.</i>	<i>373</i>				<i>4203</i>		
				<i>2944 23/10</i>	<i>373</i>				<i>2703</i>		
		<i>3410</i>			<i>706</i>			<i>15</i>	<i>1957</i>		
Nov.	<i>PP</i>	<i>33-</i>		<i>lab.</i>				<i>15</i>	<i>6710</i>		
				<i>3111 8/11 lab.</i>	<i>373</i>				<i>5660</i>		
				<i>2318 25/11</i>	<i>306</i>				<i>618</i>		
				<i>6744 10/12 lab.</i>	<i>466</i>						
Dec	<i>PP</i>	<i>3410</i>		<i>Cap</i>				<i>15</i>	<i>3988</i>		
				<i>5888 18/12 RR</i>	<i>973</i>				<i>2549</i>		
		<i>6710</i>			<i>3118</i>			<i>30</i>			
				<i>123 10/1 Rhyb Lpb</i>	<i>973</i>				<i>1576</i>		
				<i>landed</i>	<i>973</i>						
					<i>973</i>						
				<i>S.S. ⁶⁰⁰⁰ 12/1/19 D.O. 19 25/10/19</i>							

This space to be for numbers

Proceedings on Discharge.

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

No.	931024
Rank	Private
Surname	Rid
Christian Name	Thomas
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No 2 Construction
Date of Discharge	February 10, 1919
Place of Discharge	Halifax NS



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	21	years	6	months.	Descriptive Marks
Height	5	feet	8	inches.	
Complexion	Coloured.				Nil
Eyes					
Hair					(H)
Trade	Labour				
Intended place of residence	Marsh St New Glasgow				
(To be given as fully as practicable.)					

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

Disability

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.

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

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

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

M. F. B. 218.

100M. - 1-17.
H. Q. 1772-39-113.

(OVER)

23-152
AS

Prev. noted 2nd Lt
13/3/19.

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... *Halsbury St J Reid* (Signature of Soldier.)

(Date)..... *8th Feb 1919* *Geo St* (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)..... *Halsbury St*

(Date)..... *24-2-19*

(Signature)..... *Samuel* LIEUT, CO
No. 6 DISTRICT DEPOT.

Reservations referred to at Para. 8.

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

J. Reid

List of Discharge Documents

<p>Attestation Paper, Militia Form B. 285</p>	<p>Reg. Conduct Sheet, Militia form B. 283</p>
<p>Proceedings on Discharge, B. 218</p>	<p>Spurion Battery Company } Conduct Sheet, B. 283</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of:</p>	<p>Copies of Convictions by C. P. in 218</p>
<p>(a) Proceedings on Discharge</p>	<p>Med. Hist. Sheet, Militia Form B. 313</p>
<p>(b) Attestation</p>	<p>Medical Report for Invalid, B. 227</p>
<p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p>

*Only if discharged "Medically unfit."

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.

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

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

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.

M. OR S. *Emp of Britain* 2/19 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. *931024* RANK *Pvt* NAME (IN FULL) *Reid J.*

RELATIONSHIP *mother* (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. *M.S.P.D. - 2 Con. Bn.*

IF IN P.F. WHAT UNIT? *M.S.P.D. - 2 Con. Bn.*

PLACE OF ATTESTATION *L.P.C.* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

DATE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *FEB 1 1919*

PAYABLE TO *Mrs Thomas Reid* RELATIONSHIP *mother* ANY CHANGE IN ASSIGNEE OR ADDRESS *[Blank]*

ADDRESS *New Glasgow N.S.*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *[Blank]* EFFECTIVE *[Blank]*

DISCHARGED *[Blank]* PLACE *[Blank]* DATE *10-2-19* REASON *Demob* AUTHORITY *DD 39* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGIMENTAL 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	
<i>Jan</i>																		<i>Sub D.D. 29</i>
<i>1/19</i>	<i>41</i>	<i>1.10</i>	<i>45.10</i>	<i>35</i>	<i>11.20</i>	<i>11.20</i>						<i>05</i>		<i>05</i>		<i>11.15</i>		<i>D. L.P.C.</i>
									<i>132.9</i>			<i>42.09</i>		<i>05.39</i>		<i>91.25</i>		<i>Doc 92043</i>
	<i>183</i>		<i>350</i>		<i>350</i>				<i>Feb 1/19 5347</i>		<i>70.00</i>							
									<i>March 7/19 6145527</i>		<i>70.00</i>							<i>THE</i>
									<i>April 7/19 6148738</i>		<i>70.00</i>							<i>140</i>
											<i>70.00</i>							<i>70</i>
											<i>70.00</i>							<i>May 6/19 632546</i>
			<i>350.00</i>		<i>350.00</i>						<i>350.00</i>			<i>350.00</i>				<i>June 6/19 6596141</i>

Certified that all payments due on this acct. have been paid.

[Signature]
For Senior Officer Pay Service

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

2007

April 1.17

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 931024
 Rank Pte. Promoted _____ Reverted _____ Discharge _____
 Soldier's Name Thomas Reid
 Battalion # 2 Comd Battn
 Beneficiary _____
 Relationship _____
 Address _____

PARTICULARS OF ASSIGNMENT

Name Mr Thomas Reid
 Address New Glasgow, N.S
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31/17			135	135	
Jan 1/18	G 64486		15	15	
Feb	V 72880		15	15	
Mar	R 91087		15	15	✓
Apr	R 8729		15	15	✓
May	W 21892		15	15	✓
June	Q 26907		15	15	✓
July	F 23266		15	15	✓
Aug	S 36455		15	15	✓
Sept	O 45667		15	15	✓
Oct	H 51161		15	15	✓
Nov	H 62063		15	15	✓
Dec	Q 62487		15	15	✓
Jan 1/19	G 71823		15	15	✓
			330	330	

015208-P-13

M. F. W. 128
400M-6-17-1772-88-141
L. L. 22220-M. & D. 7498.

Acc Closed 31-1-19
 Ret'd per Compass of Britain
 Date 28/19 M.F.W. 187
 Clerk Pullman
 MRO 51399 Wheatley 28/19



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M. -6-17-1772-89-1141
 L. L. 23320-M. & D. 7983.

