

ATTESTATION PAPER.

159th BATTALION

CANADIAN OVER-SEAS EXPEDITIONARY FORCE,

No. 849040
Folio TRIPLICATE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Shawan*
- 1a. What are your Christian names?..... *Joseph*
- 1b. What is your present address?..... *Military Det*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Cape Cykes Bruce Is.*
- 3. What is the name of your next-of-kin?..... *Edw. Shawan*
- 4. What is the address of your next-of-kin?..... *Cape Broken*
- 4a. What is the relationship of your next-of-kin?..... *Yathis*
- 5. What is the date of your birth?..... *Apr 1st 1898*
- 6. What is your Trade or Calling?..... *Soldier*
- 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. 97th Reg*
- 10. Have you ever served in any Military Force?..... *No.*
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*

Sufficient Address

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joseph Shawan*, 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.

Date *APR 12 1916* 191 . *Joseph Shawan* (Signature of Recruit)
Edw. Shawan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Joseph Shawan*, 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 *APR 12 1916* 191 . *Joseph Shawan* (Signature of Recruit)
Edw. Shawan (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 *FROOD, ONT.* this *13th* day of *APR 12 1916* 191 .
Edw. Shawan (Signature of Justice)

Description of Joseph Shawan on Enlistment.

Apparent Age.....19.....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. 4 ins.

Chest measurement. { Girth when fully expanded.....34 ins.
 Range of expansion.....3 ins.

Complexion.....Dark

Eyes.....Black

Hair.....Black

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....X
 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.....April 1st.....1916.

Place.....Sudbury

[Signature]
 Major 159th Bttn C.E.F.
 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.

Joseph Shawan.....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.

[Signature].....(Signature of Officer)
 Commanding 159th Battalion, C.E.F.

Date.....APR 12 1916.....1916 .

REGIMENTAL DOCUMENTS

NAME

Shawan Joseph

REGT. NO.

649040

UNIT

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

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

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)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173)

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

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

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)

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

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

PARTICULARS OF CHARACTER (A.F.W. 3226)

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

DEATH

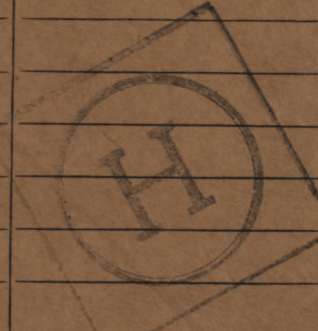
Category

DISCHARGE

Category

DESERTION

14991



case card
card
15-12-2
Pay Card

37 - 3
20 - 3
7 - 4

3

S

mx
18/12/20



25-5-5322

Name SHAWAN, JOSEPH Rank Spr

Reg. No. 649040

Unit 2nd Trans. Co. C. & C.Isaac Shawan
base broker, Bruce Co

Next of Kin Canada

Ont. Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
25-6-	1 base bus. C. & C. Stn		P.U.O.	#257		32546
2-7-	3 Co. 4 H. Buffalo		do	#261		2401-10
4-7-	10 base. Dep. Gen. Hq.		Influenza	A265		2480-14
10-7-	5 Rest camp St. Martin		do	A267		2568-13
7-9-	4 Co. 4. A. S. W. Arm Pt.		penet-side	A317	A313	36444
	Wred of Wounds					

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

NAME

Shawan Joseph

REGT'L No.

649040

RANK AND CORPS

Apr Rte. (2nd) C. Carling

H. Q. FILE No. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

(Form 159/434)

FOLLOWS

M. of K. Isaac Shawan (father)
Cape Broker, Ont.

22-6

H 313 14-9-15 D. of W. do. 9th Fld. Amb. Sept. 7/18

H 22317-1

Gen. W. R. arm pentg. side

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 257 ^B	Can Cas Alg Sta	28-6-18	P.O.
A 261 ^B	Can Gen Boileau	2-7-18	" " " "
A 265 ^S	No 10 Lemol Depot Beault	7-7-18	Influenza
A 267 ^H	Disch to No 5 Res Camp St Martin	10-7-18	"

309

SURNAME.

Shawan

CARD NO. V

CHRISTIAN NAMES

Joseph

FOLL.

REGL. NO. 649040

RANK Pte.

UNIT 159th

Bn

FORMER CORPS

97th Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Shawan Isaac,

RELATIONSHIP TO SOLDIER

Father

ADDRESS

base broker, Ont.

COUNTRY OF BIRTH

Canada, base Broker, Ont

DATE

April 1st 1898

PLACE OF ATTESTATION

Frood, Ont.

DATE

April 12th 1916.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

19
5-

YEARS

MONTHS

HEIGHT

FEET

4

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Black

HAIR

Black

DISTINGUISHING MARKS

Not stated

MEDICAL EXAMINATION.

PLACE

Sudbury, Ont.

DATE

April 14 1916

Present Address

Sudbury, Ont.

SHAWAN, Spr. Jos., #649040, 2nd Tramway Co. H.Q. 649-S-26582.

M. & D. (Father) Isaac Shawan,
Cape Croker, Ont.

IM

P. & S. " Ditto.

See # 801587
Mem. C. Nil.

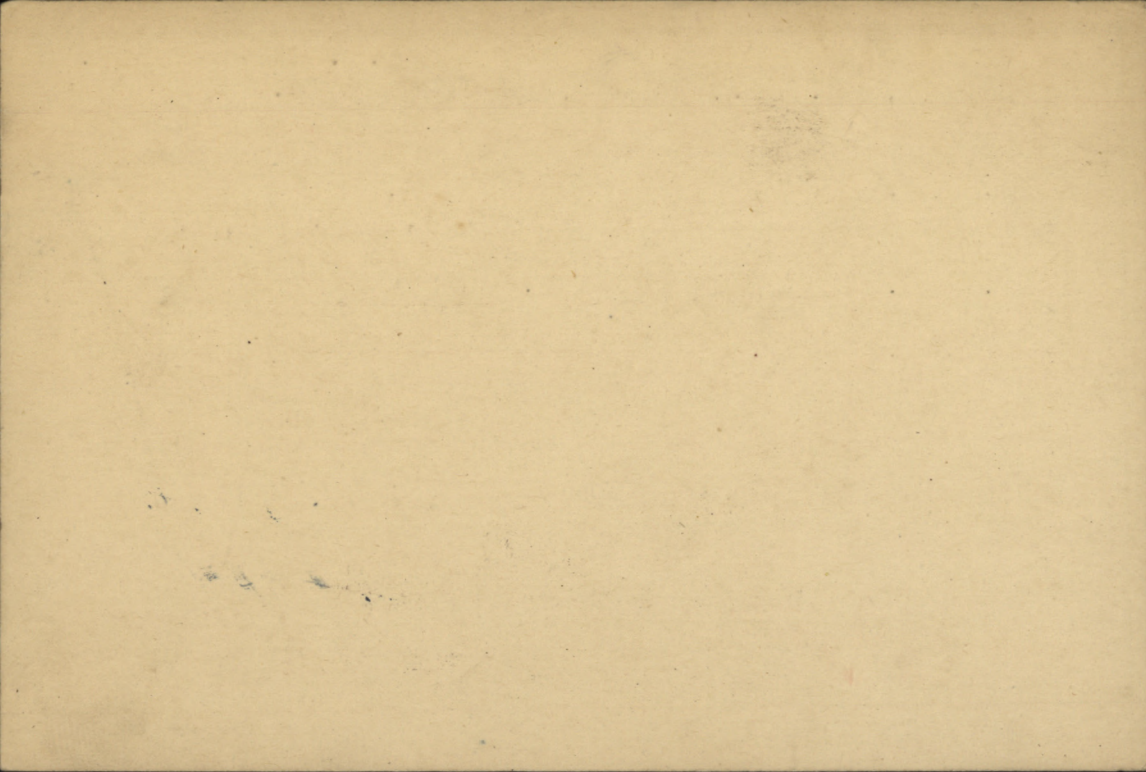
a

V

APR 2 1921
Desp. _____ Reqn. No. 237497

Plague Desp. 10. 8. 21 Reqn. No. 91859

*hot clig. 14/15/21
8 clig. Vim.
" B.W.M.*



MD
W

Number

649040

Rank

Spr *D*

Surname

SHAWAN

Christian Name

Joseph *W*

Units

C E

Theatre of War

France

Date of Service

23/5/17

D -

Remarks

Latest Address

Isaac Shawan, Esq.
Cape Croker, Ont.
Father

Roll No

"B" Page 11145

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 _____

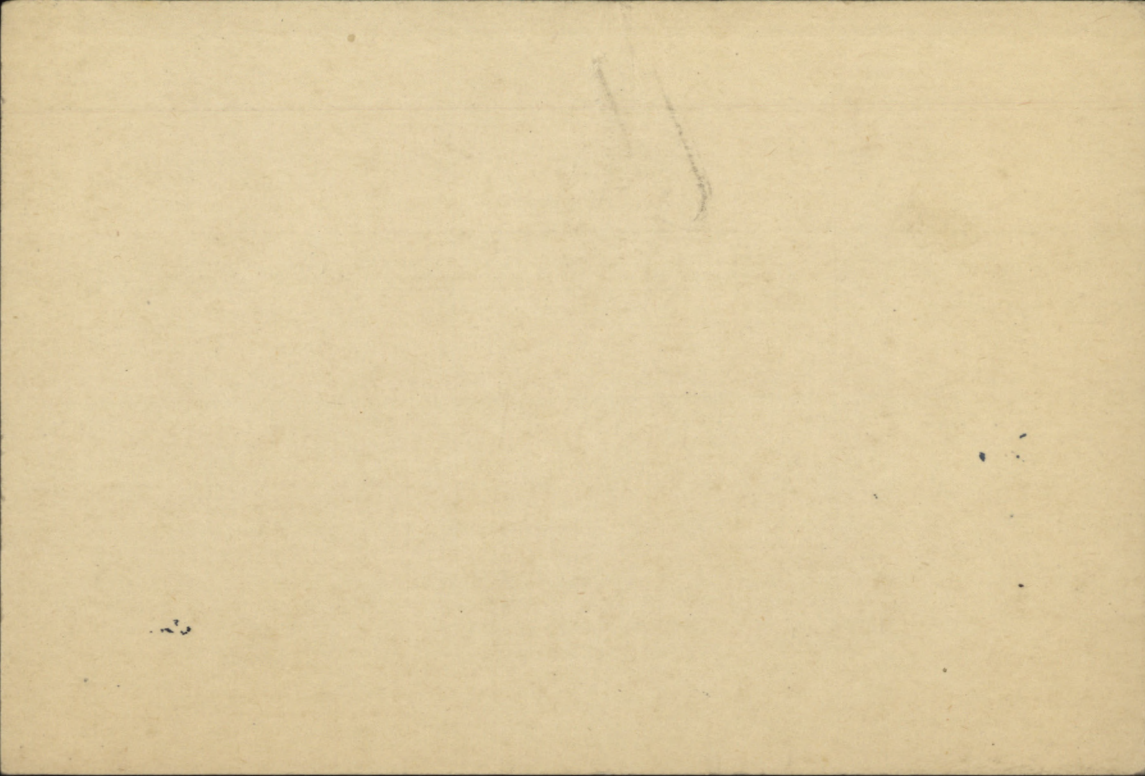
Date _____ Remarks _____

DESP. APR 13 1922
REGN. NO. 2458

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

No. 649640. RANK *Pte.*NAME *Shawan. Joo.*T. O. S. *1-4-16.*
*(Sudbury. 4-16)*UNIT *159th Battalion C.E.F.*M. D. *21.*

PAID FROM	PAID TO	SIG. CR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916.</i>			
<i>Apr. 1.</i>	<i>Apr. 30.</i>	<i>✓</i>		
<i>June 1.</i>	<i>June 6</i>	<i>✓</i>		
<i>" 7</i>	<i>" 30</i>	<i>✓</i>	<i>Trans to 119th Bn. 6.6.16. Do 46-15-6-16.</i>	
<i>July</i>		<i>✓</i>	<i>Now Shawan on 119 Bn. June pay lists.</i>	
<i>Aug 1</i>	<i>Aug 4</i>	<i>✓</i>	<i>Trans. to Comaltie July 27/16 B.O. 187 of 1. 8. 16</i>	



SURNAME CHRISTIAN NAME OR NAMES REG. No.

Shawar J 649040

RANK UNIT CO. TROOP BATTY.

Spr CE 27C

DATE OF ADMISSION

1 C. C. C. S. 28.6.18

1. 36.9. Reconvale HOSP. 27.7.18

2. 10 conv. of wound HOSP. 7.7.18

3. 9 C. F. Amb HOSP. 7.9.18

4. HOSP.

DIAGNOSIS

F.U.O.

1. Influenza

2. W. R. Arm. Gen. Side

3. Died of Wounds 7.9.18

DISPOSITION

DATE

CL 5-7-18 A 257 (3)

REMARKS

10.7.18 A 261.3 Desc. to No 5 R. Camp
15.7.18 A 265.5 M. mours 10.7.18
17.7.18 A 267.4
12.9.18 A 317

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Shawan Christian Name Joseph

Examined { on 10th day of April 1916
at Sudbury

Approved by V. H. Arthur

Birthplace { City or Town Cape Croker
County Bruce Ont

Rank Major 159th Bn. C. I. I. M.O.

Apparent age 19

Trade or occupation Shantyman

Height 5 Feet 4 Inches

Weight 135 Lbs.

Chest measurement { Minimum 34 inches

Maximum expansion 3 inches

Physical development Excellent

Small-Pox Marks 0

Vaccination Marks { Arm: Right X Left X
Number 1

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease —

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

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

Date.	Result.	VACCINATIONS.
<u>June 22nd</u>	<u>James K. M. Lean</u>	M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4/5/16</u>	<u>R. H. Arthur</u>	M.O.
<u>15/5/16</u>	<u>R. H. Arthur</u>	M.O.
<u>10th 22-4-17</u>	<u>James K. M. Lean</u>	M.O.

Enlisted on 1st day of April 1916 at Sudbury

	CORPS.	REG'T. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>159th BATTALION</u>			<u>12-4-16</u>
Transferred to	<u>119th Bn.</u>	<u>849040</u>		<u>7-6-16</u>
	<u>124th, 3d</u>			<u>89 MAY 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

G.T.

Rank _____ Name **SHAWAN Joseph /**
 Unit **119th Battalion** If in perm. Corps, }
 What Unit? }
 Married or Single **Single**
 Place and Date of Enlistment **Frood, Ont. 12th April. 1916 /** Place of Birth **Cape Croker, Bruce Co. Ontario.**
 Name and Address, Next-of-Kin **Isaac Shawan, /**
Cape Croker, Bruce Co. Ontario, Canada. / Relationship **Father /**

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

N/E R.B. No. **2323** 30
 File R.L. **25-5-8322** 9
 Category **DW.** 18

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ltd. - 7165-16.

Report. Date.	From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
19-10-16	oc 119th Battn.	J.O.S. (Reported from Casualties C. E. F., M. D. no. 6, Canada.)	Bramshott	9-10-16	Archy, Letter 8th Can. Inf. Tracy Bld. P.D.O. 202. 1488-10-34 2/19-10-16.
23-5-17	119TH.	S.O.S. to 124th Bn.	Witley	23.5.17	D. O. 102 (1102 124 Bn)
20 71-17	124 BN	SOS to Can L Rail Coy	The Field	23-11-17	149 61206 DII 1 5-12-17
		Now Known As		DO9 22-2-18	Tr Co CE
9-9-18	2 Corp.	Died of Wounds.	for Field	7-9-18	R.O. 58.
12-9-18	Eng. (256)	Died of Wounds	no 6 FA	7-9-18	bla 317

mt 18/11/20
42

R.B. 103 CHECKED
 MAY 1917

9
Eng

Casualty Form—Active Service.

J.S.

Regiment or Corps 119th. Can. Inf. Bn. C.E.F.

Regimental No. 649040 Rank Pte. Name Shawan, Joseph.

Enlisted (a) 12/4/16 Terms of Service (a) Duration of War Service reckons from (a) 12/4/16

Date of promotion } Date of appointment } Numerical position on }
 to 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				
		Transferred to C.E.F., Casualties M.D., No. 6 Canada.	Halifax	8/8/16	Daily Orders Part II. No. 144.
		Taken on strength 119th. Can. Inf. Bn. C.E.F., 9/10/16 on reporting from C.E.F., Casualties Halifax.	Bramshott	9/10/16	do do do do 202. <i>R. Stewart Capt adjt 119th Bn</i>
<i>19.10.16</i>	<i>119th</i>				
<i>23.5.17</i>	<i>119th Bn</i>	<i>Proceeded overseas for service with 124th Bn</i>	<i>Wether</i>	<i>23.5.17</i>	<i>Part II D.O. No 102</i>
			<i>Howland</i>		<i>Lt. Colonel. Commanding 119th Canadian Infantry Battalion.</i>
<i>31.5.17</i>	<i>H.C.I.B.D.</i>	<i>T.O.S. 124 Bn.</i>	<i>Field</i>	<i>25.5.17</i>	<i>D.O. PT. II No. 102 d. 31.5.17</i>
<i>14.6.17</i>	<i>do.</i>	<i>To H Can. ENT. Bn.</i>	<i>do.</i>	<i>14.6.17</i>	<i>N.R.</i>
<i>17.6.17</i>	<i>H.C.E.BN.</i>	<i>T.O.S. do.</i>	<i>do.</i>	<i>16.6.17</i>	<i>N.R. 106</i>
<i>16.9.17</i>	<i>O.S. Can. Corps Trans-warp</i>	<i>Sentenced to forfeit 3 days pay, for "W.O.A.S. failure to comply with G.P.O. 1599 Absent from billet after 9.00 pm. 8.9.17."</i>	<i>Field</i>	<i>8.9.17</i>	<i>G.F.B. 2069 d. 20.9.17</i> <i>D.O. PT. II No. 136 d. 9.10.17</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
5.9.17	Can. Corps	To Can. Corps Rein. Camp	Field	15.9.17	A. 240-48
	A.A.G.	S.O.S. 124th. Bn. on Trans. To Can. Light. Rlwy Con. Co.	do.	23.11.17	Au. A.G.A /54 (01)d.23.11.17 K.R. 18206 d.O. 149.
		To S. Can Light Rly Constructor do from 124. Bn.		24.11.17	P ₂ O No. 1.
29.12.17	do Unit	Granted 14 days leave to Paris		24.12.17	B 213 P ₂ O No 3 of Jan 1918.
5.1.18	"	Rejoined Unit from leave		4.1.18	B 213
		DESIGNATION CHANGED TO 2nd TRAMWAYS Co CB			
29.6.18.	O.C. Unit	Adm	Flg Amb	27.6.18	B 213
28.6.18.	1 C.C.S.	NYA (Pyrescia) adm	1 C.C.S.	28.6.18	79682
29.6.18	72 Flg Amb	do do adm	72 Flg Amb	28.6.18	79881
1.7.18.	do	do do to	1 C.C.S.	28.6.18	79948
2.7.18	3 Can Genl	P.L.O. do adm	3 Can Genl	2.7.18	9226.
4-4-18	10 Con Depot	Adm. (Influenza)		4-4-18	W6430/5490
13-4-18	C.S.B.D.	J.D.S. from Hosp	Field	12-4-18	N/R 1002
16/4/18	do	left for Unit	Field	16/4/18	N/R 1309.
4/4/18.	3 Can Gen Hosp	To 10 Con Depot		4/4/18.	8.832
10/7/18	10 Con Depot	To 5 Rest Camp		10/7/18	G 1725
18/7/18	5 Rest Camp	To C.G. B.D.		12/7/18	N.R 335
20/4/18	O Unit	Rejoined Unit from Hosp		17/4/18.	B 213

FORM OF WILL.

62550

I, Joseph Shawan. (Name in full)

Regimental Number 649840 serving in 119th Battalion

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

I bequeath all my real estate unto

<u>Mr Isaac Shawan.</u>	} Name & Address of person or persons to whom it is to go.
<u>Cape Croker,</u>	
<u>Ontario</u>	

absolutely, and my personal estate I bequeath to

<u>Mr Isaac Shawan.</u>	} Name & Address of person or persons to receive personal estate* (see note).
<u>Cape Croker</u>	
<u>Ontario</u>	

In Witness whereof I have hereunto set my hand

this 9th day of October A.D. 1916.

J. Shawan Signature.

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

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

Name of Witness Frank Smith

Address of Witness Manitouaning, Manitoulin Island, Ont.

Occupation of Witness Clerk.

Name of Witness Robert Roland Rennie

Address of Witness Sault Ste Marie Ont

Occupation of Witness Clerk

FORM OF WILL

(Name in full) J. J. J.

Regimental Number 1234 serving in 1st Battalion

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

I bequeath all my real estate unto

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

John Doe
123 Main Street
City, Province

absolutely, and my personal estate I bequeath to

Name & Address
of person or
persons to receive
personal estate
(as word)

John Doe
123 Main Street
City, Province

In Witness whereof I have hereunto set my hand

this 1st day of January 1918

J. J. J.
Signature

N.B.—Persons whose names are hereunto set in this document are not witnesses, and their names are not to be written in the margin of this document.

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

Name of Witness

Occupation of Witness

Name of Witness

Address of Witness

Occupation of Witness

Register No. *OS 1313*

WAR SERVICE GRATUITY

A.P. File No. *01687L-J-80*

TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. *649040* Name *Joseph Shawon*
(Christian Name) (Surname)
Unit *2nd Tram Co.* Rank *Pte.* Date of enlistment.....
Date of casualty *7/9/18* B.P.C. File No. *90264*
Was service performed overseas? *Yes*

DEPENDENT

Name *Mr. Isaac Shawon* Relationship *Father*
Address *4 R. S. Garland Esq.*
Indian Agent
Cape Croker Ont.
Amount of Special Pension Bonus *Nil* Abstracted by *J. Leclair*

M.F.W. 2652
25M-6-20,
H.Q. 1772-89-1473

Eligible for Gratuity \$.....
Less amount of Special Pension Bonus paid..... \$.....
Less Debit Balance of S. A. or A.P..... \$.....
Total deductions \$.....
Balance due \$.....

Cheque No..... Date issued.....

REMARKS: *not eligible no S.A*
paid

Clerk *J. Leclair*

Audited by
Date

OS 26

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53901—M. & D. 9731

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
 300M-1-19
 1772-39-1140

Remarks:

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Isaac Shawan
(Assignee)

Name of Soldier

Shawan J.

PAYMENTS.

pte 649040

Comp Batt det tes

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Am't.	Remarks.
			\$20. ⁰⁰	OCT 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		X27755	20	Spec Req 24 1/2
Dec.		P2713J	20	
Jan.	1917	G34555	20	
Feb.		P41176	20	
March		P47232	20	
April		C53081	20	20 B.
May		B4938	20	
June		B11197	20	
July		Q20343	20	20 W.
Aug.		B26771	20	Ca
Sept.		R31983	20	
Oct.		Y39561	20	
Nov.		J45576	20	
Dec.		A34833	20	
Jan.	1918	K60060	20	300 M.
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom Isaac Shawan
 Address Cape Croker
Ont

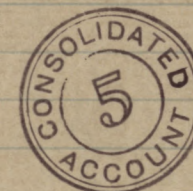
By Whom Assigned Shawan J.
 Regtl. No. 649040
 Rank pte
 Corps Comp. Batt det tes

Rate \$20.00

UCT 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



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3.

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* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA	SEPARATION ALLOWANCE	ENGLAND OR CANADA
EFFECTIVE DATE: 1/10/1916		EFFECTIVE DATE: Nil	
AMOUNT: 20 ⁰⁰		AMOUNT: Nil	

NAME: SHAWAN Joseph
NUMBER: 649040

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.

Mr Isaac Shawan (Father)
Cape Croker Ontario

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

Total Loan Allow = 480⁰⁰
20⁰⁰ from 1/10/16 to 30/9/18
C.F.X 20/9/18

UNIT AND TRANSFERS
ORIGINAL UNIT: 119th Bn
DATE ACCOUNT FIRST OPENED: 1/10/1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F'D	UNIT TRANSFERRED TO
A.O. 1.	1/1/18		Tram Coy C.B.

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
4/1/18	52	Tramway	37				

More off Statement 5. 2. 19
for Bal 76.45

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Died of Wounds 7/9/18 62A 317 12/7/18 2TC

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
1918											
Apr	Rece for rd								3458		
	Ptes Pay	33		Apr asst				20			
				AR 62 Tram Co 4/4/18	446						
				" 153 " 18/4/18	357				3955		
		33			803			20			
May	Ptes Pay	3410		Can asst				20			
				AR 278 Tram Co 4/5/18	446						
				" 239 " 19/5/18	357						
		3410			803			20	4562		
June	Ptes Pay	33		Can asst				20			
				AR 490 Tram Co 4/6/18	357						
				" 559 " 17/6/18	446				5059		
		33			803			20			
July	Ptes Pay	3410		Can asst				20			
				AR 4643 Details							
				" 6206 C.B.D. 15/7/18	446						
		3410			892			20	5577		
Aug	P. Pay	3410		Can asst				20			
				AR 986 Tram Co 2/8	357						
				" 1076 do 16/8	357				6273		
		3410			714			70			
Sept	P. Pay	33		Can asst				20			
				AR 422 Tram Co 4/9	357				7216		
		33			357			70			
Oct	C Note 162 Cash in off. of 1st Lt.		93						7309		
Feb	Interest on def pay	336	93								
		336		C Note 60223 AR 1397 21-31/9 Bal Trans to Can	7645				nil		
					7645						

Army Form B. 103.

Regimental Number **849040.**

Casualty Form—Active Service.

Regiment or Corps **2nd. Tramway Coy. C.E.**

Rank **Sapper.** Surname **SHAWAN** Christian Name **Joseph.**

Religion Age on Enlistment years months

Enlisted (a) **12-4-16.** Terms of Service (a) Service reckons from (a) **12-4-16.**

Date of promotion to present rank Date of appointment to lance rank

Extended { } Re-engaged { } Qualification (b)
or Corps Trade and Rate

Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents
Date	From whom received				
		Embarked ...			
		Disembarked...			
8-9-18.	9th Canadian Field Ambulance.) DIED OF WOUNDS. received in Action. (Shock and Haemorrhage)		7-9-18.	Telegram K.A. No.T/17374 dated 8-9-18. Part.2. Ord.No.58.dated 9-9-18.
		<i>ba Hewett</i>			
		Lieut. for Lt.-Col., A. A. G., Canadian Section, G. H. O. 3rd Echelon, B. E. F.			

(a) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(17501.) Wt. W 1887-P 1124. 1,000,000. 6/18. D & S. Form B/103. (E. 1256.)

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C3894

Oct. 1/16

OVERSEAS CONTINGENTS

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RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

90			
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649810
13-

PARTICULARS OF SEPARATION ALLOWANCE

No. **649040**

Rank **Pte.** Promoted Reverted Discharge

Soldier's Name **J. Shawan**

Battalion **Comp. Bn. det. Co.**

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name **Isaac Shawan**

Address **Cape Crocker, Out.**

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31			300	300	
Jan 18	Q 70707		20	20	
Feb.	Q 68161		20	20	
Mar.	S 94388		20	20	
April	T 7997		20	20	
May	V 21212		20	20	
June	W 27054		20	20	
July	E 26497		20	20	
Aug	U 39122		20	20	
Sept	X 49104		20	20	

016576-1-80

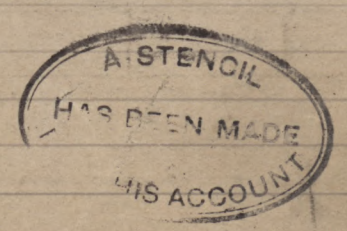
Died of wounds 7⁹/₁₈.

Per Ch 1306 fol 434/19⁹/₁₈ MKD 10540

Form 1 & CFX completed on above file.

Donnicke 25⁹/₁₈

M. F. W. 128
400M-6-17-1772-89-1141
L. L. 22220-M. & D. 7493.



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

M. F. W. 128
 400M-6-17-1772-39-1141
 I. L. 22320-M. & D. 1983.