ORIGINAL931507931507

# ATTESTATION PAPER.

No.

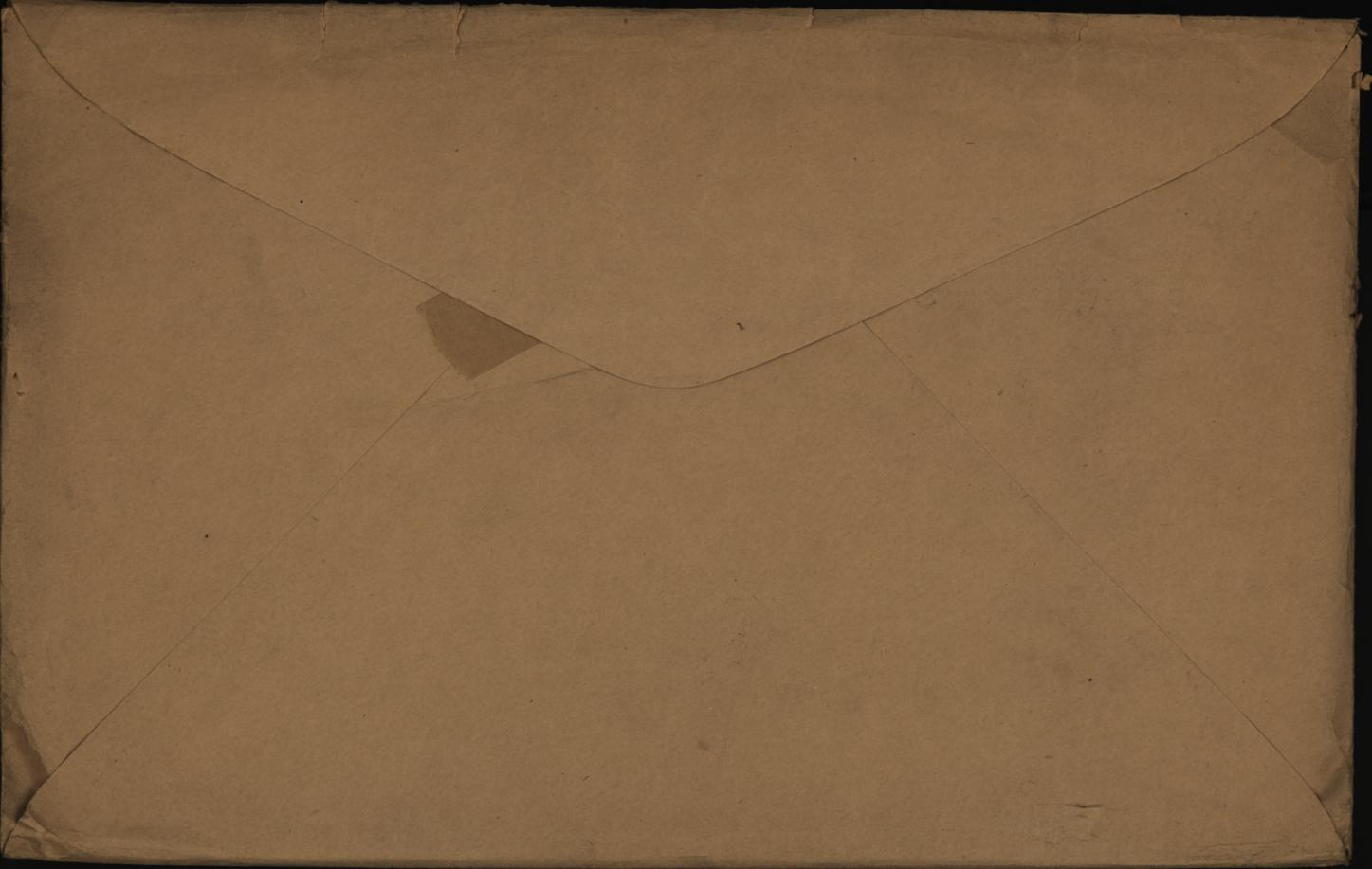
Folio.

#### CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PU'	T BEFORE ATTESTATION. (ANSWERS.)					
1. What is your surname?	THOMAS					
1a. What are your Christian names?	Robert Summer					
1b. What is your present address?	75 McDougal St., Windsor, Ont.					
2. In what Town, Township or Parish, and in what Country were you born?	Windsor, Essex Co., Ontario					
3. What is the name of your next-of kin?	Mrs Agnes Buller					
4. What is the address of your next-of-kin? 75 McDougal St., Windsor, Ont.						
4a. What is the relationship of your next-of-kin?.	Mother					
5. What is the date of your birth?	February 11th, 1887					
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?	No					
10. Have you ever served in any Military Force?  It 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					
	t. Dumner Shom (Signature of Recruit)  Minutton (Signature of Witness)					
OATH TO BE TAKEN B	Y MAN ON ATTESTATION.					
bear true Allegiance to His Majesty King George in duty bound honestly and faithfully defend His M Dignity, against all enemies, and will observe and of all the Generals and Officers set over me.	the Fifth, His Heirs and Successors, and that I will as Majesty, His Heirs and Successors, in Person, Crown and obey all orders of His Majesty, His Heirs and Successors, So help me God.					
Date September 8th 1916.	Signature of Witness)					
CERTIFICATE	OF MAGISTRATE.					
The Recruit above-named was cautioned by questions he would be liable to be punished as prov.  The above questions were then read to the E I have taken care that he understands each	me that if he made any false answer to any of the above vided in the Army Act.					
before me, atWindsor, Ont. this	Sth day of September 1916.  Oh Signature of Justice)					
M. F. W. 23 750M—3-16 H. Q. 1772-39-341						

Apparent Ageyearsmonths.	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)	(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).
	None
Height	
Girth when fully expanded	
Complexion Dark	
Eyes Black	Consultation of the second sec
HairBlack	the strength of the strength o
(Church of England	
Presbyterian	
Methodist. Yes  Baptist or Congregationalist.  Roman Catholic.  Towish	Control of the Contro
Baptist or Congregationalist	That's and the second s
Jewish.	
Other denominations	
(Denomination to be stated.)	A CONTRACTOR OF THE STATE OF TH
of rejection specified in the Regulations for Army M	ther eye; his heart and lungs are healthy; he has the the is not subject to fits of any description.
Place Windsor, Ont.	Major A.M.C.
*Insert here "fit" or "unfit."	Medical Officer.
Note.—Should the Medical Officer consider the Recruit unfi been attested, and will briefly state below the cause of unfitness:—	t, he will fill in the foregoing Certificate only in the case of those who have
	wantermel.
The state of the s	
A THE PARTY OF THE	CAPI & N.U.
CERTIFICATE OF OFFIC	CER COMMANDING UNIT.
	having been finally approved and of Attestation, and every prescribed particular having correctness of this Attestation.
	C. W. Res Capt Signature of Officer)
Data Get 23 20 1916	Alvi a vives ve worker a will any U, Et Ea

d - 8	NAMES TO MAS AND	r Dum	REGIMENTAL DOCUMENTS  WE REGT. NO. 93/5/01	NIT XM'D GOT	Shurt OF FILE NO.	
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V. 100M 1772	.1. 22869 -11-16 99:1377					



In hale
Number 931507 Rank apply
Surname THOMAS
Christian Name Robert Summer
Units & R. J. Theatre of War France
(1) : [1] -
Date of Service // -5 /
Latest Address Man Dougal St.
Latest Address Min Dougal et Wandson Out:
Roll No. Brage 12122 14,5-27
200m2-21.M.

# DESP. MAY 17 1927 REGN. No. 33638

#### ROBERT SUMNER.

Name Thomas. Rank PtE Unit 2 Const. Br.

Reg. No.931507

Next of Kin CANADA

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CHRISTIAN NAMES Poliert Summer.	S OS. 11/5/19.
REGL. NO. 93/507. RANK Oto.	86 B2 1- Demil
UNIT Ho. S. Construction	An.
FORMER CORPS Pub	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Buller, Mrs. agnes.	
RELATIONSHIP TO SOLDIER Mothes.	
ADDRESS 75 Mc Daugal St.	
Windsov, Out	
COUNTRY OF BIRTH Canada Windsor, Broke	Tef. 11th, 1887.
PLACE OF ATTESTATION Windsor. ant. DATE	Lept. 8th. 1916.
P/e 9/5/19.	121-11. X/e.
L. L. 6945. M. & D. 6994. M. F. W. 22. 100m.	-8-16. H. Q. 1772-39-339.

From Halis	aufonss.	'Souttel	and 18/3/1
MARRIED	SINGLE	Seo. WIE	DOWER
TRADE OR CALLIN	Labourer	RELIGION PM	ethodist.
	DESCR	RIPTION.	
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HEIGHT	J. FEET	7.	INCHES
CHEST MEASUREM	Dark, EYES	EXPANSI	ON 31/2 INCHES
COMPLEXION	Oark, EYES	Black	HAIR Black.
DISTINGUISHING N	MARKS Pul.		Walter Street
			0.0
MEDICAL EXAMINA	ATION. PLACE Winor	sor. Ont.	DATE Sept. 8th. 1916
Tresent	t Address.	76 Mude	lougal St.
		Wine	door, Out.

NAME Thomas. Rabert Summer No.93/507. MANK Pte J. J. 30. 19-9-16 UNIT Po 2. Construction Battahon M. D. 6 PAID PAID PROMOTIONS, TRANSFERS, DISCHARGES, ETC. SIG. OR FROM TO REC'T 1916 1916 30 n-1 Sept 8 Sept. 30 n-PARTICULARS AUTHORITY 1917 Jan 1917 Feb.



NAME	Thon	nas, R. S.	H. Q. FILE	10. 93/5-04, NO 649
RANK AND	CORPS	te. (2 Con.) n.S.	Reat,	Follows
No.	DATE	NATURE OF CASUALTY		No. FOLLOWS
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DATE OF LIST NO. HOSPITAL ADMISSION REMARKS a291.(3) # 1 Stat. H. Rouen. 10-8-18. V. D. G. (M. S. Reg.) a297-2 5/ Gen. Etaples 14-8-18 """ a316-1 Discharged 4-9-18 """

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

#### EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
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ORIGINAL MEDICAL HISTORY SH

Surname Thoma	S	C7	ristia	n Nam	e Rober	t Sumner	•	
Examined { on8th atWin	day of Septemb	e#91.6.	Appr	oved by	Mu	u e ka	lui	5
Riethplace City or Tox	wn Windsor, On	t.		Ran	k	Major	A.M.C	M.O.
County	Essex		Date.	Fit or Unfit.	EXAMI	NED FOR RE-ENG.	AGEMENT.	4 759
Apparent age 29 Y								
rade or occupation								
leight 5			STATE OF THE PARTY					
Veight				REAL PROPERTY.				
Chest measurement {	Minimum 35  Maximum expansion	inches.						M.O.
( )	Maximum expansion	inches.						M.O.
Physical development								M.O.
mall-Pox Marks								M.O.
accination Marks A	r mRight. Lei umber Three	L. IES	Date.	Result.		Vaccinations		
When Vaccinated last			17/2/17		35	Sheple	3	MO
(a) Marks indicatin			13/3/1	4945	Day	Min	ray	11.00
revious disease No.			11/			June 1	11	
			Date.			YPHOID INOCULA		M.O.
(b) Slight defects but		rejection	20/3/17 8/3/17	1841 1841 1891	~ 0	Mura	ey/	M.O. M.O.
Enlisted on 8th d	ny of September		19	16 at	Windse	or, Ont.	/	
	Corps.	REGT'L N	UMBER.	На	BITS.	D	ATE.	
ransferred to	#2 Construction Battalion	936	507			Sept. 8t	sh, 19:	16
EXAM	MINED OR DISC	HARGE	ED BY	A ME	DICAL E	BOARD.		
Vindsor Ont.	FEB 16 19  Luck  Malor, A. M. G.	17/10	enlist	PASE.	yn Fit	RESUL	epley of C	M

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

# -CANADIAN EXPEDITIONARY FORCE

## **DISCHARGE CERTIFICATE**

THIS IS TO CERTIFY that No. 93/	507 (Rank) Private
Name (in full) K obert Summer	Thomas enlisted in
the Noz. Construction Bat	
CANADIAN EXPEDITIONARY FORCE at	Vindsor Out. on the 8th
day of Sektember 19,16	
HE served in France with 30	9th Coy Canadian Forestry Corps.
and is now discharged from the service by reaso	n of Demobilization.
	Medical Unfitness.
THE DESCRIPTION OF THIS SOLDIER, on th	te DATE below is as follows:
Age 32 Mr. 2 ruths.	Marks or Scars
Height 5 Styring	nil.
Complexion Bank	
Eyes Black	
Hair Black	
	A. I
Signature of Soldier	- Na Dage
Date of Discharge	Issuing Officer
DISCHALL	Lieux
MAY 11 1919 No. 1 District Depot	Rank
- Copies	Date O. C. Dispersal Area Sta. "K."

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

(Rank) enlisted in	THE IS TO CERTIFY that No.
	The thirty of the second
on the	CANADIAN EXPEDITIONARY FORCE at
	ver to yet
	ME served in
n of Medical Uniforces.	and is now discharged from the service by reaso
o DATE below is an follows:	THE DESCRIPTION OF THIS SOLDIER on the
	Height
	Complexion
	Angel and the second
	B554.6 - nam
	Signature of Soldier
Liming Officer	Date of Discharge
Rank	TANGET PERSONAL LINES
Date	

W.B - As no duplicate of this Certificate will be issued, any person unding same is requested to forward it in an anstanged envelope to the Secretary, Militia Council, Ortawa, Canada,

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

# DENTAL CERTIFICATE FOR DEMOBILIZATION

DENTAL OFFICERS

Canadian Printing and Stationery Services, London	
NAME OF SOLDIER (Block Letters) 700 m as RS. m. 91  REGIMENT 1 Con Confequence (Block Letters) 700 m as RS. m. 91  REGIMENT 1 Con Confequence (Block Letters) 700 m as RS. m. 91	<ol> <li>This form will be made out for each individual at the time of Demobil zation in England or France.</li> </ol>
Date of Examination in Englard 30 Date of Examination in France	2. Figures as per chart will be used to designate teet
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  HHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHHH	concerned.  3. In reference to Partial Denture the numbers of teeth thereon will be stated.
17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 000000000000000000000000000000000000	
PRESENT DENTAL REQUIREMENTS	
1. FILLINGS  2. EXTRACTIONS  3. CROWNS	
4. DENTURES  (a) Full Upper  (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  (a) In Canada  (b) In England  (c) In France	of a, b or c.)
KIND OLD MAN	es vilu can

# On Conde 25: 18.5. 18.5. 18.5.

# 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.

	St. St. St. St. St. St. No. 18 18 18 18 2 35	Surname (Given name in full)
Unit or	Corps ho 2 Con 5	Birthplace buds or Int
	(Examination of Officer or Other Rank	(stripped) to be made by one Medical Officer.)
	NERAL DESCRIPTION:	and and down the first to the first of the
Phy	sique . Jors Weight L. S. Sibs.	Height S. f.C. in. Colour of Eyes.
Nut	rition romae	Identification marks, scars, or deformities.  (Give cause and date of origin.)
Con	dition of arteries	Acar side of left eye accident.
150 C TO 150 C TO 150 C TO 150 C		
	eftft.	A CARRENGE A CHARLET ON THAT STATE
Opinion	as to general health and physical conditi	ion. 900.5
. Has	Officer or Other Rank ever suffered from, aswer "Yes" or "No"). (Subjective eviden	or has he now, any affection of the following systems? ce may be sufficient in certain cases.)
Ner	vous System Z Genito Urinary	System Cardio-Vascular System
Spec	cial Senses . M Integumentary	System Respiratory System
		em Digestive System 200
		eral condition. M.

# EXAMINATIONS.

HIS SECTION I	OR USE OVERSEAS—
Evamined at Ken	OR USE OVERSEAS—
h- "	-19 Signed Suchtal M.C
Date 5D4.	Signed the Market M. O.
condition; that I find it	at I have read, or have heard read, the above description of my present correctly stated; and that I have not withheld any information concern- from which I suffered, either prior to or during service.  Signature
	Signature 2.1
	atisfied, M.F.B. 227 will be completed by Medical Board.)
HIS SECTION I	OR USE IN CANADA—
HIS SECTION I	OR USE IN CANADA—
HIS SECTION I	OR USE IN CANADA—

[OVER]

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

#### INSTRUCTIONS.

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

(1)	Name of Overseas Unit which Soldier joins
(2)	Regimental Number 93/507
(3)	Full Name of Soldier.
	h / lomes
(4)	Place of Birth / undsor
	out.
(5)	Are you married, or not?
(6)	If married, state,  (a) Full name of your wife
	(b) Present Postal Address
(7)	Are you a widower?
	Have you any children?
(0)	If so, give number of boys and girls.
	Also their names and ages.

b. Den 117 7 B 11
(9) Is your Father alive?
If so, state name and address 75 the original St, Windsort
(10) Is your Mother alive?
If so, state name and address
yt he sougal It, Winder Out
(11) If your Mother is a widow.
Are you her sole support, or not?
(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
(15) Are you insured?
If so, in what Company?
Have you made arrangements for payment of your Insurance premium
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
At Divie Car
Lieut-Col.
No. 2 Construction Battin, C, E. F.
Date MAR 1 9 1917

# Nothing to be written in this margin.

To be folded on this line.

W1889-PP1150 500,000 5/18 G.W.P.Co.(3490)

	lank		me / homos Christian Names /			
	red in pencil to facilit	ate alteration.)				
R	(A)	(B)	Record of promotions, appointments, reductions,	(D)	(E) Date of	(F)
Date.	From whom received.	Authority of Part II. of Orders	casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
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(A) Report		(B)	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well	(D)	(E) Date of promotion,	(F) Remarks, and
Date.	From whom received.	Authority of Part II. of Orders	as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	reduction, reversion, casualty, &c.	initials and rank of an officer
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			long	. C. Disper	sal Area	Sta "K,"
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Fill in only.—Unit, Number, Rank and Name, H. Q. 1772-39-920 Casualty Form Active Service. Unit, Regiment or Corpo to 2 Construction Bath Cofo Rank Name OR -9-16 Terms of Service (a) Person of War Service reckons from (a) Date of promotion to ) present rank to lance rank Qualification (b)... Extended Re-engaged..... Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as rekey from Army Form B. 213, ported on Army Form B. 213, Army Form rmy Form A. 36, or other From whom Date A. 36, or in other official documents. The received official documents authority to be quoted in each case Landed fin France 17-5-17 N.R. Torfeits 5 days pay 215 B-064. Pig. Ratings 8h Brokg 0/- 123. 14 9/

<sup>(</sup>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.

					,
Date	From whom received	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
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7.9.18.	Chbs.	arrived from no 51. Ren Kup	Suld .	6-9.18	RR1265
9.9.18	0	Lift for were (non 36y too		9.9.18	RPS1380.
6-9-18	51 km.	Forful 3 a. + pland un	des		
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		from 148-18 to 6-9-18	( 24 days)		priso- 52 y Left 1918
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		1() () /	Henre Lie	ction, G. H	Q. 3rd Echelon, E. E. F.
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62 62

C.T. Rank

THOMAS Robert Sumner Name

Reg'l No. 931507

Unit No. 2. Construction. Bn. What Unit?

Married or Single Single

Place and Date of Enlistment Windsor: Ont. 8th Sept. 1916

Place of Birth Windsor Essex Co. Ontario, Canada.

Name and Address, Next-of-Kin Mrs Agnes Butler.

75, McDougal St., Windsor, Ontario, Canada. Relationship Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

N/E. R.B. NS

Relationship

Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16. Report. Record of promotions, reductions, transfers, REMARKS casualties, etc., during active service. Place. Date. Taken from Official Documents. From whom Date. The authority to be quoted in each case. received. (4.6.17 ho 2. Southland for S. Southland MERD. TOS from 2 nece. 2-1-19 Notwing T.O.S. Sherm Cadre for To be alsot (W8P) 27-12-18 202 Un Strength Perm Cada Nom Roll Dos. of P. Contransfer to B Coy Reverto to Perm grade on transfato Ba Con 5-2.53-1-121 ar 3/19

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#### MILITIA AND DEFENCE

M. F. W. 12. 25m.—10-17. H. Q. 1772-39-819.

#### ASSIGNED PAY

OVERSEAS CONTINGENTS

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By Whom Assigne

Regtl. No.

Rank

Corps

Thomas. R.S. 931507.

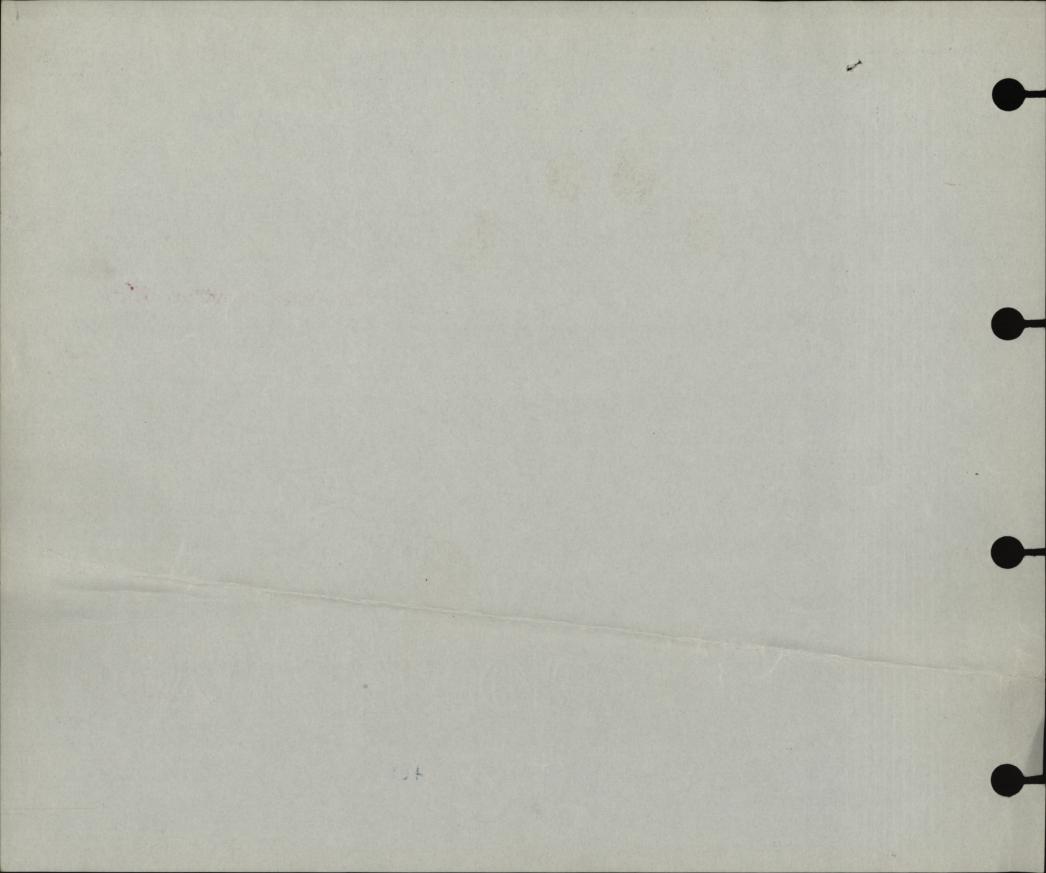
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Address

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	Oct.						
	Nov.						
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	Feb.						
	March						
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	Oct.						
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-	Dec.	1916	46913	25			
	Jan.	1910					
	Feb.						



M. F. W. 12a. 50m.—7-16 1772—39—819.

ASSIGNED PAY

Sheet No. 2. Minagnes

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier Judinas 1. S. 931507. Lo 2. Conta

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#### MILITIA AND DEFENCE

## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

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

# MILITIA AND DEFENCE ASSIGNED PAY

OVERSEAS CONTINGENTS

o Whom Agnes Butter

Address

15 Mac Dougall St.

2000

APR 1917

By Whom Assigned

Regtl. No.

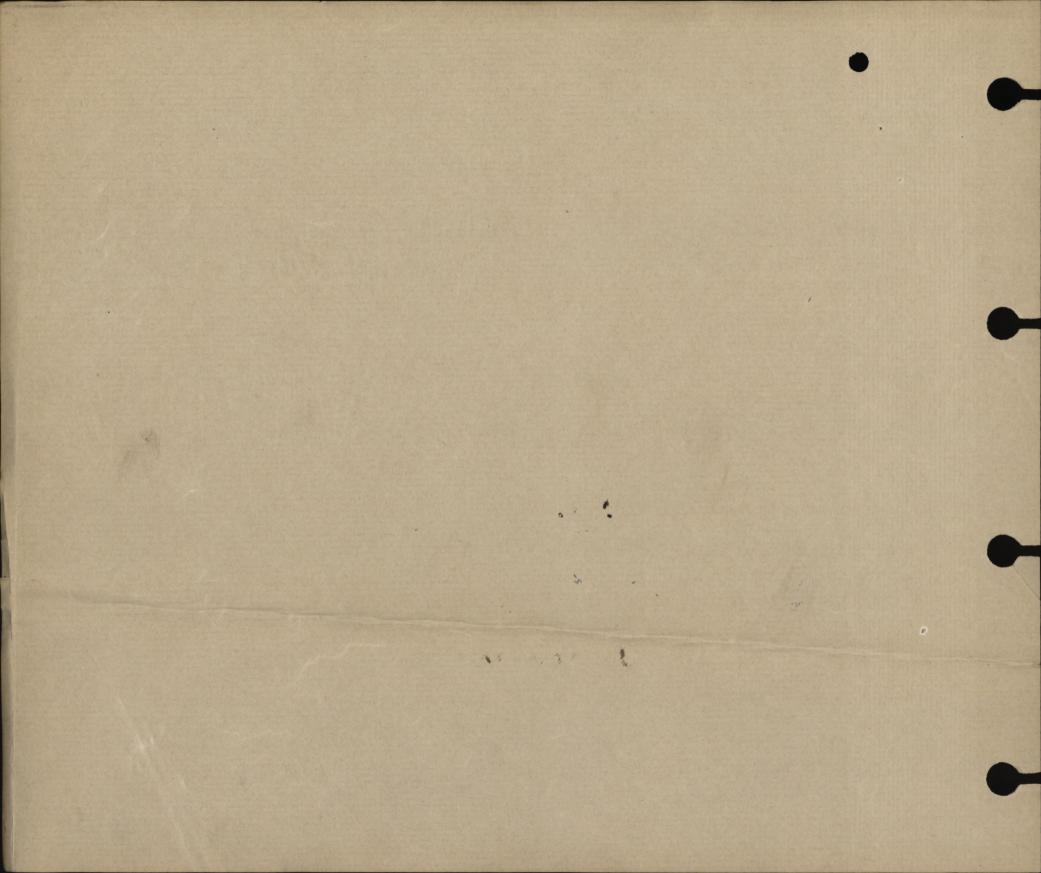
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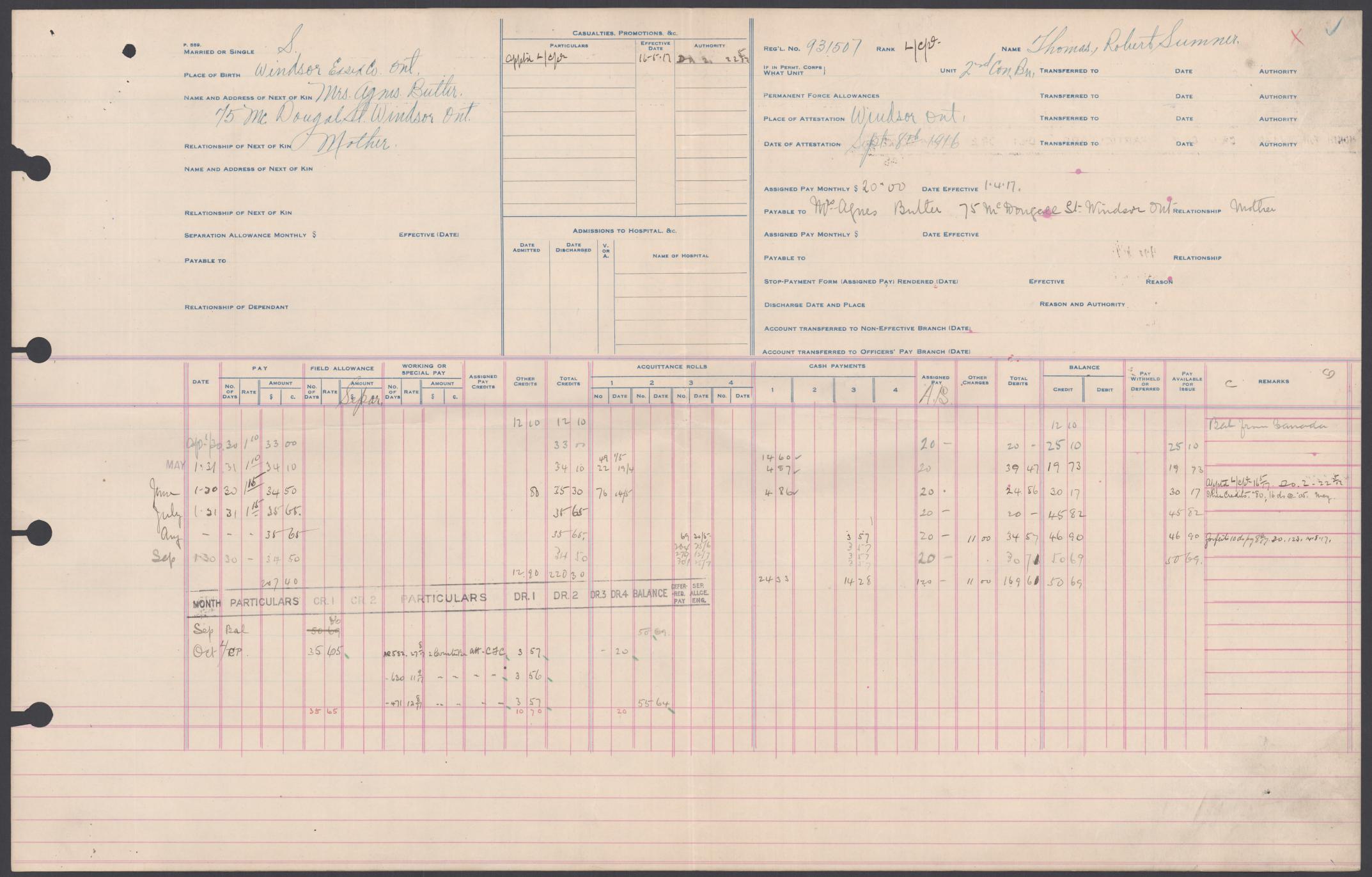
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	Feb.				
	March				





PAY FIELD ALLOWANCE WORKING OR SPECIAL PAY

AMOUNT NO. OF RATE \$ C. DAYS RATE \$ C. CREDITS

TOTAL CREDITS

TOTAL CREDITS 2000 BALANCE ACQUITTANCE ROLLS CASH PAYMENTS PAY PAY
WITHHELD AVAILABLE
OR FOR
DEFERRED ISSUE PAY REMARKS No. DATE NO. DATE NO. DATE 3 DRA BALANCE DED. ALL PAY EN HINOM PARTICULARS DR.I DR.2 oil- real Nor HEP. 34 50 R. R. 7. 19 "7. VN. 7048. 25 -3 571 M 531. 28 37 C. 4.C . 977 . 25/7 --3 57K 35 65 -1095-1017 -DEC \_ \_ 3 57 20 5008 1918 4с. 35 65 20. ~1263 - 23 t7. 2 Cometes 13--15997.5 18 .. -41437.21/27 2 2 7 14 20 63 4500 35 652 1141 4c.P Assigned Pay 32 20 -2035. 5/18. 2 Couli att C.F.C., 3 57 12197-2118 - - - -3 57 "2389 5/2/18. #1. " 4659 3 57 32 50 assay 200 35 65 MAR 1918 4 Az 2 P2 22 7/18. awh 4 pm 6545 pm. 21 2 18. 2013. 8.318. 4 40 al 2627. 20/2 #1070. 357 "2885 7 3/8 3 57 "3080 19 3 3 57 14 40 35 65

ASSIGNED ENGLAND ON CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: THON	1AS Robe	rt Summer	
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AMOUNT:- 2009	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A	I.P. IS THE SAME AS PAYEE OF S.A. THE	AUTHORITY	DATE	RANK OR APPOINTMENT	
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373

NAME THOMAS R.S. NUMBER 93/507 1918 MONTH RANK PARTICULARS PARTICULARS CR. 1. CR. 2. DR. 1 DR. 2 DR. 3. DR. 4. BALANCE DEFERRED SEPARATION Nov. ple pay 7069 3113 8/11 3320 26/11 13 66 8100 2CCo 9 43 m 66 61 Ple pay Jany Febry 34/0 650 all K Park 13 - 956 24 KBark, LP6 End

(Demobilization.)

1. No. 931507
2. Rank. L/Cbb.
3. Name. Thomas Roll-Summer
4. Unit. 2. Gontin Reservo CCD
5. Date of Discharge Place LONDON, ONT.
6. Reason for Discharge AMD ONTIGONY A ZZZ
NEIT OF ITE mother
COCULATIONAL GROUP 19
7. Authority.
8. Proposed Residence after Discharge STINATION
CASUALTY CASUALTY
DECORATIONS DECORATIONS
SURVICE in FRANCE /9 Nonths
9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M.F.W.? R. S. Shomas.
100000 18 el - 1938
Leceased - 14882 649-T-14882 Signature of Soldier
649 - 7 - 78 Signature of Soldier.
10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
The discharge of the above named man is hereby confirmed.  H.M.T.Mauretania  Place LONDON ON 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Place LONDON, ONT. Sailing No 53  MAY 11 1919 Date Epriliad S'thiton 3/5/19
Date En d'b Halifax 9/5/19
Die en. de Hallax orong
ALL.
NATIXAL O.
Signature (0. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE.

(Domobilisation.)

Date, The Control of the on 345/18 图形法国家和中国村的公司

C.B. BIRA - BOOM - 11-18-1775-55-118.

### LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate

n Particulary of Recruit

Reld Conduct Sheet.

Casualty Form.

Lead Pay Cordforts.

Certificate that missing documents are anobtainable

fedical History Sheel

Proceedings of Medical Board

Dental Melony Sheet .....

Medical Report

Regimental Conduct Sheet

Company Conduct Sheet ...

Militia Form W. 23

Militia Form W. 188

Militia Form W. 173 or A.F.B. 172

Militis Form W. 53 or A.F.B. 102

Militia Form W. 44

Militia Form B. 318 or A.R.B. 178

M.F.B. 227, A.F.B. 179 OF A.F.A. 45

ANA IN PERSON RESIDENCE

M. R. W. 120 of D. M. & 1975

Militia Porm III. 200

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### LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. 3 1375
Regimental Conduct Sheet	
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Account (M.F.W. 138).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W.129)
5. Dontal Cratificate (M.A.) (1.500).

5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)

8. Discharge Certificate (M.F.W. 39)

(Enclosed in special envelope (260M)).

9. Copy of Discharge Certificate (M.F.W. 39a).

10. Dispersal Certificate (C.D. 3).

11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).

Address L

12. Last Pay Certificate (P. 851).
13. Pay Book (A, B, 64),
14. War Service Gratuity (Form M.F.W, 2595).

15. Sundry Documents.

**Group**..... Checked by No. Date.....

RATE OF SEPARATION ALLOWANCE

### Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

T

21.39

RATE OF ASSIGNMENT

PARTICULARS OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No. 931507.

Rank Ole Promoted Reverted Discharge

Soldier's Name R. J. Thomas.

Battalion M. 2 Relationship

	Beneficiary						2
	Relationship						3
	Address						4
	Date	Cheque No.	Amount S/A	Amount A/P	Total		017948-R-51 REMARKS
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	Tel	46747	3	20	20	*	Ret'd per
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### MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF	ASSIGNMENT	

### 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	

						Mark the second	
di	Pate	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS	
<b>148.</b>							
128 5.D. 71							
7. W. 7. 177 7. 177 -M. 6							
M. F. 65.10							
M. F. W. 128 400M.—6-17—1712-38-144 L. L. 22320—M. & D. 1:698.		-					

10-1H-118V PAYMASTE ! PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES EFFECTIVE DATE AUTHORITY PLACE OF ATTESTATION PAYABLE TO

MAS/U

ADDRESS TO WHOM PAID RELATIONSHIP ADDRESS STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE PLACE AUTHORITY IF ENTITLED TO POST DISCHARGE PAY DATE REASON DISCHARGED Dem. don PAY AND F.A. ACQUITTANCE ROLLS CASH PAYMENTS BALANCE OTHER TOTAL ASSIGNED OTHER TOTAL MENTAL CREDITS CREDITS CHARGES DEBITS MONTH CHARGES 3 COL. NO. 1 COL. NO. 2 COL. NO. 3 PARTICULARS OR REMARKS CREDIT DEBIT RATE BALANCE FROM PREVIOUS ACCOUNT 19 22502 (A mly 80. 153 days 350 ou 350 00 280 00 hyd toadjust odate of discharge 62 30 210 00 to 70 SEP 6 1919 350 year Gustigo 350 100M-1-19.—L. L. 53962-M. & D. 9723. M. F. W. 2596.

1772-39-1390.

