404483

404483

ATTESTATION PAPER

No. 4468

Folio. A 107

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Aubrey D. A. Surguand
2. In what Town, Township, or Parish, and in what Country were you born? Toronto, Ont
3. What is the name of your next-of-kin? Mother Bertha McAllum
4. What is the address of your next-of-kin? 414 Huron st Toronto
5. What is the date of your birth? Sept 2 1897
6. What is your trade or calling? Student
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? yes
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

A de V A Surguand (Signature of Man.)

Aubrey (Signature of Witness.)

Aub

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

A de V A Surguand (Signature of Recruit.)

Date April 8th 1915 H. M. Harman (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Aubrey de Vere Arnold Surguand, 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.

A de V A Surguand (Signature of Recruit.)

Date April 8th 1915 H. M. Harman (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 Toronto this 8th day of April 1915

Thos Mulock (Signature of Justice.)

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

Reg Pellatt Major (Approving Officer.)

M. F. W. 23.
200 M.—3-15.
H.Q. 1772-39-841.

DESCRIPTION OF Aubrey D. A. Turquand ON ENLISTMENT.

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

Height ..... 5 ft. 8 1/4 ins.

Chest measurement:
- Girth when fully expanded ..... 33 ins.
- Range of expansion ..... 2 ins.

Complexion Dark

Eyes Brown

Hair Black

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

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.)

Mole on right thigh

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 1915 — L. A. Palmer

Place Toronto — Lt Col. A.M.S.

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

Aubrey De Vere Arnold Turquand 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.

H. Elliott Cordick Lt Col (Signature of Officer.)

Date April 8th 1915

REGIMENTAL DOCUMENTS

NAME TURQUAND Aubrey D.A. REGT. NO. 404483 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)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
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. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
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)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)			21674		
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					4
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
Passed 8/122					12-18
					12-18
					7/19
					4
mt 28-3-22					

W. 2589
100M 11-18

Hnd

Number 404483 Rank L/Sgt.

Surname TURQUAND

Christian Name Aubrey de Vere Arnold

Units 3rd Bn Can Inf Theatre of War France

Date of Service 27-10-15

Remarks (M) Mrs. B. McAllum,

Latest Address Apt. 4. 41 Spadina Rd.,
Toronto, Ont.

Roll No. B Page 18359

200m.-2-21.M.

(649-T-996.)

SURNAME. Turquand.

CARD No. 13/3/16.

D

CHRISTIAN NAMES Aubrey de Vere Arnold.

FOLL. N in A.

REGL. No. 404483. RANK Gnr. A/Sgt.

UNIT ~~35th. (2nd. R. D.)~~ 23rd. Bn

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Mc Allum, Mrs, Bertha.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS 414 Huron St. Toronto, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Toronto, Ont. DATE

PLACE OF ATTESTATION Toronto. Ont. DATE Apr. 8th, 1915.

Sailed from Montreal per "Hesperian" 8-17-15 17/8/15 - 180/5

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

H. Q. FILE No. 649-

NAME Durquand Aubrey de Vere Arnold REGT'L. No. 404483

RANK AND CORPS Sgt. A.F.C. 3rd Battalion (Form. 35th R.F.A.)

NO. 125-9.

FOLL X

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
M-5253	14-4-16	Adm. No. 25 Gen. Hosp., Hardelot, April 7th (gunshot wound buttock).
M-7915	12-6-16	Wounded May 25, returned to Regm. Duty May 25th.
M.8708	23-6-16	Killed in action June 13th 1916
A.F.B. 20909.		Killed in action June 13th. 1916.
Rouen:	21-6-16	

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
✓208	No 6 Stat., Havre	6-11-15	Influenza ✓
✓216	No 6 Stat., Havre	16-11-15	Disc. to duty (Influenza)
A332	No 25 Gen., Hardelot	7-4-16	G.S.W. L. Buttock
A.351	No 1 Consol. Dep. Boulogne	2-5-16	G.S.W. L. Buttock.
A 351	Disch to Base Details	3-5-16	G.S.W. L. Buttock.
9367	" " " "	14-5-16	" " " " Repatriated
A37D.	Rep from the Base	25-5-16.	Wounded - Returned to Duty same day
A38 8L	" " " "	13-6-16.	Killed in action.

Name Sunquand A.A. Rank A/S/L/Cpl. Reg. No. 404483

Unit 3rd Bn. File R.L.25-T-452

Next of Kin Canada

Date 1915		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6	11	6 Stn. Hosp.	Havre	Influenza	208		
16	11	— Disch.d to duty			216		
7.4.	16	No. 25. Gen. Hosp.	Wardelot.	G.S.W. L. Buttock	A332	N/5253	29/4/16
2.5.	16	ex above. to. No. 1. Conv. Depot	Boulogne.	do.	A351		
3.5.	16	ex above. Discharged to Base Details		do	A351		
14.5.	16	ex above Rejoined Unit.		do	A367		
25.5.	16	Rptd. fr. Base. Wounded & Rtd. to Duty same day			A368.	N/7915	15/6
13.6.	16	Killed in action			A388	N/8408	28/6
		Cx. DCS. 342. 30-6 C.38-6.					

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

TURQUAND A. de V.A. (L/Cpl) #404483, 3rd Bn 649-T-996.

MEDALS & DECORATIONS. (Mother) Mrs. B. McAllum,
Apt. 4. 41 Spadina Rd
Toronto, Ont.

PLAQUES & SCROLS. (Mother) Mrs. B. McAllum,
Address as above.

Ser # 790451.

MEMORIAL CROSS. (Mother) Mrs. B. McAllum,
Address as above.

Eligible for 14-15 Star, L/Sgt. 3rd Bn. 58595
" " " " V.M.
" " " " B.W.M.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Turquand	A A	404483

Rank	Unit	Co.	Troop	Batty.
~~Sgt~~ Lr.	3rd Batt			

Hospital #6 Stat Havre — Date of Admission 6. 11. 15.

Transferred #25 Gen. Hardelot. — Hosp. 7. 4. 16.

No 1 Conv. Depot Boulogne — Hosp. 7. 5. 16

Hosp.

Hosp.

Diagnosis Influenza

(1) G.S.W. L. Buttock.

Later Diagnosis (if changed)

(2) Laryngitis & Bronchitis

(3)

Additional Diagnoses: If more than one state present

Killed in Action. 13-6-16

DISPOSITION		Date
C.L. 13.11.15	208	
C.L. 23-11-15	#216	
" 15.4.16	A332.	
" 14.5.16	A351	
" 31.5.16	A367	
" 13.6.16.	A378.	
" 24-6-16	A388	

Duty 16-11-15

REMARKS

To Base Details 3.5.16

Returned Unfit. - 14.5.16

Rep. from Base: wounded & returned duty same day. 25.5.16.

Reported from Base.

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 23rd Reserve Battn C.E.F.

Regimental No. 404483 Rank ~~Private~~ Act/L/Cpl. Name Turquand. A de V. a.

Enlisted (a) 12/1/15 Terms of Service (a) _____ Service reckons from (a) 12/1/15

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

Extended _____ Re-engaged _____ Qualification (b) _____

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				
27/10/15	O.C. Can. B. Depot	Taken on strength	3rd. Bn	27/10/15	Nom. Roll
6/11/15.	O.C. No. 6. Stat.	Influenza. adm	6. Stat.	6/11/15.	M.3034 No. 284
16/11/15.	"	Influenza. dis. to duty		16/11/15	M.3034 No. 244
17/11/15.	O.C. Can. B. Depot	Taken on strength from No. 6. Stat. Hospl. (Class. A)	Can. Base Depot.	17/11/15	Nom. Roll.
27/11/15.	"	Proceeding to join Unit		27/11/15.	Nom. Roll.
5/12/15.	O.C. 3rd. Bn.	Rejoined Unit			File 101/B.D/3/105 D.C.S. 241.
12-12-15.	do.	Reverts to ranks.		29/11/15	B.213. D.C.S. 248.
				29-11-15	B.213.
7-4-16.	O.C. 25. Gen.	G.S.W. L. Buttock.	Adm.	7-4-16.	M.3034 No. 191.
8-4-16.	O.C. 17. C.C.S.	G.S.W. Buttock. Leg. R.	Admitted.	6-4-16.	A.36. No. 8613. D.C.S. 333.
"	" "	" " " " "	Amb. Train To Base.	7-4-16.	" " " " " " " "
~~19-4-16.~~	~~O.C. 3rd. B.~~	~~Appointed Act. Lc. Cpl.~~		~~20-1-16.~~	~~Nom. Roll 101 Inf. 3-6. Part II Orders Unit~~
19-4-16.	O.C. 3rd. Bn.	Appt'd. Act/L/Cpl.	Field.	20-1-16.	Nom. Roll. Can. Sec. 101 Inf. No. 2 O.O. No. 18.

(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				
8-4-16.	O.C.6.C.F.A.	G.S.H.L. Lutto R. & R. leg.	Adm.	6-4-16.	A.36. No. 8545
"	"	" " " "	To O.C. Stn.	6-4-16.	DCS. 340.
2/5/16.	O.C. 25 Gen.	H.I.	To No. 1 Gen. Depot.	2-5-16	W.5234 No. 216.
2/5/16	O.C. No. 1 Gen. Dep.	Wounded.	Adm	2/5/16.	W.5234 No. 295
2/5/16	Do.	Fit.	To Base Details	2/5/16	W.5234 No. 296
8/5/16	O.C. Can. Base Depot.	Taken on strength Can. Base Depot, from Boulogne. 6 Class.	A.	8-5-16.	Nom. Roll. S.J.3. DCS. 347.
13/5/16	Do.	Proceeded to join	Unit	13-5-16.	Nom. Roll. S.J.23. DCS 348.
31-5-16.	O.C. 3rd Bn.	Rejoined Unit		14-5-16.	B.213. DCS. 352.
25.5.16	O.C. 3rd. Bn.	Wounded. (Ret'd. to duty)		25.5.16.	B.213. DCS. 362.
18-6-16.	O.C.3rd.Bn.	Killed in Action.		13-6-16.	K.I.137/241. Can.Sect. Part 11 Orders No.25. d/-21-6-16. D.C.S.372.

A.W. Sinclair LIEUT.
FOR LT COL.
A.A.G.

Em 40351 c

R—122.

Rank Corp. Name TURQUAND Aubrey de Vere Arnold Reg'l No. 404483

Unit 35th to 23rd BN. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Toronto.Ont. 8th April.1915 Place of Birth Toronto.Ont.

Name and Address, Next-of-Kin Bertha McAllum, 414, Huron St, Toronto.Ont.

Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Int Dis

mt 28-3-27

Report Date	Report 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
27.8.15	O.C. 23	Taken on strength	Shorncliffe	27 ~~26~~.8.15	P.II 203
27.8.15	"	To be A/Sergt	"	~~27.8.15~~ 15.8.15	" 205 " 228
8.10.15	"	To be L/Sgt.	"	26.8.15	" 239
26.10.15	"	Struck off. proceeded to 3rd	W Landing	26.10.15	" 254
6-11-15	O/C 3rd Bn.	Taken on Strength	France	27-10-15	Part II O 37.
6-11-15	O/C 4. B. Depot	To No 6. Stationary Hosp'l	Havre	6-11-15	~~Part II O~~ Nom Roll " C.B. 208.
17-11-15	O/C Can B D Depot	Taken on strgth C. B. D.	Rouelles	17.11.15	Nom Roll
23-11-15	C.A. 216 3rd Bn	Influenza.	6. Stat Hp Havre.	16.11.15	To Duty
26-11-15	O/C Can B. D	Leaving Can Base Depot	Havre.	27.11.15	
21-2-16	O.C. 3rd	Reverts to ranks at own request	In the Field	29.11.15	Pl 2 O.9.

Nil

FB No. 15

R139-36.

Report Date	Report 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	
15.4.16	3rd Bn.	Admd No 25 Genl Hosp.	Havre	7.4.16	C.L. No A 332 S.S.M. L. Bullock O.N.	
30.4.16	"	Is appointed Actg L/Cpl.	In the Field	20.1.16	Pt 2 O. 18.	
12.5.16	"	Admd No 1 Convales. Depot. (ex 25 Genl Hosp. Havre)	Boulogne	2.5.16	C.L. No A. 351	"
12.5.16	"	Discharged to Base Details		3.5.16	" " "	"
31.5.16	"	Rejoined Unit from same	In the Field	14.5.16	" " 367	"
13.6.16	"	Wounded & returned to duty same day	Base	25.5.16	" " 378	O.N.
24.6.16	"	Killed in Action. Reported from Base		13.6.16	" A 388.	
21.6.16	"	"		13.6.16	Pt 2 O. 25.	

Turquand?

MEDICAL HISTORY SHEET.

Surname Turquand. Christian Name Aubrey. D.R.

Examined on 1 day of April 1915 at Armouries

Birthplace City or Town Toronto County York

Apparent age 18

Trade or occupation Student

Height 5 Feet 8¼ Inches.

Weight 135½ Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 2. inches

Physical development good.

Small-Pox Marks

Vaccination Marks Arm Right. ✓ Left. Number 1

When Vaccinated last Child.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by L C Palmer

Rank Lt-Col. M.O.

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.
22/4/15		M.O.
		M.O.
		M.O.

S. Mills Capt.

Date	Result	Anti-Typhoid Inoculations, Etc.
14/4/15		M.O.
19/4/15		M.O.
23/4/15		M.O.

Enlisted on day of 191 at

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	L.C.R.	35th Bat'l	a Co.	1st April.
Transferred to	23 Res Batt C.E.F.	~~A1668~~ 404483		
	3rd Batt.			

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.

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

A 60

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
Base Details		3	5	16	14	5	16	G.S.W. L Buttock	11	Rejoined Unit	A351-367
Reported from Base		25	5	16	25	5	16	Wounded	–	Returned to Duty	A378.

P—56

Rank Pte 3rd Name TURQUAND Aubrey de Vere Arnold Reg'l No. 404483

Unit ~~35th to 23rd BN.~~ If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Toronto.Ont. 8th April.1915 Place of Birth Toronto.Ont.

Name and Address, Next-of-Kin Bertha McAllum, 414,Huron St, Toronto.Ont.

Relationship Mother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 13/6/16 Reason Own Action Character C Da 288 24/6/16

PAY OFFICE, N. E. BRANCH AUG 18 1916 CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915 Aug 16	31	16	1	16	16	10	1 60		17 60	5.40		4 87			4 87	12 73	
Sept 1	30	30	1	30	30	10	3		33	627 711		5 09			5 09	5 36	
Oct 1	31	31	1	31	31	10	3 10		34 10							28 74	Trans 3rd Batt
11	30/11	30	1	30	30	10	3		33			28 39			28 39	33 35	
11/12	31/12	31	1	31	31	10	3 10		34 10			20 19			20 19	47 26	
1916 1/1	31/1	31	1	31	31	10	3 10		34 10			6 11			6 11	75 25	
1/2	29/2	29		29	29		2 90		31 90			5 23			5 23	101 92	
Mch 1	31	31	1	31	31	10	3 10		34 10			5 24			5 24	130 78	Settled
		229					22 90		251 90			121 12			121 12	130 78	Cr Bal

BALANCE TRANSFERED TO NEW LEDGER.

Statement of Account rendered OCT 28 1916

Cash found in effects no Rep.

Checked JAP

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

Married or Single: S.

Place of Birth: Toronto Ont.

Name and Address of Next of Kin: Bertha McAllum. 414 Huron St. Toronto Ont. Can.

Relationship of Next of Kin: Mother.

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
Killed in action	13-6-16	G.A.O. 388 24-6-16

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 404483 Rank: Pte. Name: Turquand. Aubrey de Vere Arnold.

If in Permt. Corps What Unit: Unit 3rd Batt. Transferred to: Non Effective Date: 13/6/16 Authority: G.A.O. 388 24/6/16

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation: Toronto. — Transferred to — Date — Authority

Date of Attestation: 8th April 1915. — Transferred to — Date — Authority

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Turquand

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective — Reason

Discharge Date and Place: 13/6/16.

Reason and Authority: Killed in Action 13/6/16 G.A.O. 388. 24/6/16

Account Transferred to Non-Effective Branch (Date): 30/6/16.

Account Transferred to Officers' Pay Branch (Date):

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
															251 90															121 12	130 78				Cr Previous a/c
April 30	30	1.	30	.	30	10	3	.							33 .																163 78				
May 31	31	1.	31	.	31	.10	3	10							34 10			898 17/6	2250 CAB. 3034 " 5/6 " 19/6					5 11	4 25 5 11				14 47	183 41				
June 1/13	13		13		13		1	30							14 30			930 1/6/16						2 55					2 55	195 16				
															Balance transferred to N.E. Branch																195 16				
N.E. Branch Nov 1/16																								195 16					195 16		-	-		$195.16 Cr. Bal. Trsfd. to Ottawa for Settlement 24/11/16.

Checked: H.R. Ragsm

effects in no Rep

State of Account rendered OCT 28 1918

Adams Alfred Jr

Turquand

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 $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	1	2	3	4				Credit	Debit			