REGIMENTAL DOCUMENTS

NAME WEST, QUESKER Pte REGT. NO. 931564 UNIT H. Q. FILE NO.

	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)	Rm. 14/3/19				~~DEATH~~
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
2.	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)					
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1.	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	B.P.C. 167					
1	M.F.W. 192					
1	M.F.W. 67					
1	R-122					

14670

U83967

W. 2589
100M-11-18
1772-3v-1377

Fwd

Number 931564 Rank Gte

Home

Surname WEST

Christian Name Orlesker

Units 636 Theatre of War France

Date of Service 1-4-18

Remarks

Latest Address Athabasca, Lowing Alta

Roll No.

200m-2-21.M.

Page 13267

DESP. MAY 16 1922
REGN. No 41/33693

DEPARTMENT OF VETERANS AFFAIRS

WAR VETERANS ALLOWANCE DISTRICT AUTHORITY

Address WJN

The Public Archives Records Centre,
Tunney's Pasture,
Ottawa 3, Ontario.

MARK YOUR REPLY:

Attention: Reference Section.

For attention of:

Re: WEST QUESKER* Service No. 931564
(Surname) (Christian Names)

N.B. Quesker per CEF docs.

Veteran is stated to have served during S. African War( ) World War I (✓)

To enable this WAR VETERANS ALLOWANCE DISTRICT AUTHORITY to determine the eligibility of the above-named, will you kindly furnish the following particulars:

1. UNITS (including that of discharge) HIGHEST RANK IN UNIT:

(a) 2 Const. BN. PTE

(b) C.F.C. PTE

(c)

(d)

(e)

(f)

(If other than CEF please so designate following applicable unit)

2. THEATRES OF SERVICE

(a) South African War
Date and port of embarkation

(b) World War I - (If Canada only, state if with territorial limitations). CANADA BRITAIN FRANCE.

IF CANADA AND U.K. ONLY

Date(s) embarked for U.K.

Date(s) disembarked in Canada from U.K.

Period(s) of desertion in U.K.

PUBLIC ARCHIVES RECORDS CENTRE
NOV 12 1963
OTTAWA, ONT. CANADA

3. Any other military service. NIL

4. Date and place of all enlistments. 21 Sept 1916, YOUNGSTOWN ALTA.

5. Date of all discharges and reason. 20 Feb 1919, DEMOB.

6. Date and place of birth as per attestation paper. 7 Oct 1894, NEW ORLEAN LA., U.S.A.

7. Marital status; If married, name in full of wife. SINGLE.

8. Religion. BAPT.

9. Decorations, if any. NIL

WVA 18.

Head, Reference Section.

7-3-19 ore

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. 931564

Rank Pte.

Surname WEST

Christian name Quesker

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 2nd Com. Bn. C.E.F.

Date of discharge February 20th, 1919

Place of discharge Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years 4 months.

Height 5 feet 8 inches.

Complexion Dark

Eyes Black

Hair ~~Xxxxx~~ Black

Trade ~~Xxxxxx~~ Rly Labourer

Intended place of residence (To be given as fully as practicable.) Athabasca, ~~Xxxx~~ Landing, Alta.

Descriptive marks

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

Authority for discharge R.O. 1420--12-12-18
13 D.D. Part II DO 51--20-2-19

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.

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

3. Conduct and character while in the service have been, according to the records, etc.

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.

200M.—5-18.
H. Q. 1772-39-113.

I.W.

(OVER)

Notes.

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, and that I have received my permanent discharge certificate.

(Place) Armouries Edmonton Q. West *(Signature of Soldier.)*

(Date) 6/2/19 H. Meehan *(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) Calgary, Alberta

(Signature) N. E. White Capt.

(Date) 20-2-19

Officer i/c Discharge Section District Depot M. D. 13

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.)

Pay as per paybook balance.

Q Wist

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge

(b) Attestation.

(c) Medical History Sheet.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

Form B 122.
2353—100M—9-12-16.

West, Quester

J.P. Rank | Name WEST, Ovesker | Reg'l No. 931564.

Unit No2. Const Bn. | If in perm. Corps What Unit? | Married or Single Single.

Place and Date of Enlistment Youngstown. Alta. 21st. Sept. 1916. | Place of Birth New Orleans. U.S.A.

Name and Address, Next-of-Kin James West.
Athabasca Landing P.O. Alta. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

N/E. R.B. No. 6181
File R.L.
Category O.R. CAN

H. W. V., Ld.—9546-16.

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.
		Arrived in England via S.S. Scotland		7.4.17	
23.5.17	Res Bn.	Attached from 17 5/17 to 5/17	Seaford	17.5.17	DO 123.
24.7.17	NSRD.	TOS from 2nd Can Const. Bn. on commn. 7th Res Bn.	Bshott	13.9.17	" 137.
15.10.17	7th Bn	TOS from 4th Reserve	"	15.10.17	PTO. 2 to S. (NSRD 16/10/17)
25.3.18	"	SOS to Can Forestry Corps	"	25.3.18	-71 (PTO 73 of 26.3.18 NSRD TOS)
2.4.18	ADC&C	S.O.S. to ½ Bl Unit by France Pt	S'dale	1.4.18	" 79 (TOS pt 20 2 CCC of 12.4.18)
16.12.18	NSRD.	TOS from 2nd CCC	" Bshott	14.12.18	DO 305 & 71 of 19.12.18 2nd CCC.
19 JAN.1919	NSRD	SOS to CEF in CANADA	Bshott	9 JAN 1919	PT2DO 16

CHECKED 16/10/1918

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.				

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931564 (Rank) Private

Name (in full) Quesker WEST enlisted in

the No.2 Construction Battalion, C.E.F.

CANADIAN EXPEDITIONARY FORCE at Youngstown, Alberta on the Twenty-first

day of September 19 16

HE served in FRANCE

and is now discharged from the service by reason of " DEMOBILIZATION".

R.O. 1420--12-12-18

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

Age	24 Years 4 Months	Marks or Scars	
Height	5 Ft. 8 Inches		
Complexion	Dark		
Eyes	Black		
Hair	Black		

D. West pte
Signature of Soldier

N. E. White capt.
Issuing Officer

Rank

Officer i/c Discharge Section District Depot M. D. 13

Appointment

Date of Discharge February 20th, 1919

Signed at Calgary, Alberta this Twentieth day of February 19 19

in Military District No. 13

File Reference No. 13 D- W 350

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

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

.....
Name of Officer

.....
Rank

.....
Appointment

DUPLICATE 931564

ATTESTATION PAPER.

No. 931564

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... West Quesker
1a. What are your Christian names? ..... Quesker
1b. What is your present address? ..... Athabasca Landing P.O. Alta
2. In what Town, Township or Parish, and in what Country were you born? ..... New Orleans. USA.
3. What is the name of your next-of kin? ..... James West
4. What is the address of your next-of-kin? ..... Athabasca Landing P.O. Alta
4a. What is the relationship of your next-of-kin? ..... Father
5. What is the date of your birth? ..... Oct. 7th 1894
6. What is your Trade or Calling? ..... Railway Labour
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? ..... 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Quesker West, 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.

Esther West (Signature of Recruit)

Date Sept 21st 1916. Charles Robinson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Quesker West, 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.

Esther West (Signature of Recruit)

Date Sept 21st 1916. Charles Robinson (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 Youngstown Alta this 21st day of September 1916.

C. J. Gaffen (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

Description of West Avesker on Enlistment.

Apparent Age 21 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 8 ins.

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

Complexion Colored

Eyes Brown

Hair Black

Religious denominations:
~~Church of England~~
~~Presbyterian~~
~~Methodist~~
Baptist or ~~Congregationalist~~ Yes
Roman Catholic
Jewish —
Other denominations
(Denomination to be stated.)

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).

none

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 Sept 23 1916

Place Edmonton

H. A. Collins
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.

Avester West 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.

C. W. Reis Capt (Signature of Officer)

OCT 24 1916

Date 191 .

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 No 2 Construction Battn.

Regimental No. 931674 Rank Pte. C. E. F. Name West G.

Enlisted (a) 21-9-16 Terms of Service (a) ..... Service reckons from (a) .....

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				
10-7-19	TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. 24. W. W. Macnyth Lieut. Col. Officer Commanding District Depot No. 13				
20/2/19	DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 51 AUTHORITY R. O. 1420 Dated Ottawa 12/12/18 W. W. Macnyth Officer Commanding 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.

[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				

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

931564

Casualty Form—Active Service.

~~Unit, Regiment or Corps~~ No. 2 CONSTRUCTION, B'n. C.E.F.

Regimental No. 931564 Rank Pte Name Quesker West (Oveskes)
C. E. F.

Enlisted (a) 21-9-16 Terms of Service (a) Duration of War ~~6 Months~~ Service reckons from (a) 21-9-16

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) Railway Labourer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked Canada	Halifax N.S.	25/3/17	
		Disembarked England	Liverpool	7/4/17	
	O.C. #2 Const Bn	Proceeded overseas	Seaford		Pt 2 B.O. # Capt Capp Capt Capp
MAY 23 1917 O.C. 7TH RESERVE BATTALION.		attached from 2nd Const Coy	Seaford	17-5-17	B.O. Pt II -123
15/10/17	O.C. 7th Res	Cease to be attached from 26th Res Bn	Seaford	15/10/17	Pt II B.O. 248. J.F. McDonald for LIEUT. & ASST. ADJT 7TH RESERVE BATTALION
15-10-17	O.C. 17th.	TOS on posting from 2nd.Con. Co.Details,7th.Reserve Bn.	Bramshott	15-10-17	Part 11 Order 245.
25-3-18.	O.C.17th.	S.O.S. on transfer to Can.For. Corps.	Bramshott.	25-3-18.	Pt.11.Order.71. M. McKay Lieut., Asst. Adjt. 17th Canadian Res. Batt.
26.3.18	O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 25-3-18 Pt.11 D.O. 73.				

(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				
		BASE DEPOT C.F.C. SUNNINGDALE ..... PT. II. CO.			
2.4.18	O.C. 6.B.B.	T.O.S. on transfer to France			Shoaff Maj for O.C.
24-7-17	N.S.R.D.	T.O.S. from 2nd C.C.Bn. } "on loan" 7th Res Bn.	B'shott	13-7-17	Pt = 137 + 125 of 2nd C.C.Bn
15-10-17	.....	S.O.S. to 17th Res Bn.	"	15-10-17	" " 215 ✓
					H.G. Moody LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
3/4/18	6BBD.	T.O.S. on ar. in France.		3/4/18	N.R. 612 of 20. D/ 2.4.18. D/ 3/4/18.
5/4/18	"	Left for unit		5/4/18	N.R. 1141 D/ 5/4/18.
13.4.18	O.C.	Ar. at unit.	Fld.	8.4.18	B. 213.
23.4.18	Dak	T.O.S. 2 C.C. to. chgd. to		2.4.18	of 23. D/ 23/4/18.
11/12/18	Dal	Tran to Eng & posted to N.S. Reg Depot	Bramsh	14/12/18	EP 3/4
					C.C. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon. B. E. F.
14.12.18	N.S.R.D.	T.O.S. attached to 2 C.C.D for Qrs + Rations	B'shott	14.12.18	D.O. 305. PART II D.O. .....
N.S.R.D.		ON COMMAND TO C.O.D. Kimmel Park Rhyl	BRAMSHOTT		C.A. Knight LIEUT. OFFICER I/C RECORDS, NOVA SCOTIA REGTL. DEPOT

CERTIFIED CORRECT. 12 APR 1918 CAN. RECORDS, LONDON.

CARD NO. 13

SURNAME. West.

CHRISTIAN NAMES Quesker.

REGL. No. 931564. RANK Pte.

UNIT ~~No. 2 Construction~~ 13 Dist Dpo Bn.

FORMER CORPS Nil.

Demob.

FOLL. SOS 20.2.19 Doc MD13

DO 51 of 20.2.19 13 DD

NEXT OF KIN.

NAMES IN FULL West, James.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Athabasca Landing P.O. Alta.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. New Orleans, La. DATE Apr. 27th, 189[illegible]

PLACE OF ATTESTATION Youngstown, Alta. DATE Sept. 21st, 1916

92/C.17-1-19 254/784 13.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

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

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Railway Labourer RELIGION Baptist

DESCRIPTION.

APPARENT AGE 21. YEARS 11. MONTHS

HEIGHT 5. FEET 8. INCHES

CHEST MEASUREMENT 36. INCHES EXPANSION 3 INCHES

COMPLEXION Coloured. EYES Brown. HAIR Black.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Edmonton, Alta. DATE Sept. 22nd 1916

Present Address Athabasca Landing P.O. Alta

No. 931564. RANK Pte NAME West. Tucker

T. O. S. 21-9-16 UNIT No 2. Construction Battalion

D.O.S/. 14-10-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 21	1916 Oct 31	n.		
Nov.		✓		
Dec.		✓		
1917 Jan	1917	✓		
Feb.		n.		
Mar.		n.		

*Name WEST Qusker LOCAL CARD Rank Pte. Regtl. No. 931564

Fyle Depot I. D. W-350

Orig. unit 2nd. Con. Present unit 2nd. Con. M. or S. S Age 21 Religion Bapt. Ref. H.Q.

Port, ship, and date of arrival Halifax, Olympic 17-1-19

Next of kin Father, Mr. Max J. West, Athabasca, Alta.

Address on leave same

Address on discharge Athabasca Landing Alta

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer Date and place of enlistment 21-8-16, Youngstown.

Diagnosis Fit Date of Medical Boards 6-2-19

Date. TOS	Remarks	Pt. 2 Order No.
10-1-19	Posted to Casualty Company Edmonton 23-1-19	24
	Granted leave with subsistence to 6-2-19	24
20-2-19	Discharged from H.M. Service	51

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

To be made out in duplicate. H.Q. 54-21-23-53

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: No 2 Construction Battn. C.E.F.

(2) Regimental Number: 931564

(3) Full Name of Soldier: Quesker West

(4) Place of Birt: Louisana, U.S.A.

(5) Are you married, or not? Single

(6) If married, state,
(a) Full name of your wife: x

(b) Present Postal Address: x

(7) Are you a widower? No

(8) Have you any children? x

If so, give number of boys and girls: x

Also their names and ages: x

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes: James West

If so, state name and address Athabasca, Alta.

(10) Is your Mother alive? Yes: Mrs Nonda West,

If so, state name and address Athabasca, Alta.

(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? No

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.

J. Laure Capt for Lieut-Col.
No. 2 Construction Batt'n, C. E. F.
Officer Commanding.

MAR 17 1917

Date

ORIGINAL 731364

ORIGINAL

MEDICAL HISTORY SHEET.

931564

Surname Mist Christian Name Oscar

Examined on 23rd day of Sept 1916 at Edmonton

Birthplace City or Town New Orleans County La. U.S.A.

Apparent age 21 yrs 11 mos

Trade or occupation Railway Labourer

Height 5 Feet 8½ Inches.

Weight 168 Lbs.

Chest measurement Minimum 34½ inches. Maximum expansion 36½ inches.

Physical development

Small-Pox Marks

Vaccination Marks Arm Right. Left. Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection Both Eyes 20/20

Approved by H. Collins Capt Rank M.O.

Date.	Fit or Unfit.	Examined for Re-engagement.	
16/3/18	A	J. Davies	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date.	Result.	Vaccinations.	
15/2/17		S. Stapley	M.O.
			M.O.
			M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.	
23/2/17	good	Dun. Fidicius	M.O.
2/3/17	Good	Dun. Fidicius	M.O.
9/3/17	Good	Dun. Fidicius	M.O.

Enlisted on 21st day of Sept 1916 at Youngstown, Alta

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	No. 2 Construction Bn. C.E.F.	931564		21 Sept. 16.
Transferred to	17th Res Bn 2 Cd Lab Bn			15-10-17

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Windsor, Ont.	JAN 31 1917	on enlistment	Fit
Kinmel Park	4/1/14		A
Edmonton. Alta.	6/2/19.	M.T.W. 129.	

Major, A.M.C. Capt. A.M.C. CAPT. C.A.M.C.

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.

400M.—1-16.
H. Q. 1772-39-439.

Surname West Christian Name Reuben

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital			DATES OF Discharge from Hospital			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.
		Day	Month	Year	Day	Month	Year				

C.A.D.C. 5009 A

8

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

N 8 13

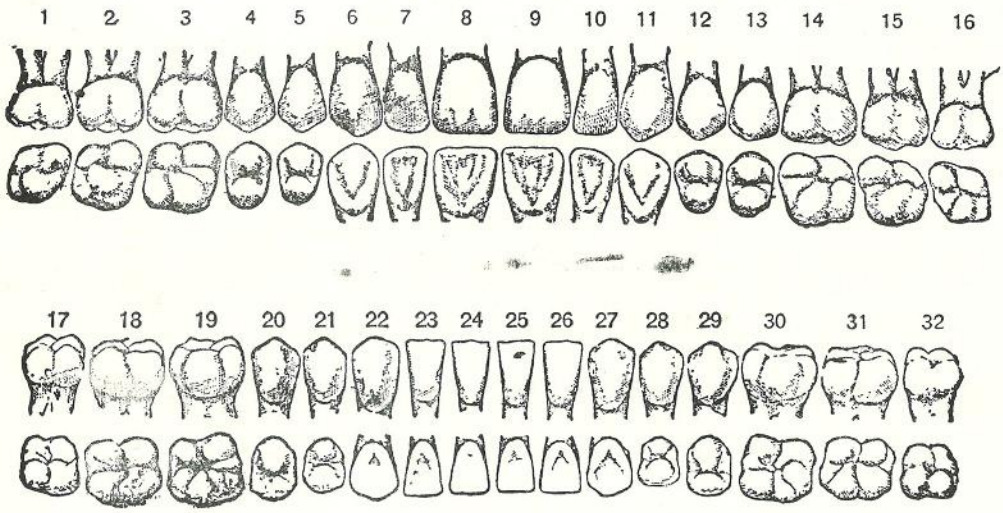
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) West. G.

REGIMENT 1 Cn. RANK Pte No. 931654

Date of Examination in England 25-12-15. Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 7 ct
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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
- (*c*) ~~In France~~

KINMEL PARK, NORTH WALES.

Signature of Dental Officer W. Kennedy Capt

DEMOBILIZATION
PAY DIVISION, M. D. No. 13

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1188 (D.P.) 250M.-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 931564 Rank Pte. Name West W. (Surname first)

Unit 2nd Con Corps who was* Discharged

On 20/2/19 191....., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 to 20/2/19 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			134	08
Regimental Pay 51 days at $ 1.00			51	00
Field Allowance 51 days at $ c. 10			5	10
Separation Allowance				
Clothing Allowance			35	00
Post Discharge Pay				
*Other Credits Subs DO 24 15 dys 23/1/19 - 6/2/19			12	00
Advances AR 311 7/2/19	50	00		
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges AP Jan. Pd. by Ottawa	10	00		
Balance on transfer or on discharge, cheque No. G 127	177	18		
Total	237	18	237	18

*Give particulars.

A monthly stoppage of $ 10.00 (†) has chgd. (‡) been ~~paid~~ on account of

Assigned Pay for the month of Jan. 191 9 } (to) Assignee Mrs. A. West
and Separation Allce. for month of 191..... }

(Address) Athabasca Landing, Alta.

(†) 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:—

State (1) date of enlistment ..... married or single Single

(2) Separation Allowance, entitled or not No (3) Reason for discharge.....

(4) Authority for discharge or transfer DD 13

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 18/2/19

Place Calgary, Alta

C. L. Sedgwick LIEUT.
PAYMASTER—DEMOBILIZATION PAY DIVISION, M. D. 13
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

M. B.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

ORIGINAL

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. 931564. Rank Pte. Surname WEST.
(Give name in full)
Queska.

Unit or Corps 2nd Cons. Bn. Birthplace Oklahoma.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 181 lbs. Height 5 ft. 9 in. Colour of Eyes Black.

Nutrition Good

Pulse 64

Condition of arteries Normal.

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

None.

Opinion as to general health and physical condition Good.

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.

Address:- Athabasca Landing.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....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 .....

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

THIS SECTION FOR USE IN CANADA—

Examined at...Edmonton.....(Canada)

Date .....6-2-19..... Signed R. L. McInnes .....M.O.
Capt. CAMC.

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 .R. West.....

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

A 2

D.M.S. 1375.

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: Pte Name: West Surname: Gusker.

Unit or Corps: 2 Constl. Coy (If a soldier) Regtl. No. 931564

Born at: Oklahoma USA on, date: Oct 7 - 1896

Signature (for identification): Gusker West

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 175 lbs.

Height 5 ft. 9½ ins.

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? no

4. RESPIRATORY SYSTEM. no

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 70 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? no

8. GENITO-URINARY SYSTEM? no

Urinalysis—s.g.? 1018 Reaction? acc Albumen? no Sugar? no

9. SKIN, MIDDLE EAR, EYE or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

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

Examined at: Kinmel Pk Signed: W Stafford Capt M.O.

Date: 4 - 1 - 18 Signed: H H Smith Capt 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.

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Mrs Amanda West

Address Athabaska Landing P.O. Alta

By Whom Assigned West Quesker

Regtl. No. 931564

Rank Pte

Corps #2 Cons Battn

Rate 10.00

APR 1917

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					

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2 Mrs Amanda West
(Assignee)

Name of Soldier West Quesker
Pte 931564 #2 Cons Battn

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			10 00	APR 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		3 5160	10	
May		? K-Y12150	10	
June		M23316 J ~~19575~~	10 ~~10~~	Cr J19575 Can 20-6-17
July		D 26291	10	
Aug.		E3347	10	
Sept.		1 40374	10	
Oct.		Q45759	10	
Nov.		T5448	10	
Dec.		N63634	10	
Jan.	1918		90	
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
A. Bell
AUDIT CLERK
DATE 26-5-19

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.				

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment: Apl 1/17

RATE OF SEPARATION ALLOWANCE

W

4606

RATE OF ASSIGNMENT

10			

PARTICULARS OF SEPARATION ALLOWANCE

No. 931564.

Rank Pte Promoted Reverted Discharge

Soldier's Name Quesker West.

Battalion #2 Cons. Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Amanda West.

Address Athabaska Landing Alta

Change of Address

1

2

3

4

Date 1917	Cheque No.		Amount S/A	Amount A/P	Total		
Dec 31				90	90		
Jan	X72326			10	10	W	
Feb	71984	W		10	10		
March	92143	X		10	10		✓
April	14282	W		10	10		✓
May	20145	W		10	10		✓
June	28073	Y		10	10		✓
July	23226	B		10	10		
Aug	37370	V		10	10		
Sept	47655	V		10	10		✓
Oct	51487	K		10	10		
Nov.	57458	Q		10	10		✓
Dec. 1919	64872	N		10	10		✓
Jan	74153	N		10	10		✓
				220	220		

1918-Q-1

REMARKS

CANADIAN
ASSIGNED PAY AUDITED
a. Bell
AUDIT CLERK
DATE 26-5-19

A/c Closed 31-1-19.
Ret'd per "Olympic"
Date 17-1-19 M.F.W.187 M813
Clerk BRLefort.

MRO. 52345. Dist. 22-1-19. OK m'19 RW

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22330—M. & D. 7993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 75982.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:- 1 APR 1917		EFFECTIVE DATE:-	
AMOUNT:- 10 00		AMOUNT:-	

NAME:- WEST Ouee

NUMBER:- 931564

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.

Mrs Amanda West mother
Athabasca Landing Alta

Stopped effect. 1.1.19.

PARTICULARS OF RANK OR A

AUTHORITY	DATE EFFECTIVE	R

UNIT AND TRANSFE

ORIGINAL UNIT:- 2 Const

DATE ACCOUNT FIRST OPENED:- 1

AUTHORITY	DATE EFFECTIVE	DATE LEDGE SHEET T'SF

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
4.12.18.	6640	Field.	4 66				
18.12.18.	3595	B.R.D.G.	9 73				
			14 39				

DAILY RATES OF PAY AND

AUTHORITY	PAY
	/

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch to Can. 1.1.19 (Auth: N.R. 161. 17.12.18) L.P.C. 173 95/xxx L.

1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.
MAR	Bal Forwd							
Apl	P. Pay	33 =		Can ass Pay				10 -
				Q4005/443 28/3. C7C	5 85			
				1532 30/3. — " —	93			
				aR273 27/4 C7C Jun	3 57			
				2Lt aR852 3/4. B&C7C	4 87			
		33 -			15 22			10 -
May	P.P.	34 10		C. a.P.				10 =
				aR 414 9/5 C7C Jun	3 57			
				aR488 23/5 — " —	3 57			
		34 10			7 14			10 -
June	P.P.	33 -		ass Pay				10 -
				aR 715. 7/6 CFC 5	3 57			
				✓ 878 27/6 ✓ Jun	3 57			
		33			7 14			10
July	P Pay	34 10		Can a P.				10
				aR 955. 10/7 CFC 5	3 57			
				aR 1100 25/7 ✓	3 57			
		34 10			7 14			10
Aug	PP	34 10		Can aP				10
				aR 1263. 10/8 CFC 5	3 57			
				aR 1477 25/8 ✓	3 57			
		34 10			7 14			10
Sep	PP	33		Can aP				10
				aR 1678. 5/9 CFC 5	3 57			
				aR 1882. 24/9 ✓	3 57			
		33			7 14			10

P 820
4—375M—13-2-18.

* Strike out whichever inapplicable

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:-	1 APR 1917	EFFECTIVE DATE:-	
AMOUNT:-	10 00	AMOUNT:-	

NAME:- WEST Quecker

NUMBER:- 931564

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.

Mrs Amanda West mother
Athabasca Landing Alta

Stopped effect. 1.1.19.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bn

DATE ACCOUNT FIRST OPENED:- 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

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
4.12.18.	6640	Field.	4 66				
18.12.18.	3595	B.R.D.G.	9 73				
			14 39				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Ded to Can. 1.1.19 (Auth: M.R. 161. 17.12.18) L.P.C. 173 95/xxx L.A. 188 34/xxx.

MONTH 1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Forwd								146 20	60.	
apl	P. Pay	33 =		Can ass Pay				10 -			
				Q4005/443. 28/3. CFC	5 85						
				" 1532 30/3. " "	93						
				aR273 27/4 CFC Jun	3 57						
				Ex aR Bvr 5/4. B & CFC	4 87				53 98	65.	
		33 -			15 22			10 -			
May	P.P.	34 10		C. a.P.				10 =			
				aR 414 9/5 CFC Jun	3 57						
				aR488. 23/5. " " "	3 57				70 94	70.	
		34 10			7 14			10 -			
June	P.P.	33 -		ass Pay				10 -			
				aR 715. 7/6 CFC 5	3 57					75	
				✓ 878 27/6 ✓ Jun	3 57				86 80		
		33			7 14			10			
July	P Pay	34 10		Can a P.				10			
				aR 955. 10/7 CFC 5	3 57						
				aR 1100 25/7 ✓	3 57				103 76	80	
		34 10			7 14			10			
Aug	P P	34 10		Can aP				10			
				aR 1263. 10/8 CFC 5	3 57						
				aR 1477 25/8 ✓	3 57				120 42	85	
		34 10			7 14			10			
Sep	PP.	33		Can aP				10			
				aR 1678. 5/9 CFC 5	3 57						
				aR 1882. 24/9 ✓	3 57				136 58	90	
		33			7 14			10			

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
Oct									136 58		
	P.P.	34 10		Cap.				10			
				2264 15.10 LHC5	373						
				2329 26.10 ✓	373				153 23		
		34 10			746			10			
Nov	✓	33		Cap				10			
Dec.		34 10		2700. 11.11 ✓	373						
	Int on Def Pay	4 81		2919 26.11 ✓	13 06						
				CAP.				10			
				6640. 10/12 ✓	466						
				3595 18.12 ✓	973				173 95		
		71 91			3118			20			
				S.O.S to Canada 9.1.19							
				D.O. 16. 19.1.19 N.S.R.							

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 26/5/19 F. Lane

RANK NAME

PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
								136 58		
D.P.	34 10.		Cap.				10 .			
			2264 15.10 CHC5	373						
			2329 26.10 ✓	373				153 22		
	34 10.			746			10 .			
✓	33 .		Cap				10 .			
	34 10		2700. 11.11 ✓	3 73						
Def Pay	4 81		2919 26.11 ✓	13 06						
			CAP.				10 -			
			6640. 10/12 ✓	4 66						
			3595 18.12 ✓	9 73				173 95		
	71 91			31 18			20 .			
			S.O.S to Canada 9.1.19							
			D.O.16. 19.1.19 N.S.R.							

CANADIAN
GNED PAY AUDITED

AUDIT CLERK
26/5/19 F. Lane

M. OR S. Single

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 931564

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2nd Con

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY $10.00

PAYABLE TO Mrs. An

ADDRESS Alhaba

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE

DISCHARGED PLA

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.
BALANCE FROM PREVIOUS ACCOUNT 31.12.18							173	95																		
									173	95	Cheque	Board	Maint				30	00	4	84	5	00				
1.1.19					12	00	134	08																		
									103	10	31	7/19					50	00								
20.2.19	51	1/10	56	10	35	00			234	18					361	18/2/19			179	18						
			56	10	47	00	173	95	277	05							80	00	182	05	5	00				
					350	00			350								210	00								
																	70	00								
																	70	00								
					350				350								350	00								

...ified opening entries on this Ledger She...
...been audited by HR
Date 4/6/19

POST DISCHARG
M.D. 13

War Service Grat

30M-11-18.—L.L. 50877-M. & D. 9553.

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 931564 RANK Cte NAME (IN FULL) WEST. Q. (BLOCK LETTERS SURNAME FIRST)

NSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY
CTIVE			
ISHIP			

ORIGINAL UNIT C.E.F. 2nd Con IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $10.00 DATE EFFECTIVE

PAYABLE TO Mrs. Amanda West RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Athabasca Landing Alta

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE Calgary, Alta. FEB 20 1919 DATE REASON AUTHORITY DD 43 IF ENTITLED TO POST DISCHARGE PAY

TAL DITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
		COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 1		COL. No. 2		COL. No. 3												DEBIT		CREDIT		
	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	
3	95	Cheque	Book	Train				30	00	4	84	5	00									39	84			134	08	Dt 173.95 English L & C
																		10	00									
3	10	31/1	7/4					50	00																			Dt 10.00 Jan at Bardley Ottawa 0024 15 23/1/19 - 6-2/19
18				86	18/2/19					174	18											234	18					Dt 35.00 block allow
																												DISCHARGED 20-2-19
05								80	00	182	05	5	00					10	00			277	05					C Geddatlfirch
																												POST DISCHARGE PAY M.D. 13
																												War Service Gratuity
								210	00													210	00	140	00			
								70	00													70	—	70	00			Cheque 139650 17.4.19
								70	00													70	—	xx	—			" 609400 19.5.19
—								350	00													350	—	~~0~~				852201 18-6-19
																												All Payments Due on This Account have been completed.
																												G Edwards Major
																												S.O.P.S. M.D. No. 13

759

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		DE
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$

CASH PAYMENTS						ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

P. 559

MARRIED OR SINGLE S.

PLACE OF BIRTH New. Orleans. U. S. A.

NAME AND ADDRESS OF NEXT OF KIN James West, Athabasca Landing P.O. Alta.

RELATIONSHIP OF NEXT OF KIN Father.

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

ADMISSIONS TO HOSPITAL. &c.

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

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.
														13	35	13	35					
Ap 1/30	30	1/10	33	00												33	00					
MAY 1.31	31	1/10	34	10												34	10	50	1/5 23	19/4		
June 1.30	30	–	33	00												33	00	77	14/5			
July 1.31	31	–	34	10												34	10					
Aug –	–	–	34	10												34	10					
Sep 1.30	30	–	33	–												33	–					
			201	30										13	35	214	65					

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
Sep	Bal	~~131 62~~ 96							131 62		
Oct	P.P.	34 10		DNAR. 287. 26/7. 7d Res Pay	9 73		–	10			
				AR 475. 13/7. 2 bounty Bn atts 7 Res Bn	9 73				136 26		
		34 10			19 46			10			

...TIONS, &c.	
EFFECTIVE DATE	AUTHORITY

...SPITAL, &c.
NAME OF HOSPITAL

REG'L NO. 931564 RANK NAME West Quesker. 7 Res Bn

IF IN PERMT. CORPS WHAT UNIT UNIT 2nd Con. Bn. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Youngstown Alta. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Sept 21st, 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 10.00 DATE EFFECTIVE 1.4.17

PAYABLE TO Mrs Amanda West. Athabasca Landing, Alta 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)

59

QUITTANCE ROLLS 2 No.	Date	3 No.	Date	4 No.	Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY H/S	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
													13 35				Bal from Canada
										10 —		10 -	36 35			5 - 31 35	
						9 73				10 .		24 60	45 85			10 — 35 85	
						4 87											
						4 87				10 .		14 87	63 98			15 - 48 98	
										10 -		10 —	88 08			20 — 68 08	
										10 —		10 —	112 18			25 — 87 18	
								3 56		10 —		13 56	131 62			30 — 101 62	
						19 47		3 56		60 —		83 03	131 62				

...ALANCE	DEFERRED PAY	SER. ALLCE. ENG.
31 62		
36 26		

Pte. 931564 West. G

10 00

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
MONTH	PARTICULARS				CR 1		CR 2		PARTICULARS					DR. 1	DR. 2	DR 3	DR. 4	BALANCE		DEFER RD. PAY	SER ALLCE FUND					
	Oct Bal																	136 26								
Nov	P.P.				33 -												10									
									AR 653. 13 10/17. 7 Res. Ren. Calgary					9 73												
									" 636. 28 9/17 " " Seaford					9 73												
									" 440. 25 7/17 " " " "					34 07												
									DN AR 192 " "					9 74												
DEC	" "				34 10				" " 593 17 9/17 " "					9 73			10	1036								
					67 10									93 00			20									
JAN	1918	PP.			34 10				. 04005. 32 1 11/17 17 Res					1 04			10									
									" " 288 27 10/17 " "					13												
									" " 364 22 11/17 " "					61												
									~~" 1439. 31 12/17 " " 86 44~~																		
									DN. AR 829. 18 12/17. 17 Res					19 47.												
									" " 360. 11 7/17. 7 Res					9 73.												
									" " 574. 29 10/17 17 Res					24 33.												
									" " 526. 25 8/17 7 Res					9 73.												
									" " 676. 15 11/17. 17 Res.					9 73.				59	69	50						
					34 10									74 77			10									
FEB	"				30 80				Assigned Pay								10									
									DN AR 733. 31 11/17. 17 Res					14 87												
									" 972. 15 1/18 "					9 73			10	65	89						
					30 80									14 60												
MAR	1918	"			34 10				Ass Pay								10			60						
									AR 1145. 30 1/18. 17 Res					9 73												
									DN " 1295 16 2/18. "					9 73												
									" 1669. 18 3/18 "					14 60												
									" 1347. 24 2/18. "					9 73				46	20							
					34 10									43 79			10									

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 26/5/19 F. Lane

CASH PAYMENTS			Assigned Pay	Other Charges	Total Debits	BALANCE		Pay Withheld or Deferred	Pay Available for Issue	Remarks
2	3	4				Credit	Debit			

N
AUDITED
DIT CLERK
Lane