

NAME **ZIEGLER. RUBIN.**

REGIMENTAL DOCUMENTS

(D.D.#2)

Pte REGT. NO. **931527**

UNIT **2nd Const Bn**

H. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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24-3-19 J.P.H.

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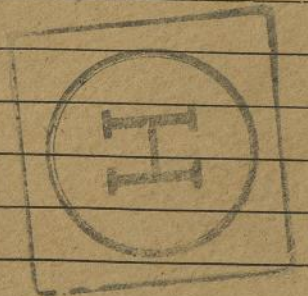
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PARTICULARS OF CHARACTER (A.F.W. 3226)

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1 m f w 192

00398



2

11-28

11-28

9-28

1 Index Card.

R-R
ES

B
U

Number... 931527 Rank... Plé

Surname... ZIEGLER

Christian Name... Rubin

Unit... **C.P.R. C.C.** Theatre of War... France

Date of Service... 17-5-17

Remarks

Latest Address... 301 Sickles Ave.

..... New Rochelle: New York

Roll No. **B. Page 2996** u.s.a

421181 Dup.

MAY 1 9 1921

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
 (Demobilization.)



War Service Badge.

Class

No. 85917 issued

AW

1. No.	931527
2. Rank.	Pte.
3. Name.	ZIEGLER RUBIN
4. Unit.	# 2 Const. Batt. (D.D.#.2)
5. Date of Discharge	Feb 19. 1919
Place	TORONTO, ONT.
6. Reason for Discharge	ON GENERAL DEMOBILIZATION FOR SERVICE.
7. Authority.	D.O D.D.#.2 Pt 11 No 48
8. Proposed Residence after Discharge	301 Sickles Ave., New Rocklle New Yofk U.S.A
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.? <i>Rubin Ziegler</i> Signature of Soldier.
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place <i>TORONTO, ONT.</i> Date <i>Feb 19. 1919</i> <i>[Signature]</i> Signature (O. C. Discharging Unit.)

For O.C. No. 2 District Depot
noted and 19-3-19 D.F.

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.....	Militia Form W. 54 or A.F.B. 103
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. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

SURNAME.

Ziegler

4 CARD NO.

CHRISTIAN NAMES

Rubin

606.8 is. 19-2-19 2. 2nd. Aub. Doc. FOLL.

REGL. NO.

931527

RANK

Pvt.

UNIT

No. 2. Construction.

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Ziegler, Mrs. Margaret

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

82 Winnyah Ave.
New Rochelle, N.Y. USA.

COUNTRY OF BIRTH

USA New York, N.Y.

DATE

July 7th. 1893.

PLACE OF ATTESTATION

Toronto, Ont

DATE

Sept. 18th. 1916

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

*Stationary -
Fireman.*

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

23.

YEARS

2.

MONTHS

HEIGHT

5.

FEET

5 3/4.

INCHES

CHEST MEASUREMENT

35.

INCHES

EXPANSION

2 1/2.

INCHES

COMPLEXION

Light Brown

EYES

Brown

HAIR

Black

DISTINGUISHING MARKS

*Birthmark bend of left
arm. Scar over right kidney
Scar on right of abdomen.*

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Sept. 18th, 1916.

*Present Address South-West Cor. Duncan
& Queen Sts. Toronto, Ont.*

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Griegel

P.

931527.

RANK

Plc

UNIT

N. D. R.

Co.

TROOP

BATTY.

HOSPITAL

DATE OF ADMISSION

Can. Cont. Corps, Mrs. Lafont Jun. 28-3-18

1. " " " " " " HOSP. 27. 6. 18

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

V. D. G. W. O.

1. V. H. G. R.

2. P. U. O. A. T.

3.

DISPOSITION

Ch. 6-4-18 @ 180-2.

6-6-18 @ 237

4. 7. 18 @ 255 (2)

9. 7. 18 @ 259

DATE

Dis 28-5-18

" 1. 7. 18.

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

No 1527

RANK

Pte

NAME

Zeigler Rubin

T. O. S. 18-9-16

UNIT

D.O. 35-26-9-16

No 2. Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 18	1916 Sept. 30	n		
	Oct.	n		
	Nov.	✓		
	Dec.	✓		
1917 Jan 1917		✓		
	Feb.	✓	Awar. 1/2 hrs. det.	S.O. 27. 27-1-17.
	Mar.	n		

~~From Halifax per S.S. 'Southland' 28/3/17.~~

MARRIED — SINGLE ^{3rd} WIDOWER

TRADE OR CALLING Stationary Fireman RELIGION Baptist DESCRIPTION.

APPARENT AGE 23 YEARS 2 MONTHS

HEIGHT 5 FEET 5 3/4 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 2 1/2 INCHES

COMPLEXION L' Brown EYES Brown HAIR Black.

DISTINGUISHING MARKS Birth mark bend of left-arm, Scar over R. Kidney, Scar R of abd.

MEDICAL EXAMINATION. PLACE Toronto, Ont. DATE Sept 18th 1916

Present Address - South West - Cor Duncan & Queen Sts, Toronto, Ont.

SURNAME.

Geigler

2 CARD NO.
SOS.

CHRISTIAN NAMES

Rubin

FOLL.
X A.S. Demol. 19/2/19
10048.17/2/19 10.02
Bu.

REGL. No.

931527.

RANK

Pte

UNIT

No 2 Construction

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Geigler, Mrs Margaret

RELATIONSHIP TO SOLDIER

(mother)

ADDRESS

82 King's Ave New Rochelle
N.Y., U.S.A.

COUNTRY OF BIRTH

U.S.A. New York, N.Y.

DATE

7th July 1893.

PLACE OF ATTESTATION

Toronto, Ont.

DATE

18/9/16.

R/C 16/1/19, 26/3/27, 2

62

ZEIGLER

Rubin.
Pte

Name

~~ZEIGLER~~

Rank Pte

Reg. No. 931527.

Unit

2nd Co. 6th Inf 60

Next of Kin

U. S. A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
28-3	67C.H. La Jolla	553/17	I/O	A 180		
28-5	Discharged		"	A 232		1751/15
	Correct name on A180 & A232 to read <u>ZEIGLER</u>					1751/15 1751/15
27-6	C.C. Hsp. Jura		P.U.O.	A 255		2308-3
1-7	Disch'd		"	A 259		2395/7

NAME

Yeigler R.

RANK AND CORPS

Plt-

2 Con (R.S.R.)

REGT'L NO.

931527

H. Q. FILE NO. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A253-	C F C LaJoux Jura	27-6-18	V. D. G.
A259	Discharged	1-7-18	P. U. C.

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE No. 649

FOLLOWS
NO.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 180	Can Forestry Corps	La Jolla	28-3-18	U.S. G.
a 232	Discharged	Jupa	28-5-18	" " "

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

M. F. W. 54. (A.)
330m.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Awards

Unit, Regiment or Corps *No 2 Const. Batt. C.P.F.*
 Regimental No. *931527* Rank *pte* Name *Rubin Zeigler*
 Enlisted (a) *18-9-16* Terms of Service (a) *period always 9 months* Service reckons from (a) *18-9-16*
 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)

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				
<div style="border: 1px solid black; padding: 2px;"> CERTIFIED CORRECT. MAY 17 1917 CAN. RECORDS, LONDON. </div>	<i>C. No 2 Constn Batt</i>	<i>Embarked, Canada Halifax N.S.</i>		<i>26/3/17</i>	
		<i>Disembarked, England Liverpool</i>		<i>7/4/17</i>	
		<i>Proceeded Overseas</i>	<i>Seaford</i>		<i>PT 2 D.O.# Adjutant, No. 2 Construction Battalion, C.P.F.</i>
<i>21.5.17</i>	<i>OC</i>	<i>Landed in France 17-5-17 N.R.</i>			
		<i>Forfeits 5 days pay for Making good with Iron Rations</i>			<i>4th. 21.5.17 Broke. Orow 267</i>
<i>9-3-18</i>	<i>o.c. that</i>	<i>Granted 14 days leave to U.K.</i>		<i>7/3/18</i>	<i>13213. Pt 2. ord No. 16. 1918</i>
<i>24.3.18</i>	<i>OC "</i>	<i>Absent without leave from 10 Owe.</i>			<i>23.3.18 till 9.30 a.m. 25.3.18. 35 1/2 hrs. forfeits 3 days pay 28.3.18 (oversleeping leave) Admonished. Pay Rtd.</i>

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

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				
28.3.18	jurato	V. D. F. adun.		28.3.18	E. 580. W. 6292.
30.3.18	OC.	Adun. to Capt. V. D. F. fld.		28.3.18	B. 213.
28.5.18	jurato	V. D. F. Disch.		28.5.18	FUT 55. W 2845.
1-6-18	of unit	Rejoined unit	Field	28-5-18	B. 213
1-6-1918	do	Forfeit of Field Allowance in kind under stoppage of pay at rate of 50 cents per diem while in hospital from 29.3.18 to 28.5.18 (62 days)			B. 213 / 1000 3rd of June 1918.
27.6.18	jurat Ho	P. A. O. Admitted	Jur Ho	27.6.18	B. 213 45000
1-7-18	" "	" Discharged	Field	1-7-18	W 5982 / 3 9966
29.6.18	of unit	To Hospital	Field	27.6.18	B. 213
6/7. 1918	do	Rejoined from Ho	"	1-7-18	B. 213
11/12/18	aaq	Trans to England & posted to U.S. Reg Depot Bramshott		14/12/18	K. R. 344

Ca. Hewell

Lieut. Gen Lt.-Col. A. M. G.
Canadian Section, G. H. Q. 3rd Battalion, R. E. F.

17.12.18. A.S.R.D. T.O.S and att'd 2nd C.B.D. B'shott
for Quarters & Rations
NSRD ON COMMAND TO *add Kimmel*
Rhif BRAMSHOTT

14.12.18. D.O. 305
PART II D.O.
NSRD 313 27/18
Ca. Knight LIEUT.
OFFICER IN RECORDS,
NOVA SCOTIA REGTL. DEPOT.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931527 (Rank) Pte.

Name (in full) ZIEGLER RUBIN enlisted in

the #2 Const. BATT.

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 18th

day of September 1916

HE served in ENGLAND AND FRANCE.

and is now discharged from the service by reason of

Remobilization

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

Age 25

Height 5' 5 1/2"

Complexion L. Brown

Eyes Brown

Hair Black

Marks or Scars

Vacc. Scar Left Arm.

K. Ziegler

Signature of Soldier

H. Sergeant Capt

Issuing Officer

O.C. No. 2 District Depot.

Rank

Date of Discharge Feby. 19. 1919

Appointment

Signed at Toronto, Ont. this 18 day of February 1919

in Military District No. NO. 2

FEB 19 1919

File Reference No. DISTRICT DEPOT

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

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

JM Rank **Name** **ZEIGLER, Rubin.** Reg'l No. **931527**
 Unit **No.2.Const.Bn.** If in perm. Corps, What Unit? Married or Single **Single.**
 Place and Date of Enlistment **Toronto Canada. 18th Sept 1916.** Place of Birth **New York, U.S.A.**
 Name and Address, Next-of-Kin **Margaret Zeigler.**
82 Winyah Ave., New Rochelle, N.Y., U.S.A. Relationship **Mother.**
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. No. **6293**
 File R.L.
 Category **OR CAN**

Discharge, Date and Place

Reason

Pt. Character

H. W. & V., Ld.-9546-16.

Report.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
<i>C</i>				
	Arrived in England per S.S. Southland.		7.4.17	<i>awards</i>
14-6-17	<i>Internal com</i> Arrived in France	<i>Field</i>	17.2.17	<i>P 11-00 115</i>
16.12.18	<i>nskd.</i> TOS from 2 nd CCD.	<i>Pte Biheth</i>	14.12.18	<i>00305471 19.12.18 2nd CCD.</i>
27-12-18	<i>nskd.</i> O/c to C.D.D. Rhyl	- -	27-12-18	<i>- 313 " " "</i>
20.1.19	<i>nskd.</i> ceases 1/2 to C.D.D. Rhyl. 4509 to C.E.F. Canada	" "	4.1.19	<i>00.17.</i>
31.1.19	<i>2 CCDs</i> Sentenced 7 days F.P. 1 (1) Breaking away from troop train while en route (2) Being in train without authority	<i>Pte Field</i>	12.12.18	<i>P4 & D.O. 1</i>

M.F.D. 103 CHECKED
31 MAR 1917



ORIGINAL

931527

931527

ATTESTATION PAPER.

No.

#2 Const. Battln.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Z E I G L E R
- 1a. What are your Christian names?..... Rubin.
- 1b. What is your present address?..... South-West Cor. Duncan & Queen Sts.,
Toronto, Canada.
- 2. In what Town, Township or Parish, and in what Country were you born?..... New York, New York, U. S. A.
- 3. What is the name of your next-of-kin?..... Margaret Zeigler.
- 4. What is the address of your next-of-kin?..... #82 Winyah Ave., New Rochelle, N. Y.,
U. S. A.
- 4a. What is the relationship of your next-of-kin?..... Mother.
- 5. What is the date of your birth?..... July 7th, 1893.
- 6. What is your Trade or Calling?..... Stationary Fireman.
- 7. Are you married?..... Single.
- 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 } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Rubin Zeigler, 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.

Rubin Zeigler (Signature of Recruit)

Date September 18th 1916. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Rubin Zeigler, 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.

Rubin Zeigler (Signature of Recruit)

Date September 18th 1916. (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, Canada this 18th day of September 1916.

(Signature of Justice)

Description of Rubin Zeigler on Enlistment.

Apparent Age.....23.....years.....2.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5 ft. 5 1/2 ins.

Chest measurement { Girth when fully expanded.....35 ins.
 Range of expansion.....2 1/2 ins.

Complexion.....L. Brown

Eyes.....Brown

Hair.....Black

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....Bapt.
 Roman Catholic.....
 Jewish.....
 Other denominations.....
 (Denomination to be stated.)

Birthmark bend left arm

Scar over R. Kidney

Scar R. of Abd.

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. 18/16......191.....

A. C. Howard

Place.....Toronto, Canada.

Capt.
 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:—

Toronto Recruiting Depot.

APPROVED

CAPT & R.O.

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Rubin Zeigler,.....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. H. Reis Capt
 (Signature of Officer)

Date.....OCT 24 1916.....191.....

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, 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	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Pending transfer to C.E.F. Part
 Attached C.C.G.K. P. **JAN 1919** No 30
 2 Orders pending transfer to
 Canada.

to be attached on transfer
 to C.E.F. Canada. Part 2 Orders No 31
JAN 1919
W. H. Thompson
 Lieutenant for
 Officer Comd'g M. D. 2. C. W.
 Kinmel Park Camp, July 1918.

Embarked "S.S. Metagama" Liverpool 4/1/19
 Disembarked St. John's 16/1/19

W. H. Thompson
 Capt. R.C.M.C.
 and Metagama

Nothing to be written in this margin.

JAN 4 1919 O.S. T.O.S. No. 2 DISTRICT DEPOT. TORONTO 1919 PART II D. O. 21

W. H. Thompson Lieut.
 For O. C. No. 2 District Depot

19-2-19 E. O.S. (Discharged) No. 2 District Depot Part II, D.O. No. 48

W. H. Thompson
 O. C. Discharge Sections,
 No. 2 District Depot

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-I.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP 1150 1M 5/18 G.W.P. Co. (3490)

(1)*Substantive rank *Acting rank * [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation Form or Record of Service paper) (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
---	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	(Authority) (date)

Initials and Rank of an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin		
(18) Demobilizer (f)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

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... *The 2. Const. Batt. C. & F.*

(2) Regimental Number... *931527*

(3) Full Name of Soldier... *Rubin Zeigler*

(4) Place of Birth... *New York - U.S.A*

(5) Are you married, or not? ... *No*

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

(b) Present Postal Address... *82 Kings Ave New Rochelle N.Y.*

(7) Are you a widower? ... *no*

(8) Have you any children? ... *no*

If so, give number of boys and girls... *—*

Also their names and ages

MEDICAL HISTORY SHEET

931527

Surname Geigler Christian Name Rubin

Examined { on 18th day of September, 1916.
 at Toronto, Canada.
 Birthplace { City or Town New York, N. Y.,
 County U. S. A.

Approved by [Signature]
 Rank Capt. M.O.
Toronto Recruiting Det.

Apparent age 23 Yrs. 2 Months.
 Trade or occupation Stationary Fireman.
 Height 5 feet 5³/₄ Inches
 Weight 135 lbs.
 Chest measurement { Minimum 32¹/₂ inches
 Maximum expansion 35 inches
 Physical development Good.
 Small-pox Marks Nil

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

Vaccination Marks { Arm Right Left 1 Forearm
 Number 1
 When Vaccinated last 1914.

Date	Result	VACCINATIONS
<u>26/2/17</u>		M.O.
<u>12/3/17</u>		M.O.
		<u>Don Murray</u> M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease Nil
 (b) Slight defects but not sufficient to cause rejection Nil

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>27/10/16</u>	<u>L.S.G.R.</u>	<u>W. Kent Major</u> M.O.
<u>2/10/16</u>	<u>L.S.G.R.</u>	<u>W. Kent Major</u> M.O.
<u>7/4/16</u>	<u>L.S.G.R.</u>	<u>W. Kent Major</u> M.O.

Enlisted on 18th day of September, 1916 at Toronto, Canada.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>#2 Const. Battln.</u>	<u>931527</u>		<u>18th Sept 1916</u>
Transferred to				

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.

*Name. L. ZIEGLER, Rubin Rank Pte. Regtl. No. 931527

Original unit Present unit N.S.R.D. * M. or S. Age 25 Religion Bapt Fyle Depot Ref. H.Q.

Port, ship, and date of arrival..... Metagamast. John 15-1-19.

Next of kin..... Mother, Margaret Zeigler 82 Winyah Ave. New Rochelle N.Y. USA

Address on leave..... Same

Address on discharge..... 301 Sickles Ave New Rochelle, New York. U. S.A.

Transportation issued Yes No Date 19-2-19. New York. U.S.A. Character on discharge.....

Previous occupation Stationary Fireman Date and place of enlistment Toronto Sept 18/16.

Diagnosis..... Demobilization Date of Medical Boards 1-2-19.

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>4-1-19</u>	<u>Posted to Cas Co (Ex Camp) 15-1-19</u>	
	<u>Leave & Subs from 17-1-19 to 31-1-19</u>	<u>21</u>
<u>19-2-19</u>	<u>SUS DISCHGD. "DEMOB'N" entitled to WSG</u>	<u>48</u>

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

**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 *1st Lt.* Name *Ziegler* Surname *Rubin*
 Unit or Corps *C.B. 17 Regt.* (If a soldier) Regtl. No. *931527*
 Born at *New York, U.S.A.* on date *Nov 27 / 1896*
 Signature (for identification) *Ziegler*

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

1. PHYSIQUE---Any deformity, maiming or lameness? If so, describe. *None.*

Weight *145* lbs.
 Height *5' 9 1/2* in.

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? *No.*
 Abnormal Sounds? *None.*
 Abnormal Size? *No.*
 Pulse Rate? *72.* Intermittence or Irregularity? *No.*

6. ARTERIES---Any hardening?
No.

7. DIGESTIVE SYSTEM?
No.

8. GENITO-URINARY SYSTEM? *No.*
 Urinalysis---s.g.? *1.020* Reaction? *acid.* Albumen? *0.* Sugar? *0.*

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.
None.

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

Examined at *Kennel, C.B.* { Signed *J.A. Lode Capt* M.O.
 Date *28/12/18* { Signed *ARB 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.

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. 931527 Rank Pvt Surname ZIEGLER
 (Given name in full) Rubin
 Unit or Corps 2nd Div Birthplace New York

Att

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

1. GENERAL DESCRIPTION:

Physique good Weight 143 lbs. Height 5 ft. 5 3/4 in. Colour of Eyes Brown
 Nutrition well maintained
 Pulse 72
 Condition of arteries normal
 Vision Rt 20/20 Left 20/20
 Hearing (conversational voice) Rt. 7 ft. Left 7 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
Birthmark bend
left arm Scar over
Rt Kidney Scar R. Abd.

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 yes 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.

Sonuloca Mar 7/18. band treatment
63 days. no entry into H.S. discharged
from hospital as cured.
no leucia, no varicocele - no varicose veins.
no goitre - no hemorrhoids
no albumin
no sugar

APPROVED
 FEB 1 1919
 [OVER]
 For A.D.M.S., M. D. 2

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

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

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

[OVER]

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.)
1772-89-903.

LAST PAY CERTIFICATE

M. D. 2
No. 53

Regimental No. 931527 Rank Pt Name Ziegler (Surname First)
Unit 10th who was* **DISCHARGED**
On February 19 1919, to July 19 1919
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1 to July 19 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		
Regimental Pay <u>19</u> days at \$ <u>1</u> c. <u>10</u>		<u>20</u> <u>90</u>
Field Allowance		
Separation Allowance		<u>35</u> <u>00</u>
Clothing Allowance		<u>70</u> <u>00</u>
Post Discharge Pay		
*Other Credits		
Advances <u>91530</u>	<u>15</u> <u>00</u>	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges		
Balance on transfer or on discharge, cheque No. <u>91965</u>	<u>110</u> <u>90</u>	
Total	<u>125</u> <u>90</u>	<u>125</u> <u>90</u>

*Give particulars.

A monthly stoppage of \$..... (†) has..... (‡) been paid on account of Assigned Pay for the month of July 1919 and Separation Allee. for month of July 1919 } (to) Assignee

(Address)
(†) 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 Not (3) Reason for discharge Demob.
(4) Authority for discharge or transfer Do 48

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 February 19 1919
Place TORONTO

[Signature] CAPT. PAYMASTER, No. 2 Paymaster, DEPOT

- 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 purposes 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 Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT

2

NAME OF SOLDIER

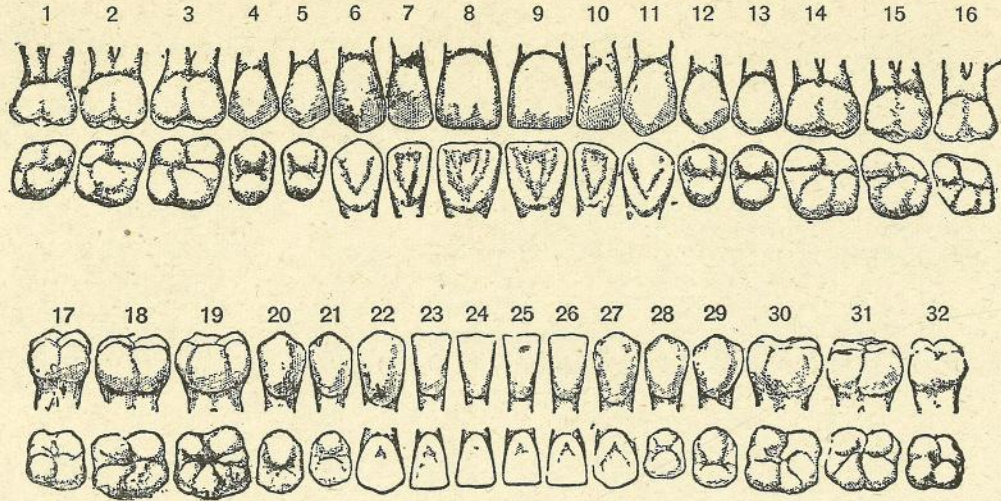
Ziegler, Ruthen

RANK

Plg.

REGIMENT

No. 931527



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhea	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
												U	L	P			Gold	Porcelain				
<p>DISCHARGE EXAM. CASUALTY Co. # 2 D.D. Certificate issued for Date <u>FEB 1 1919</u></p> <p style="text-align: right; font-weight: bold; font-size: 1.2em;">DENTALLY FIT</p>																						
																				<p><i>Manning</i> <i>Capt</i></p>		

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO
DENTAL OFFICERS

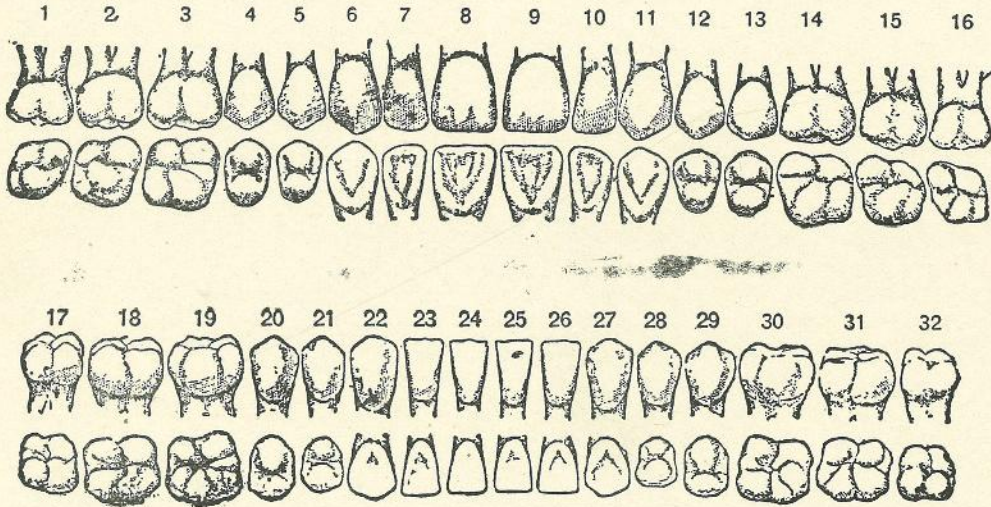
Canadian Printing and Stationery Services, London

MDZ

NAME OF SOLDIER (Block Letters) ZIEGLER R
REGIMENT 2. Con St. Bat. RANK PTE No. 931527

Date of Examination in England 30/12/18 Date of Examination in France _____

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

Fil

HAS HE EVER REFUSED DENTAL TREATMENT ?

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

(a) In Canada

(b) In England

(c) In France

yes

Signature of Dental Officer

J. J. ...

KINMEL PARK,
NORTH WALES

* Strike out what is no longer applicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	
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.	

NAME:- **ZEIGLER**
NUMBER:- **931527**

PARTICULARS OF AUTHORITY	
UNIT AND ORIGINAL UNIT:- 2ND	
DATE ACCOUNT FIRST OPENED	
AUTHORITY	DATE EFFECTIVE

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
<i>12/1</i>	<i>7 day A.P. 1</i>		7.70				

DAILY RATES OF AUTHORITY	
--------------------------	--

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Discontinue 1. 1. 19. 76. 61. 2 p. 6. 381*

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3
MAR	Bal. Forwd						
<i>Apl</i>	<i>P. Pay</i>	<i>33</i>	<i>=</i>	<i>Forfeit 3 day pay - Red - amt 10/23/18 to 9/30 am 2.53 - 35 1/2 hrs. 20 19 - 10/4/18 - 2 Const Coy AR 294 22/4 - CFC Jura</i>		<i>3 30</i>	
		<i>33</i>				<i>3 30</i>	
<i>May</i>	<i>P. Pay</i>	<i>34 10</i>		<i>AR 429 20/5 - CFC Jura</i>	<i>1 78</i>		
		<i>34 10</i>			<i>1 78</i>		
<i>June</i>	<i>P. Pay</i>	<i>33</i>	<i>-</i>	<i>AR 716 7/6 CFC 5</i>	<i>3 57</i>		
				<i>28/3 to 28/5/18. 62 day P. 34 2 con 14/7/18</i>		<i>3 20</i>	
		<i>33</i>		<i>AR 877 27/6 CFC - Jura</i>	<i>3 57</i>	<i>7 14</i>	<i>3 20</i>
<i>July</i>	<i>P. Pay</i>	<i>34 10</i>		<i>AR 956 10/9 CFC 5</i>	<i>3 57</i>		
		<i>34 10</i>		<i>✓ 1100 25/7 ✓</i>	<i>3 57</i>		
<i>Aug</i>	<i>P. Pay</i>	<i>34 10</i>		<i>AR 1264 10/8 CFC 5</i>	<i>3 57</i>		
		<i>34 10</i>		<i>AR 1478 25/8 ✓</i>	<i>3 57</i>		
<i>Sep</i>	<i>P. Pay</i>	<i>33</i>		<i>AR 1679 5/9 676 5</i>	<i>3 57</i>		
		<i>33</i>		<i>AR 1883 24/9 ✓</i>	<i>3 57</i>		
<i>Oct</i>	<i>P. Pay</i>	<i>34 10</i>		<i>2266 12.10 CFC 5</i>	<i>3 73</i>		
		<i>34 10</i>		<i>2338 76. 10 ✓</i>	<i>3 79</i>		
						<i>7 46</i>	

* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.

NAME: **ZEIGLER Rubin**

EFFECTIVE DATE:- EFFECTIVE DATE:-

NUMBER: **931527**

AMOUNT:- AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>PR</i>

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

UNIT AND TRANSFERS
ORIGINAL UNIT: **2nd Construction Bn**
DATE ACCOUNT FIRST OPENED: **1 APR 1917**

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>12/1</i>	<i>749</i>	<i>A.P. 1</i>	<i>7.90</i>				

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

PARTICULARS OF RENDERING NON-EFFECTIVE: *Disoflaw 1. 1. 19. 76. 61. 2p. 6. 381. 8. Ledger. 388. 95.*

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal. Forw'd								168 45 180		
Apr	P. Pay	<i>33 =</i>		<i>Forfeit 3 days pay - Res - amt 10/23/18 to 9/30 am 2.50 - 35 1/2 hrs. 20 19 - 10/4/18 - 2 Const Coy AR 274 274 - CFC Jura</i>		<i>3 30</i>			198 15 195		
May	P. Pay	<i>34 10</i>		<i>AR 429 20/5 - CFC Jura</i>	<i>1 78</i>				230 47 210 B		
June	P. Pay	<i>33 -</i>		<i>AR 716 7/6 CFC 5 28/36 28/5/18. 62 days P. 34 2 con 14/6/18 AR 877 27/6 CFC - Jura</i>	<i>3 57</i>	<i>37 20</i>			219 13 208		
July	P. Pay	<i>34 10</i>		<i>AR 956 10/19 CFC 5 1. 1100 25/7</i>	<i>3 57</i>				246 09 213		
Aug	P. Pay	<i>34 10</i>		<i>AR 1264 10/18 CFC 5 AR 1478 25/18</i>	<i>3 57</i>				243 05 238		
Sep	P. Pay	<i>33</i>		<i>AR 1679 5/9 676 5 AR 1883 24/9</i>	<i>3 57</i>				298 91 253		
Oct	PP	<i>34 10</i>		<i>2266 12.10 CFC 5 2338 26. 10</i>	<i>3 73</i>				325 55		

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEP.
									325 65		
Nov	pp.	33		2702 - 11. 11. 50.	373						
Dec.		34 10		2921 26. 11 CFC 5.	13 06				375 86		
	Int on pp.	15 62		—					388 98		
		8022			16 79						300.
				Sentenced to 7 days Apr. 12. 18.		7 70			381 28		
				D.O. 1. 20. 19. 31. 1. 19.		7 70					

&c.
 VE
 AUTHORITY
 IF IN PERMT. CORPS
 WHAT UNIT
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION
 DATE OF ATTESTATION
 ASSIGNED PAY MONTHLY \$
 DATE EFFECTIVE
 PAYABLE TO
 RELATIONSHIP
 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)

REG'L. NO. 931527 RANK
 NAME Zeigler Rubin
 UNIT 2nd Con. Bn. TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION Toronto ont, TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION Sept 18th 1916 TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 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)

PAYMENT ROLLS					CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
NO.	DATE	NO.	DATE	1	2	3	4	CREDIT				DEBIT				
											23 10					Bal from Canada
											56 10		15 -	41 10		
										14 61	75 59		30 -	45 49		
										4 87	103 72		45 -	58 72		
									5 50	5 50	132 32		60 -	72 32		Indebted 5 do pay 21-5-17 Do 120. 26-7-17.
											166 42		75 -	91 42		
											17 85	181 57	90 -	91 57		
				1948					5 50	42 83	181 57					

72 20/10
 139 1/10
 207 15/10
 282 11/11
 304 15/11

DEFER- SEP.
 E -RED. ALLGE.
 PAY. ENB.

931527 Ziegler, R

MONTH	PARTICULARS	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS		
		NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				NO. OF DAYS	RATE	AMOUNT	1	2	3	4

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	CR.1	DR.2	DR.3	DR.4	BALANCE	DEFER. PAY	SER. RED. ALLGE. PAY
	Oct Bal								204 97		
Nov	P.P.	33	-	A.R. 834. 28 ⁹ / ₁₇ B.F.C.	3	57					
				- 857. 12 ¹⁰ / ₁₇	-	3 57					
				" 980. 25 ¹⁰ / ₁₇	-	3 57					
DEC	-	34	10	- 1098. 10 ¹¹ / ₁₇	-	3 57			257 79		
		67	10			14 28					
JAN	1918 P.P.	34	10	" 1260. 23 ¹¹ / ₁₇ 2 Bonuses	12	49					
				- 1440. 21 ¹² / ₁₇	-	7 14			272 26	150	
		34	10			19 63					
FEB	-	30	80	- 1858. 24 ¹⁸ / ₁₈ C.F.C.	3	57					
		30	80	" 1600. 14 ¹⁸ / ₁₈ Jura	3	57			295 92		
						7 14					
MAR	1918 "	34	10	A.R. 5615-14 ³ / ₁₈ C.P.M.	29	20				180	
				" 2017. 14 ² / ₁₈ C.F.C.	7	14					
				" 7815. 19 ³ / ₁₈ London	24	33					
				" 2108. 5 ³ / ₁₈ C.F.C.	3	57					
				" 1060. 5 ³ / ₁₈ Jura	97	33			168 45		
		34	10			161 57					

168 45

