NAME COOPER ROBERT

REGT. NO. 2499033 UNIT 676 H. Q. FILE NO.

| | CONTENTS 4.7.19 ML | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
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| 1 | ATTESTATION PAPER (M.F.W. 23, 133, or 51) | | | | - | DEATH |
| 2 | CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | 1 1 2 1 | | Category |
| | TRAINING HISTORY SHEET (M.F.W. 113) | | | | | |
| _/ | FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) | | | N. J | | - |
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| -2 | MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) | | | | | DISCHARGE |
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| | PARTICULARS OF CHARACTER (A.F.W. 3226) | | | | | |
| | COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | | |
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SHORT FORM. SERVICE GROUP 3 OCEEDINGS ON DISCHARGE. (Demobilization.) 1. No. 24 99033 Rank. Name. Unit. Reason for Discharge..... Authority No a District Depot, Part II. 8. Proposed Residence after Discharge..... CERTIFICATE TO BE SIGNED BY SOLDIER. 9. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W.?.... Signature of Soldier. CONFIRMATION. 10. The discharge of the above named man is hereby confirmed. No. 2 DISTRICT DEPOT Place..... JUN 1 1 1919 TORONTO For O.C. No. 2 District Depots Hallax a M T I Signature.... (O. C. Discharging Unit.) M.F.B. 218a-300m.-11-18-1772-39-113.

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 |

Chacked by No.

Class A2 ORIGINAL English

24.99033

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

| QUESTIONS TO BE PUT | BEFORE ATTESTATION. 2499 |
|---|---|
| | S M I T H COOPER SAUTH STAT. DECLY |
| 1. What is your surname? | - VAIED 27/2//X ///// |
| 1a. What are your Christian names? | 59 Tecumseth St Toronto Canada |
| | 22 Lecture of Dr Toron to Canada |
| 2. In what Town, Township or Parish, and in what Country were you born? | Kent England. |
| 3. What is the name of your next-of kin? | Maude Finch |
| | GAO Morden Rd Lackheath Kent England |
| | Sister 3 2 3 3 3 3 |
| 5. What is the date of your birth? | March15th 1893 |
| 6. What is your Trade or Calling? | Gardener Agast Single |
| 7. Are you married? | Single Bessly that |
| 8. Are you willing to be vaccinated or re- | Yes - For A South |
| vaccinated and inoculated? | i dan est |
| 9. Do you now belong to the Active Militia? | No Seco |
| 10. Have you ever served in an Military Force? | No - |
| 11. Do you understand the nature and terms of | |
| your engagement? | Yes |
| 12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force? | Yes |
| DECLARATION TO BE MADE | BY MAN ON ATTESTATION. |
| Robert Smith ALIAS ROBERT (| COOPER AUTH: STAT DECIM of 27/2/18 Deciment, do solemnly declare that the above are answers |
| Force, and to be attached to any arm of the service to existing between Great Britain and Germany should after the termination of that war provided His Majer discharged. | true, and that I am willing to fulfil the engagements serve in the Canadian Over-Seas Expeditionary herein, for the term of one year, or during the war now that war last longer than one year, and for six months sty should so long require my services, or until legally |
| Date | (Signature of Witness) |
| I, Robert Smith Rosest Cooperate true Allegiance to His Majesty King George the duty bound honestly and faithfully defend His Ma | MAN ON ATTESTATION. AUTH: STAT Decizi of 27/2/8 will be faithful and the Fifth, His Heirs and Successors, and that I will as jesty, His Heirs and Successors, in Person, Crown and by all orders of His Majesty, His Heirs and Successors, thelp me God. |
| V. Porte | (Signature of Recruit) |
| Date October12th 197 | (Signature of Witness) |
| CERTIFICATE O | F MAGISTRATE. |
| The above questions were then read to the Red I have taken care that he understands each questions | e that if he made any false answer to any of the above ed in the Army Act. cruit in my presence. destion, and that his answer to each question has been made and signed the declaration and taken the oath |
| before me, at | dageth ctober 1917. (Signature of Justice) |
| Karatata (mini | (Digitablie of Justice) |

DUNG ROBERT COOPER AUTH STAT DECKNING ON Enlistment.

| | determined according to the instructions given in the Regu- ions for Army Medical Services.) | Distinctive marks, and marks indicating congenital peculiarities or previous disease. |
|----------------------------|---|--|
| lati | ions for Army Medical Services.) | (Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer). |
| Heig | htftns. | |
| Shost easure- ment. | Girth when fully expanded | Massa, April |
| | Range of expansion ins. | Of Teft land On X Pite |
| Eyes | | Company of Charles and Charles and Charles |
| Hair | Lioù m | |
| | (Church of England | |
| | Presbyterian | Hearing Mose & June O.K. |
| s ons. | Methodist | Total Iyes D so |
| gious | Baptist or Congregationalist | |
| Religious denominations | Roman Catholic | |
| der | Jewish | |
| | Other denominations (Denomination to be stated.) | |
| free Date | use of his joints and limbs, and he declares that I consider him* | her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description. |
| Lor in | | 1 1 1 2 2 2 0 0 0 |
| (*); | | |
| it de | CERTIFICATE OF OFFIC | ER COMMANDING UNIT. |
| | AUAS ROBER | T COOPER having been finally approved and |
| 1 | ected by me this day, and his Name, Age, Date recorded, I certify that I am satisfied with the | of Attestation, and every prescribed particular having correctness of this Attestation. (Signature of Officer) |
| Date | Vосыбы 191 °. | Capa interior |

ATUTORY DECLARATION Cooplet. do solumnly and sincerely declare that I was enlisted on the 12 des/1917 under the name of Robert Swell, which name I now declare to be incorrect. When Cooker I now declare to be my true name and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an act made and passed in the sixth year of the reign of King William the Fourth, chap, 62, entitled "The Statutory Declarations Act, 1835". Signature of soldier Lapleton Declared perore me at . O andor Grondenis 27. day of Olbruary 1918 Signature of O.C.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge.

| THIS IS TO CERTIFY that No. 24 | 199033. (Rank) Private |
|---|---------------------------------|
| Name (in full) loopes. | Robert. enlisted in |
| the Will Funcos, | 2070200 |
| CANADIAN EXPEDITIONARY FORCE at | Toronto on the 12th. |
| day of October 19 | |
| HE served in | uce Melquin |
| and is now discharged from the service by r | Peason of Medical Unfitness. |
| THE DESCRIPTION OF THIS SOLDIER o | n the DATE below is as follows: |
| Age | Marks or Scars |
| Height of the Turs. | |
| Complexion Medium | hand |
| Eyes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| Hair Medun | |
| Signature of Soldier | Muleys |
| Date of Discher FRICT DEPOT | For Issuing Officer |
| No. 2 DISTRICT DELOT | O.C. No. 2 District Depot. |
| JUN 1 1 1919 | Rank |
| TORONTO | Date JUN 111919 19 |

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.

(c) In France

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London 1. This form will be NAME OF SOLDIER (Block Letters) COOPER. R. made out for each Individual at the time of Demobili-REGIMENT zation in England or France. Date of Examination in England 23/4 2. Figures as per chart will be used Date of Examination in France to designate teeth concerned. 10 11 12 13 14 3. In reference to Partial Dentures the numbers of teeth thereon will be stated. 21 22 23 24 25 26 27 PRESENT DENTAL REQUIREMENTS 1. FILLINGS 2. EXTRACTIONS 3. CROWNS 4. DENTURES (a) Full Upper (b) Part Upper (c) Full Lower (d) Part Lowe 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

Signature of Dental Officer_

DIRECTIONS TO DENTAL OFFICERS

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.

| | | Surname COOPER (ALIAS Sm. (Given name in full) ROBERT- | | | | |
|----|--|--|--|--|--|--|
| Jr | it or Corps . C. F. C. | Birthplace CANAdA. | | | | |
| | (Examination of Officer or Other Rank (s | stripped) to be made by one Medical Officer.) | | | | |
| | GENERAL DESCRIPTION: | tabana in transfer in the control of the marks the | | | | |
| | the state of the s | Height 5ft.S.Zin. Colour of Eyes | | | | |
| | Nutrition 40.00. | Identification marks, scars, or deformities. (Give cause and date of origin.) | | | | |
| | Condition of arteries | | | | | |
| | Vision Rt 2. 4. Left 2.0 | For the Chillian has been and the con- | | | | |
| | Hearing (conversational voice) Rt 2.(ft. | vinishing to the Samuel Control of the Samue | | | | |
| | Left . 2.(ft, | | | | | |
|)I | inion as to general health and physical condition | n Good | | | | |
| | | or has he now, any affection of the following systems? | | | | |
| | Nervous System | System Cardio-Vascular System | | | | |
| | Special Senses | | | | | |
| | Disturbance of mentality Muscular System | mDigestive System | | | | |
| | Osseous and Joint System . Any other coner | ral condition | | | | |

EXAMINATIONS.

| THIS SEC | TION FOR USE OVERSEAS— |
|-------------------------------|--|
| Examined a | at Lunningaal (Overseas) |
| Date | 25-4-19 Signed The Sutherlandle M. M.O. |
| condition; t | by certify that I have read, or have he ard read, the above description of my present that I find it correctly stated; and that I have not withheld any information concerner affections from which I suffered, either prior to or during service. |
| | (If not satisfied, M.F.B. 227 will be completed by Medical Board.) |
| | |
| THIS SEC | TION FOR USE IN CANADA— |
| THIS SEC | TION FOR USE IN CANADA— |
| | |
| Examined a | O temperal section and an experience of the section of reaches a particular section of |
| Date I hereby condition; the | at(Canada) |
| Date I hereby condition; the | at |

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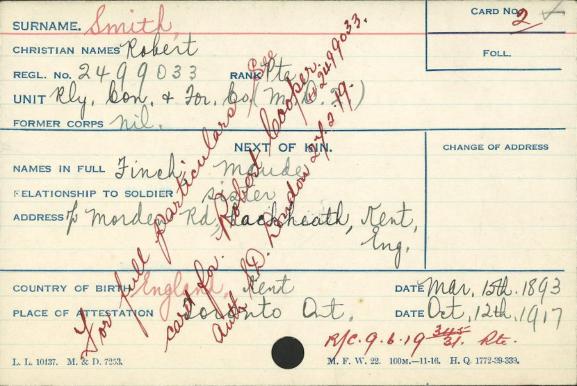
MILITARY SERVICE ACT, 1917. 2499033 CAL HISTORY SHEET.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not mede an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attacked by him to a report for service or claim for exemption which he may make the service of the post o

| on application master to a Medical Bos Deputy Reg | I WU I I | ter in Canada, or be sent by his try Registrar under the Military Officer Commanding unless i | n after he had Service Act. Instructions h | s noted upo . In any e nave been s | on it the nurvent the durgiven by the | nber on the receipt la licate medical histo latter to forward | ne obtained from the Post- ry sheet will be sent by the it direct to a Registrar or | |
|--|---|---|--|--|---------------------------------------|---|---|--|
| 2. Numb | er of report fo | or service or claim for ex- | emption ac | cording | to Postma | aster's | | |
| 3. Consecutive number on schedule of men reporting for service (if he appears on it) | | | | | | | | |
| | | reet 59 Tectims | | | | | | |
| | | ccurate particulars w | | | | | | |
| | | ation on the 12th | | | | | | |
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| 9. Chest | measurement | \[\begin{pmatrix} \text{Minimum} & 34 & \ \ \text{Maximum} & 36 & \ \text{I} \end{pmatrix} \] | ns. 10. C | Complexio | n Me | dium | { Eyes Medium | 0 0 0 0 0 |
| | | (MaximumI | ns. | (Goo | od | | (Hair | |
| | | t. Good. | | | | | | |
| 13. Numl | per of vaccination | on marks Right arm | 3 | 14. | When va | ccinated last | 1913 | <i>[an</i> |
| | | d marks indicating congen | | | | | | of Man |
| | Mole | On L side Nasal Spur | Scars | On T | &R Kn | ee Scar | On Back T. Ha | ire c |
| 16. Slight The man (Str | defects but no denies having h rike out disease | On I side Nasal Spur t sufficient to cause rejecti A Rheumatism Tuberculosis Syphilis admitted or suspected.) mined the above nar | Ve find no e | evidence o | of past { } | heumatism Tuberculosis Tuberculosis | SY MEDICAL BOA | Signation of the state of the s |
| in accor | dance with | the C. E. F. Regulars, and he is placed in | tions for | 10 | TORO | | LIZATION CENT | RE |
| | | | ember. | | | | PRESIDE Member. | N. |
| Date | Result | Vaccinations | | Date | Result | Anti-Typhoid | Inoculations, Etc. | |
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| | STATION | DATE | | DISEAS | E | 0.0 | RESULT | 2 |
| ve tum | p, Foron | - 9-1-18 26.4.19 | ho A. | - SOA | Suthe | elandle, | Place | Hear |

DATES OF 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 beeth or surgical appliances supplied. Particulars of prophylactic inoculations. Signature of Date of Arrival Number of Admission into Hospital Discharge from Hospital. Medical DISEASE. STATION. at the days in Hospital. Officer. Station. Day Month Year Day Month Year Robert Christian Name Surname



MARRIED MONTHS APPARENT AGE YEARS FEET HEIGHT INCHES CHEST MEASUREMENT COMPLEXION PLACE Porento Out, DATE Oct, 12th, 1417 Present addies, 59 Decremseth St., Doronto,

Number 2 4 9 9 0 3 3. Ra. PG. Surname COOPEP Christian Name Robert. Units C. 7. C. Theatre of War Framee Date of Service 26. 1.18. Remarks 149 Fore Vale ave, Front, Out 3 1/27 Latest Address 5:40. 2 Roll No. 200m.-6-21/age 2/025

GRATUITY (IMPERIAL)

| CHRISTIAN NAME | SURNAME | Reg. No. | 6 |
|----------------------------------|------------------|----------|-----|
| SCHEDULE No. | LINE NO. | 9 2 | 00 |
| UNIT RETIRED OR DISCHARGED FROM | | Z | MAY |
| PLACE OF RETIREMENT OR DISCHARGE | 4 | 4/4 | 51 |
| DATE RECEIVED FROM OTTAWA | IMPERIAL DEPOT N | 10. | 127 |

DATE FORWARDED TO OTTAWA

F68-D.P.-40M-1-12-19.

DATE RECEIVED FROM REG. DEPOT.

| See also Smith Robert 2499033 | |
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| See also Suith Robert 2499033 SD-dondon 27-2-19. | H. Q |
| | M. D. No2 |
| Surname Ooper | T. O. S. 19 |
| Christian names Jobesh | D, O, Pt. II of |
| Regtl. No. 2499033. Rank. Rank. | S. O. S. 11 6 - 19.19 |
| Unit Ply Con For Co. W. & 3 | Reason Demot |
| | Auth. Do. 14.5 14 - 6 19 200 |
| Next of kin Frisch Mande Address of Morden Ra. Lackheath. Kent England | Relationship Selection |
| | |
| BORN-Place England Scent. ATTESTED-Place Toronts out | Date March 15-th 1893. |
| O/S | Date Oct 13 th 1917 R/C 9:6:19 343 74 2 |

2

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

M. F. W. 54. (A. F. B. 103.

500м.—9-16 Н. Q. 1772-39-920.

Casualty Form—Active Service.

| | Regime | ntal No. 240 | QUnit, Regiment or Corps/ | e Coope | | Robert, |
|-----|---------|------------------------|---|-------------------|--------------|---|
| | Enliste | d (a) | C. E. F. Terms of Service (a) | Ser | vice reckons | s from (a) |
| | Date of | promotion to sent rank | } Date of appointment to lance rank | nt} | Numer roll | rical position on of N. C. Os. |
| | Extend | ed | Re-engaged | Qualification (b) |) | |
| | Date | From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
| אטנ | 2 1 | 19 0. S. | O. S. No. 2 DISTRICT DEPOT, T | ORONT 1919 | PART II | 165 |
| JUN | 11 1 | 15 S. O. S. | (DISCHARGED FROM H. M. S.) N | o. 2 C.S. JEPO | r, PART | 165 |
| | | | | w.c. | (| O. C. No. 2 Dietrict Depat. |
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| | Report | eport Record of promotions, reductions, transfers, casualties, etc., during active service, as re- | | | | Remarks |
|------|--------------------|---|-------------------------------|------------|------|--|
| Date | From whom received | ported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case | Place | Date | Army | from Army Form B. 213, Form A. 36, or other official documents |
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Fill in only.-Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103. 500 M. -9 10 H. Q. 1772-

Casualty Form—Active Service,

249903 3Unit, Regiment or Corps. Rank Pte. Regimental No. Name Smith Robert. Enlisted (a). 1.2th. Oct. Terms of Service (a)..... Service reckons from (a): Date of promotion to Date of appointment Numerical position on present rank to lance rank roll of N. C. Os. Extended. Qualification (b). Gardener. Re-engaged. Report Record of promotions, reductions, transfers, Remarks casualties, etc., during active service, as retaken from Army Form B. 213, ported on Army Form B. 213, Army Form Place Date From whom Army Form A. 36, or other Date A. 36, or in other official documents. The received official documents authority to be quoted in each case S. Base Depot, C.F.C. Sunningdale SOS. BASE DEPOT C.F.C. SUNNINGDALEA .- 26. Hobert hoopen he will in &

⁽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.

Record of promotions, reductions, transfers, Report Remarks casualties, etc., during active service, as retaken from Army Form B. 213, Place Date ported on Army Form B. 213, Army Form Army Form A. 36, or other From whom A. 36, or in other official documents. The Date official documents received authority to be quoted in each ease S.O.S. for demobilisation to C.F.C. Lieut. for Lt. Col A.A.G. Cdn. Sect. G.H.Q. 22/4/19. O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 19/4/19 Pt.11.D.D. 1/2 from 6.7. C. France 14.5. 19 PT 11 D.O. 131+ SOS Base Depot C.F.C on Transfer to 17 CANADIAN CALP, RHTL. Embarked Livernool S.S. Lapland' 2. June 1919.

No 6 Toronto For Dft To B.D O F Cooper Robert, aut RL 61-2. 4/18.3-18 Reg'l No. 2499033 TLH Rank If in perm. Corps, \ \ \mathref{14 Cay CFG} \ \ \text{What Unit?} Married or Single Single Unit Place and Date of Enlistment Toronto, Can. Octr. 12th. 1917 Place of Birth Kent, England Name and Address, Next-of-Kin Maude Finch. 29 East St., Bexley Heath, Kent. England. Sister/ Relationship Assigned Pay Monthly \$ Payable to Relationship Separation Allowance \$ Payable to Relationship Discharge, Date and Place Reason Character H. W. & V., Ld .- 9546-16. Report. Record of promotions, reductions, transfers, REMARKS Place. L Date. casualties, etc., during active service. Taken from Official Documents. From whom Date. The authority to be quoted in each case. received. Arrived in England 31-12-17 E/S GRAMPIAN 74 Co. D) 9 d21-4. 19 15-5-19 BOCFC DOD to Ruge Dix 2 v D'dale 14-5-19 - 135 16-5-19 2mocw 300 pending RDC. v Ruge. 14-5-19 - 116. 3-6-19 Skindock So. S. to Tanada Saily 63 " 2.6-19 " 131

63-92619.

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| Repor | t. | Record of promotions, reductions, transfers, | | | REMARKS | |
| Date. | From whom received. | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | Taken from Official Documents. | |
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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.

| | Name of Overseas Unit which Soldier joins | |
|-----|--|------------------------|
| (2) | Regimental Number 245903 | 3 |
| (3) | Full Name of Soldier | COPPER KARERT 127/2/18 |
| (4) | Place of Birth Bexley Heath | |
| (5) | Are you married, or not? | |
| (6) | If married, state, (a) Full name of your wife | |
| | (b) Present Postal Address | mil |
| | Are you a widower? | |
| | If so, give number of boys and girls | mil |
| | | |
| | | |

| (9) Is your Father alive? No. |
|---|
| If so, state name and address |
| (10) Is your Mother alive? |
| If so, state name and address |
| |
| |
| (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. |
| mater (pure service for the derivation). He to the country of the |
| |
| (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. |
| (Sister) Finch, Mrs. Maude. C/o 7 Morden Rd. Blackheath Kent. England. |
| Piggott Mrs. Mary 59 Tecumsh St. Toronto, Ontario. |
| (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. |
| fur Anghes. |
| fee! |
| Officer Commanding. |
| Date 12th. October 1917. |

RY DECLARATION ' Cooper. do solamnly and sincerely declare that I was enlisted on the 2 Wel 19/ Ander the name of Wheel Shulh which name I now declare to be incorrect. Tober Cooper. I now declare to be my true name and I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of an Act made and passed in the sixth year of the reign of King William the Fourth, chap, 62, entitled "The Statutory Declarations Act, 1835". Signature of soldier Alatert Contester. Declared before me at au dos, Frond Ethis. 27.... day of 0 6 bruary 1918. Signature of O.C. appeared in 9130 appeared in 9130.

| AUTHORITY REG'L. NO. 2499033 RANK RANK | DATE AUTHORITY DATE AUTHORITY | | | | | | | | | | |
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COOPER P 820 12474-375M-13-2-18. ASSIGNED * CANADA. SEPARATION ENGLAND OR NAME - SMATA PAY. ALLOWANCE. CANADA. EFFECTIVE DATE:-EFFECTIVE NUMBER: 2499033 178 \$ 1500 100 AMOUNT :-PARTICULARS OF RANK NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYER OF A.P. IS THE SAME AS PAYER OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. DATE AUTHORITY Mrs. W.m. Gooper, (mother) 29 East St. Busley Heath, Kent, England UNIT AND TH ORIGINAL UNIT:- 76°6 20 DATE ACCOUNT FIRST, OPENED DATE DA AUTHORITY EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK AMOUNT DATE OF NUMBER OF A.R UNIT PAID BY UNIT PAID BY AMOUNT DAILY RATES OF PAY AUTHORITY goldreed as at 34/1/8 PARTICULARS OF RENDERING NON-EFFECTIVE :-CR. 1 CR. 2. PARTICULARS DR. 1 DR 2. DR. 3. PARTICULARS 1 Salue ak 169- Nº 12 And OJOK 20 48 P Pay 10/3718 33-GR. 188 D.M. G.R. 1836A 6.68914 £ 3.1.8. 15 AR. 1424 No 12 Dist. Sept 15 ap. Sept. 20769 AR.1905.199/18. 12 tis Get. D67769 f3-15 34 10 2139 12/10/18 12 Dis 746 hor Dee 3410 Mat Ponal of 3125 5/19. 12 Dist 30 783145 £3-1-8 15 CHECKED BY 3459 42/19 12 Dis g 93535 f3-1-8 hoh 15 3410 3634 63/19 12 Dist 64 90 30

NAME: SMATH Robert! ASSIGNED ENGLAND OR SEPARATION ENGLAND OR CANADA. ALLOWANCE. EFFECTIVE EFFECTIVE NUMBER: 2499033 DATE:-AMOUNT:- \$ 1500 105 PARTICULARS OF RANK OR APPOINTMENT AMOUNT :-NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYER OF A.P. IS THE SAME AS PAYER OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE. AUTHORITY DATE RANK OR APPOINTMENT Mrs. W.m. Cooper, (mother) Fli. 29 East St. Beyley Heath, Kent, England UNIT AND TRANSFERS ORIGINAL UNIT: - 16.6 Zovendo Forestry. DATE ACCOUNT FIRST OPENED - 1/1/18. DATE DATE LEDGER UNIT TRANSFERRED TO AUTHORITY 67.6. France EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK PAYMENT OF A.R AMOUNT DATE OF NUMBER UNIT PAID BY UNIT PAID BY 29/1/19 1848 97.33 DAILY RATES OF PAY AND ALLOWANCES AUTHORITY SUBS'CE ALL'CE goldreed as at 34/1/8 PARTICULARS OF RENDERING NON-EFFECTIVE: - Deschad to Caucada 3/5 DR. 1 DR 2. DR. 3. BALANCE DEFERRED PARTICULARS DR. 4. 1 Salu Son marc 96 39 45 ak 169- Nº 12 And OJOK 20 48 april 127 75 alus --- 10/1/18 149 21 75 7/6/18. D.M. G.R. 1836A " 16/3/18 16793 90 19489 105 6.68914 £. 3.1.8. 15 AR. 1424 No 12 Diet. " 9-8-18 20685 /20 Sept ap. Sept. 20769 £3-18. 15 AR.1905.199/18. 12 his 2177/ 105 Get. 12139 12/10/18 12 Dist 15 34 229 35 hor Dec 627370 2546 13/11. 12 Dist. 3410 E82168 £3-1-8 26130 3125 5/19. 12 Dist 30 783145 £3-1-8 15 3459 42/19 12 Dis y 93535 f3-1-8 3410 15 3634 63/19 12 Dist 273 82 105 64 90 30