

## REGIMENTAL DOCUMENTS

NAME

GLYKE JOSEPH

REGT. NO.

931272

UNIT

#2 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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1 M-7W192

1 D-7W1875

1 L-926 5009

1 M-7W192

1 D-7W1875

1 L-926 5009

1 M-7W192

## DEATH

Category

## DISCHARGE

Category

Immobility

## DESERTION

30-16  
8-16  
6-16



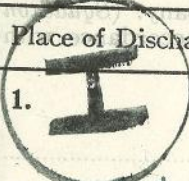
War Service Badge  
Class "A" # 77012 issued  
AW

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. <u>931272</u>	
Rank <u>Private</u>	
Surname <u>Clype</u>	
Christian Name <u>Joseph</u>	
Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) <u>No 2 Lewis Btltn</u>	
Date of Discharge <u>February 15, 1919</u>	
Place of Discharge <u>Halifax</u>	
1.  DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>20</u> years <u>—</u> months.	Descriptive Marks
Height <u>5</u> feet <u>6</u> inches.	
Complexion <u>Black</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
Trade <u>Labourer</u>	
Intended place of residence <u>Yungstorough</u>	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of <u>Disability</u>	
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.	
3. Conduct and character while in the service have been, according to the records, etc.	
E. R. J.	
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.)	

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

M. F. B. 218.

100M.—1-17.  
H. Q. 1772-39-113.

(OVER)



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.

(Place) *Halifax N.S. & Clerk* ..... (Signature of Soldier.)

(Date) *Feb 18<sup>th</sup> / 19* *W B Smith* ..... (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) *Halifax N.S.* .....

(Date) *15.2.19* .....

(Signature) .....

*Demuel*  
..... LIEUT. COL.  
No. 6 DISTRICT DEPT.



# 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.)

*will*  
*be*

<p>Attestation Paper, Military Form B. 235</p> <p>Proceedings on Discharge, Military Form B. 218</p>	<p>Reg. Contact Sheet, Military Form B. 207</p> <p>Squadron Battery Company } Contact Sheet, Military Form B. 206</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will be prepared.</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared).</p>	<p>Copies of Convictions by C.P. in 412</p> <p>Med. Hist. Sheet, Military Form B. 313</p> <p>Medical Report for Invalidity, B. 337</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p> <p>"Only discharged 'Medically unfit'."</p>
<p>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.</p>	



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.)

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	
Med. Hist. Sheet, Militia Form B. 313	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Medical Report for Invalid* " B. 227.	(a) Proceedings on Discharge.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(b) Attestation.
*Only if discharged "Medically unfit."	(c) Medical History Sheet (in the event of such having been prepared.)

*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.*



HEB  
Number

931272

Rank

"Spr" ~~Plat~~

Surname

CLYKE

Christian Name

Joseph

Units

60K66

Theatre of War

France

Date of Service

14-6-17

Remarks

Latest Address

Guyborough NS

Roll No.

B. Page 21779

200m.-6-21.



## GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

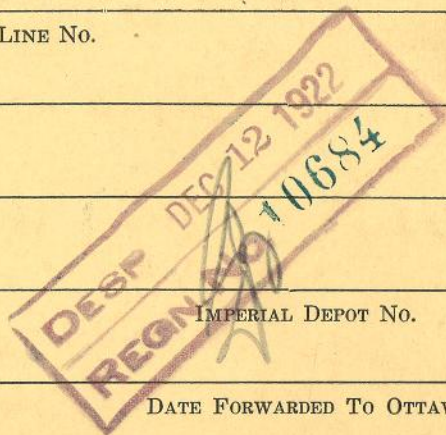
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA





SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

RANK

UNIT

CO.

TROOP

BATTY.

HOSPITAL

DATE OF ADMISSION

1. 1st. Hosp. Rouen.

HOSP. 8.8.18.

2. 51 Gen. Etaples

HOSP. 14.8.18

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

2.

3.

DISPOSITION

Dis 7-9-18

DATE

REMARKS

A.M.D. 2 Dept.

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



# EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

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



ORIGINAL  
ATTESTATION PAPER

931272

No.  
Folio

No. 2 CONSTRUCTION, B'n. C.E.F.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name? Joseph Flyke
2. In what Township or parish, and in or near what Town and in what County or Country were you born? In or near the Town of  
in the County of Guysborough Co. N.S.  
in
3. \*What is the name of your next of kin? Mrs Elizabeth Flyke N.S.
4. \*What is the address of your next of kin? Guy'sborough County N.S.
5. What is the date of your birth? Feb 14. 1899
6. What is your trade or calling? Cabaret
7. Are you an apprentice? no
8. Are you married? no
9. Are you willing to be vaccinated or re-vaccinated? yes
10. Do you now belong to the Active Militia? no
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? no
- †† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.
12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force? yes
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? no
14. Do you understand the nature and terms of your engagement? yes
15. Are you willing to be attested to serve in the yes
- or for General Service for the term of Joseph Flyke  
(Signature of Man)  
(Witness) John Lambert

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Flyke, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of one year, provided His Majesty should so long require my services, or until legally discharged.

Joseph Flyke { Signature of Man. } John Lambert { Signature of Witness. }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Flyke, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) Joseph x Flyke

(Witness Present) John Lambert

The above questions were asked of the said Joseph Flyke and answered by him in my presence, as herein recorded; and the said Joseph Flyke made the above Declaration and Oath before me at Guysborough this 22 day of September One Thousand Nine Hundred and Seventeen at 230 o'clock P.M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. } W. H. Sutherland Lt Col

\* To be verified in the month of January in each year.  
† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (See K. R. & O. for the C. M., and the Militia Act.)



# Description of Lylee Joseph on Enlistment.

Apparent Age.....17 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 6 ins.

Weight.....130 lbs.

Chest measurement. { Girth when fully expanded.....35 ins.  
Range of expansion.....3 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Black

Religious denomination. { Church of England.....  
Presbyterian.....  
Methodist.....Methodist  
Baptist and Congregationalist.....  
Roman Catholic.....  
Jewish.....  
Other Protestants.....  
(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).

## 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 Permanent Force,

Date.....Sept-21<sup>st</sup> 1916.

Place.....Texas Ws.

H. V. Kent Major M.C.  
Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the following Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

Joseph Lylee.....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)

Date.....SEP 23 1916.....1916.



Statement of the Services of No. \_\_\_\_\_ Name \_\_\_\_\_

[illegible]

(OVER)



MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Deferred Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N. B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

2. Passed classes of Instruction..... {	Initials of Officers.
3. Campaigns..... {	
4. Wounded..... {	
5. Effects of wounds {	
6. Special instances of gallant conduct..... {	
7. Medals, Decorations and Annuities..... {	

9. Particulars as to Marriage..... {	(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two Witnesses.				Date of being placed on Married Roll	Initials of Officers.
	(a)	(b)	(c)	(d)		

10. Particulars as to Children..... {	Christian Name	Date and Place of Birth		Date and Place of Baptism, and Name of Officiating Minister	

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.



# ORIGINAL

Christian Name

Approved by

Rank *Major Gen.* M.O.

Trade or occupation Farmer

Weight 130 lbs.

Physical development Good

Small-pox Marks None

When Vaccinated last.....

(a) Marks indicating congenital peculiarities or previous disease: None

(b) Slight defects but not sufficient to cause rejection

Enlisted on 21 day of Sept

Joined on enlistment

Transferred to.

CORPS

REGT'L NUMBER

## HABITS

DATE \_\_\_\_\_

931272

21/9/16

No. 2 CONSTRUCTION, B'n. C.E.F.

## STATION

DATE \_\_\_\_\_

DISEASE

DECEMBER

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.



Joseph

[illegible]



# **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 Clyke Surname Joe  
 Unit or Corps. 17 Reserve (If a soldier) Regtl. No. 931272  
 Born at Guybrough, N.S. on date Feb. fourteen, 1900  
 Signature (for identification) [Signature]

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

**1. PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 144 lbs.  
 Height 5 ft. 7 ins.

no

**2. NUTRITION AND DIATHESIS?**

Yes

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? 84

Intermittence or irregularity? no

**6. ARTERIES.**—Any hardening?

no

**7. DIGESTIVE SYSTEM?**

no

**8. GENITO-URINARY SYSTEM?**

Urinalysis—S.G.? 1.018 Reaction? acid Albumen? nil Sugar? nil

**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?

Yes

Examined at Kinmeel Park

Signed [Signature] M.O.

Date 2-1-19

Signed [Signature] 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. 931272 Rank Pte. Surname Joseph Clyde  
(Given name in full)

Unit or Corps D. D. #6 Birthplace Guyabaro, N.S.

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

## 1. GENERAL DESCRIPTION:

Physique Good Weight 120 lbs. Height 5 ft. 6 in. Colour of Eyes Brown  
Nutrition Good  
Pulse normal  
Condition of arteries normal  
Vision Rt. no Left no  
Hearing (conversational voice) Rt. 15 ft.  
Left 15 ft.

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

Nil

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.

Nil

Guyabaro, Nova Scotia

(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 .....(Canada)

Date .....11/2/19.....

Signed .....W. R. M. 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 .....D. E. M.

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

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



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 295	1st Bat, K. rex	8-8-18	V.H.G.
A 297	51 Gen, Etaples	14-8-18	" " "
A 316	Discharged	6-9-18	" " "
A 379	Can For Corps H	19-11-18	Blarrhoe
A 379	Discharged	19-11-18	



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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO  
DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

CLYKE J

MDL

REGIMENT

No 2 Construction Co

RANK

Pt

No.

981272

Date of Examination in England

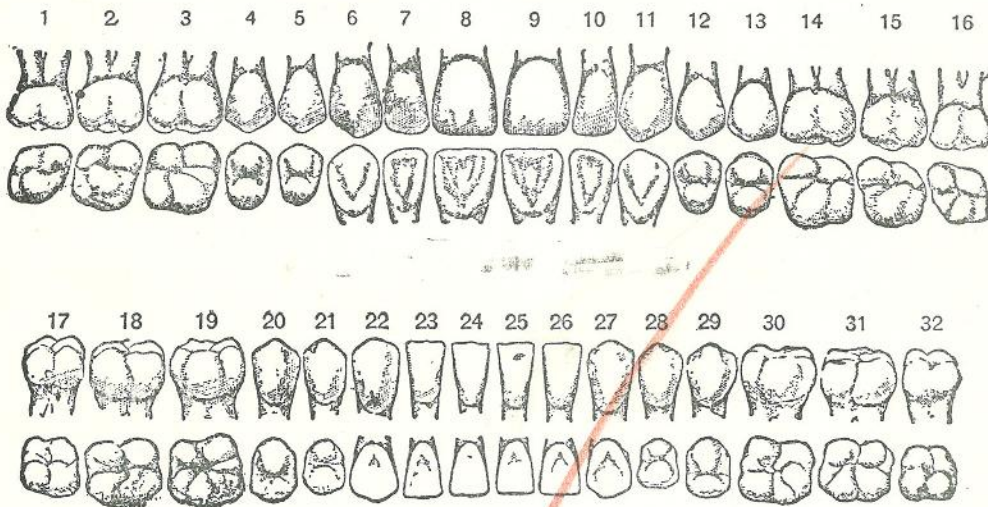
31/12/18

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

3, 14,

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

(a) In Canada

(b) In England

(c) In France

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer

J. S. Mervill C.M.D.



\*Name Slyke, J. B. Rank Pvt Regtl. No. 931195  
 Fyle Depot 74-6-949  
 Original unit 2 R B Co Present unit 4th B Co Major or S. Age 30 Religion Catholic Ref. H.Q.   
 Port, ship and date of arrival Halifax N.S. "Aqueducta" 25/1/19  
 Next of kin Mrs. Rachel Anne Slyke  
 Address on leave Truro N.S. Ford at March Road  
 Address on discharge   
 Transportation issued No  Yes  Date  Character on discharge   
 Previous occupation Labourer Date and place of enlistment Truro N.S. 2/2/18  
 Diagnosis  Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
31.1.19	Truro N.S. from 18/1/19 Ported by 31.	
15.2.19	DISCHARGED at Halifax, N. S.	280 44



Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243



# ● CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931272 (Rank) Private

Name (in full) Joseph Clyde enlisted in  
the No 2 Co's Btln

CANADIAN EXPEDITIONARY FORCE at Toronto on the 22<sup>nd</sup>  
day of Sept 1916

HE served in France

and is now discharged from the service by reason of Demobilization

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

Age 20 years  
Height 5ft 6ins  
Complexion Dark  
Eyes Brown  
Hair Black

Marks or Scars Yes

J Clyde

Signature of Soldier

B W Macdonald

CAPTAIN

O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Rank

Date of Discharge February 15, 1919

Appointment

Signed at Halifax NS this 13<sup>th</sup> day of February 1919

in Military District No. 6

File Reference No. \_\_\_\_\_

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 *Guysborough, N.S.*

Character and Conduct

Former Occupation *Labour.*

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at *Guysborough* this day of 19

Name of Officer

Rank

Appointment

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

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from



DUPLICATE

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 Batt
- (2) Regimental Number 931272
- (3) Full Name of Soldier Joseph Clyde
- (4) Place of Birth Guysborough, N.S.
- (5) Are you married, or not? No
- (6) If married, state,
  - (a) Full name of your wife \_\_\_\_\_
  - (b) Present Postal Address Guysborough N.S.
- (7) Are you a widower? \_\_\_\_\_
- (8) Have you any children? \_\_\_\_\_
 

If so, give number of boys and girls \_\_\_\_\_

Also their names and ages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



(9) Is your Father alive? No

If so, state name and address yes

(10) Is your Mother alive? Elizabeth Clyde

If so, state name and address Mrs Annie Brody Gugsboro

(11) If your Mother is a widow yes

Are you her sole support, or not? No

(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.

\$16 Grammatically

(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.

Mrs Arch Clyde Gugsboro  
Gugsboro

(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? yes

Have you made arrangements for payment of your Insurance premium? No

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

C. W. Reis Capt  
for Officer Commanding.

Date Oct 23<sup>rd</sup> 1916



SURNAME

*Clyke*CARD NO. *V*

CHRISTIAN NAMES

*Joseph*

REGL. No.

*931272.*

RANK

*Pte.*

UNIT

*No. 2. Construction**Bn.*

FORMER CORPS

*nil.*

NEXT OF KIN.

NAMES IN FULL

*Clyke, Mrs. Elizabeth*

RELATIONSHIP TO SOLDIER

*not stated.*

ADDRESS

*Guyssborough Co., N.S.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

*Canada**Guyssborough, N.S.*

DATE

*Feb. 14<sup>th</sup> 1899.*

PLACE OF ATTESTATION

*Truro, N.S.*

DATE

*Sept. 22<sup>d</sup> 1916**O/S 28-3-17*

L. L. 6945. M. &amp; D. 6994.

*R/C 25/1/19 256-6 Pte.*

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



From Italipare per J.S. "Southland" 28-3-17.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

DATE

Present address not stated.



No. 1272.

RANK

Pte

NAME

Clyde Joseph.

T. O. S.

21-9-16

UNIT

No 2. Construction Battalion

S. O. 33. 22-9-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Sept 21	Sept 30	m		
Oct.		m.		
Nov.		✓		
Dec.		✓		
1917	Jan 1917	✓		
Feb.		m		
Mar.		m		







[illegible]



Name

Clyke

Enl

22-9-16

Date of Embarkation for England

25-3-17

Proceeded to France.

17-5-17

Returned to England.

14-12-18

demob

Date returned to Canada.

12-1-19

P.R. 2855.

*6th/12/18  
21 (over)*



Cas. Sherr.

6-8-18- V. H. P. — Lo duty 7-9-18



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

M. F. W. 54. (A. F. B. 102)

350m. 5-16  
H. Q. 1772-39-970.

# Casualty Form—Active Service.

Unit, Regiment or Corps

*2 Construction Batt. C.E.F.*

Regimental No. *931272*

Rank *Plt*

Name

*Joseph Clyde*

C. E. F.

Enlisted (a) *22-9-16*

Terms of Service (a) *period of war*

Service reckons from (a) *22-9-16*

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

CEMENTED CORRECT

17 JUN 1917

CAN. RECORDS, LONDON.

*Embarked from Canada Halifax 7/8*  
*Disembarked England Liverpool 7/4/17*  
*Proceeded Overseas Seaford 17/5/17*

*25/3/17*  
*7/4/17*  
*17/5/17*

*Pt 2 D.O.#*

*John C. Clyde*

Landed in France 17-5-17 N.R.

*Forfeits 5 days pay for*  
*Making away with*  
*Iron Rations*

*Plt.*

*215y Broley P119 257y*

*30-8-17*

*o.c.*

*To dep 77 N22*  
*entering with an R.M.P. in*  
*performance of his duty.*

*27-8-17. B2069 P.133 d/18/17*

(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.



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				
5/4/18	October	att to Dist CTC Alencon		30/11/17	B213
8-8-18	no 1 Slaty Corp.	V. N. G. detained		8-8-18	49492 / 57770
10-8-18	0 <sup>th</sup> 38 Coy.	to Alencon Slaty Alencon.		6-8-18	B213
10-8-18	no	to no 1 Slaty Hospital	Field	7-8-18	B213.
14-8-18	51 General	admitted. V. N. G. M"	51 General	14-8-18	W 119.
7-9-18	51 General.	V. N. G. In Slaty	Field	7-9-18	W 3394
8-9-18	69 80	transferred from 51 Gen Hosp	Elaples	7-9-18	RR1273
7-9-18	51 General.	forfeits 2.00 & placed under shipping pay at 50 cents per diem from 14-8-18 to 7-9-18 (25 day)			a. 50. 1623/6379 p. 52 of Sept 1918.
16-9-18	51 B. D.	Left for no 38 Coy 680	Field	16-9-18	RR
21-9-18	0 <sup>th</sup> 38.	Replies from Hospital	"	18-9-18	B213
21 <sup>11</sup> /18	38 Coy.	14 days 70 <sup>th</sup> 2. 2000	Field.	14 <sup>11</sup> /18	B2069. P. 67
28-11-18.	38 Coy CTC.	Creating a disturbance in 10 days. F.P. No 2. Forfeits 1 day pay R.W.L. R.W.L. from .22.00 26-11-18. until 07.00 27-11-18.	"	27-11-18	B2069. P. 68. 69
11 <sup>12</sup> /18	no 1	Trans to 6 <sup>th</sup> Coy & posted to N. S. Reg dep	Branch		

60 Jewell  
 Lieut. for Lt.-Col., A. A. G.  
 Section, C. H. Q. 3rd Echelon, B. E. F.  
 Canadian Section, C. H. Q.



Nothing to be written in this margin.

W1889—P2 1150 IM 5/18 G.W.P. Co. (3490)

## SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I,  
Part I.

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christain 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)		

(10) Enlistment (b)	(11) Engagement (c)	Initials and Rank of an Officer.
(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)	

(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, Shoemaking, &c.



No 931242. Pte blyke. G. (No 2 Construction Bn b. & F.)

(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
17.12.18	N.S.R.D	305.	T.O.S. + attached to 2 b. & F. for Q.R. Rations	33's hatt	17.12.18	
	N.S.R.D		ON COMMAND TO <u>app Rimmel</u> Rhyl.	BRAMSHOTT		
12/11/19			Sgt O.M.T.C on Trans. to C.C.F. Discharge Canada Sailing No 4 R.M. Hammond Embarked-England 12/11/19			
12.1.19.	O'seas. T/O/S. No. 6		D.O. 449x. Coy Co 22.1.19			
15.2.19			DISCHARGED at Halifax, N. S	#44 for R. H. H. H.		

PART II D.O. N.S.R.D 913 27/18

b.a. Knight  
OFFICER OF RECORDS,  
NOVA SCOTIA REGTL. DEPOT.

Wm. Ferguson  
ASST. ADJT. No. 6 DISTRICT DEPOT

O.C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

Nothing to be written in this margin.



J.P. Rank

Name

CLYKE, Joseph.

Reg'l No.

931272.

Unit No2. Const. Bn.

If in perm. Corps  
What Unit?

Married or Single Single.

Place and Date of Enlistment Truro. 22nd Sept. 1916.

Place of Birth Guysboro. N.S.

Name and Address, Next-of-Kin Mrs. Elizabeth Clyke.

Guysborough County. N.S.

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, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
Arrived in England. S. Southland				7.4.17	Aut. W.D.
14-6-17	#2 C.C.C.	Arrived in France	Field	14-6-17	115
16-12-18	W.S.R.D.	TOS from 2 <sup>nd</sup> C.C.C.	pl. Bishop	14.12.18	10305471 / 19.12.18 2 <sup>nd</sup> C.C.C.
27-12-18	W.S.R.D.	ofc to C.D.D. Rhyl	-	27-12-18	- 313.
25.1.19	W.S.R.D.	ofc to Rhyl. S.O.S. to C.C.C. & Canada	" Ripon	12.1.19	- 18.

W.E. R.B. No. 6597  
This R.L. OR CAN  
Category

A.F.B. 108 OIL-PAID  
29 MAY 1977



[illegible]



16. 2. 23

## MEDICAL EXTRACT OF INFORMATION FORM

Regt'l No 931272 NAME : Surname ClykeChristian Names JosephCODE  
No.

1

2

3

4

5

6

No. of Admissions

1

1

Invalided to Canada

0 0

Married or Single

2

2

Unit

3

9 3 5

Enlisted at

4

6 6 3

Birth Place

5

0 8

Age

1 9

Occupation

6

9 1

Rank

7

3

Date of Admission to  
Hospital

0 6 8 5

Days off Duty

0 3 2

W. or D.

8

0

Wound (or Disease)

9

0 0 7 6 1

(Wound or) Disease

10

Operation

11

Operation

Place of Treatment

12

0

Check

Results

13

0

No. of times a Casualty

14

1

7.9.18



M. OR S. *E of B.*

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

REGT. No. 9312

NAME OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.
ADDRESS		1 10			PLACE OF ATTESTATION
					DATE OF ATTESTATION
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY
TO WHOM PAID	RELATIONSHIP				PAYABLE TO
ADDRESS					ADDRESS
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE
					DISCHARGED

[illegible]

Certified that all paymer  
on this acct have been  
*Bartholme*  
For Senior Officer Pay Services, N



## (BLOCK LETTERS SURNAME FIRST)

PAYMASTER

Clyke J. (BLOCK LE

Mrs A. Clyde

P. G. Gundersen

IF ENTITLED TO  
POST  
DISCHARGE  
PAY

15-2-19

REASON  
Demol

AUTHORITY  
2044

Certified that all payments  
on this acct have been paid.  
*Walter L. ...* CAP  
For Senior Officer Pay Services, M. D. 6



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



[illegible]







3. &c.

ACTIVE	AUTHORITY
IF IN PERMT. CORPS	
WHAT UNIT	
PERMANENT FORCE ALLOWANCES	
PLACE OF ATTESTATION	
DATE OF ATTESTATION	

REG'L NO. 931242

RANK

NAME

Lelyke Joseph

X E

IF IN PERMT. CORPS  
WHAT UNIT

UNIT

2nd Gen Bn

TRANSFERRED TO

DATE

AUTHORITY

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

June 1918

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

22 Sept 1916

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 15.00

DATE EFFECTIVE

1-4-17

PAYABLE TO

Mr Archie Glyke, P.O. Gungahow, N.S.

RELATIONSHIP

Grandmother

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)

ANCE ROLLS

8	4
No. DATE	No. DATE

CASH PAYMENTS

1	2	3	4
---	---	---	---

ASSIGNED PAY

OTHER CHARGES

TOTAL DEBITS

BALANCE

CREDIT

DEBIT

PAY WITHHELD OR DEFERRED

PAY AVAILABLE FOR ISSUE

REMARKS

9 73  
4 87

4 87

19 47

3 57  
3 56  
3 57  
3 57

17 83

15

15

15

15

15

15 -

90 -

5 50

5 50

15

29 60

19 87

20 50

18 57

29 26

13 280

25 88

30 38

43 51

57 11

72 64

76 38

76 38

25 88

30 38

43 51

57 11

72 64

Belgium Canada

infants 5 da 21-5-17  
D.O. 119. 25-7-17.

DEFER. SER.  
RED. ALLGE.  
PAY ENG.



15<sup>50</sup>

[illegible]



[illegible]



ASSIGNED  
PAY.

ENGLAND OR  
CANADA.

SEPARATION  
ALLOWANCE.

ENGLAND OR  
CANADA.

NAME: *CLYKE Jos*

EFFECTIVE  
DATE:-

*1<sup>st</sup> April 1917*

EFFECTIVE  
DATE:-

NUMBER:- *931272*

AMOUNT:- *1500*

AMOUNT:-

PARTICULARS OF RANK C

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

*Mrs Archie Clyde (Grandmother)  
P.O. Guyaboro N.S.*

UNIT AND TRA

ORIGINAL UNIT:- *2 Const*

DATE ACCOUNT FIRST OPENED:-

AUTHORITY

DATE  
EFFECTIVE

DATE  
SHEET

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>26/11</i>		<i>12 p.p. Adv. 10 v F.P.H. 2</i>	<i>12 10</i>				
<i>9/12</i>	<i>6565</i>	<i>Field</i>	<i>4 65</i>				
<i>18/12</i>	<i>3566</i>	<i>B P.D.G.</i>	<i>9 73</i>				
			<i>26 14</i>				

DAILY RATES OF PAY A

AUTHORITY

PAY

PARTICULARS OF RENDERING NON-EFFECTIVE:-

*Dis. to Can. 21/12/18 Auth. MR. 161 2000 17/12*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4
MAR	<i>Bal Ford</i>							
apl	<i>Payra</i>	<i>33 -</i>		<i>Ass Pay</i>				<i>15 -</i>
				<i>AR 115 6/4 CFC 201</i>	<i>3 57</i>			
				<i>AR 297 20/4 - - -</i>	<i>3 57</i>			
May	<i>P.P.</i>	<i>33</i>	<i>34 10</i>	<i>Ass Pay</i>	<i>7 14</i>			<i>15 -</i>
				<i>AR 492 7/5 CFC 1</i>	<i>2 68</i>			
				<i>- 720 24/5 - - -</i>	<i>4 46</i>			
June	<i>P.P.</i>	<i>34 10</i>	<i>33 -</i>	<i>Ass Pay</i>	<i>7 14</i>			<i>15 -</i>
				<i>AR 907 7/6 CFC 1</i>	<i>3 57</i>			
				<i>v 1103 22/6 v</i>	<i>3 57</i>			
July	<i>PP</i>	<i>33</i>	<i>34 10</i>	<i>Ass Pay</i>	<i>7 14</i>			<i>15 -</i>
				<i>AR 1293 6/7 CFC 1 v</i>	<i>3 57</i>			
				<i>AR 1502 22/7 v v</i>	<i>3 57</i>			
Aug	<i>PP</i>	<i>34 10</i>	<i>34 10</i>	<i>Can ar</i>	<i>7 14</i>			<i>15 -</i>
Sep	<i>PP</i>	<i>34 10</i>	<i>33</i>	<i>Can ar</i>				<i>15 -</i>
				<i>SNAR 9435 15/9 CFC 482</i>	<i>4 46</i>			
				<i>14/8/18 } 25 days to 30.5v 26/9/18</i>		<i>15 00</i>		
		<i>33</i>			<i>4 46</i>	<i>15</i>		<i>15 -</i>
Oct	<i>P.P.</i>	<i>34 10</i>		<i>Can ar</i>				<i>15 -</i>
				<i>AR 2678 7/10 CFC 1</i>	<i>3 73</i>			
				<i>v 2930 23/10 v</i>	<i>3 73</i>			
		<i>34 10</i>			<i>7 46</i>			<i>15 -</i>

COMPILED BY *V. Hilland*  
CHECKED BY *Imogen*



ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <i>CLYKE Joseph E</i>																																									
EFFECTIVE DATE: <i>1st April 1917</i>		EFFECTIVE DATE: <i>11/1/19</i>		NUMBER: <i>931272</i>																																									
AMOUNT: <i>1500</i>		AMOUNT: <i>17/1/17</i>		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.			<table border="1"> <tr> <td>AUTHORITY</td> <td>DATE EFFECTIVE</td> <td>RANK OR APPOINTMENT</td> </tr> <tr> <td></td> <td></td> <td><i>(Pte)</i></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT			<i>(Pte)</i>																																		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT																																											
		<i>(Pte)</i>																																											
<i>Mr Archie Clyde (Grandfather)</i> <i>P.O. Gungahoro N.S.</i>			<table border="1"> <tr> <td colspan="3">UNIT AND TRANSFERS</td> </tr> <tr> <td colspan="3">ORIGINAL UNIT: <i>2 Construction Bn</i></td> </tr> <tr> <td colspan="3">DATE ACCOUNT FIRST OPENED: <i>1st April 1917</i></td> </tr> <tr> <td>AUTHORITY</td> <td>DATE EFFECTIVE</td> <td>DATE LEDGER SHEET T'S'D</td> </tr> <tr> <td></td> <td></td> <td><i>Canada</i></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			UNIT AND TRANSFERS			ORIGINAL UNIT: <i>2 Construction Bn</i>			DATE ACCOUNT FIRST OPENED: <i>1st April 1917</i>			AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D			<i>Canada</i>																									
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AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D																																											
		<i>Canada</i>																																											
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			<table border="1"> <tr> <td>DATE OF PAYMENT</td> <td>NUMBER OF A.R.</td> <td>UNIT PAID BY</td> <td>AMOUNT</td> <td>DATE OF PAYMENT</td> <td>NUMBER OF A.R.</td> <td>UNIT PAID BY</td> <td>AMOUNT</td> </tr> <tr> <td><i>26/11</i></td> <td></td> <td><i>1250. Rev.</i></td> <td><i>12/10</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>9/12</i></td> <td><i>6565</i></td> <td><i>Field</i></td> <td><i>465</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><i>18/12</i></td> <td><i>3566</i></td> <td><i>B R.D.G.</i></td> <td><i>973</i></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><i>26/19</i></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	<i>26/11</i>		<i>1250. Rev.</i>	<i>12/10</i>					<i>9/12</i>	<i>6565</i>	<i>Field</i>	<i>465</i>					<i>18/12</i>	<i>3566</i>	<i>B R.D.G.</i>	<i>973</i>								<i>26/19</i>				
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PARTICULARS OF RENDERING NON-EFFECTIVE: <i>Dis. to Com. 2/17/18 Auth. MR 161 2000 17/12 ✓ L.P.C. 163 5/100</i>													
1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION		
MAR	<i>Bal Ford</i>								102 11				
apl	<i>Payra</i>	33		<i>Ass Pay</i>				15					
				<i>AR 115 6/4 CFC 201</i>	357								
				<i>AR 297 20/4 - - -</i>	357				112 97				
May	<i>P.P.</i>	33		<i>Ass Pay</i>	7 14			15					
		34 10		<i>AR 492 7/5 CFC 1</i>	268								
				<i>- 720 24/5 - -</i>	446				124 93				
		34 10			7 14			15					
June	<i>P.P.</i>	33		<i>Ass Pay</i>				15					
				<i>AR 907 7/6 CFC 1</i>	357								
				<i>✓ 1103 22/6 ✓</i>	357				135 79				
		33			7 14			15					
July	<i>PP</i>	34 10		<i>Ass Pay</i>				15					
				<i>AR 1293 6/7 CFC 1 ✓</i>	357								
				<i>AR 1502 22/7 ✓ ✓</i>	357				147 75				
		34 10			7 14			15					
Aug	<i>PP</i>	34 10		<i>Can ar</i>				15	166 85				
		34 10						15					
Sep	<i>PP</i>	33		<i>Can ar</i>				15					
				<i>IN AR 9935 15/9 CFC 982</i>	446								
				<i>14/8/18 } 25 dup to BO. 52 26/9/18</i>		15 00			165 39				
		33			446	15		15					
Oct	<i>P.P.</i>	34 10		<i>Can ar</i>				15					
				<i>AR 2678 7/10 CFC 1</i>	373								
				<i>✓ 2930 23/10 ✓</i>	373				177 03				
		34 10			7 14			15					



Clyke J

Particulars	Dr.
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$$\begin{array}{r} 24413 \\ 8055 \\ \hline 16358 \end{array}$$



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

7081

15-			
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## 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
1917					3336-2-22
Dec. 31			135	135	
1918					
Jan	W 66903		15	15	
Feb	D 95767		15	15	
Mar.	A 113964		15	15	
April	N. 7366		15	15	
May	M. 12364		15	15	
June	G. 24023		15	15	
July	T 24048		15	15	
Aug	G. 37221		15	15	
Sept	J. 45860		15	15	
Oct	I 54871		15	15	
Nov.	L 54886		15	15	
Dec	A 63776		15	15	
JAN 1919	J 74990		15	15	
FEB			330	330	

CANADIAN  
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 28/5/19

A/c Closed

Ret'd per

Date

Closed

31-1-19

Empress of Britain

M.F.V. 187 M.D. #6

T. Shanahan

M.R.O. 64966 issued 29 1919





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

## Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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## 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/AAmount  
A/P

Total

REMARKS



## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier

Remarks

APR

1917

Month.

Year.

Cheque No.

Amt.

April

1916

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1917

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1918

Feb.

March

April

May

June

July

Z 4734 15

M 7051 15

C 13438 15

Q 20960 15

T 28358 15

J 35301 15

J 47005 15

M 54629 15

K 55391 15





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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.						



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

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

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

*Mrs. Arch. Clyde,  
 Guysboro, P.O.,  
 N. S.*

*Clyde, Joseph*  
*931272-*  
*Pte*  
*#2 Construction Bn.*

*\$15.00*

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				

