

NAME CLYKE JOSEPH PALMER REGT. No. 931195 UNIT 2 BN H. Q. FILE No. 26076

REGT. No. 951195

UNIT 2 DIV

....H. Q. FILE No.....20010.....

[illegible]




War Service Badge  
Class 'A' #76141  
Issued



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. 431195	
Rank Private	
Surname Clyke	
Christian Name Joseph Palmer	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) No 2 Construct. Batta	
Date of Discharge February 18, 1919	
Place of Discharge Halifax N.S.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age 37 years 9 months.	 Descriptive Marks Nil
Height 5 feet 6 inches.	
Complexion Black	
Eyes Dark	
Hair Black	
Trade Labourer	
Intended place of residence Truro N.S.	
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
Disability	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

E. R. J.



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. J. P. X. Clyde (Signature of Soldier.)

(Date) Feb 14/19 W. A. Kennedy (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.

J. P. X. Clyde (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) 18.2.19

(Signature).....

J. S. D. Davis

LIEUT. COL.

No. 6 DISTRICT DEPOT



rec  
 J. P. <sup>head</sup> ~~X~~ <sup>mark</sup> ~~Chaple~~  
 with markings



## List of Discharge Documents.

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

*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

931195

Rank

"Spr"

Plc-19

Surname

CLYKE

Christian Name

Joseph Palmer

Units

COR 66

Theatre of War

France

Date of Service

17-5-17

Remarks

Latest Address

Luero. N. 8

Roll No.

B Page 21779

200m.-6-21.



## GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

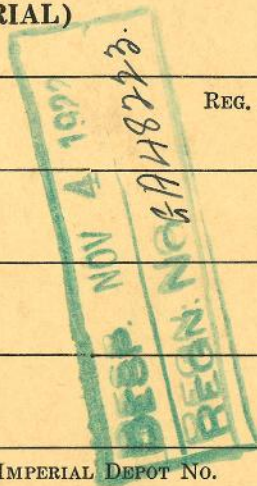
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA





No. 931195. RANK

Pte.

NAME

Clyde Joseph P.

T. O. S.

UNIT

No 2. Construction Battalion.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 Feb. 2.	1917. Feb 28 Mar.	m. re	4 days. C.B. 2 days pay forf.	D. O. 54. 3-3-17.



No. 931195. RANK *Cte*

NAME *Clyde James Palmer*

T. O. S. *22-8-16*  
*D.O. 18. 26-8-16*

UNIT *No 2 Construction Battalion*

M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Aug 22</i>	<i>Aug 31</i>	<i>n.</i>		
<i>Sept.</i>		<i>n</i>		
<i>Oct.</i>		<i>n.</i>		
<i>Nov 1.</i>	<i>Nov. 16</i>	<i>✓</i>	<i>Dischgd (M.U.) 16-11-16</i>	<i>D.O. 79 16-11-16</i>
			<i>a/c closed by payment @</i>	



DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *Joseph Palmer* 2. Surname *Clyke*
3. Rank *Pte* 4. Original Unit *#2 Cos Bn* 5. Reg. No. *921195*
6. Address, in full, to which future payments of gratuity are to be forwarded  
*Truro N.S.*
7. Date of enlistment in the C.E.F. *2-2-17*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge  
*Mrs. Rachael A. Clyke*
9. Relationship of such dependent  
*Wife*
10. Address, in full, of such dependent  
*Truro N.S.*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
*Yes: #2 Cos Bn 7-4-17 to 14-12-18*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service  
*No*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served  
*From 2-2-17 to #2 Cos Bn (Can. Eng & France), N.S.P.D. (Can.)*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department  
*No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*



18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.....

*No*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid .....

*No*

20. Have you been issued with a War Service Badge? If so, what class? .....

*No*

21. Have you, during the present war, served in the Imperial Forces? .....

*No*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled .....

*Not applicable*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? .....

*No*

(b) If so, was such reversion in consequence of misconduct or inefficiency? .....

*Not applicable*

24. Are you now serving in the C.E.F.? ..... If not, give:—(a) Date of discharge ,

*18-2-19*

*No*

(b) Reason for discharge .....

*Re-enlistment*

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit .....

*Yes: #2 Com. Bn 17-5-17 to 14-12-18*

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .....

*No*

(b) If so, are you in receipt of full pay and allowances from that Department? .....

*Not applicable*

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

*J. P. Blyke*

Place of Residence:

*Grimsby, Ont.*

Declared before me at:

*Halifax, N.S.*

This

*14th*

day of

*Feb*

19

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

*Samuel Darnley*  
*a pp in & for the*  
*Com. Bn*

#### POST DISCHARGE PAY.

Date paid.

Paid  
Soldier

Paid  
Dependent

War Service  
Gratuity

Net amount  
due

*Acct cleared Jan 6 1919*  
*70000 was gratuity*

*15300*

*28000*

*5000*

*13900*

Certified Correct.

*W. Darnley*

District Paymaster

Paymaster No. 6 District Depot

CAPT

EB 17 1919



This space to be for numbers.

## Proceedings on Discharge.

(H)

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	931195
Rank	Private.
Name	Joseph Palmer Clyke.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	No. 2 Construction Battalion C.E.F.
Date of Discharge	November 16th. 1916.
Place of Discharge	Truro....N.S.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....35.....years.....5.....months. Height.....5.....feet.....7.....inches. ComplexionDark Eyes Brown Hair Black Trade Labourer Intended place of residence } Truro N.S. (To be given as fully as practicable.)	Descriptive Marks
2. The above-named man is discharged in consequence of  Medically Unfit.	
<small>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.</small>	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.  GOOD.
	<small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small>
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

100m.—6-16.  
H. Q. 1772-39-113

(OVER)

Carroll  
5-12-16  
11/16



5. He is in possession of the following number of G. C. Badges:

NIL.

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

NIL.

NIL.

NIL.

To be copied by the Commanding Officer on to the permanent 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).....**Truro...N.S.**.....

*C. H. Reis Capt for Lt-Col.*

(Date).....**Nov. 16th. 1916.**.....

Commanding

No. 2 CONSTRUCTION, P'n. C.E.F.  
(208)

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).....**Truro...N.S.**.....

*Joseph Palmer Lyle* (Signature of Soldier.)

(Date).....**Nov. 16th. 1916.**.....

*A/c M J Edwards* (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.

(Place).....**Truro...N.S.**.....

*Joseph Palmer Lyle* (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).....**Truro...N.S.**.....

(Signature) *C. H. Reis Capt for Lt-Col.*  
(208)

(Date).....**Nov. 16th. 1916.**.....



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.)

his  
+ Joseph Palmer S. Ly/ce  
mark



## List of Discharge Documents.

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Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron Battery Company	Conduct Sheet, " B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</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>	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Cer- tificate,	" D. 877.		
*Only if discharged "Medically unfit."			

*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.*



# MEDICAL HISTORY SHEET

Surname ~~Surname~~ Paris Christian Name Joseph Palmer

Examined { on 28 day of August 1918  
at Pictou, N.S.

Approved by \_\_\_\_\_

SMurray

Birthplace { City or Town *Shelbrook*  
County *Wayborough*

Rank 272, M, 6 M.O.

Apparent age.

Trade or occupation.

Height 5 feet 7 Inches

Weight 170 lbs.

Chest measurement { Minimum 31 1/2 inches  
Maximum expansion 34 1/2 inches

## Physical development

### Small-pox Marks.

Vaccination Marks { Arm Right Left  
Number me

Date	Result
------	--------

## VACCINATIONS

When Vaccinated last 15 yrs ago

(a) Marks indicating congenital peculiarities or previous disease.....

Date	Result
------	--------

ANTI-TYPHOID INOCULATIONS, ETC.

(b) Slight defects but not sufficient to cause rejection

Oct 24/16  
= 58/16  
In 7/16

*H. V. Kent Maynard* M.O.

*A. Kent. Myranda* M.O.

Dr Karl. Meyer M.O.

Enlisted on.....day of.....191.....at.....

Joined on enlistment

Transferred to..

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Luro U.S.	Nov 3 / 1916	Infectious Virus	Augit of B.H. Cassin's Capt. H.V. Kunt - Major Am. Co.

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.



~~David~~ *Duke* Christian Name *Joseph Palmer*

[illegible]



Name Allyke Enl. 2-2-17

Date of Embarkation for England 25-3-17

Proceeded to France. Arr. 17-5-17 Returned to England. 14-12-18 demob.

Date returned to Canada. 18-1-19

P.R. 2855.

2<sup>nd</sup> enlist.

6th Ed. 12-7-27  
(over)



Cas. Sheets.

18-11-18 - Diarrhoea - To July 19-11-18



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

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

250M.—1-16.

H. Q. 1772-39-920

# Casualty Form—Active Service.

Unit, Regiment or Corps

No 2 Construction Battalion C E F

Regimental No. 931195

Rank Pte

Name

Joseph Palmer C E F

Enlisted (a) 2/2/17

Terms of Service (a)

Duration of War 6 months after

Service reckons from (a)

2/2/17

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			
19/5/17	O.C. No 2 Constr. Bn.	Embarked from Canada Halifax, N.S.	25/3/17	
		Disembarked, England Liverpool	7/4/17	
		Proceeded Overseas Seaford	17/4/17	PT 2 D.O. #
		Landed in France	17-5-17	N.R.
15/11/17	O.C.	admonished, for a leave from 9-30 am 11/11/17 until 9-30 am 12-11-17 (For Feb 2 day pay under R.W.)	12/11/17	B 2069
9/3/18	O.C.	granted 14 day leave to N.R.	6/3/18	B 213
23/2/18	O.C.	granted 14 day leave to N.R.	17-2-18	B 213

EMBKO. LVP'L JAN. 13. 1919

DEBKO. HALIFAX, N.S.

JAN, 24. 1919

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
20 <sup>th</sup> 6/76	W. H. C. M. J. M. J.	Discharged		19 <sup>th</sup> 7/7	W. H. C. M. J. M. J.
19 <sup>th</sup> 7/8	do	do.	Ham	18 <sup>th</sup> 7/8	W. H. C. M. J. M. J.
23 <sup>rd</sup> 7/8	OC	20	Sp	18 <sup>th</sup> 7/8	OC 13
23 <sup>rd</sup> 7/8	OC	Discharged	Unit	20 <sup>th</sup> 7/8	"
11/12/18.	aag.	Trans. to England & posted to W. S. Reg. Depot	Bramshott	14/12/18	K.R. 344
<p style="text-align: center;"> <i>W. A. Hewett</i>              Lieut. for Lt.-Col., A. A. G.              Canadian Section, G. H. O. 3rd Echelon, B. E. F.           </p>					
7-12-18.	H. L. R. D.	T.O.S. & attached to 2nd B. C. D. for Ops & Rations.	B'shott.	14-12-18.	D.O. 305.
<p style="text-align: center;">             NSRD ON COMMAND TO <i>CDR. Kimmel</i>  <i>BRAMSHOTT</i>  <i>12/1/19</i>  <i>Sgt. J. M. J. C. for</i>  <i>Scm to C. C. H.</i>  <i>Disch. Canada.</i>  <i>Souling W. 7/8</i>  <i>Amstrong</i>  <i>Kimmel</i> </p>					
<p style="text-align: right;"> <i>W. S. R. 313 27<sup>th</sup> 18</i>              PART II D.O. ....  <i>W. A. Knight</i> LIEUT.              OFFICER OF RECORDS,              NOVA SCOTIA REGTL. DEPOT.           </p>					

18 JAN 1919



M. F. W. 54. (A. F. D. 103.)

500M.—9-16

H. Q. 1772-39-920.

## Casualty Form—Active Service.

Unit, Regiment or Corps. ....

Regimental No. 931195 Rank Pte Name Alfred J. H.  
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended. .... Re-engaged. .... Qualification (b).. ....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
18.1.19	O'Leary. 7/10/18. No. 6 D.D. 444. Casy Co. 25.1.19			Do 31	<p><i>Wm. J. J. J. J.</i>            ASST. ADJT. No. 6 DISTRICT DEPOT            LIEUT</p>
18.5.19	DISCHARGED at Halifax, N. S.		Do # 46	for	<p><i>R. J. J. J.</i>            O C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT            LIEUT</p>

(b) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P]

[P.T.O.]



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				



J.P. Rank

Name

CLYKE. Joseph Palmer.

Reg'l No.

931196.5

Unit No2. Const. Bn.

If in perm. Corps  
What Unit?

Married or Single

Married.

Place and Date of Enlistment

Truro. 2nd Feb. 1917.

Place of Birth

Sherbrooke. N.S.

Name and Address, Next-of-Kin

Mrs. Rachael Ann Clyde.

Truro. N.S.

Relationship

Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge, Date and Place

Reason

Character

H. W. V., Ltd.—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.S. Southland 7.4.17					
14-6-17	H.2 C.C.C.	Arrived in France	Field	17-5-17	115
16-12-18	W.S.R.D.	T.O.S. from 2 <sup>nd</sup> cocoy.	pt. B. Shatt	14-12-18	20 305 & 71 / 19.12.18 2 <sup>nd</sup> cocoy.
27-12-18	H.S.R.D.	Op to C.D. D Rhyt	-	27-12-18	313
3-2-19	H.S.R.D.	beaseson Cmd Rhyt & S.O.S. C.F. Canada	.. Ripon	18-1-19	Pt II 25



[illegible]



ORIGINAL

931195

## ATTESTATION PAPER.

No.

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Paris Dyke*
- 1a. What are your Christian names?..... *Joseph Palmer*
- 1b. What is your present address?..... *Kerr, N.S.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Sherbrook, N.S.*
3. What is the name of your next-of-kin?..... *Mrs. Annie Connolly Dyke*
4. What is the address of your next-of-kin?..... *Kerr, N.S.*
- 4a. What is the relationship of your next-of-kin?..... *wife.*
5. What is the date of your birth?..... *May 24, 1881*
6. What is your Trade or Calling?..... *Labour*
7. Are you married?..... *yes.*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes.*
9. Do you now belong to the Active Militia?..... *no.*
10. Have you ever served in any Military Force?..... *no.*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *yes.*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes.*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Joseph Palmer Dyke*, 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.

Date *August 22<sup>nd</sup>* 1916. *J. P. Dyke* (Signature of Recruit)  
*J. L. Barnhill, Lieut.* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Joseph Palmer Dyke*, 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.

Date *August 22<sup>nd</sup>* 1916. *J. P. Dyke* (Signature of Recruit)  
*J. L. Barnhill, Lieut.* (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 *Warr* this *22<sup>nd</sup>* day of *August* 1916.

*J. W. Johnson, J. P.* (Signature of Justice)

*Carded  
5-12-16  
M.F.*



# Description of Joseph Palmer Cleyke on Enlistment.

Apparent Age 35 years 3 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. 7 ins.

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

Complexion dark

Eyes brown

Hair black

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

## 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 August 26 1916.

Place Pictou

om murray  
Medical Officer.

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

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

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph P. Cleyke 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.

D. H. Sutherland (Signature of Officer)

Date SEP 13 1916 1916.



## CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931195 Rank Private Name Joseph Palmer Clyde

Corps # 2 Construction Battalion CEF who was\* Discharged

On Nov. 16-1916 191, to .....

\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-11-16 191, to 16-11-16 191, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	00
Advances } No. <u>2564</u> .....	7	00	Reg'tl Pay <u>16</u> days at \$ <u>1</u> <u>00</u> .....	16	00
Cheques } No. ....			Field Allow. <u>16</u> days at \$ <u>.10</u> .....	1	60
Assigned Pay No. ....			Other Allowances*.....		
Other Charges* <u>C.D.V.</u> .....	3	45	Other Credits*.....		
<u>Canteen</u> .....	2	45			
Payment on transfer or discharge No. <u>2938</u> .....	14	70	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	27	60	Total.....	27	60

\*Give Particulars.

A monthly stoppage of \$ ..... (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191 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 22-8-1916

(2) if married and if a Separation Allowance Card has been submitted Yes

(3) cause of discharge and authority Medically Unfit 63-C-413 6-11-1916

Part 2 Daily Orders #78 16-11-1916

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date .....

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date Nov. 16-1916

Place Truro N.S.

Belmont Captain  
P. M. No. 2 Construction Batt'n. C. E. F. Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.  
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

200M.—6-16.  
H. Q. 1772-39-903



# **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. P.  
 Unit or Corps 17 Reserve (If a soldier) Regtl. No. 931195  
 Born at Shelbrough, N.S. on, date May twenty fourth, 1884  
 Signature (for identification) Joe P. Clyke

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

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

Weight 160 lbs.  
 Height 5 ft. 9 ins.

**2. NUTRITION AND DIATHESIS** no

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? no

Abnormal Size? no

Pulse Rate? 64

Intermittence or irregularity? no

**6. ARTERIES.**—Any hardening? no

**7. DIGESTIVE SYSTEM** no

**8. GENITO-URINARY SYSTEM** no

Urinalysis—S.G.? 1022

Reaction? ac

Albumen? no

Sugar? no

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

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

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

Examined at Kennerly Park.

Signed W. Stephens Capt. M.O.

Date 2 1 19

Signed W. Stephens 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. 931195 Rank Pte Surname Clyke  
(Give name in full)  
Joseph R  
 Unit or Corps 6th D.D. Birthplace Sherburne M.S.

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

## 1. GENERAL DESCRIPTION:

Physique Good Weight 160 lbs. Height 5 ft. 6 in. Colour of Eyes Light  
 Nutrition Good  
 Pulse Normal  
 Condition of arteries normal  
 Vision Rt. 14 Left 12  
 Hearing (conversational voice) Rt. 1 ft. Left 6 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



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

[OVER]



# MEDICAL HISTORY SHEET

Surname 6/1/14 Christian Name Joseph H. Palmer

Examined { on <u>3<sup>rd</sup></u> day of <u>July</u> 1917	Approved by <u>H. H. Hall</u>	
at <u>Tunno</u>	Rank <u>Major</u> M.O.	
Birthplace { City or Town <u>Shutbrooke</u>	EXAMINED FOR RE-ENGAGEMENT	
County <u>Queens Co. N.Y.</u>	Date	Fit or Unfit
Apparent age <u>35</u>		
Trade or occupation <u>Labourer</u>		M.O.
Height <u>5</u> feet <u>7</u> Inches		M.O.
Weight <u>150</u> lbs.		M.O.
Chest measurement { Minimum <u>32</u> inches		M.O.
Maximum expansion <u>35</u> inches		M.O.
Physical development <u>Gord</u>		M.O.
Small-pox Marks <u>none</u>		M.O.
Vaccination Marks { Arm Right Left	Date	Result
Number <u>one</u>		VACCINATIONS
When Vaccinated last <u>10 years ago</u>	<u>18/3/17</u>	<u>L &amp; GR Dan Murray</u> M.O.
(a) Marks indicating congenital peculiarities or previous disease		M.O.
		M.O.
(b) Slight defects but not sufficient to cause rejection	Date	Result
	<u>2/4/16</u>	<u>L &amp; GR H. H. Hall Major</u> M.O.
	<u>3/1/16</u>	<u>L &amp; GR H. H. Hall Major</u> M.O.
	<u>7/1/16</u>	<u>L &amp; GR H. H. Hall Major</u> M.O.

Enlisted on 3 day of February 1917 at Tunno Co. S

Joined on enlistment	CORPS	REG'T NUMBER	HABITS	DATE
	<u>No. 2 CONSTRUCTION, E. C. E. I.</u>	<u>931196</u>		<u>2/3/17</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.



Surname	Christian Name
Boyle	Joseph Palmer

Surname	Christian Name
Boyle	Joseph Palmer

[illegible]











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

## DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

Ind No 6.

NAME OF SOLDIER (Block Letters)

CLYKE, J.

REGIMENT

No. 2 Construction

RANK

Private

No.

931 195

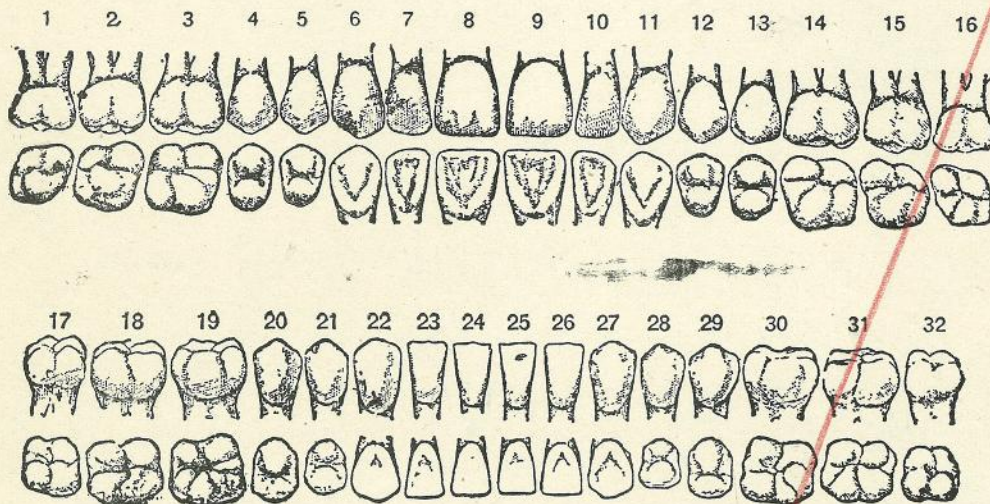
Date of Examination in England

31/10/12.

Date of Examination in France

DIRECTIONS TO  
DENTAL OFFICERS

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



## PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

2, 19,

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

Yes

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer

H. W. Reid  
Capt.



Surname

Christian Name or Names

Reg. No.

Blyke.

J. P.

931195.

Rank

Unit

Pte.

W.S. (2 Con)

Cas. List.

25-11.18. 2379.

Gen. F. C. P. Lafoux Jura. 19.11.18.

Diamhoca

Dec. 19.11.18.

A.M.D. 2 Dept.

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



# Cas. List.



Re-enlisted  
**ORIGINAL**  
**ATTESTATION PAPER.**

**No. 2 CONSTRUCTION**  
**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

No.

Folio.

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

1. What is your surname?.....
- 1a. What are your Christian names?.....
- 1b. What is your present address?.....
2. In what Town, Township or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
- 4a. What is the relationship of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your Trade or Calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated and inoculated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?..  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

*Blake*  
*Joseph Palmer*  
*Truro, N.S.*  
*Shubrooke N.S.*  
*Mrs Rachel Ann Blake*  
*Truro, N.S.*  
*Wife*  
*24th May 1881*  
*Laborer*  
*Yes*  
*Yes*  
*no*  
*Yes*  
*Yes*

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?  
14. If so, what was the nature of the disability?  
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?  
16. If so, what was the reason?

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *Blake Joseph Palmer*, 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.

Date *February 2nd 1917* *Joseph Palmer Blake* (Signature of Recruit)  
*Lloyd Blake* (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *Blake Joseph Palmer*, 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.

Date *February 2nd 1917* *Joseph Palmer Blake* (Signature of Recruit)  
*Lloyd Blake* (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 *Truro* this *2nd* day of *February* 1917  
*Blake* (Signature of Justice)  
Justice of the Peace in and for the County  
of Pictou, Province of Nova Scotia



Description of Glype Joseph Palmer on Enlistment.

Apparent Age.....35.....years.....8.....months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5.....ft.....7.....ins.

Chest-measure-ment. { Girth when fully expanded.....35.....ins.  
Range of expansion.....3.....ins.

Complexion.....Black.....

Eyes.....Dark.....

Hair.....Black.....

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

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

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

Scar on Back of left ankle.

[Signature]

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.....Feb 3rd.....191 7.

Place.....St. Louis, N.S......

[Signature]

Medical Officer.

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

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Palmer Glype.....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.

[Signature] lieut-col

No. Construction Battalion C.E.F......(Signature of Officer)

Date.....FEB 3 - 1917.....191 7







[illegible]



DUPLICATE

To be made out in duplicate.

H.Q. 54-21-20-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins. *No. 2 Construction Battalion C.E.F.*

(2) Regimental Number *931195*

(3) Full Name of Soldier *Joseph Palmer Blyke*

(4) Place of Birth *Sherbrook Nova Scotia*

(5) Are you married, or not? *yes*

(6) If married, state,  
(a) Full name of your wife *Rachael Annie Blyke*

(b) Present Postal Address *Truro Nova Scotia*

(7) Are you a widower? *No*

(8) Have you any children? *yes*

If so, give number of boys and girls *Four*

Also their names and ages.

<i>Rollie</i>	<i>11 years</i>
<i>Susie</i>	<i>9 yrs</i>
<i>Edna</i>	<i>4</i>
<i>Robert</i>	<i>3</i>



(9) Is your Father alive? *No*

If so, state name and address *No*

(10) Is your Mother alive? *No*

If so, state name and address *No*

(11) If your Mother is a widow *—*

Are you her sole support, or not? *—*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? *yes*

If so, in what Company? *Metropolitan Life*

Have you made arrangements for payment of your Insurance premium? *yes*

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

Date *Feb. 3rd 19*

*A. H. Hawley, Capt*  
Lieut. Col.  
No. 2 Construction Battalion  
Officer Commanding.



# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931195 Rank Pvt Name J. P. Clyke  
Corps #2 Con Bn who was\* Discharged  
On 18-2-19 191... to 1-1-19 191...  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191... to 18-2-19 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month <u>LPC</u>	21	01	Balance Cr. from prev. month	11	15
Advances } No. ....			Reg'tl. Pay <u>49</u> days at \$. <u>1.00</u>	49	00
by } <u>MS Quarters</u>	70	00	Field Allow. <u>49</u> days at \$. <u>1.00</u>	49	00
Cheques } No. ....			Separation Allowances* (Monthly)	30	00
Assigned Pay and Sep'n Allee. No. <u>15688</u>	30	00	Other Allowances* <u>Ch Allow</u>	35	00
Other charges <u>Rth fund</u>		05	Other Credits*		
Payment on transfer or discharge No. <u>15689</u>	78	99	Bal. Dr. (to be deducted by new unit)	70	00
Balance Cr. (to be paid by the new unit)					
Total	200	05	Total	200	05

\*Give particulars.

A monthly stoppage of \$ 20.00 (†) has been chgd (‡) been paid on account of Assigned  
Pay for the month of Jan 191...  
and Sep'n Allee. for month of Feb 191... (to) Assignee Mrs Rachel Ann Clyke  
(Address) Ford St.  
Leeds MS

(†) 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.

Out Allowance of \$..... has been paid by Paymaster, Military District No. ....

#### REMARKS:—

- State (1) date of enlistment .....  
(2) if married and if a Separation Allowance Card has been submitted Yes to 28-2-19  
(3) cause of discharge Demob authority DO. H. 6  
(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 20-2-19

Place Halifax NS

Paymaster No. 6 District Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.  
109M-9-18. D.P. 874.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 481195 (Rank) Private

Name (in full) Joseph Palmer Cleyke enlisted in  
the No. 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Tours on the 2nd  
day of February 19 17

HE served in France

and is now discharged from the service by reason of

Wound

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

Age 37 years 9 months

Height 5 feet 6 inches

Complexion Black

Eyes Dark

Hair Black

Marks or Scars

Nil

Signature of Soldier

J P Cleyke

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

E W McEachern

CAPTAIN

Rank

Date of Discharge February 10, 1919

Appointment

Signed at Halifax this

15th day of February 19 19

in Military District No. Six

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 .....

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 .....

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 G. O. C. District.



\*Name..... *Clyde, J.R.* Rank..... *Pte* Regtl. No. *931145*  
 Original unit *1st Bn* Present unit *# 688* M. or A. Age *37* Religion *Baptist* Fyle Depot.....  
 Port, ship, and date of arrival..... *San Francisco Aquitaine 25/1/19.*  
 Next of kin..... *Mrs. Rachel Ann (Wife)*  
 Address on leave..... *104 St. Harold Rds. Shrews. 7/8*  
 Address on discharge..... *Shrews. 7/8*  
 Transportation issued Yes No Date..... Character on discharge.....  
 Previous occupation..... *Labourer* Date and place of enlistment..... *Feb. 2/17*  
 Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
<i>1/1/19</i>	<i>Y.O.S. No 688</i>	<i>Do 31</i>
<i>25/1/19.</i>	<i>Posted to Casualty</i>	<i>Do 31</i>
<i>1/2/19.</i>	<i>Discharged at San Francisco</i>	<i>Do 46</i>

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

(over)



Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192.  
150M—6-18.  
1772-39-1243.



649-C-7678

CARD NO.

6

b lyke.

CHRISTIAN NAMES

Joseph Palmer.

S.O.S. 18-2-19.

FOLL.

REGL. NO. 93 1195.

RANK

Pte.

Remob. 48.46.

UNIT No. 2 Constr.

Auth. S.O.S. 16-11-16 7  
Disc.

Bn.

FORMER CORPS

nil

NEXT OF KIN.

Annie

NAMES IN FULL

b lyke, Mrs. Rachael ~~Alte~~

RELATIONSHIP TO SOLDIER

Wife

Camelords 13.5.18

ADDRESS

Truro, Colchester Co., N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Sherbrook, N.S.

DATE

May 24<sup>th</sup> 1881

PLACE OF ATTESTATION

Truro, N.S.

DATE

Feb. 2<sup>nd</sup> 1917.

Q.S. 28-3-17

R/C. 23-1-19 258  
10% Pte.

L. L. 10437. M. &amp; D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.



*From Halifax SS Southland: 28-3-17*

MARRIED

*Yes.*

SINGLE

WIDOWER

TRADE OR CALLING

*Labourer.*

RELIGION

*Baptist or Congregationalist*

DESCRIPTION.

APPARENT AGE

*35* YEARS

*8* MONTHS

HEIGHT

*not stated*

FEET

INCHES

CHEST MEASUREMENT

*not stated* INCHES

EXPANSION

INCHES

COMPLEXION

*Black*

EYES

*Dark*

HAIR

*Black*

DISTINGUISHING MARKS

*Not stated.*

MEDICAL EXAMINATION.

PLACE

*Not stated.*

DATE

—

*Present address: Suva, Colchester Co., N.S.*



SURNAME.

Clyke

CHRISTIAN NAMES

Joseph Palmer

REGL. NO.

931195

RANK

Pte.

UNIT

No. 2 Construction

FORMER CORPS

nil.

NEXT OF KIN.

Rachael

NAMES IN FULL

Clyke, Mrs. ~~Ernie Connolly~~

RELATIONSHIP TO SOLDIER

Wife

auth. Camecoras

ADDRESS

Truro, N. S.

13-5-18

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Sherbrooke, N. S.

DATE

May 24<sup>th</sup> 1881

PLACE OF ATTESTATION

Truro, N. S.

DATE

Aug. 24<sup>th</sup> 1916



~~From Halifax, N.S. Southland 28-3-17.~~

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

35

YEARS

3

MONTHS

HEIGHT

5

FEET

7

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3  $\frac{1}{2}$

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Black.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Pictou, N. S.

DATE

Aug. 26<sup>th</sup> 1916

Present Address: - Truro, N. S.



M. OR S.

Agustania 25/1/19

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

REGT. No.

9311

NEXT OF KIN

RELATIONSHIP

PARTICULARS

EFFECTIVE  
DATE

AUTHORITY

ORIGINAL UNIT  
C.E.F.

20

ADDRESS

PLACE OF  
ATTESTATIONDATE OF  
ATTESTATION

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

ASSIGNED PAY

PAYABLE TO

ADDRESS

STOP PAYMENT FORM  
ASSIGNED PAY  
RENDERED, DATE

DISCHARGED

MONTH

PAY AND F.A.

OTHER  
CREDITSTOTAL  
CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED  
PAYREGI-  
MENTAL  
CHARGESNO.  
OF  
DAYS

RATE

AMOUNT

\$ C.

\$ C.

\$ C.

\$ C.

COL. NO. 1

COL. NO. 2

COL. NO. 3

COL. NO. 1

COL. NO. 2

COL. NO. 3

\$ C.

\$ C.

Balance from  
previous  
account

1-1-19 11 20  
18-2-19 11 15 130 05  
11 15 130 05

153 350 139

489

Mar 18/19 145303 70  
Mar 18/19 145306 49

70  
3070  
3070  
30

350 00 139 00

489 00

419 00

Certified that all paymen  
on this acct have been p

For Senior Officer Pay Services, N



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

REGT. No.

931195

RANK

NAME (IN FULL)

Clyde J. H.

(BLOCK LETTERS, SURNAME FIRST)

IP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT	IF IN P. F.	(BLOCK LETTERS, SURNAME FIRST)		
				C.E.F.	WHAT UNIT?			
	1 10			2 Con Bn				
				PLACE OF ATTESTATION	TRANSFERRED TO	DATE		AUTHORITY
				DATE OF ATTESTATION	TRANSFERRED TO	DATE		AUTHORITY
VE				ASSIGNED PAY	DATE EFFECTIVE			
				2030	11/2/19			
IP				PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS		
				Wife				
				ADDRESS				
				STOP PAYMENT FORM	EFFECTIVE			
				ASSIGNED PAY				
				RENDERED, DATE				
				DISCHARGED	PLACE	DATE	REASON	AUTHORITY
						18/2/19		10416
								IF ENTITLED TO POST DISCHARGE

[illegible]

Certified that all payment  
on this acct have been paid

..... *Walter Thomas* ..... CAH  
For Senior Officer Pay Services, M. D. 6



[illegible]



[illegible]



P. 559  
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE  
DATE

AUTHOR

ADMISSIONS TO HOSPITAL, &c.

DATE  
ADMITTED

DATE  
DISCHARGED

V.  
OR  
A.

NAME OF HOSPITAL

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS											
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1		2		3					
			\$	c.						\$	c.	No.	DATE	No.	DATE	No.	DATE	No.	DATE		
									6 45	6 45											
										33.00											
MA	1-31	31	-	34 10						34 10	12	19.4	56	10.5							
JUN	1-30	30	-	33 00						33 00	68	14/5.									
July	1-31	31	-	34 10						34 10											
Aug	-	-	-	34 10						34 10								56	30/5.		
Sep	1-30	30	-	33 -						33 -								124	14/6		
				201 30						207 75								191	25/6		
																		266	25/7		
																		289	25/7		
										DEFER- SER. PAY ALLG. ENL.											
MONTH PARTICULARS										CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE		DEFER- SER. PAY ALLG. ENL.	
Sep	Bal																				
Oct	PP.																				







Hi. 931195. Colyka. 8.9

20<sup>9</sup>

DATE	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		1		2		3		4		1	2	3
			\$	c.						\$	c.	\$	c.	No.	DATE	No.	DATE	No.	DATE			
MONTH		PARTICULARS		CR. 1	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER. PAY		SER. ALLOC. PAY		PNC.				
Oct Real												57 40										
Nov P.P.		33 -										20										
						AR 518.25 <sup>9</sup> / <sub>7</sub> CTC		3 57														
						- 842.12 <sup>10</sup> / <sub>7</sub> -		3 57														
						" 964.25 <sup>10</sup> / <sub>7</sub> -		3 57														
						Administration for 2 days R.V. 20141 <sup>24</sup> / <sub>7</sub>		2 20														
						- 1082.10 <sup>11</sup> / <sub>7</sub>		3 57														
DEC		34 10				DN-AR. 618.11 <sup>9</sup> / <sub>7</sub> CTC para fuf		3 57		20		64 45										
JAN 1918 P.P.		67 10						17 85		2 20		40										
		34 10										20										
						AR. 1251.23 <sup>11</sup> / <sub>7</sub> . 2 days for		12 49														
						- 1425.21 <sup>12</sup> / <sub>7</sub> -		7 14				58 92										
		24 10						19 63				20										
FEB		30 80				Assigned Pay						20										
						AR. 1520.24 48. CTC		3 57														
		30 80				" 1593.4/1/18 " para		3 57				62 58										
								7 14				20										
March		34 10				Ass Pay						20										
						AR 579. CTC para. 5 <sup>7</sup> / <sub>18</sub>		14 380														
						" 1903 " " 14 <sup>2</sup> / <sub>18</sub>		3 57														
						" 91183. CTC para. 10 <sup>2</sup> / <sub>18</sub>		14 60														
						" 2317 18 <sup>3</sup> / <sub>18</sub> . CTC para		7 14				7 57										
		34 10						69 11				20										



[illegible]



ASSIGNED  
PAY.

ENGLAND OR  
CANADA.

SEPARATION  
ALLOWANCE.

ENGLAND OR  
CANADA.

NAME:- *CLYKE Joe*

EFFECTIVE  
DATE:-

*1st April 1917.*

EFFECTIVE  
DATE:-

NUMBER:- *931195*

AMOUNT:-

*20.00*

AMOUNT:-

PARTICULARS OF RANK O

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 Rachel Ann Clyke  
Truro N.S. wife.*

UNIT AND TRA

ORIGINAL UNIT:- *2 Coues*

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>9/12/18</i>	<i>6569</i>	<i>Field.</i>	<i>4.66</i>				
<i>18/12/18</i>	<i>3566</i>	<i>B.O.R.G.</i>	<i>9.73</i>				
			<i>14.39</i>				

DAILY RATES OF PAY A

AUTHORITY

PAY

PARTICULARS OF RENDERING NON-EFFECTIVE:-

*Transferred to Canada 3/4/18 - NR 161 - 7/12/18 - 2000 - L.S.*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4
<i>MAR</i>	<i>Bal Ford</i>							
<i>apl</i>	<i>Pay to</i>	<i>33</i>		<i>Ass Pay</i>				<i>20</i>
				<i>AR 2 8/4 C.F.C. Jura</i>	<i>3.57</i>			
				<i>✓ 264 22/4 -</i>	<i>3.57</i>			
<i>May</i>	<i>P.P.</i>	<i>33</i>		<i>Ass Pay</i>	<i>7.14</i>			<i>20</i>
		<i>34 10</i>		<i>AR 405 7/5 C.F.C. Jura</i>	<i>3.57</i>			
				<i>AR 419 25/5 -</i>	<i>3.57</i>			
<i>June</i>	<i>P.P.</i>	<i>34 10</i>			<i>7.14</i>			<i>20</i>
		<i>33</i>		<i>Ass Pay</i>				<i>20</i>
				<i>AR 906 7/6 C.F.C. 5</i>	<i>3.57</i>			
		<i>33</i>		<i>✓ 868 27/6 ✓</i>	<i>3.57</i>			<i>20</i>
<i>July</i>	<i>PP.</i>	<i>34 10</i>		<i>Ass Pay</i>	<i>7.14</i>			<i>20</i>
				<i>AR 946 10/7 C.F.C. 5</i>	<i>3.57</i>			
		<i>34 10</i>		<i>AR 1090 28/7 ✓</i>	<i>3.57</i>			<i>20</i>
<i>Aug</i>	<i>PP</i>	<i>34 10</i>		<i>Canap</i>				<i>20</i>
				<i>AR 1253 10/8 6/7 6 5</i>	<i>3.57</i>			
		<i>34 10</i>		<i>AR 1480 25/8 ✓</i>	<i>3.57</i>			<i>20</i>
<i>Sep</i>	<i>PP</i>	<i>33</i>		<i>Canap</i>	<i>7.14</i>			<i>20</i>
				<i>AR 1670 5/9 C.F.C. 5</i>	<i>3.57</i>			
		<i>33</i>		<i>AR 1874 24/9 ✓</i>	<i>3.57</i>			<i>20</i>
<i>Oct</i>	<i>PP.</i>	<i>34 10</i>		<i>Canap</i>	<i>7.14</i>			<i>20</i>
				<i>AR 2246 12/10 C.F.C. 5</i>	<i>3.73</i>			
		<i>34 10</i>		<i>✓ 2817 25/10 C.F.C. 5 ✓</i>	<i>3.78</i>			<i>20</i>
				<i>Ford</i>	<i>7.46</i>			<i>20</i>

COMPILED BY *A. McManis*

CHECKED BY *A. McManis*



NAME:- CLYKE Jo Palmer  
NUMBER:- 931195

EFFECTIVE  
DATE:- 1<sup>st</sup> April 1917.

EFFECTIVE  
DATE:—

AMOUNT:- 20<sup>00</sup>/-

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP &amp; 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

Mr Rachel Ann Clyde  
Iowa Ws. wife

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bu

DATE ACCOUNT FIRST OPENED:- 1<sup>st</sup> April 1917

AUTHORITY

DATE  
EFFECTIVE

DATE LEDGER  
SHEET T'S F'D

UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED  
BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/21/48	4569	Field.	<del>14.66</del>				
10/21/48	3566	B.P.A.G.	<del>9.73</del>				
			14.39				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

RAY

5 A

PEA

SUBS·CE

1	-	-	1
---	---	---	---

LPC Bal 485

PARTICULARS OF RENDERING NON-EFFECTIVE:- *Transferred to Canada 3/12/40 - N.R. 164 - 17/12/48 - 2CCG - L.S. " 62 98*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								7 57		
apl	Pay 70	33	-	Ass Pay				20			
				AR 2 7/4 CFC Jura	3 57						
				✓ 264 22/4 - " -	3 57				13 43		
May	P.P.	33	34 10	Ass Pay	7 14			20			
				AR 405 7/5 CFC Jura	3 57						
				AR 419 23/5 - " -	3 57				20 39		
		34 10			7 14			20			
June	P.P.	33	=	Ass Pay				20			
				AR 706 7/6 CFC 5	3 57						
		33		✓ 868 7/6 ✓	3 57				26 25		
					7 14			20			
July	PP.	34 10		Ass Pay				20			
				AR 946 10/7 CFC 5 ✓	3 57						
		34 10		AR 1090 25/7 ✓	3 57				33 21		
					7 14			20			
Aug	PP	34 10		Can a P				20			
				AR 1253 10/8 676 5	3 57						
		34 10		AR 1480 25/8 ✓	3 57				40 17		
					7 14			20			
Sep	PP	33		Can a P				20			
				AR 1670 5/9 CFC 5 ✓	3 57						
		33		AR 1874 24/9 ✓	3 57				46 03	1/2	24/11
					7 14			20			
Oct	PP.	34 10		Can a P				20			
				AR 246 1/10 CFC 5	3 73						
		34 10		✓ 2317 24/10 CFC 5 ✓	3 73				52 67		
					7 46			20			
				Ford							







P. 878.

Extract D.O. No.

7

Unit:-

C C D

Date.-

Reg. No.

Rank

Name

Struck off Strength of O.M.F. of C.  
on transfer to C.E.F. Canada. MD 6

931195

PTE

CLYKE V P

Canada

Acted on

18 1 19

Ledger Ck.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

2-2-17

Separation and Assigned Pay Branch

C 7082

Apr 1/17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30	
----	----	----	--

1-12-17  
P.C. 32571-9-18  
P.C. 2753  
M.O. 45753

RATE OF ASSIGNMENT

20			
----	--	--	--

7082

PARTICULARS OF SEPARATION ALLOWANCE

No.

931195-

Rank

Plt - Promoted

Reverted

Discharge

Soldier's Name

Jos. Palmer Celyke

Battalion

#2 Conscr. Battr

Beneficiary

Rachael A. Celyke

Relationship

wife

Address

PARTICULARS OF ASSIGNMENT

Name

2nd St.  
AddressMrs. Rach Ann Celyke  
Puro N.S.

Change of Address

1

2

3

4

M.F.W. 2557-278 Rtd 23/8

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1417 1916		66			
Dec-31		210	180	390	
Jan	M 71163	30	20	50	
FEB.	D 95768	25	20	45	
MCH	A 113965	25	20	45	
APR	N 7367	25	20	45	
MAY	M 12365	25	20	45	
June	G 24024	25	20	45	
July	T 34044	25	20	45	
Aug	G 37222	25	20	45	
Sept	G 45661	25	20	45	
Oct	I 54872	25	20	45	
Nov	K 54857	25	20	45	
Dec	D 64758	45	20	65	
JAN 1919	J 74991	30	20	50	
FEB		631	440	1071	

3336-9-23

Deduct 79.00 overpaid owing to discharge in #2 Con. Battr. 16/11/16

M. F. W. 128  
400M-6-17-1772-39-141  
L. L. 2320-M. & D. 7333.

A/c Closed

Ret'd per.

Date

Closed

31-1-19

Agustana

M.F.W. 187 M.O. #6

M.R.O. 64977 issued 30 79 L.S.





Date of En

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RA  
ION ALLOWANCE

--	--	--

RATE OF ASSIGNMENT

--	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No.  
Rank Promoted Reverted Discharge  
Soldier's Name  
Battalion  
Beneficiary  
Relationship  
Address

## PARTICULARS OF ASSIGNMENT

Name  
Address  
Change of Address  
1  
2  
3  
4

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

M. F. W. 128  
400M-6-17-1772-39-141  
L. L. 22320-M. & D. 1188.



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Wife.  
PAYMENTS.

Sheet No. 2.

R. A. Clyde

Name of Soldier Clyde, Joseph Palmer  
Pte.

L. L. Job 4503.-Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			Debit note #2372 for 9.00 rendered 1/5/17 JKH
May				
June				
July				
Aug.				
Sept.		M18200	26	26
Oct.		Z 18310	20	20
Nov.		B21760	20	20
Dec.		<del>B25330</del>	<del>20</del>	20
Jan.	1917			Dis 16/11/16 pmk 18/11/16 1079
Feb.				Return 9 <sup>00</sup> overpaid requested
March				
April				24 1/2 Loney
May				Inducted 9 <sup>00</sup> in line of #2 Con Batt
June				WMB
July				
Aug.				
Sept				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE..... PER W



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
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.						



22-8-16

## MILITIA AND DEFENCE

M. F. W. 11. 180

5/11/16.—6-16.  
H. Q. 1774-39-813.

## SEPARATION ALLOWANCE

Name Rachel Ann Clyde,

Address Ford St.,  
Marsh Road,  
Dunro, N. S.

Relation to Soldier

wife, child or mother

} Wife

Name of Soldier Clyde, Joseph Palmer

Regtl. No. 93 H 95

Rank Pte.

Corps #2 Construction Bn.

To what Corps belonging

when called out

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ACCOUNT CLOSED  
DATE.....PER.....



2. 2. 14  
MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 4503. -Req. 6332.

Rachael. A. Clyke

Wife  
PAYMENTS.

Name of Soldier

Clyke, Joseph P

M. F. W. 11a.  
50m. - 6-16.  
1772-39-313.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.		O. 35504	10	10 R Deduct 9 <sup>00</sup> overpaid owing to
March		B 34858	20	discharge in "2" Com Batten 16/11/16
April		F1561 35320	20	B 34858 Com H.A. RE-WRITE 10/11/16
May		64543	20	C 772 Com called
June		57942	20	7 7973 Comid. RE-WRITE
July		8699	20	
Aug.		B15920 11014	20	
Sept.		H 13600	20	9 13600 Com H.A. RE-WRITE
Oct.		N 11155	20	
Nov.		1132353	20	
Dec.		126437	20	
Jan.	1918	V 25385	20	
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
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.				



## SEPARATION ALLOWANCE

Name *Rachael. A. Clyke,*Address *Lord St.  
Luro.  
N. S*

Relation to Soldier

wife, child or mother

*Wife*Name of Soldier *Clyke, Joseph P*Regtl. No. *931195*Rank *Pte*Corps *No 2 Construction Batt*

To what Corps belonging

when called out

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





*Wife,*  
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. Rach. Ann Clyde,  
Truro,  
N.S.*

*Clyde, Jos. Palmer*  
*931195.*  
*Pte*  
*#2 Constr'n Btm.*

*#20<sup>00</sup>*

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				





MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.

50m.—7-16

1772—39—819

Sheet No. 2.  
(Assignee)

Name of Soldier

L. L. Job 5470—Req. 6888.

*Wife.*  
*Mrs. Rach. Ann Olyke.*

*Olyke, Ws. Palmer*  
*931195-Pte-#2 Hon. Btu.*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4735	20	
May		M 7052	20	20 w
June		C 13439	20	20 Cu
July		Q 20961	20	20 Cu
Aug.		T 28359	20	20
Sept.		T 35302	20	20
Oct.		J 47006	20	20
Nov.		N 54630	20	20
Dec.		K 55392	20	20
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

20w

APR

1917

20 w  
20 Cu

20  
20  
20

20



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.				