410711

I.D. number
No. d'identification

Cooler

Surname Nom de famille Robert

Given names Prénoms

NATIONAL PERSONNEL RECORDS CENTRE CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

Box: 1976

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

Proceedings of Court of Inquiry or on me
reported Missing on Active Service
Attestation Papers
Declaration of change of name
Authority for special enlistments
Documents of re-enlisted nen
Regimental Conduct Sheet.
Compulsory Stoppages
Compulsory Stoppages. Casualty Forms
Proceedings on discharge.
Corps History Sheet
Date and No. of Deposit Receipt for
Purchase Money and Amount
Parchment Certificate.
Medical Report for Invalids
Medical History Sheet
Proceedings of Regt. Court Martial
Copies of Convictions by Civil Power
Company Conduct Sheet.
Clothing Transfer Certificate.
Inventory of Kit.
Last Pay Certificate
a +13 122 1
mise 1
Partant-

DISCHARGE DOCUMENTS

Name Cooper Robert

Regt. No. 419411 Rank Pte

Corps 38 By

Krelid in action 9.4.14

R. Ø. No. ...

M. F. W. 62. 100m.—6-17. H. Q. 1772—39—935.

		0 1	REGI'L NO 4/07/1
NAM FO	ooher	19 obert	H. Q. FILE No. 649-
	corps Ole	38th Bn.	FOLLOWS No.
No.	DATE	6. NATURE OF CASUALTY	Follows
m.3276	1-5-17	Willed in action, ap	ril 9th, 1917
132090a	24-4-17		
	Couen		(Reid 21-6.17)
			(415)
			Archives)
			COFF
L. L. 12767—M.	& D. 7390.		M. F. W. 42—50M.—12-16. H. Q. 1772-39-893.

			*
LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
0.185	Rep. from base 1	cilled	in action 9-4-17
	, 0		
	**		

649-11525 CARD NO. FOLL RANK TE REGL. No. 4/107/1 UNIT 38 Th FORMER CORPS CHANGE OF ADDRESS NAMES IN FULL Cooper, Mrs. Catherine RELATIONSHIP TO SOLDIER . Mother ADDRESS 1043 Show St., Inonto, Ont. Canada PLACE OF ATTESTATION KINDSAGE, DOTONTO, OMDATEMON 19 5/8 98 0188-8-15-166 0/225-16 4391 M. F. W. 22. 100m.-1-16. H. Q. 1772-39-839.

MARRIED SINGLE 4 WIDOWER

TRADE OR CALLING Learnster RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 20 YEARS 2 MONTHS

HEIGHT 5 FEET 8 1/2 INCHES

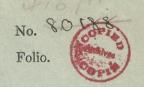
CHEST MEASUREMENT 3 4 INCHES EXPANSION 3 INCHES

COMPLEXION Lair EYES Blue HAIR D. Brown

DISTINGUISHING MARKS NCL

MEDICAL EXAMINATION. PLACE Lindsay & Ont. DATE May 21 8/1915

ATTESTATION PAPER



CANADIAN OVER-SEAS EXPEDITIONARY FORCE

	QUESTIONS TO BE PUT	BEFORE ATTESTATION.
•	W7 - 1	Robert Cooper DUPLICATE
2.	In what Town, Township, or Parish, and in	Toronto Ont.
	-1-4 Commence Proper Story hours	(mother) Mrs Catharine Coope
3.	What is the name of your next-of-kin?	(mother) mus carnatane stope
4.	What is the address of your next-of-kin?	1043 Show St. Voronto.
5.	What is the date of your birth?	19th March - 1895.
6.	What is your trade or calling?	Teamster:
7.	Are you married?	
8.	Are you willing to be vaccinated or revaccinated?	- Joseph Lander Company
9.	Do you now belong to the Active Militia?	
10.	Have you ever served in any Military Force? If 80, state particulars of former Service.	76.
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	Lies.
	FORCE?	00001
		Joles Wolfe (Signature of Man.)
		(Signature of Witness.)
	L	(Signature of Withtess.)
the disc	termination of that war provided His Majesty tharged. Bolomer 2 / 2 / May 1915	rar last longer than one year, and for six months after y should so long require my services, or until legally (Signature of Recruit.) (Signature of Witness.) Y MAN ON ATTESTATION.
- 100000	I, Robert Cooper r true Allegiance to His Majesty King George to the bound hancetly and faithfully defend His	, do make Oath, that I will be faithful and the Fifth, His Heirs and Successors, and that I will as Majesty, His Heirs and Successors, in Person, Crown
Suc	Dignity, against all enemies, and will observe cessors, and of all the Generals and Officers set	e and obey all orders of His Majesty, His Heirs and over me. So help me God.
	Holy	(Signature of Recruit.)
Da	te 21 st May 1915	(Signature of Witness.)
	CERTIFICATE (OF MAGISTRATE.
	The above questions were then read to the	y me that if he made any false answer to any of the as provided in the Army Act. Recruit in my presence. h question, and that his answer to each question has nit has made and signed the declaration and taken the
oat	h before me, at hundsay Ont.	this 2 7 day of May 1915
		(Signature of Justice.)
	I certify that the above is a true copy of th	e Attestation of the above-named Recruit.
	Her	Lieut Coron (Approving Officer.)
M. 20 H.C	F. W. 23. 00 M.—8-15. 2. 1772-89-841.	h Batt. Can. Expeditionary Force

DESCRIPTION OF Cover Co	on enlistment.
Apparent Age 20 years 2 months. (To be determined according to the instructions given in the Regulations for Army Medical Services.)	Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Height 5 ft.8 5 ins.	(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.)
Girth when fully expansion. Girth when fully expansion.	hours
Range of expansion 3 ins.	
Complexion Faur	
Eyes Blue	
Hair Dark Brown	
/Church of England	
Presbyterian Presby	
Methodist	
Baptist or Congregationalist	
Methodist Baptist or Congregationalist Other Protestants (Denomination to be stated.)	
Roman Catholic	
Jewish	
of rejection specified in the Regulations for Army M	her eye: his heart and lungs are healthy: he has the
I consider him* for the Cana	dian Over-Seas Expeditionary Force.
Date 11915	110 carroen
Place Ludsay	Medical Officer.
*Insert here "fit" or "unfit."	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 OFFIC	CER COMMANDING UNIT
inspected by me this day, and his Name, Age, Date been recorded, I certify that I am satisfied with the	having been finally approved and of Attestation, and every prescribed particular having e correctness of this Attestation.
, tob . st	Herfund (Signature of Officer.)
Date July State Book 38th Bo	att. Can. Expeditionary Force
) our ay. out it be	(Jan a morn o

and the first test the formation of

MEDICAL HISTORY SHEET.

Surname(_	ooper solo	Chr	ristian	Name	/	Tober	
Examined { on Z	day of May	191.3-	Appro	oved by	Q	me	ullo
(at	dynd	say				Lee	int-
Rirthnless	own Jorons Ontar		WATERWAY	Ran	ık		М.О.
	20 year		Date	Fit or Unfit	Exa	MINED FOR RE-ENGA	GEMENT,
Trade or occupation	11 11 1.				***************************************		M.O.
Height	/	Inches	-				M.O.
Weight		Lbs					М.О.
(Minimum	inches		-			м.о.
Chest measurement {	Maximum expansion 3	/ inches	•				М.О
Physical development	Good						М.О.
Small-Pox Marks	Mon	<u> </u>					M.O
Vaccination Marks {	Arm Right. Mong	Left. Two	Date	Result		VACCINATIONS	
vaccination marks {	Number Lu				1	ner	last L
When Vaccinated last	21 May 1	915	215.15		11/2/	r · · · · ·	M.O.
	congenital peculiarities	or previous	S				М.О
disease	Mone						M.O.
/7> 61° 3 4 3 6 4 3	, , , , , , , , , , , , , , , , , , ,		Date	Result,	Anti	TYPHOID INOCULAT	ions, Etc.
(b) Slight delects b	ut not sufficient to cau Mone	se rejection	1676	9000	R-R-1	Highwood	colon M.O.
	, with		24 14	Good	V	MIN,	M.O.
			25/2/16	TAB	Ja	Sege	M.O.
	-		17	,-	P	-	0.10
Enlisted on Z	day of Ma	y	191	3 at	deni	dsay	
	CORPS.	REGT'L NUM	BER.	HABITS	3,	DATE	C.
Joined on enlistment	Wesses Cont	41071	1				
Transferred to							
EXA	AMINED OR DISC	HARGEI	BY A	A MED	ICAL 1	BOARD.	
STATION.	DATE.		DISEASE.			RESULT.	
	and the talk the section						

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.

•		Date of Arrival				ES OF					Number	Remarks on nature of the disease: how indi	uced: if mild or severe: if com-	Signature	
Character	STATION.	at the	in	Admiss nto Hos	don- pital.	fic	Discharg om Hosp	re ital.	D	SEASE.	Number of days in Hospital.	venereal cases state nature of primary disease, given. If an accident, state whether it occurred of inquiry was hald. Date of issue and particular	Remarks on nature of the disease: how induced: if mild or severe: if com- detely recovered from; whether any particular treatment was adopted. In concreal cases state nature of primary disease, and whether mercury has been riven. If an accident, state whether it occurred on duty and whether a Court if inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.		
		Station.	Day	Mont	h Year	Day	Month	Year			Trospital.	appliances supplied. Particulars of prophylactic inoculations.		/	
	Prospect :	Bermuda.	M	ay 8	sth.	1916	5,	Ex	amined	for act	ive se	vice and fond fit.	1.1	Heghn	
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								-	4			1			

Thom

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.

	the state of the s
(1) Na	ume of Overseas Unit which Soldier joins "D" Coy. 38th Battalion.C.E.F.
	TW 1,11
(2) Re	gimental Number 410,711. Pte
(3) Fu	Il Name of SoldierCooper Robert
	Estation as the constitution of the common of the constitution of
	· N
, (4) Pla	ace of Birth Toronto. Ont. Canada.
	A
V5\ A+	you married, or not? No.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(6) IA	married, state, (a) Full name of your wife
0	a Bert - William - Bert
	(b) Present Postal Address.
(FI) A	
(1) Ar	e you a widower?
(8) Ha	ve you any children ?
.,0	If so, give number of boys and girls
,	
	Also their names and ages
	1
	SEN
	V. 67. Set a few services and set of the second services and second services are services as a second services and second services are services as a second service are services are services are services are services are services are services a
M. F. V	V. 67.
200м.—	3-16. (SEE OTHER SIDE.)

1772-39-954.

(9) Is	your Father alive? No
	If so, state name and address
(10) Is	your Mother alive?Yes.
•	If so, state name and address Catherine Cooper.
	1043 Shaw St, - Toronto Ont.
(11) If	your Mother is a widow
	Are you her sole support, or not ?Y.es.
(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.
125.14.7	\$30.00 Only Son.
-1-4	- O. COLLEGISCO CONTROL CONTRO
	.eac .tlT.ole more successions
(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.
	and a second Toposite. Out. Canada.
	Yes
(15) A	re you insured?Yes.
	If so, in what Company?City of Toronto scheme for C.E.F.
	Have you made arrangements for payment of your Insurance premium
	If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.
	and the state of the

Date 13 May 19.6

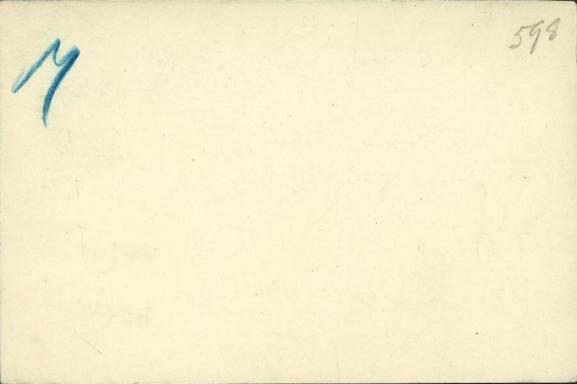
Officer Commanding of Colonal.
Comdg. 38th Batt. Can. Expeditionary Force

NAME Cooper R No. 80/88 RANK . # 410911 (sept payerst) UNIT 5.9 th Battalian T. O. S. M. D. 3 PAID PA1D SIG. PROMOTIONS, TRANSFERS, DISCHARGES, ETC. OR FROM TO REC'T PARTICULARS AUTHORITY 1715 trans to 38 th Bn 21-6-15-Sune 21 Juneio n 8023 24-6-15. Qune 22 June 30 now Shown on 38 H. Br. 8.0.105 of 3-7-15haylist from 22-6-15-V Forfeito I days fray 1.0.#129 of 9-8-15-1916 neary

Report. Record of promotions, reductions, transfers, casualties, etc., during active service.

The authority to be quoted in each case. REMARKS Place. Date. From whom received. Taken from Official Documents. Date.

COOPER, Pte, Robert #410711 - 38th Bn. Not This for 1914-15 Star Med & D (mother) Mrs. Catherine Cooper -1043 Shaw Street. Toronto. Ont. P & S (mother) See above (Serial mo. 760993.) Mem Cross (mother) See above Scroll Des DEC 151920 Reqn. No 75081



Raus Ple humber 4 10 7 11, Surname COOPLAR. Christian Name Ro Cert Units 38 U. Bm. Cam. Inf Theatre of War 7 12 one Date of Service / 3. 8. /6, 4 Remarks M) Mrs. (athering Latest Address 1043 / Roll No. age 21025

GRATUITY (IMPERIAL)

REG. No. CHRISTIAN NAME SURNAME LINE NO. SCHEDULE NO. UNIT RETIRED OR DISCHARGED FROM PLACE OF RETIREMENT OR DISCHARGE IMPERIAL DEPOT NO. DATE RECEIVED FROM OTTAWA DATE FORWARDED TO OTTAWA DATE RECEIVED FROM REG. DEPOT.

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

Surname		Christian Na	me or Names		Reg. 1	No.
Cooper	R. Unit		(co.	410 Troop	711 Batty.
Hospital	Pte	3 8th	Bn		Date of	f Admission
Tra	nsferred				Hosp.	
					Hosp.	
					Hosp.	
					Hosp.	
Diagnosis						
(1)	agnosis (if changed)					
_ (2)						
(3)						
Additiona	1 Diagnosis: if more	than one sta	te present			
K	illed in A	Action	9-4-17			
DISPOS	ITION					Date
C.L.1-	5-17 A185	5				
				REMARK	S	
			A.h. of D.G	N.D. 2 C	M F.C.	London.
			1 09 D.C	M.S. O	'far.	
		В	OH. O.			

EPITOME OF HOSPITAL TREATMENT.

1.	Hospital	2	Adm.
2.	_		
8.			
4.			
5.			
6.		· · · · · · · · · · · · · · · · · · ·	

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

Unit. Regiment or Corps.

38th. BATT. C. E. F.

Casualty Form—Active Service.

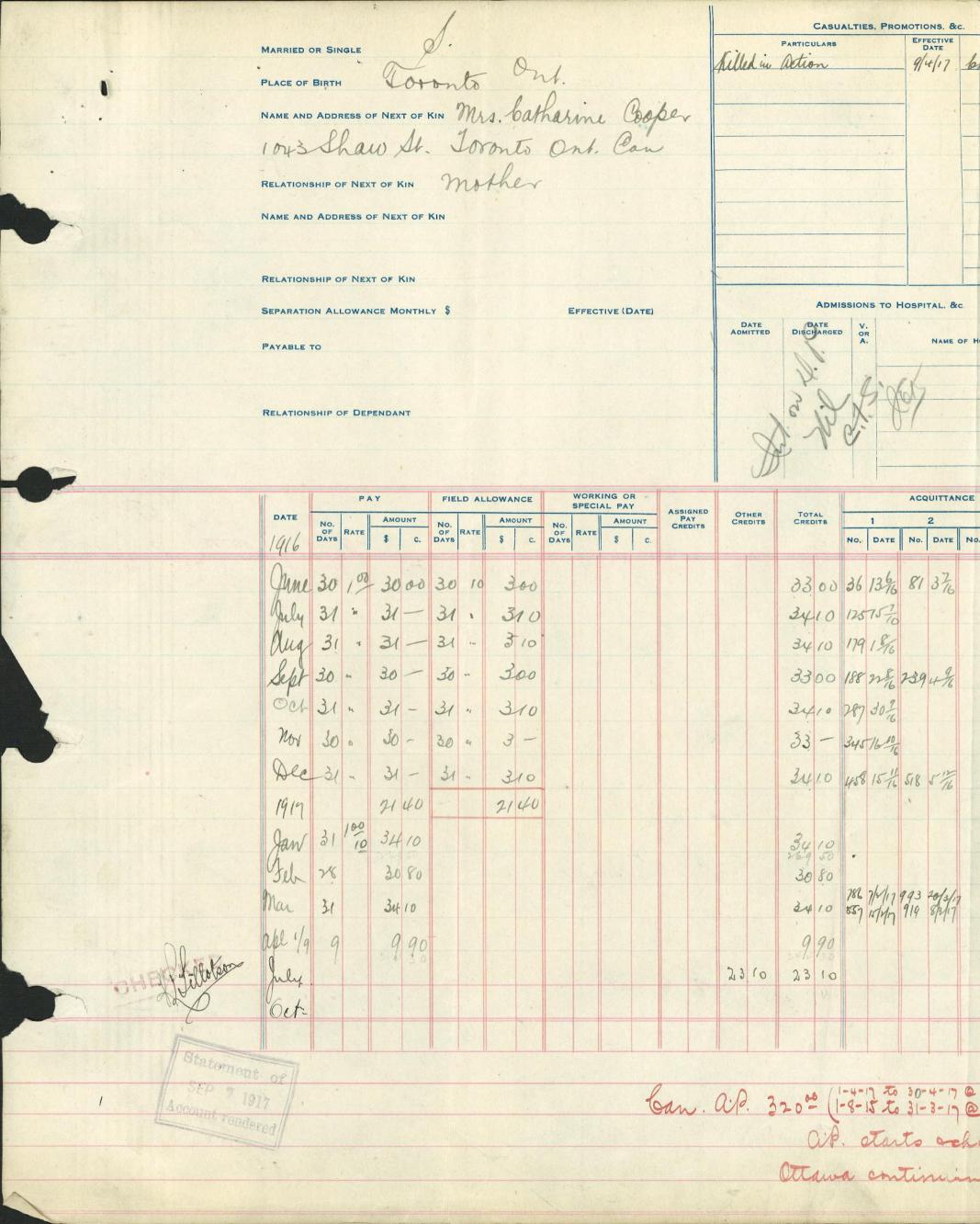
M. F. W. 54. (A. F. B. 103.) 250M — 1-16. H. Q. 1772-89-920.

Date	of promotion to resent rank.	Terms of Service (a) Nuralion Date of appointme to lance rank	nt }	Numer rol	rical position on ll of N. C. Os.
Exten	ded	Re-engaged	Qualification (d	5) V(sl	(Jeanster)
Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Piace	Date	Remarks taken from Army Form B. 218, Army Form A. 36, or other official documents.
dhainnaisea suchart sama		Embaked H. Granfino	Bermuda Plymouth	29/5/16	Per. S. S. Frampion
2.4.17.	3814	DISEMBARKED MIGLED-IN-HCTION	HAVRE	13/8/16	Le Her. MI-16-3034 DCS-113-PT-0,470/10 101
			Janans	Canadi	Lieut. for MacColl A. A. G. an Section, G. H. Q 3 rd , Ech.

(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 Date From whom proving a		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	Place	Date	Remarks taken from Army Form B, 213 Army Form A. 36, or other	
rte	received	authority to be quoted in each case.			official documents,	
	I STATE OF THE STA	* 10 V/E *	,		() () () () () () () () () ()	
		The state of the s				
		The State of the S				
			7			



REG'L. NO. 4/07/1/ RANK Ptu. AUTHORITY A 186. 30ty PLACE OF ATTESTATION Lindsay AUTHORITY 21 may/15 TRANSFERRED TO AUTHORITY ASSIGNED PAY MONTHLY \$ 1500 DATE EFFECTIVE & June 16 1 april/17 (A 2 M - 103) PAYABLE TO Mis Catherine Cooper, 10+3 Shaw St. Loronto RELATIONSHIP SPITAL PAYABLE TO REASON Killed in action 9/4/17. 6hA188.3147 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE // // ASSIGNED PAY DATE NO. DATE 3203 97 1500 7301 2230 1277 2230 2457 261 262 2023 3734 15-523 2023 5/21 262 1762 6669 262 1134 2896 7173 1500 9083 37,41 2126 1500 10663 15 -262 262 2546 11527 Killed in getion 9 47. 61 A188 31 4. Jans to Sub Div K. Eff 10/4/17 20 00 10519 20 Balance transferred to N. H. Branch 128 29 mpd 21 dys api 1283 To OHawa for Sett 128 27 0 128 27 048ª 21/4 17/10/19 1500: 30000) auth Ottawa Deip of 17-5-17 inged on paylests from 1-8-15

g payments until granting of Pension

WORKING OR SPECIAL PAY CASH PAYMEN ACQUITTANCE ROLLS FIELD ALLOWANCE DATE NO. OF DAYS ASSIGNED PAY CREDITS TOTAL CREDITS OTHER CREDITS AMOUNT NO. OF DAYS AMOUNT NO. OF DAYS AMOUNT 4 2 RATE NO. DATE NO. DATE NO. DATE

BALANCE PAY WITHHELD OR DEFERRED PAY AVAILABLE FOR ISSUE ASSIGNED OTHER CHARGES TOTAL DEBITS REMARKS 3 4 CREDIT DEBIT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Address

Rate

By Whom Assigned

Regtl. No.

Rank

P	A	Y	N	H	I	A.	T	S

PAYMENTS									
	Month	Year	Cheque No.	Amt.	REMARKS				
	Aug.	1914			02m83/12 Eat 11/4/17				
	Sept.								
	Oct.								
	Nov.								
	Dec.								
	Jan.	1915			Pensions Notified DATE 17/5/17				
	Feb.				Leugious Motuled Oxigonia				
	March				Killed in Action on 14				
	Apl.				Ch 51 215717 (UVKeuses)				
	May								
	June								
	July								
	Aug.		R6327	15 -	ASOLIDA.				
	Sept.		N6327 13634 15789	15-	0 7 6				
9	Oct.		15789	18	CCOURT				
	Nov.		X3893	15-	000				
	Dec.		46102	15					
	Jan.	1916 Z	9444	15 - 15 - 15 - 15 - 15 - 15 - 15 - 15 -					
	Feb.	K	12445	- 15					
	March	M	16776	15					
		Manager Street			MARKET CHARLES OF THE PARTY OF				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Surname Christian Name Regimental Number Rank Address (in full) Unit Original Unit District where paid Date of Discharge P. D. P. Filing Number Rates:-Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month. L.L. 53961-M. & D. 9721 FIRST PAYMENT SECOND PAYMENT FINAL PAYMENT Balance Total Total Overpayments Credits Amount Cheque No. Cheque No. Cheque No. Amount Amount Amount to be 91 days Date Date Date Paid A 30 days 30 days 31 days Recovered

4. F. W. 12 300M-1-19

Remarks:

Cell 1

Register No. Ob 617

WAR SERVICE GRATUITY

TO

DEPENDENTS OF DECEASED SOLDIERS

	02/72-8	
A.P. File	No. 0 2 6 1 0	

	Regt'l No. 4/07// Name Polest Cookets Unit 3.8 Battan Rank Le Date of enlistment Date of casualty 9/9/7 B.P.C. File No. 124/4 Was service performed overseas?	
	Name Mass Catherine Cooper Relationship W. Dather	
Λ	Address 043 Shars St.	
M.F.W. 2652 25M-6-20 H.Q. 1772 39-473	Amount of Special Pension Bonus \$ 711. Abstracted by Abstracted by	
M.]	Eligible for Gratuity \$ 180.0	
	Less amount of Special Pension Bonus paid	
	Less Debit Balance of S. A. or A.P. \$	
	Total deductions \$,0
	Cheque No. 9.1894062 Date issued 23-7-20 Malance due \$ 180 =	0
	Clerk at med	
	Remarks: Audited by	
	Date 31/7/12 1804	

ASSIGNED PAY

Sheet No. 2. Mrs Catherine Cooper

Sheet No. 2. Mrs Catherine Cooper

Name of Soldier_

L. L. Job 89002,—Req. 6213.		1	PAYM	ENTS.	138 Battu C.E.F. DC6
	Month.	Year.	Cheque No.	Amt.	\$1500 2000 Remarks.
• am		1916) Q T 1917 X 1917 X	17219	15 - 15. 15. 15.	34000 PS OS X 31/5/17 MV Kurse 17/5/7 Assabeb afe to confuse unfil 15 pension granted 20 - april 17 Julie Q 39 Canaded
D ARC	May June July Aug. Sept. Oct. Nov. Dec. Jan. Feb. March April May June	1918	7/06 1/672/ 1/20247	20	Pension Granted 1-8-17 I.P.C. to Recever 5 Clerk A. E. C. Date - 6/h// E.F.X. " Date 30 180 380 380 380 380 380 380 380 380 380 3
	July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier_

- 11						
	Month.	Year.	Cheque No.	Amt.	Remarks.	
	Aug.	1918				
	Sept.					
	Oct.					
	Nov.					
	Dec.					
	Jan.	1919				
	Feb.					
	March					
	April					
	May					
	June					
	July			7		
	Aug.					
	Sept.					
25113	Oct.		, ,			
	Nov.					
	Dec.					
	Jan.	1920				
	Feb.					
	March					
	April					
	May		46	TS // S		
	June		A STAN			
	July					
	Aug.					
	Sept.					
	Oct.					
	Nov.					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Mrs Catherine Cooper Address 1043 Shaw St.

Toronto

Relation to Soldier

wife, child or mother

Widowed mother

Name of Soldier Cooper, Rott.

Regtl. No.

Rank Ar.
Corps 38 4 Batt.

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				GOLIDA
Jan.	1915 -			A C
Feb.				(3(4))
March				VCCOUP CV
				() much
Apl.				
May				041
June				
July	0	1238	46	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Aug.	(16.843	n	20
Sept.	W	4909	20	2- ()
Oct.		16372	20 -	20
Nov.		F 18532	20	20 01
Dec.	K	14089	20	20
Jan.	1916	21592		20
Feb.	0 8	128188	20	20
March	1	25755	20	20

M. F. W. 11a. 60m.—12-15. 1772-39-818,

SEPARATION ALLOWANCE

Man Controlle Contingents

June July

Sheet No. 2. //// / OUMUUC, L. L. Job 89002.—Req. 6213.	20076	PAYM	ENTS.	Name of Soldier Office 1400
Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	9643	20	20
May		4.5331	20	20
June		62897	20	20
July		510263	20	70
Aug.		L1285=		20
· Sept.	BI	15397	20	20
Oct.	E	18494	1 20	20
Nov.		122030	20	20
Dec.		425084	20	20
Jan.	1917	128632	20.	20 Panajana National Assistance
Feb.		931757	20	Pensions Notified DATE 15/3/17
March	4	34901	20	20 Killed in Action on 9/4/18
April	//	4.725	20	20 CV 85/12/3/15 Elle en as.
May	1	N3861	20 148	20,00
June	K	7250	20	W. F
July		110075	20	60
Aug.	M	14381	20	M143Pl Concelled
Sept.				
Oct.				1/2/19
Nov.				Pension Granted
Dec.				B.P.C. to Recover \$ 924
Jan.	1918			Clerk 4. 2. Kell. Date 27
Feb.				
March		2		
April				
May				

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

	Month.	Year.	Cheque No.	Amt.	Remarks.	1	
	Aug.	1918					
	Sept.						
	Oct.						7
	Nov.						-
	Dec.						
	Jan.	1919				•	De la companya della companya della companya de la companya della
	Feb.						
	March						
	April						
	May						
SALES NO	June						
	July						
	Aug.						
	Sept.						
	Oct.						
	Nov.						
	Dec.						
	Jan.	1920					
	Feb.						
	March						
	April						
	May						
	June						
	July					*	
	Aug.						
	Sept.						
	Oct.					/	
	Nov.						
3							

No. 4/07/1

Address

Rank Le. Promoted

Date of Assignment

21-5-15

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

apr 1/17

	RATE O	F ASSIGN	MENT	
20				

RATE OF SEPARATION ALLOWANCE

PARTICULARS OF SEPARATION ALLOWANCE

Reverted

Soldier's Name R. Cooper

Battalion 38 th Batta C. E. 7. Il. Co.

Beneficiary Mrs batherine booper.

Relationship widowed mother.

Name Mrs Catherine Cooper Address 1043 Shaw St. Doronto Out.

PARTICULARS OF ASSIGNMENT

Change of Address

1

2

3

4

Discharge

400M.—6-17—1772-39-1141 L. L. 22320—M. & D. 759 RATE OF SEPARATION ALLOWANCE

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

9			

RATE OF ASSIGNMENT									

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				Name	
Rank	Promoted	Reverted	Discharge	Address	
Soldier's Na	me			Change of Address	
Battalion				1	
Beneficiary				2	
Relationship				3	
Address				4	
A.E.					

	Address					4
	Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
					× Comments	
	1					
#8						
M. F. W. 128 400M.—6.17—1772-39-141 L. L. 223320—M. & D. 7593.						
W. W.						
M. F6-17						
400m						
4						