REGIMENTAL DOCUMENTS NAME JENKIMS Wesley James REGT. NO. 802570 UNIT M. F. W. 2505 TO WHOM FORWARDED NON-EFFECTIVE BY DATE RECEIVED CONTENTS DATE FORWARDED REFERENCE DEATH ATTESTATION PAPER (M.F.W. 23, 133, or 51) Category CASUALTY FORM (M.F.W. 54 or A.F.B. 103) TRAINING HISTORY SHEET (M.F.W. 113) FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122) REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120) COMPANY CONDUCT SHEET (M.F.B. 263A or A F.B. 121) DISCHARGE MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178) Category DENTAL HISTORY SHEET (M.F.B. 465) MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) MEDICAL EXAMINATION (M.F.W. 129) 04748 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2) PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2) DESERTION DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115) LAST PAY CERTIFICATE (M.F.W. 44) PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268) PARTICULARS OF CHARACTER (A.F.W. 3226) COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

135 N Bank

135th O. S. Battalion, C. E. F.

## ATTESTATION PAPER.

ORIGINAL No. 802590

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

	(ANSWERS.)
1. What is your surname?	Jenkins
1a. What are your Christian names?	Wesley James
1b. What is your present address?	1 Marmora St. Lendon, Ont.
2. In what Town, Township or Parish, and in what Country were you born?	London, Ont.
3. What is the name of your next-of kin?	Mrs Teresa Jenkins
4. What is the address of your next-of-kin?	1 Marmora St. London, Ont.
4a. What is the relationship of your next-of-kin?.	Mother (1)
	May 22nd 1895
6. What is your Trade or Calling?	Painter Printer
7. Are you married?	No.
8. Are you willing to be vaccinated or re-	
vaccinated and inoculated ?	Yes
	No
	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?	<u>Yes</u>
DECLARATION TO BE MAD	DE BY MAN ON ATTESTATION.
discharged	ejesty should so long require my services, or until legally sley find (Signature of Recruit) of Gallrally (Signature of Witness)
Date Jan 5th 1916. Ju	(Signature of Witness)
OATH TO BE TAKEN B	Y MAN ON ATTESTATION.
bear true Allegiance to His Majesty King George in duty bound honestly and faithfully defend His I Dignity, against all enemies, and will observe and and of all the Generals and Officers set over me.	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 and obey all orders of His Majesty, His Heirs and Successors, so help me God.
Date Jan 5th 1916. Se	of Wallact (Signature of Witness)
	1
CERTIFICATE	OF MAGISTRATE.
questions he would be liable to be punished as pro The above questions were then read to the I I have taken care that he understands each	me that if he made any false answer to any of the above vided in the Army Act. Recruit in my presence. I question, and that his answer to each question has been has made and signed the declaration and taken the oath
before me, at London, Ont . this	5th day of January 1916.  (Signature of Justice)
M. F. W. 23. 200 M.—11-15, H. Q. 1772-39-841.	

Description of June 13, Vani	on Enlistment.
Apparent Ageyearsmonths.	Distinctive marks, and marks indicating congenital
(To be determined according to the instructions given in the Regulations for Army Medical Services.)	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	
Girth when fully expanded	
Complexion	
Eyes Hosel	
Hair Drown	*
(Church of England	
Presbyterian	
Methodist  Baptist or Congregationalist  Roman Catholic  Lowish	
Roman Catholic	
Jewish.	
Other denominations (Denomination to be stated.)	
CEDTIDICATE OF ME	DICAL EXAMINATION.
CERTIFICATE OF ME	DICAL EXAMINATION.
I have examined the above-named Recruit a of rejection specified in the Regulations for Army Mo	and find that he does not present any of the causes edical Services.
He can see at the required distance with eit free use of his joints and limbs, and he declares that	her eye; his heart and lungs are healthy; he has the he is not subject to fits of any description.
I consider him*for the Ca	anadian Over-Seas Expeditionary Force.
Date	JAMburgen & L.
PlaceLondon Ont	Medical Officer.
*Insert here 'fit' or "unfit.'  Nore.—Should the Medical Officer consider the Recruit unfit	
been attested, and will briefly state below the cause of unfitness:—	, he will fill in the foregoing Certificate only in the case of those who have
· · · · · · · · · · · · · · · · · · ·	
	0 2.30 127 0
<i></i>	
CERTIFICATE OF OFFIC	ER COMMANDING UNIT.
	<del>1</del>
Mesley James	enkins having been finally approved and
As we directly	of Attestation, and every prescribed particular having
been recorded, I certify that I am satisfied with the	
10.1	Company Li Ge (Signature of Officer)
Date	





H.Q. 54-21-23-53

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

#### Instructions.

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

(1)	Name of Overseas Unit which Soldier joins
	135th, O.S. Battalion, C.E.F.
(2)	Regimental Number802590
(3)	Full Name of Soldier Wesley James Jenkins
(4)	Place of Birth
(5)	Are you married, or not?
(6)	If married, state,  (a) Full name of your wife
	(b) Present Postal Address
(7)	Are you a widower?
(8)	Have you any children?
	If so, give number of boys and girls.
	Also their names and ages

M. F. W. 67. 200m.—3-16. 1772-39-954.

(SEE OTHER SIDE.)

(9) Is	your Father alive?
	If so, state name and address William Jenkins, No.1 Marmora St, Lond
(10) Is	your Mother alive ?
	If so, state name and address
	No. 1. Warmora Street, London, Ont.
(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) A	re you insured? Yes
	If so, in what Company? London Life Insurance Coly.,
	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.
	B. Robern H. Go
Date	Way 10th, 1916 135th.O.S. Hattalion. C.E.F.



# FORM OF WILL.

31, 10	al Number 802590 serving in 130	(Name in full)
Regiment	al Number 802590 serving in 130	-4/8u
	anadian Expeditionary Force, do hereby revoke all	
	I declare this to be my last Will.	
	I bequeath all my real estate unto	
		Name and Address of person or persons to whom it is to go.
absolutely	y, and my personal estate I bequeath to	
1m	Geresa Jendino Carmora It. London, Canada.	Name and Address of person or persons to receive personal estate* (See note).
This must and it THE HIM	OTE  St be Signed Dated by SOLDIER WSELF.  Sonal estate includes pay, effects, money in bank, insurance	gnature of Soldier.
except real	estate.	
Signed a	nd acknowledged by the Testator as and for his la	st Will in the presence
	th present at the same time, who in his presence,	
the prese	nce of each other have hereunto subscribed our nan	nes as Witnesses.
	Signature of First Witness Forrest	Ru
	Address of Witness 135-2 Bu, 6	. 6.7.
THE TWO	Occupation of Witness Volder.	/
MUST SIGN HERE	Signature of Second Witness	melman
an neke	Address of Witness 135 Ball	n/
	Occupation of Witness	

35.11 O.S. MIDD

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

M. F. W. 54.

Casualty Form—Active Service. 150M. 10-15. H.Q. 1772-39-920. Unit, Regiment or Corps 135 TH 0.8. Regimental No. 802590 Rank Private Was. Service reckons from (a) Terms of Service (a)\_\_ Teriod of . Date of promotion to Date of appointment Numerical position on present rank. to lance rank roll of N. C. Os. Extended Re-engaged.... Qualification (b)\_\_\_\_\_ Report Record of promotions, reductions, transfers. Remarks casualties, etc., during active service, as retaken from Army Form B. 213. ported on Army Form B. 213, Army Form Place Date From whom Army Form A. 36, or other Date A. 36, or in other official documents. The received official documents. authority to be quoted in each case. CORRECT, Canada Halifa FOR Q. G. 118TH BN. 116 Can Res Bn Can Base England & taken on Depot Depot Joined unit Hilled in action 22-2-17 Pt.I brder 17, Capt. for Lt.-Col., A. A. G.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engaged for e.g. Signatter, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

1	Report	Record of prometions, reductions, transfers, casualtics, etc., during active service, as reported on Army Form B 213, Army Form	Place	Date	Remarks taken from Army Form B. 213,
Date	From whom received	A. 36, or in other official documents. The authority to be quoted in each case.	este		Army Form A. 38, or other official documents.
					*
					Carried San
		Rep. 1			
		3			
				2.3.1	

JENKINS. Wesley James 802590 / Rank / / Name Reg'l No. If in perm. Corps, 135th Bn. Single / Unit Married or Single What Unit? Place and Date of Enlistment London Ont. 5th Jan 1916 Place of Birth London, Ont Name and Address, Next-of-Kin Mrs Teresa Jenkins 1 Marmora St. London. Ont. Mother Relationship Assigned Pay Monthly \$ Payable to Relationship N/E SERIAL No. 1142 Separation Allowance \$ Payable Relationship Discharge, Date and Place RL25-J- 773 Reason KA H. W. & V., Ld.-7165-16. Report. Record of promotions, reductions, transfers, REMARKS. Taken from Official Documents casualties, etc., during active service. Place. Date. From whom The authority to be quoted in each case. Date. received. ENGLAND S.S.OLYMPIC 30-8-16 B'shott. 15007.1916 Pt. 2.D. O. 241 W 200CT.1916 1.116th. T.O.S. from 135th.Bn. Witter 28.11.16 Pt J D.O. 311. 29.11.16 O.6.116th Bn S.O.S. overseas to 18th Bn. 18.12.16 18th Jaken on strength. Field 29.11.16 " " 57. 20.3. 17 18th Bm. Hilled in Action. France 22.2.17 CLA 462 15.3.17 22.2.17 Pt. 17

Date.	eport. From whom received.	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.	
	received		6			

802390 ORIGINAL 802590.

# 135th O. S. Battalion, C. E. F. MEDICAL HISTORY SHEET

Surname Jenkin	5	GR	irisiia	n wami	6 Mestel	James	
			App	roved by		4	
Examined on . 5th day of January 1916 .			J. al. Trumpmell				
	on, Ontario					1	
Birthplace {	wn London,		46.7				
	iddlesex, Ontari		Date.	Fit or Unfit.	Exa	MINED FOR RE-ENGAGEMENT.	
Apparent age						,	
	Feet 6. /2 I						
	1.3.8						
Chest measurement!	nimum32						
Ma	ximum expansion.3.7.	inches.					
Physical development	good						
Small-Pox Marks	I mil.						
Vaccination Montes	n Right O Left (	2	Date.	Result.		VACCINATIONS.	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	mbermul		.1.1	10	A 6	3	
When Vaccinated last.	never.		1/4/1	6.90.00		Bendeen M.O.	
(a) Marks indicating	congenital peculiarities	or pre-					
vious disease	Trone					M.O.	
			Date.	Result.	ANTI-TY	PHOID INOCULATIONS, Erc.	
(b) Slight defects but	not sufficient to cause	rejection	23-3-10	, good	00 6	3_0_	
	til		11		60	2 2 M.O.	
			1/1/16	Hand	0	M.O.	
			1.7/19/1	6 . 4000	P.O. A.M.	Midan. M.O.	
	day of . Janua			1916	.at. Lo	ndar Our	
	Corps.	REGT'L NO	1		BITS.	DATE.	
Joined on enlistment.	135 do Batt	8025	90	80	od	5-1-66	
(	116th.En.C.Inf	802	590	Good	1	5-10-16. R.O.26	
						B. Proson Lt-Col	
Transferred to	18thBa						
EXAMIN	ED OR DISCHA	ARGE	D BY	A MI	EDICAL	BOARD	
Station.	DATE.		DISEAS			Resur.	
						Availit.	

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. (HQ. 38-72-80.)

802590

DATES OF Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from: whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations. Number of days in Hospital. Signature of Medical Officer. Date of Arrival at the Station. Admission into Hospital, Discharge from Hospital. STATION. DISEASE. Day. Month Year. Month Year. Day. Christian name Melecy Surname

0 1	649-1.3344
NAME Jenkine. Weeley, Jan RANK & NO. Dle	nee h
David Die	8023.70
CORPS /33.76-	Batt-
CORPS / JO / // /	11/1/11
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ENLISTMENT, PLACE Rondon, ant, DATI FORMER CORPS  PILL.	
COUNTRY OF BIRTH Canada, London NEXT OF KIN Jenkeine, Me, Jene ADDRESS OF NEXT OF KIN / Marmora St.	, Ont
Jenkeno mo Ter	esa (nother)
NEXT OF RIN	- 2 1 10 - 4-
ADDRESS OF NEXT OF KIN / Marshord St.	domess, with,
DISCHARGE, PLACE DATE	E
0/0 - 1522	
98 22-8-16 325	M. F. W. 22, 100 m.—9-15.

L. L. 85779-M. & D.-6011.

H. Q. 1772 39 839.

#### REMARKS:

MEDICAL EXAMINATION. PLACE

DATE

DISTINGUISHING MARKS

HAIR

WIDOWER

MONTHS

INCHES

FEET

SINGLE YER

INCHES

YEARS

EXPANSION

INCHES

COMPLEXION

EYES

CHEST MEASUREMENT

MARRIED

HEIGHT

TRADE OR CALLING

APPARENT AGE

RELIGION

DESCRIPTION.

CABLE L. L. 12767-M. & D. 7390. M. F. W. 42-50M,-12-16. H. Q. 1772-39-893.

DATE OF ADMISSION REMARKS LIST No HOSPITAL 9462 Rept. from Bass 22-2-14 Killed in action

Number 802590 Surname UENKINS Christian Name Wesley James Units/8 B. Ca Jaf. Theatre of War France Date of Service 29-11-16 Latest Address 200m.-2-21.M.

DESP AUP 26 1922

REGN. No. GA34370

FORM	R.	149.
7106-250	m-	-7/2/17.

Unit

#### James

Name JENKINS, WesleyRank

18th.Battalion

Next of Kin Canada.

Pte.

Reg. No. 802590

25-9-773

Contract Con		A SHARE THE SHARE SHARE	A STATE OF THE PARTY OF THE PAR	THE PARTY OF THE P		CONTRACTOR OF THE PARTY OF THE
Pate 17	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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3,		-				

Date	. Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
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		***************************************		***********		*****************
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				••••		
				- 35		*************

JENKINS, Wesley Jas. (Pte) No. 802590

Medals and Decorations (Father) William Jenkins. Hsq.. Marmora Street. London. Ont.

Plaques and Scroll (Rather) William Jenkins, Esq., address as above.

Memorial Cross

L. Plague Desp. Regn. No.

New 245000

No. 812590 RANK (20)

NAME Jenkins W. J.

(0.0.5.6-1-16)

T.O.S. 5-1-16. UNIT 135 th Saltation . C. E. F.

M. D.

PAID	PAID	SIG. OR	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.						
FROM	то	REC'T	PARTICULARS	AUTHORITY					
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apr	il .	1							
Ste	ine	V							
de	ney	a.							
	0			UNIT SAILED					
				SAILED					
				AUG 2 2 1916					

Surname 2

Christian Name or Names

Jenkins.

Rank Pte.

Hospital

Unit 18 Batt. Co.

Reg. No. 802590

Troop Batty.

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in action 22-2-17.

DISPOSITION

Date

20-3-17. A. 462	REMARKS
	-EPT.
	A.M.D. 2 DEPT.  A.M.D. 2 DEPT.  Boh. of D.G.M.S. O.M.F.C. London
	Boh. of D.G.M.

L. L. Job 4503.-M. & D. 6832.

# MILITIA AND DEFENCE ASSIGNED PAY

M. F. W. 12. 50m.-6-16. H. Q. 1772-39-819.

OVERSEAS CONTINGENTS

Mos Teresa fenhins
Address / Marymora StLandon Cant

By Whom Assigned Lenkins Wesley fas
Regtl. No. 802590

Rank Ple

Corps /35 th OS Bn & E. F.

Rate 2000

1 9

#### PAYMENTS

	Month	Year	Cheque No.	Amt.	REMARKS
	Aug.	1914			Stop Payment 1st ffrel 1917. 3 m 24/3/12 East >6/4/12. Killed in action.
	Sept.				3m 24/3/17 Eab >6/4/1
	Oct.				Killed in action.
	Nov.				
	Dec.				
	Jan.	1915			
	Feb.				
•	March				
	April				
	May				
	June July				
	Aug.				
	Sept.				
	Oct.				
	Nov.				19:00 den Petron h. 1. 29 md 1912
	Dec.				Stilled in action Leb 22 nd/917 6 &(3) 20/3/17 Wy Layer 31/3/17
	Jan.	1916			31/2/12
	Feb.				410/11
	March				

MILITIA AND DEFENCE

### ASSIGNED PAY

OVERSEAS CONTINGENTS Name of Soldier Jenhins Westley fas The L. Job 4503. - Req. 6832. Teresa Jenkins PAYMENTS. Month. Year. Cheque No. Amt, #802590 20,50011/6 April 1916 May June July Aug. a. 17357 Sept Oct. 94000 6 FX & Pf Nov. / act closed bast W fr Payer Dec. Jan. Feb. 20 March April May June F. X. Rend. Date ... 21 9/17 July Aug. Sept. Oct. Nov. Dec. 1948 Jan. Feb. March April May June

July

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CC GENTS

PA'

Sheet No. 2 (Contd.)

Name of Soldier

			1		17				
	Month.	Year.	Cheque No.	Amt.					
	Aug.	1918							
	Sept.								
	Oct.								
	Nov.								
	Dec.					*			
	Jan.	1919			*				
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	April							VIII	
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	Dec.								
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	March								
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	June								
	July								
	Aug.								
-	Sept.								
	Oct.								
	Nov.								

# SEPARATION ALLOWANCE

Sheet No. 2. Mrs. Yessia J. Jentinis PAYMENTS.

Name of Soldier Juntinis: Rom J.

L. L. Job 310.—Req. 6574. Mrs. Yessia J. Jentinis PAYMENTS.

14 15 000 310.—Req. 6574. /			1 0			V Ce	
	Month.	Year.	Cheque No.	Amt.		Remarks.	
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	May						
	June		X7618	80		80	
	July		212654	90		20	
4	Aug.	a	X7618 117654	20		70	
7 /20	Sept.			X	+ .	20 hoch till be from porcessons	
	Oct.			+ 1	+	+ 4.	
	Nov.		2.22611	21 -	<del>/</del>	20 20 ho th tile re from 1000 25/0/16  This Dis 2/10/16 649- J. 1979-	
	Dec.						
	Jan.	1917					
	Feb.						
	March					ACCOUNT CLOSED	
	April					VCCOOKI CLOSED	
	May					DATEPER.	
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	July						
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	May						
	June						
	July						1

MILITIA AND DEFENCE

## SEPARATION ALLOWANCE

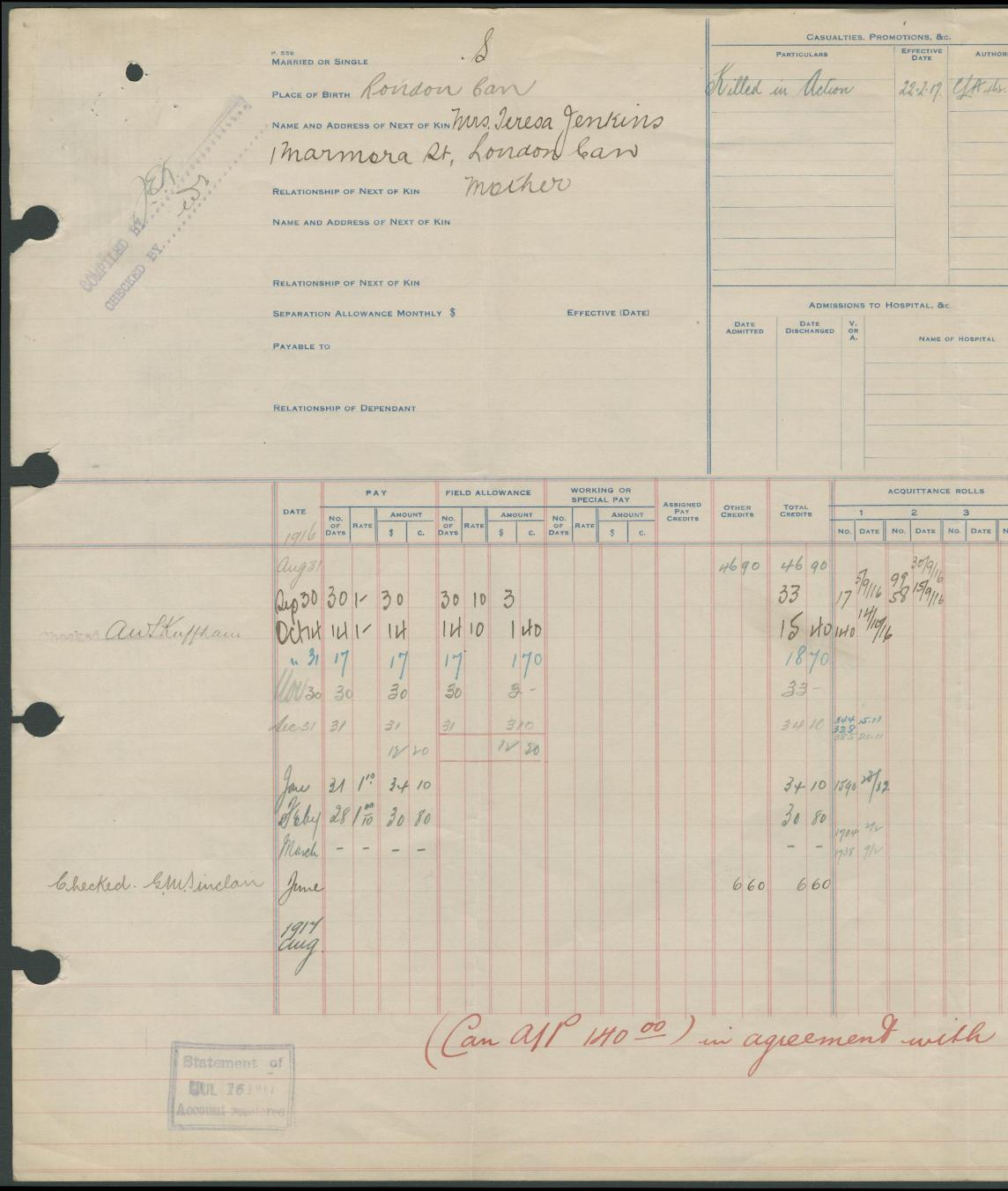
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier\_\_\_

Month.	Year.	Cheque No.	Amt.	Remar	ks.	
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NAME Jenkins, Wesley, James REG'L NO. 802590 RANK PG UNIT /35 BN TRANSFERRED TO 116 BN DATE SO 16 AUTHORITY P10 22.2.17. CA 46x. 20 m PERMANENT FORCE ALLOWANCES PLACE OF ATTESTATION LONDON Can TRANSFERRED TO Sub DW DATE 23. 8.17 AUTHORITY A 462. 2019 TRANSFERRED TO N.S. DATE 1.3.17 AUTHORITY do. DATE OF ATTESTATION 5-1-16 ASSIGNED PAY MONTHLY \$ 20 DATE EFFECTIVE 1-9-16 PAYABLE TO MUS. Juresa Jenkins / Marmora Relationship Mether NAME OF HOSPITAL STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 24.3.17 EFFECTIVE 1.41. 17 Wheason Shelled in Oction REASON AND AUTHORITY 6. L. Q. 462 345 17 Checked by At Tilloton PAY PAY WITHHELD AVAILABLE FOR DEFERRED ISSUE Bal from Canada 2433 487 5650 2340 20 486 2486 1394 3264 20 45 64 39 48 40 26 Jeans to 18 Bm. eff. 1117 B.0.311.29 25 23 49 13 Loupa 2w 3069, 184h 6/4/1 14 20 14 59 79 20 Nilled in Actions 22.2.17. CfA Hor. 20 Skano to Sub Sw 18. 23.3.17. 6 60 31 83 27 96 20 11'cred 6 dys Feb. 6 00 Infto NRB. 1.3.17 3456 Offawa for seitlemen 3436 t with Othawa Slip A. 0593-1-12 8/11.4.17

DATE

NO. OF DAYS

PAY

FIELD ALLOWANCE

WORKING OR SPECIAL PAY

AMOUNT
NO. OF DAYS

RATE

\$ C. DAYS

FIELD ALLOWANCE

WORKING OR SPECIAL PAY

ASSIGNED PAY
CREDITS

ASSIGNED
PAY
CREDITS ACQUITTANCE ROLLS CASH PAYMENTS OTHER CREDITS TOTAL CREDITS NO. DATE NO DATE NO. DATE · 31 2 2 p

CASH PAYMENTS BALANCE PAY PAY WITHHELD AVAILABLE OR FOR ISSUE TOTAL DEBITS REMARKS CREDIT 1 2 2 1