REGIMENTAL DOCUMENTS

S

NAME AKERS. Dell. REGT. NO. 504888 UNIT Can Engrs. H. Q. FILE NO. 3342

H

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C

H

W. 2589
100M-11-19
1772-39-1377

Rejected Hernia for next draft

Re-posted ORIGINAL

Del. to M.O. report to 3/Pte

# ATTESTATION PAPER.

No. 504888

Folio. 504888

Drive

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

| | |
|---|---|
| 1. What is your surname? | Akers |
| 1a. What are your Christian names? | Dell |
| 1b. What is your present address? | Pincher Creek Alta. |
| 2. In what Town, Township or Parish, and in what Country were you born? | Monticello Iowa U.S.A. |
| 3. What is the name of your next-of kin? | Alice Akers |
| 4. What is the address of your next-of-kin? | Pincher Creek Alta Can |
| 4a. What is the relationship of your next-of-kin? | Wife |
| 5. What is the date of your birth? | 21 Feb. 1876 |
| 6. What is your Trade or Calling? | Farmer |
| 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? If so, state particulars of former Service. | No |
| 11. Do you understand the nature and terms of your engagement? | Yes |
| 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? | Yes |

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

I, Dell Akers, 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.

P.M.P. April 6th

Dell Akers (Signature of Recruit)

Date ~~Feb. 29~~ 1916. [illegible] (Signature of Witness)

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

I, Dell Akers, 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.

P.M.P. April 6th

Dell Akers (Signature of Recruit)

Date ~~Feb. 29~~ 1916. [illegible] (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 Calgary this 6th ~~29th~~ day of ~~Feb.~~ April 1916.

[illegible] (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Discharge 29-11-17 9T

## Description of Dell Akins on Enlistment.

Apparent Age 40 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 8½ ins.

Chest measurement.
- Girth when fully expanded ..... 37½ ins.
- Range of expansion ..... 3½ ins.

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations.
- Church of England .....
- Presbyterian Yes.
- Methodist .....
- Baptist or Congregationalist .....
- 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).

Slight Cast left eye
Enlarged Pupil

## 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 29th 1916. Clive A Staples
Capt A.M.C.
Medical Officer.

Place Calgary Alta

*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.

Dell Akins 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 of Officer)

Date April 17th 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. 504888 Rank Driver Name AKERS, Dell

Corps Engineer Training Depot who was* struck off strength

On October 1st 1917 191..., to ---

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1st October 1917, to 1stOctober 1917, the inclusive date of transfer or discharge.

| Dr. | $ | c | Cr. | $ | c |
|---|---|---|---|---|---|
| Bal. Dr. from prev. month | | | Bal. Cr. from prev. month | 1 | 50 |
| Advances by Cheques } No. | | | Regt'l Pay 1 days at $ 1 c00 | 1 | 00 |
| Advances by Cheques } No. | | | Field Allow. 1 days at $ c10 | | 10 |
| Assigned Pay No. | | | Other Allowances* | | |
| Other Charges* Forfeits Pay Oct1 Harvest Leave | 1 | 10 | Other Credits* | | |
| Payment on transfer or discharge No. | | | | | |
| Balance Cr. ~~(to be paid by the new unit)~~ | 1 | 50 | Bal. Dr. (to be deducted by new unit) | | |
| Total | 2 | 60 | Total | 2 | 60 |

*Give Particulars.

A monthly stoppage of $ Nil (†) has ..... (‡) been paid on account of Assigned Pay for the month of ..... 191... to (Assignee) .....

(Address) Nil

(†) 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 6-4-16

(2) if married and if a Separation Allowance Card has been submitted Married 20-5-16 Card submitted

(3) cause of discharge and authority A.P. candelled 1-9-16 Sep. Allce cancelled 4-9-16 (location of wife unknown) Illegally absent D.O.Part"2"#306 d/2-11-16

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 November 6th 1917

Place St Johns, P.Q.

L. T. Ridgeway Captain
Engineer Training Depot *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.**

150M.—1-17.
H. Q. 1772-39-903.

# FORM OF WILL

I, Dell Akers (Name in full)

Regimental Number 504888 serving in Canadian Engineers

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs Marcia Akers
Paloo
U. S. A. Kansas

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs Marcia Akers
Paloo
Kansas U. S. A.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 3rd day of August A.D. 1917

Dell Akers Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness C. R. S. Woolcott.

Address of Witness Canadian Engineers

Occupation of Witness Soldier

Signature of Second Witness L. Baringer

Address of Witness Canadian Engineers

Occupation of Witness Soldier

M. F. W. 82.
300M.-12-16.
1772-39-983.

To be made out in duplicate.

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.

---

Canadian Engineers,
ENGINEER TRAINING DEPOT

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 504888

(3) Full Name of Soldier Akers, Dell

(4) Place of Birth Iowa, U.S.A.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Alice Akers

(b) Present Postal Address Puncha Creek, Alta, Can.

(7) Are you a widower? No

(8) Have you any children? No

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address —

(10) Is your Mother alive? Yes

If so, state name and address Marcia Akers

Palco, Kansas, U. S. A.

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

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

—

(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.

No

(15) Are you insured? No

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium —

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

W Mitchell Lt. Colonel C. E.
*Officer Commanding.*
O. C. Engineer Training Depot

Date AUG 8 1917

no card CR486 B2

# MEDICAL HISTORY SHEET.

504888

*Surname* Akers *Christian Name* Dell

Examined { on 29th day of Feb. 1916 / at Calgary Alta

Birthplace { City or Town Montcello / County Iowa. U.S.A.

Apparent age 40 yrs.

Trade or occupation Farmer

Height 5 Feet 8½ Inches.

Weight 158 Lbs.

Chest measurement { Minimum 34 inches. / Maximum expansion 37½ inches.

Physical development good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. 1 / Number one

When Vaccinated last Thirty years.

(*a*) Marks indicating congenital peculiarities or previous disease None.

(*b*) Slight defects but not sufficient to cause rejection Injury to left Eye - ~~Nearly~~

Approved by Chas A Staples

Rank Capt A.M.C. M.O.

| Date | Fit or Unfit | Examined for Re-engagement, |
|---|---|---|
| 10/6/17 | B2 | [illegible] M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 8-7-16 | | Bennett Capt AMC M.O. |
| | | M.O. |
| | | M.O. |

*Enlisted on* 29th *day of* Feb. 1916 *at* Calgary Alta.

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | Divisional Engineers | 504888 | | 29-2-16 |
| Transferred to.. ..... | Canadian Engineers | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| ST. JOHNS, P.Q. | MAR 3 1 1917 | Fit<br>Have Eyes Examined. | S J Sweeney Capt. C.A.M.C., Pres.<br>INSPECTING MEDICAL BOARD M.D. No. 4 FIT B2 MONTREAL, P.Q. |

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Surname Akers Christian Name Neil

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. | | | Dates of Discharge from Hospital. | | | DISEASE. | Number of days in Hospital. | 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. | Signature of Medical Officer. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |

DUPLICATE

# MEDICAL HISTORY SHEET.

504888

Surname Akers Christian Name Dell

Examined on 29th day of Feb. 1916 at Calgary Alta

Approved by Clive A. Staples

Rank Capt A.M.C. M.O.

Birthplace City or Town Monticello County Iowa U.S.A.

Apparent age 40 yrs

Trade or occupation Farmer

Height 5 Feet 8½ Inches.

Weight 158 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 37½ inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. 1 Number one

When Vaccinated last thirty years

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

| Date | Fit or Unfit | Examined for Re-engagement, |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations. |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 8.7.16 | | Heavett Capt A.M.C. M.O. |
| | | M.O. |
| | | M.O. |

Enlisted on 29th day of Feb. 1916 at Calgary Alta

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | Divisional Engineers | 504888 | | 29-2-16 |
| Transferred to.. ..... | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| St. Johns, P.Q. | MAR 3 1917 | | Fit D. Owen Capt. C.A.M.C., Pres. B2 |

INSPECTION MEDICAL BOARD FIT MONTREAL, P.Q.

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.

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Discharge 29-11-19

Surname Akers Christian Name Dell

| STATION. | Date of Arrival at the Station. | Dates of Admission into Hospital. | | | Dates of Discharge from Hospital. | | | DISEASE. | Number of days in Hospital. | 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. | Signature of Medical Officer. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Day | Month | Year | Day | Month | Year | | | | |
| | | | | | | | | | | | |

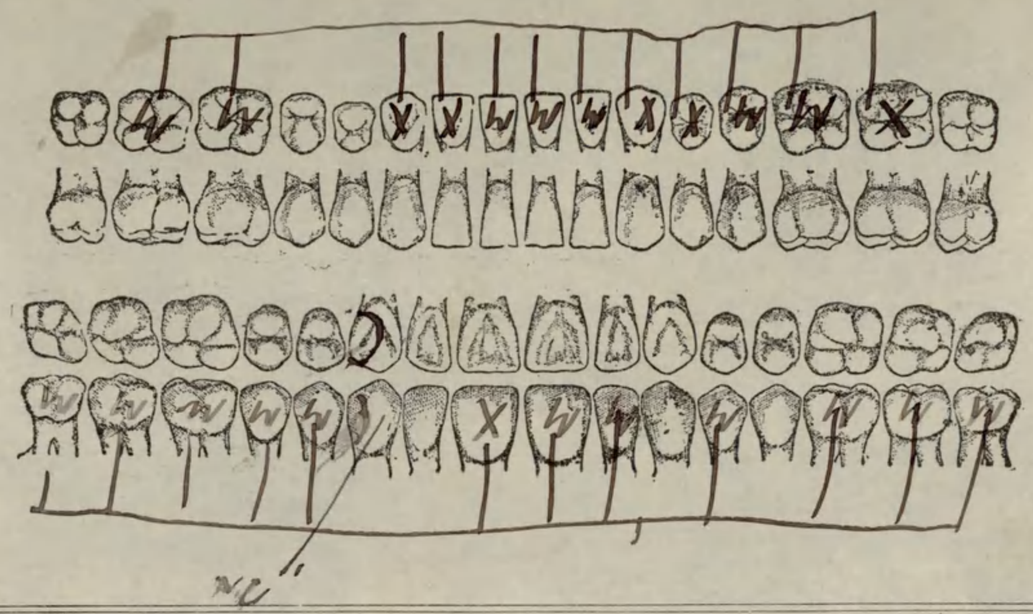
# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

Division

Name of Soldier Ahers Dell

Regiment Canadian Engineers. Rank Driver No. 504888



| DATE | No. | Fillings: Amal. | Fillings: Phosp. | Fillings: G. Per. | Fillings: Cement | Extracted | Anesthetic | Treated | Crowns | Cleaned | As 2° 3 | Pulp Removed | Put Pulp | Artificial Teeth | OPERATOR | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Nov 10 | 1 | Exam | | | | (5) | Reg. | Part upper | | | | | | | C.A. Hewitt | to return. |
| | | | | | | | " | " | " | lower. | | | | | | |
| " " | 1 | | | 1 | | | | | | 1 | | | | | " | |

M.F.B. 465
100m.—1-16
1772-39-950

Original not available

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps Can. Engrs Train Depot St. Johns P.Q.

Regimental No. 504888 Rank Pte Name Akers Dell

C. E. F.

Enlisted (a) 6-4-16 Terms of Service (a) D of W Service reckons from (a) 6-4-16

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

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

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 2-11-17 | C.E.T.D. | Illegelly absent since 1-10-17 is SOS as Deserter by C of I held 23 10/17 W/C | St. Johns P.Q. | 1-10-17 | Pt II DO # 306. |

D. Guthrie Capt.
for D of R

(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 | | | | |
| | | | | | |

6-4-16

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

M. F. W. 1.
50m.—4-1
H. Q. 1772-3

190

# SEPARATION ALLOWANCE

Name Mrs Alice Akers

Address Pincher Creek
Alta

Relation to Soldier wife, child or mother } Wife

Name of Soldier Akers ~~Dr~~ Dell

Regtl. No. 504 888

Rank Pte

Corps Can Engrs

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 | | | | |

CONSOLIDATED ACCOUNT 1

ACCOUNT CLOSED
DATE ..... PER W

MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—4-16.
1772—39—818.

P. 23 4/5

Sheet No. 2. Mrs Alice Akers Wife PAYMENTS.

L. L. Job 310.—Reg. 6574.

Name of Soldier Akers ~~Dr~~ Dell Pte

| Month. | Year. | Cheque No. | Amt. | | Remarks. |
|---|---|---|---|---|---|
| April | 1916 | | | | |
| May | | ~~G7338~~ | ~~38~~ | | 38 G7338 Cancelled per address 22.7.16 |
| June | | ~~B1657~~ | ~~20~~ | | ~~20~~ B.1657 " " " 8-8-16 |
| July | | ~~J9785~~ | ~~20~~ | | 20 J.9785 " " " 30-8-16 |
| Aug. | | | | | |
| Sept. | | | | | |
| Oct. | | | + | + | Issue No. further cheques. Soldier has not been living with wife for five years. PMH. 4/9/6 14/8/16. |
| Nov. | | | + | + | |
| Dec. | | | — | — | — |
| Jan. | 1917 | | — | — | — |
| Feb. | | | x | x | |
| March | | | — | — | |
| April | | | — | — | |
| May | | | x | x | |
| June | | | — | — | |
| July | | | — | — | |
| Aug. | | | x | x | |
| Sept. | | | x | x | |
| Oct. | | | x | x | Dis. 1/10/17 Absentee #4 DPMH 14/11/17 Gmor 9/11/17 |
| 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.)

Name of Soldier.....

## PAYMENTS.

| 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. | | | | | |

No. 504888 RANK Pte NAME Ackers Dell.
Akers. Dell. Oct: pay list.

T.O.S. 13-4-16 UNIT Canadian Engineers Training Depot
(cl 90 of 4-4-16)

M. D. Hafts

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS | AUTHORITY |
|---|---|---|---|---|
| 1916 | 1916 | | | |
| Apr 13 | Apr 30 | ✓ | | |
| | May | ✓ | | |
| | June | ✓ | | |
| | July | ✓ | | |
| | Aug | ✓ | | |
| | Sept | ✓ | | |
| | Oct. | ✓. | now shown on M. D. 4. | Oct: pay list. |
| | Nov. | ✓. | | |
| | Dec. | ✓. | | |
| | 1917. | | | |
| | Jan. | ✓. | | |
| | Feb. | ✓. | | |

Date of Enlistment

Apr. 6. 1916.

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

| | | | |
|---|---|---|---|
| 20- | | | |

RATE OF ASSIGNMENT

| | | | |
|---|---|---|---|
| | | | |

PARTICULARS OF SEPARATION ALLOWANCE

No. 504 888

Rank Pte Promoted Reverted Discharge

Soldier's Name Dell. Akers

Battalion Can. Engrs

Beneficiary Mrs Alice Akers

Relationship Wife

Address Pincher Creek Alta

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|---|---|---|---|---|---|
| | | | | | Issue No further S.O. Cheques as not be living with wife for five years. p.m.L. 4/9/6. |
| | | | | | Dis 1/10/17 Absentee #4-DMWL 4/11/17 Gmor 9/11/17. |

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION 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—1772-39-1141
L. L. 22320—M. & D. 7993.