

REGIMENTAL DOCUMENTS

NAME

Banville Joseph A

REGT. NO.

2678788

UNIT

2678788

H. Q. FILE NO.

5143

S

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

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M

H

DEATH

Category

DISCHARGE

Category

DESERTION

1 cas card
1 copy of will

R 122

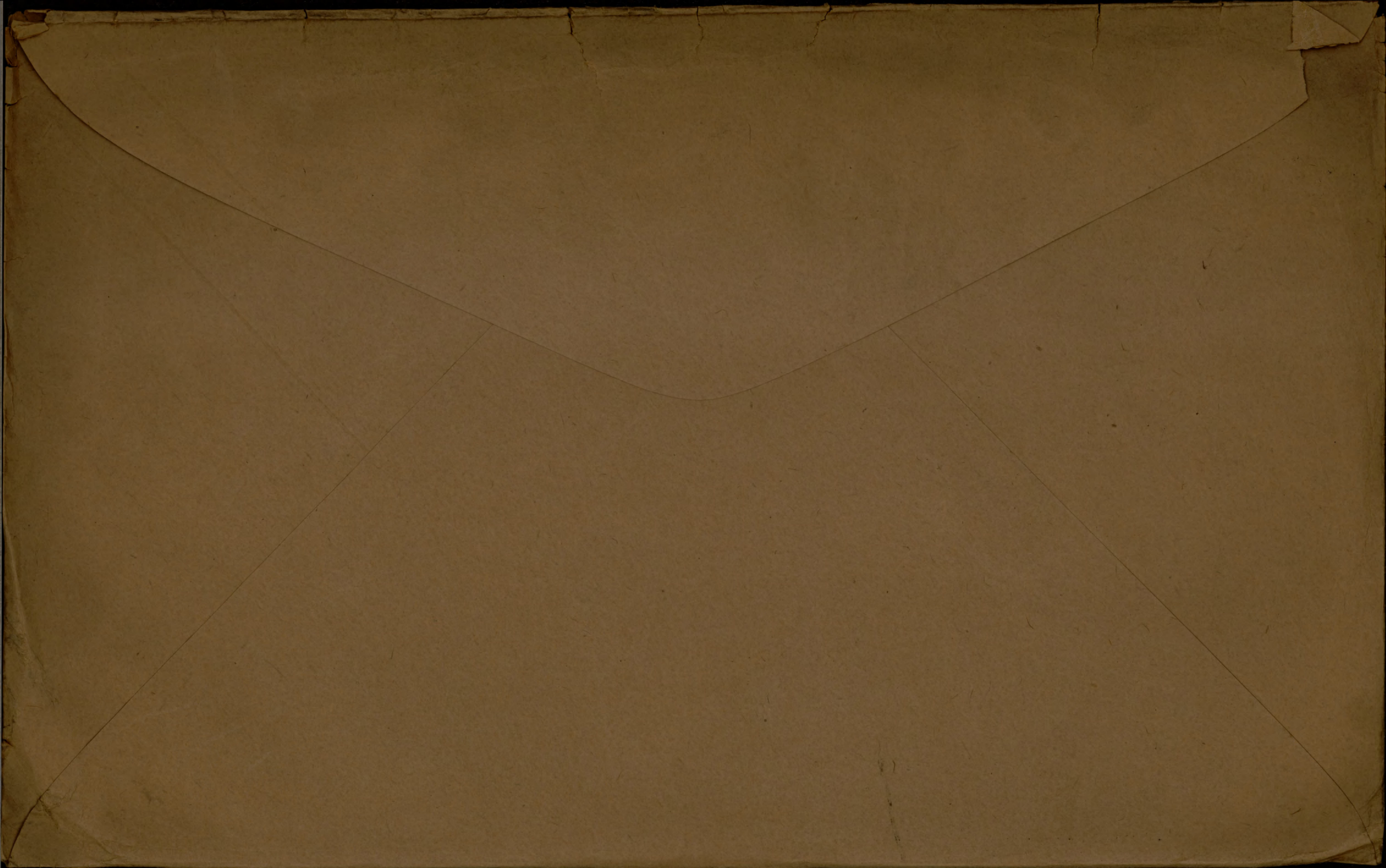
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21 - 21

33 - 23

✓

MX
11-2-21



PIÈCE D'ATTESTATION.

Original
No. 2678783
Folio ✓

ENGINEER-TRAINING DEPOT

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ?.....	Banville	
1a. Quels sont vos noms de baptême ?.....	Joseph Aurele	
1b. Quelle est votre présente adresse ?.....	Rimouski Ville P.Q.	
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ?.....	Rimouski Ville P.Q.	
3. Quel est le nom de votre plus proche parent ?..	M. Doux Banville	
4. Quelle est l'adresse de votre plus proche parent ?	Rimouski Ville P.Q.	
4a. Quel est votre degré de parenté avec icelui ?...	Pere	
5. Quelle est la date de votre naissance ?.....	27 Sept. 1897	
6. Quel est votre métier ou profession ?.....	Chauffeur Mechanicien	
7. Êtes-vous marié ?.....	Non	
8. Consentez-vous à être vacciné ou revacciné et inoculé ?.....	Oui	
9. Faites-vous déjà partie de la Milice active ?.....	Non	
10. Avez-vous déjà fait du service militaire ?..... (En ce cas, mentionner les états de service)	Oui 89 Regt. 6 Mo.	
11. Comprenez-vous bien la nature et les termes de votre engagement ?.....	Oui	
12. Consentez-vous à être attesté pour service dans le Corps Expéditionnaire Canadien d'outre-mer ?.....	Oui	

13. Avez-vous été réformé du service militaire pour incapacité physique ?.....
14. Si oui, quel était la nature de cette incapacité ?.....
15. Avez-vous déjà offert vos services dans une des branches du service militaire de Sa Majesté, et avez-vous été refusé ?.....
16. Si refusé, quelle en était la raison ?.....

DÉCLARATION REQUISE DU SUJET

Je, Joseph Aurele Banville déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Signature de la Recrue: J. Banville
Date: Avril 22 1918 Signature du Témoin: [Signature]

SERMENT REQUIS DU SUJET

Je, Joseph Aurele Banville prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V**, ses Héritiers et Successeur de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Signature de la Recrue: J. Banville
Date: Avril 27 1918 Signature du Témoin: [Signature]

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma

présence, à Québec P.Q. ce 27 jour de Avril 1918.

Signature du Juge: [Signature]
RECRUITING OFFICER, M. D. No. 5.

Signalement de Danville Joseph Aurele à l'Enrolement

Age apparent.....21.....ans.....mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approuvateur.

Taille5.....pieds.....7.....pouces

Mesure de la poitrine { Tour de poitrine, à pleine expansion.....35.....pouces
 { Marge d'expansion.....3.....pouces

Teint.....Clair.....

Yeux.....Brun.....

Chevelure.....Brun.....

Confession religieuse { Anglican.....
 { Presbytérien.....
 { Méthodiste.....
 { Baptiste ou Congregationaliste.....
 { Catholique Romain.....
 { Juif.....
 { Autres dénominations.....
(Indiquer laquelle)

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère*.....fit.....pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date.....27 Avril.....1918.

Lieu.....Drill Hall Quebec P.Q......

[Signature]
 Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité:

CERTIFICAT DE L'OFFICIER COMMANDANT

.....Joseph Aurele Danville.....ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

.....*[Signature]*.....(Signature de l'officier.)

Date.....30/4/18.....191 .

G. C. 1st DEPOT BATTALION, 2nd QUEBEC REGIMENT
 LT. COL.

1st DEPOT BATTALION 2nd. QUEBEC REGIMENT

FORM OF WILL.

I, Joseph Aurele Banville, (Name in full)

Regimental Number 2678783 serving in 1st. Depot Bn. 2nd. Quebec Re't.

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

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

My Mother Mrs Mathilde Banville Rimouski Ville P.Q. Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE This must be Signed and Dated by THE SOLDIER HIMSELF.

this 27 day of April A. D. 1915

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

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

FORM OF WILL

I, the undersigned, being of legal age and sound mind, do hereby declare this to be my last Will.

I bequeath all my real estate unto

Name and Address of person to whom it is to go

absolutely, and my personal estate I bequeath to

Name and Address of person to whom personal estate is to go

A.D. 19

at

IN WITNESS WHEREOF, I have hereunto set my hand and seal this day of 19

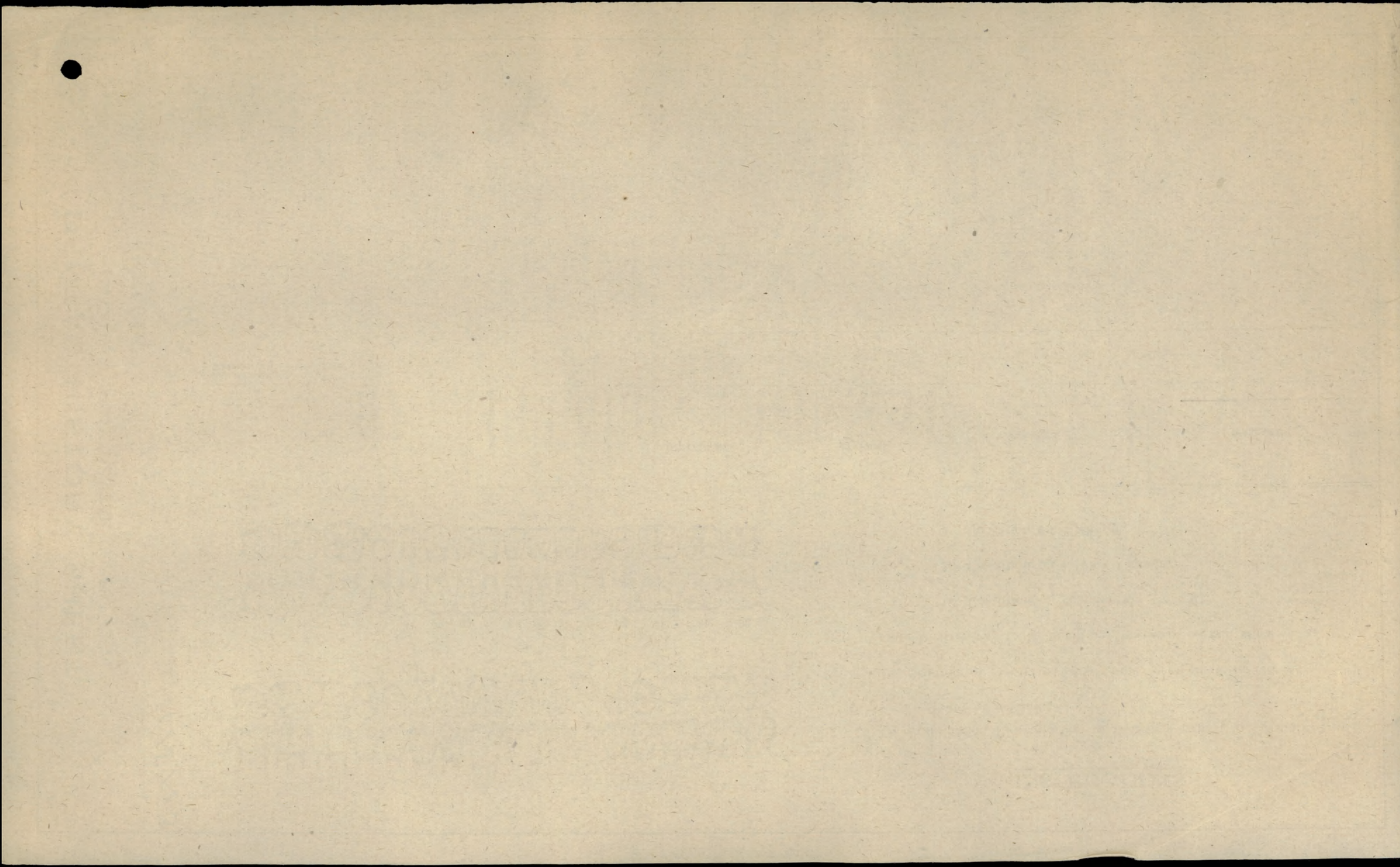
Signature of Testator

Witnesses

Witnesses

THE TWO WITNESSES

11



Records

MEDICAL HISTORY of—

A.F. B.178

Regional No.....

Regimental No.....

Region.....

Surname Baunelle.....

Christian Names J. A......

TABLE I.—General Table.

Birthplace { Parish.....
County.....

Examined { on.....day of.....191..,
at.....

Declared Age.....years.....days.

Trade or Occupation.....

Height.....feet.....inches. Weight.....lbs.

Colour of Hair.....Complexion.....

„ Eyes.....

Chest Measurement { Girth when fully expanded }.....inches.
Range of expansion.....inches.

Physical Development.....

Vaccination Marks { Arm, RIGHT | LEFT
Number..... |

When Vaccinated.....

Vision { R.E.—V = With Glasses { R.....
L.E.—V = L.....

Identification Marks, such as Tattoo, Moles, Scars, etc:—
.....
.....

Defects or Ailments:—
.....
.....

Examined and found—

Fit for Grade { I.
II.
III.
IV.

(Strike out those which do not apply.)

Signature.....
Chairman of Medical Board.

Re-examined for posting at.....

On.....day of.....191..

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

Joined on enlistment	Corps	Regtl. No.
	<u>Can Engns Dep't 2678783</u>	
Transferred to		

TABLE III.—Boards, Courts of Enquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service; Extension, Re-engagement, or Prolongation of Service, Issue of Surgical Appliances, Particulars of Dental Treatment, etc.

Date	Brief details and Signature

Special Remarks: state if a discharged Soldier

.....
.....
.....

TABLE IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

Became non-effective by.....
on.....day of.....191..

(Signature).....
(Rank).....

CANADIAN

2678783

Canadian Engineers.

MEDICAL HISTORY SHEET

Surname Bansill Christian Name Joseph Aurel

Examined { on 26th day of April 1918
at Drill Hall, Lubeck

Approved by Macdonald

Birthplace { City or Town Remoustei
County P.Q.

Rank _____ M.O.

Apparent age 21

Trade or occupation Chauffeur Mechanic

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT	M.O.
<u>26/4/18</u>	<u>A II</u>	<u>McClarns Capt</u>	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Height 5 feet 7 Inches

Weight 128 lbs.

Chest measurement { Minimum 32 inches

{ Maximum expansion 35 inches

Physical development Good

Small-pox Marks _____

Vaccination Marks { Arm Right — Left 2
Number 2

When Vaccinated last childhood

Date	Result	VACCINATIONS	M.O.
<u>MAY 1 1918</u>		<u>Houghlin</u>	M.O.
			M.O.
			M.O.

(a) Marks indicating congenital peculiarities or previous disease _____

(b) Slight defects but not sufficient to cause rejection

slight curvature of spine

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
<u>MAY 1 1918</u>			M.O.
<u>MAY 8 1918</u>			M.O.
<u>21.5.18</u>	<u>TAB 1 cc 2th</u>	<u>J. Whann</u>	M.O.

Vision R.E.D. 30. L.E.D. 30.

Enlisted on 22^d day of April 1918 at Lubeck

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		<u>2678783</u>		<u>22/4/18</u>
Transferred to	<u>Canadian Engineers.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>ST. JOHNS, P.Q.</u>	<u>MAY 22 1918</u>		<u>A2</u> <u>Medical Board</u> <u>St. Johns, P.Q.</u>

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.

*mk 11.2.21
11.2.21*

Rank _____ Name *BANVILLE Joseph Aurele* Reg'l No. *2678783*
 Unit *56th Draft* **CAN ENG** If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Quebec PQ 27/4/18.* Place of Birth *Rimouski Ville P.Q.*
 Name and Address, Next-of-Kin *Edouard Banville*
Rimouski Ville P.Q. Relationship *Father*

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to **H** Relationship _____
 Discharge, Date and Place **M** Reason **H** Character _____

U.S. R.B. No. 3838
File R.L. 2678783
Category D.O.B.

H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
<i>C</i>		<i>Arrived in England</i>	<i>AUG 15 1918</i>	<i>A.M. J. Huntford.</i>	
<i>9.9.18*</i>	<i>2 C.F.R. T.O.S* from Canada</i>		<i>SEAFORD 15 Aug 18</i>	<i>DO-94</i>	
<i>25.10.18.</i>	<i>B.C.</i>	<i>Died (Pneumonia)</i>	<i>for Aldershot 24.10.18</i>	<i>C.L.C. 348.</i>	
<i>29.10.18</i>	<i>2 B.C.F.B.</i>	<i>Died.</i>	<i>" Seaford 24.10.18</i>	<i>D.B. 137</i>	

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

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

Casualty Form—Active Service.

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps _____

Regimental No. 2678783 Rank Pte. Name Bansville Joseph Aureli

Enlisted (a) 23/4/18 Terms of Service (a) War - 6 mos. Service reckons from (a) 22/4/18

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) Chauffeur Mechanic

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				
					TRANSFERRED TO CANADIAN ENGINEERS
			ST. JOHNS PQ	10/0/18	D.O.E.T.D. 133
		Embarkation	Canada	3-8-18	
		Disembarkation	England	15-8-18	Part II Ord 94
9-9-18	2 C.E.B.	IP.S. from Canada	Leford	15-8-18	
29-10-18	2 C.E.B.	Having died while a patient in Cornwall Hospital Aldershot	Leford	24-10-18	Part II Ord 137
					<i>B. H. Low</i> Lieut. C.E. for Lieut. Colonel, C.E. Commanding 2nd Canadian Engineer Reserve Bn

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

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

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Banville

J.

2678783

RANK

UNIT

CO.

TROOP

BATTY.

Spr.
HOSPITAL

C.R.T. Depot.

2CEBB

DATE OF ADMISSION

1.

Connaught. Aldershot.

18.8.18.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

us. Pneumonia at.

1.

2.

3.

Died

24-10-18 R.

DISPOSITION

DATE

*Cl 19.8.18. C286.
23.9.18 C320.
25.10.18 C348*

REMARKS

*Ser. ill. 18.8.18.
Dang. ill. 22.9.17*

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

m

649-B-29006

Banville, J.A., Spr. 2678783 2nd C.E.R. Bn.

Med. & Dec. (Mother) Mrs. Matilda Banville,
Rimouski, P. Q.

P. & S. (Father) Edward Banville, Esq.,

Address as above.

*See # ~~800667~~
800668*

Mem. Cross. (Mother APR 19 1921 " " 236665
Small Disp. Reqn. No

*not elig. 14/15 atar
not elig. U. m.
H. 6 elig. B. W. m.*

Grave MAR 29 1922 48119 P33721
Reqn. No

1082

M

45684

FEB 18 1921

5-20

45684

1082

Handwritten red scribble

Number *2698983* Rank *Sgt*

Surname *BANVILLE*

Christian Name *Joseph Aurele*

Units *C.E.* Theatre of War *England*

Date of Service *15-8-18*

Remarks *(M) Mrs. Matilda Banville*

Latest Address *Gimouski, P.Q.*

Roll No. *A Page 4220*

DESP. JAN 24 1923

REGN. NO.

34004

REGT'L. No. 2678783
H. Q. FILE No. 649

NAME Banville Joseph Aurele

RANK AND CORPS Pvt. 2nd Regt. Engrs. (R 2 Depot) Tom

FOLLOWS
No. Due Rgt
FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
<u>11-2</u> Q 449	<u>20-8-18</u>	<u>Edward Banville (father) Remouski, P.O. ser ill, Connaught H. Aldershot Aug 18th /18. (N.P.G.),</u>
<u>8-5</u> Q 559	<u>23-9-18</u>	<u>Dang. ill, Connaught H. Aldershot Sept. 22nd /18. Pneumonia</u>
<u>16-5</u> L 427	<u>26-10-18</u>	<u>S. of pneumonia Cambridge H.</u>
<u>7 H.C. 348</u>	<u>25-10-18</u>	<u>Aldershot. Oct. 24 /18.</u>

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 286.

Conna; Aldershot

⁷
18-8-18

scr. ill, not stated

C 320.

" "

22-9-18

Dangill Pneumonia

24.19.18

Joseph. Aurele 25-B-6318

Name **BANVILLE**

Rank **Spr.**

Reg. No **2678783**

Unit **2 C.E.R. BN.**

Edward Banville

Next of Kin **Canada.**

Rimouski Valley
P.Q.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
22-9	Cann. Aldershot Bang. Ill.	Pulmonaria		0320		2242
24-10	Died			0348	H27	3559/3691
Born 27 th Sept 1897 Religion Roman Catholic						

TWO RES

KNOWING PIECES



24
18
18
18

SURNAME. *Barrville*

CHRISTIAN NAMES *Joseph Aurele*

REGL. NO. *2678783* RANK *Cte.*

UNIT *2nd Que. Regt. 1st Depo. Bn.*

FORMER CORPS *89th Regt. 6 mos.*

CARD NO.
Part II no 133 10/5/18.
E.J.D.
ROLL

T. O. Sapul. 22 1918.
D.O. Part II No 121

NEXT OF KIN.
NAMES IN FULL *Barrville, Edouard.*
RELATIONSHIP TO SOLDIER *Father.*
ADDRESS *Limouski, P. Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada. Limouski, P. Q.* DATE *Sept. 27th 1897.*

PLACE OF ATTESTATION *Quebec, P. Q.* DATE *Apr. 27th 1918.*

0753-8-18. 1372
3

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Date of Enlistment 22-4-18

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

B

OVERSEAS CONTINGENTS

17615

1st June 18

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15 ⁰⁰			
------------------	--	--	--

grd

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion *Canadian Engineers, Lt 56.*

Beneficiary _____

Relationship _____

Address _____

Name _____

Address _____

Change of Address _____

1 EDUARD BANVILLE, B17615

2 RIMOUSKI VILLE, 15 15.00

3 QUE. % 2678783 SPR JOS.A.BANVILLE

4 FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total
1918				
July	6000		15	15
Aug.	24367		15	15
July	B 30579		15	15
SEP	B 35334		15	15
OCT.	a. 48450		15	15
NOV				

REMARKS *836-2-30.*

to adjust June

RECEIVED ACTION
 DIED OF *Thrombosis* DATE... *24/10/18.*
 C. L. No. *348* DATE... *21/10/18.*
 M.R.O. *20661* TO DESTROY RENDERED *5/11/18.*
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
 CLERK *J.H. Brown* DATE... *5/11/18.*

ENTERED IN
 AUDIT LEDGER
 JUL 17 1918
McG

M. F. W. 128
 400M.-6-17-1772-39-141
 L. L. 22220-M. & D. 7432.

AUTHORITY } *M.R.*
 FOR } *M.L. 4-B-4*
 NEW ACC'T. } *G. Raymond 17-7-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

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

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-6-17-1772-33-1141
 L. L. 23320-M. & D. 7693.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ENGLAND or CANADA.	SEPARATION ALLOWANCE. ENGLAND or CANADA.	NAME:- <i>BANYILLE Joseph Aurele</i>
EFFECTIVE DATE:- <i>1-6-18</i>	EFFECTIVE DATE:-	NUMBER:- <i>2678783</i>
AMOUNT:- <i>15⁰⁰</i>	AMOUNT:-	PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY <i>Father Edouard Banyille, Rimonski Ville, P.Q.</i>	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	
	AUTHORITY <i>L.P.C.</i>	DATE EFFECTIVE <i>Sp.</i>

UNIT AND TRANSFERS ORIGINAL UNIT:- <i>56th Draft. C.E.</i> DATE ACCOUNT FIRST OPENED:- <i>1-8-18.</i>	AUTHORITY <i>L.P.C.</i> DATE EFFECTIVE <i>Sp.</i> DATE LEDGER SHEET T'S F O <i>C.E.T.C.</i>
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EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS	UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK
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DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
				<i>ASPB received checked & verified 28K 9-1-19 HBS</i>			
				<i>Statement rendered 21-379 or Bal. \$ 78.30</i>			
				<i>Died (Pneumonia)</i>			

PARTICULARS OF RENDERING NON-EFFECTIVE:	XXXXX <i>24-10-18. C/L 348. 25-10-18. 2 crans.</i>
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MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31-7</i>	<i>L.P. C. Canada</i>								<i>26.00</i>		
<i>Aug</i>	<i>Spas Pay</i>		<i>36.10</i>	<i>C.A.P.</i>				<i>15</i>	<i>45.20</i>		
<i>Sep</i>	<i>" "</i>		<i>33</i>	<i>C.A.P.</i>				<i>15</i>			
<i>OCT</i>	<i>" "</i>		<i>33</i>	<i>A.R. 3. 56 Draft atca.</i>	<i>5.00</i>			<i>15</i>	<i>58.20</i>		
<i>NOV</i>	<i>" "</i>		<i>34.10</i>	<i>C.A.P.</i>				<i>15</i>	<i>77.30</i>		
<i>December</i>	<i>C/N 4652 Cash In Office K912</i>		<i>1.00</i>						<i>78.30</i>		
<i>June</i>			<i>1.00</i>	<i>2N83057 Str 7/19 Bal. Lang Canada</i>	<i>78.30</i>				<i>nil</i>		

