

REGIMENTAL DOCUMENTS

8009

NAME *BARNES George Albert Herbert* REGT. NO. *282904* UNIT *#26ASL* H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

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Category

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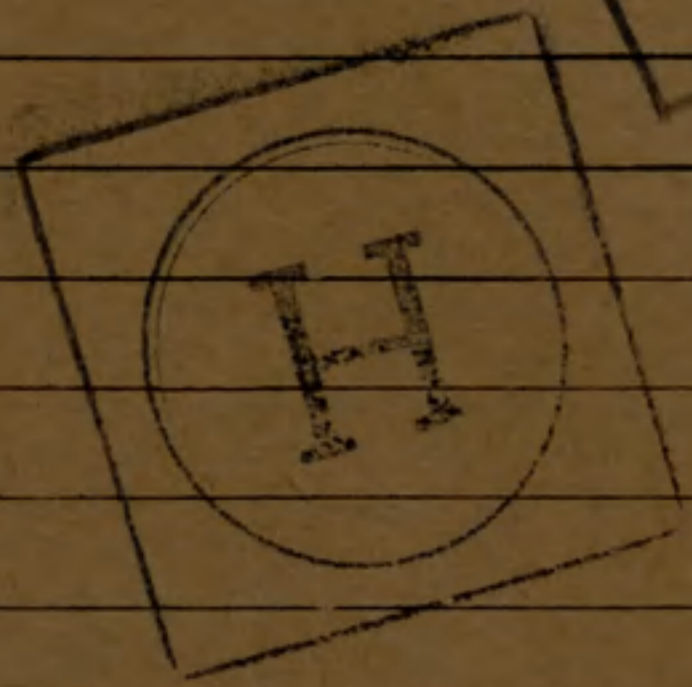
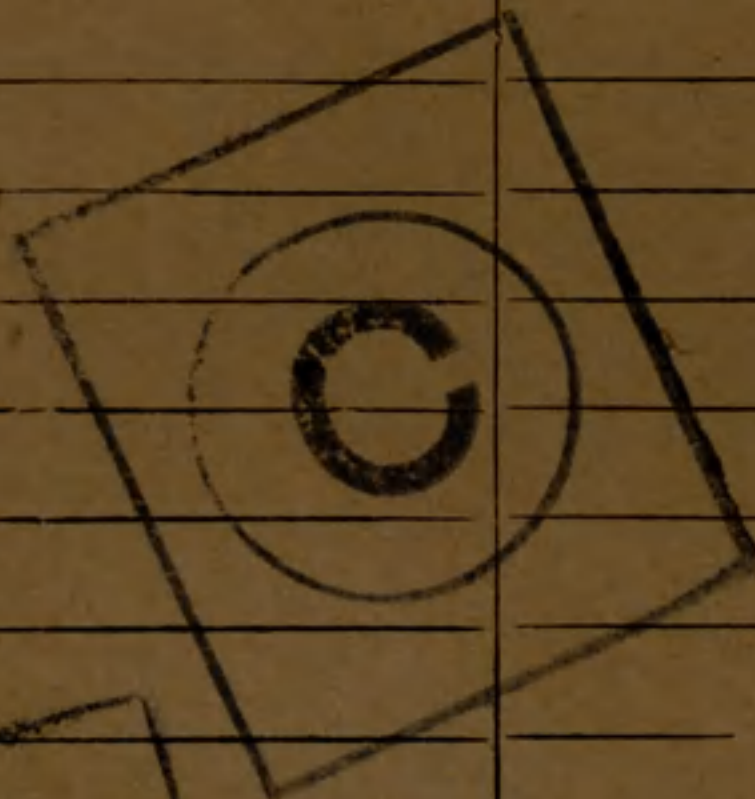
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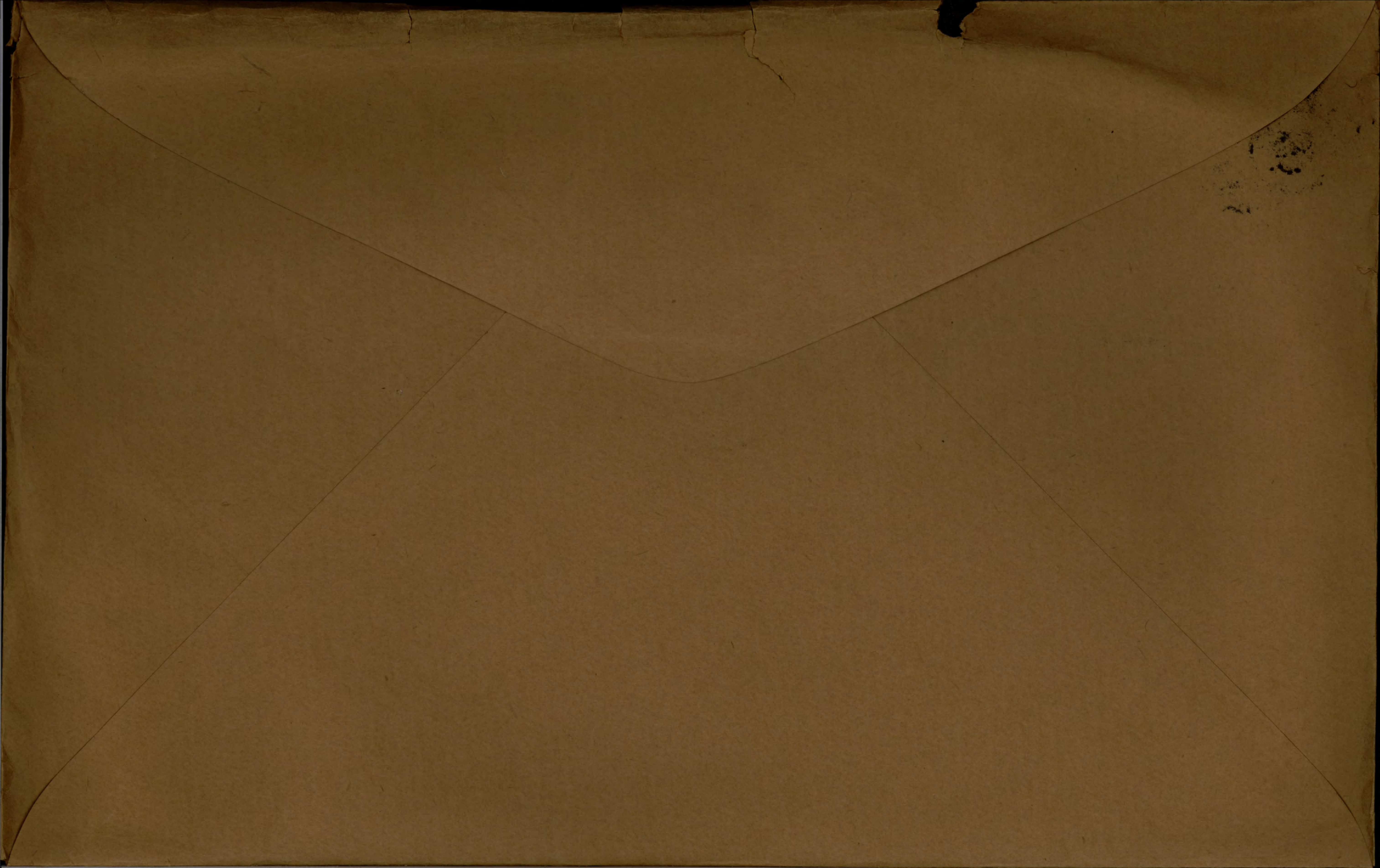
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1
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)





ATTESTATION PAPER. #2 Service, Co. C.A.S.C. CANADIAN EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname? BARNES.
2. What are your Christian names? George Albert Herbert.
3. What is your present address? 77 Badgerow Ave., Toronto, Ont.
4. In what Town, Township or Parish, and in what Country were you born? Toronto, Ont.
5. What is the name of your next-of-kin? Mary Barnes.
6. What is the address of your next-of-kin? 77 Badgerow Ave., Toronto, Ont.
7. What is the relationship of your next-of-kin? Mother.
8. What is the date of your birth? March 12th 1901.
9. What is your trade or calling? Auto Business.
10. Are you married? Single.
11. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes.
12. Do you now belong to the Active Militia? Yes, C.A.S.C.
13. Have you ever served in any Military Force? Yes, C.A.S.C. 7 mos.
14. Do you understand the nature and terms of your engagement? Yes.
15. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes.
16. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No.
17. If so, what was the nature of the disability?
18. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No.
19. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I DO SOLEMNLY DECLARE that the above are answers made by me to the above questions and that they are true and I HEREBY ENGAGE AND AGREE to serve in the CANADIAN EXPEDITIONARY FORCE in any arm of the service for the duration of the war now existing between Great Britain and the Central European Powers, and for the period of demobilization thereafter, and in any event for one year, provided always His Majesty shall so long require my services.

George A. H. Barnes (Signature of Recruit.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George A. H. Barnes, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

George A. H. Barnes (Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law. The above questions and answers 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 Toronto, Ont. this 1st day of November 1918.

Signature of Magistrate, Justice or Attesting Officer. Office or Rank and Unit or appointment.

D. O. Y. 7.11.18

8855

Description of Barnes, George, Albert Herbert on Enlistment. AND CERTIFICATE OF MEDICAL EXAMINATION.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th day of November 1918, by the undersigned medical board sitting at Toronto, Ont.

- 1. Age as stated 17 Years 7 Months
- 2. Apparent age 17 Years 7 Months
- 3. Height 5 Feet 5 1/2 Inches
- 4. Weight 124 Pounds
- 5. Chest measurement { Minimum 32 1/2 Ins.
Maximum 35 Ins.
- 6. Complexion Fair. { Eyes Blue.
Hair Brown.
- 7. Physical development Good { Good
Fair
Poor
- 8. Smallpox marks Nil
- 9. Number of vaccination marks { Right arm Nil
Left arm Nil
- 10. When vaccinated last Never.
- 11. Distinctive marks and marks indicating congenital peculiarities or previous disease.....
(Should the Medical Officers 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).

12. Slight defects but not sufficient to cause rejection

- 13. The man denies having had { Rheumatism, Epilepsy, Syphilis, Asthma.
- 14. We find { Rhumatism, Epilepsy, Syphilis, Asthma.
- 15. (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C.E.F. Regulations for medical examinations, and he is placed in Category

A-4

- 15. (a) Vision. R. 20 L. 20
- (b) Hearing R. Normal L. Normal
- Nose & Throat Normal President.

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

George A. Herbert Member. George A. Herbert Member.
PRESIDENT

(Any special remarks of Medical Officers may be added below.)

RELIGIOUS DENOMINATIONS.

The Recruit states he belongs to the Denomination noted below.

- Church of England.....Methodist.....Jewish.....
- Roman Catholic.....Baptist or Congregationalist.....Other denominations.....
- Presbyterian.....Presbyterian,

CERTIFICATE OF OFFICER COMMANDING UNIT.

...George Albert Herbert Barnes, 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.

George A. Herbert (Signature of Officer)

Date 1-11-18 1918

No. 2 C A S C SERVICE CO'Y.

8855

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 1282904 (Rank) Pte.

Name (in full) BARNES, George Albert Herbert enlisted in
the No.2. C.A.S.C. Service Company

CANADIAN EXPEDITIONARY FORCE at Toronto, Ont. on the First
day of November 19 18

HE served in CANADA

and is now discharged from the service by reason of Demobilization. Routine Order
Medical Unfitness. 1328

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

Age 19 Years 1 Month

Height 5' 5 1/2"

Complexion Fair

Eyes Blue

Hair Brown

Marks or Scars N I L

George Barnes
Signature of Soldier

A. Carter
Issuing Officer

Date of Discharge



Major

O.C. No. 2. C.A.S.C. Service Company

Date April 30th. 1920 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

A-4
#2
#2 Service, Co. C.A.S.C.
ATTESTATION PAPER.

No. 1282904

Folio.

CANADIAN EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- lmd 3-18*
- | | |
|--|--------------------------------|
| 1. What is your surname ?..... | BARNES. |
| 2. What are your Christian names ?..... | George Albert Herbert. |
| 3. What is your present address ?..... | 77 Badgerow Ave, Toronto, Ont. |
| 4. In what Town, Township or Parish, and in what Country were you born ?..... | Toronto, Ont. |
| 5. What is the name of your next-of-kin ?..... | Mary Barnes. |
| 6. What is the address of your next-of-kin ?..... | 77 Badgerow Ave, Toronto, Ont. |
| 7. What is the relationship of your next-of-kin ?.. | Mother. |
| 8. What is the date of your birth ?..... | March 12th 1901. |
| 9. What is your trade or calling ?..... | Auto Business. |
| 10. Are you married ?..... | Single. |
| 11. Are you willing to be vaccinated or re-vaccinated and inoculated ?..... | Yes. |
| 12. Do you now belong to the Active Militia ?..... | Yes. C.A.S.C. |
| 13. Have you ever served in any Military Force ?
<small>If so, state particulars of former service.</small> | Yes. C.A.S.C. 7 mos. |
| 14. Do you understand the nature and terms of your engagement ?..... | Yes. |
| 15. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? | Yes. |
| 16. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit ?... | No. |
| 17. If so, what was the nature of the disability ?... | |
| 18. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected ?... | No. |
| 19. If so, what was the reason ?..... | |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I DO SOLEMNLY DECLARE that the above are answers made by me to the above questions and that they are true and I HEREBY ENGAGE AND AGREE to serve in the CANADIAN EXPEDITIONARY FORCE in any arm of the service for the duration of the war now existing between Great Britain and the Central European Powers, and for the period of demobilization thereafter, and in any event for one year, provided always His Majesty shall so long require my services.

George A. H. Barnes.....(Signature of Recruit.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, George A. H. Barnes. do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

George A. H. Barnes.....(Signature of Recruit.)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER.

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers 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 Toronto, Ont. this 1st day of November 1918.

Wm. E. W. [Signature] } Signature of Magistrate, Justice
or Attesting Officer.
} Office or Rank and Unit
or appointment.

**Description of Barnes, George, Albert Herbert on Enlistment.
AND CERTIFICATE OF MEDICAL EXAMINATION.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th day of November 1918, by the undersigned medical board sitting at Toronto, Ont.

- | | |
|---|---|
| 1. Age as stated..... <u>17</u>Years..... <u>7</u>Months. | 2. Apparent age..... <u>17</u> Years..... <u>7</u>Months |
| 3. Height..... <u>5</u>Feet..... <u>5½</u>Inches. | 4. Weight..... <u>124</u>Pounds. |
| *5. Chest measurement { Minimum..... <u>32½</u>Ins.
Maximum..... <u>35</u>Ins. | 6. Complexion..... <u>Fair.</u> { Eyes..... <u>Blue.</u>
Hair..... <u>Brown.</u> |
| 7. Physical development..... <u>Good</u> { Good
Fair
Poor | 8. Smallpox marks..... <u>Nil</u> |
| 9. Number of vaccination marks { Right arm..... <u>Nil</u>
Left arm..... <u>Nil</u> | 10. When vaccinated last..... <u>Never.</u> |
| 11. Distinctive marks and marks indicating congenital peculiarities or previous disease.....
(Should the Medical Officers 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). | |

12. Slight defects but not sufficient to cause rejection
13. The man denies having had { Rheumatism, Epilepsy, Syphilis, Asthma. 14. We find { Rhumatism, Epilepsy, Syphilis, Asthma. 15. (Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C.E.F. Regulations for medical examinations, and he is placed in Category

A-4	15. (a) Vision. R..... <u>20</u>L..... <u>20</u>
	(b) Hearing R..... <u>Normal</u>L..... <u>Normal</u>
	Nose & Throat <u>Normal</u> <u>President.</u>

J. A. Richardson, M.C. Member. President Member.

(Any special remarks of Medical Officers may be added below.)

RELIGIOUS DENOMINATIONS.

The Recruit states he belongs to the Denomination noted below.

- Church of England.....Methodist.....Jewish.....
- Roman Catholic.....Baptist or Congregationalist.....Other denominations.....
- Presbyterian.....Presbyterian.

CERTIFICATE OF OFFICER COMMANDING UNIT.

George Albert Herbert. Barnes. 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] Major (Signature of Officer)

Date.....1-11-18.....1918.....No. 2 C A S C SERVICE CO'Y.

Canada only

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 1282904 Rank Pt Surname BARNES - GEORGE ALBERT
(Given name in full) VERBENT
175 Wolsey ave Toronto
Unit or Corps C.A.S.C. Birthplace Toronto

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

1. GENERAL DESCRIPTION: Estimated
Physique GOOD Weight 145 lbs. Height 5 ft. 6 in. Colour of Eyes Blue
Nutrition Good
Pulse 72 Regular
Condition of arteries Soft
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 2/1 ft.
Left 2/1 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
None

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems?
(Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Donorrillo 1913 Operation
Successful
No recurrence
No disability

8855-

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date

SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *Do. H. Toronto*(Canada)

Date *April 22 1920*

Signed *J. J. [Signature]*M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *Matt Barnes*

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

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

APPROVED
APR 27 1920
R. H. [Signature]
A. D. M. S., M. D. S.

[OVER]

MEDICAL HISTORY SHEET.

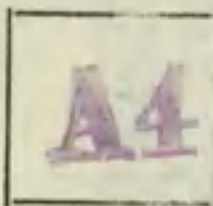
1. Surname Barnes Christian name George Albert Herbert
2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street) and number if any 77 Badgerow Ave. Toronto, Ont.

The following are accurate particulars with re ard to the above named man as ascertained by the medical examination on the 6th day of November 1918, by the undersigned medical board sitting at Toronto, Ont.

5. Age as stated 17 Years 7 Months. 6. Apparent age 17 Years 7 Month
7. Height 5 Feet 5 1/2 Inches. 8. Weight 124 Pounds.
9. Chest measurement { Minimum 32 1/2 Ins. Maximum 35 Ins.
10. Complexion Fair. { Eyes Blue. Hair Brown.
11. Physical development Good { Good Fair Poor
12. Smallpox marks Nil
13. Number of vaccination marks { Right arm Nil Left arm Nil
14. When vaccinated last Never.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection
The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy Syphilis Asthma
(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category



17. (a) Vision. R 20 L 20 (b) Hearing. R Normal L Normal Nose & Throat Normal

Robertson Capt. Member. Richardson Capt. Member. President.

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entry for 12/11/19.

Joined 1st day of November 1918 at Toronto Ont

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entry for #2 Service, C.A.S.C., 1282904, 1-11-18.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT.

N.B.—This sheet is 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.

Signature of Man Robertson

If raised in category, record category in a square. The M. O. will initial and date.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 1282904 Rank Pte. Surname Barnes, George A.H.
(Given name in full)

175. Walfrey Ave. Toronto.

Unit or Corps CASC Birthplace Toronto.

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

1. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5 ft. 6 in. Colour of Eyes blue.
 Nutrition good.
 Pulse 72 reg.
 Condition of arteries soft.
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. 21 ft.
 Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).

 None.

Opinion as to general health and physical condition good.

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition no yes

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Tonsillitis, 1913 - operation successful.
 No recurrence - no disability.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date

SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at DOH Toronto.....(Canada)

Date April 22nd 1920.....

Signed *J. J. [Signature]*M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature *G. H. Barnes*.....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board).

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



[OVER]

Surname *Barnes* H. Q.
Christian names *George Albert Overbeert* M. D. No. *2*
Regtl. No. *1282904* Rank *Pvt.* T. O. S. *Nov. 1st. 1918*
Unit *C. I. S. C.* D. O. Pt. II *7* of *7-11-18*
S. O. S. *30 H 19 20*
Reason *Renal*
Auth. *06388294.20*
#2 cab c

Next of kin *Barnes Mrs Mary* Relationship *Mother* ^{serv. Co.}
Address *77 Badgerow Ave, Toronto, Ont.* Also notify:
.....
.....
.....

BORN—Place *Canada Toronto Ont.* Date *Mar 12th 1901*
ATTESTED—Place *Toronto Ont.* Date *Nov 1st 1918*
O/S R/C

Handwritten text in red ink, possibly a signature or date, located in the upper left corner of the page.

LIST OF DISCHARGE DOCUMENTS.

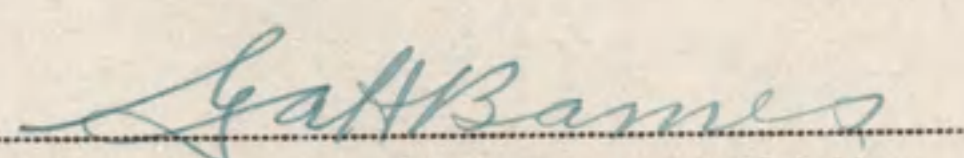

Attestation Paper, Triplicate Militia Form W. 23
 or Particulars of Recruit Militia Form W. 133
 Field Conduct Sheet Militia Form W. 178 or A.F.B. 122
 Casualty Form Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate Militia Form W. 44
 Certificate that missing documents are unobtainable
 Medical History Sheet Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet Militia Form B. 465
 Medical Report M.F.W. 129 or D.M.S. 1375
 Regimental Conduct Sheet Militia Form B. 263
 Company Conduct Sheet Militia Form B. 263a

24. 33

28-20/8
27-5-20

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

27-1-32

1. No.	1282904		
2. Rank	Pte.		
3. Name	Barnes, George Albert Herbert.		
4. Unit	No.2.C.A.S.C. Service Company		
5. Date of Discharge	30-4-20	Place	Toronto, Ont.
6. Reason for Discharge	Demobilization		
7. Authority	Routine Order 1328		
8. Proposed Residence after Discharge	175 Wolfrey Ave., Toronto, Ont.		
9.	CERTIFICATE TO BE SIGNED BY SOLDIER. I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ? 39 <div style="text-align: right;">  Signature of Soldier. </div>		
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place Toronto, Ont. Date April 30th. 1920 <div style="text-align: right;">  Signature Major O.C. No. 2.C.A.S.C. Service Company (O.C. Discharging Unit.) </div>		

Sheet I
James

ORIGINAL

No. 2 C.A.S.C. Service Coy.

AUDITOR PAYMASTER

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

REGT. NO. 1282904 RANK Pte. NAME (IN FULL) Barnes, G.A. Herbert

M. OR S. Single

RELATIONSHIP
 NEXT OF KIN *Mrs. Winifred Barnes*
Thos. H. Barnes, Esq.
 ADDRESS *2064 175 Woolfrey Ave*
77 Badgerow W.S.O.
 Toronto, Ontario.

IS SEPARATION ALLOWANCE PAID? *No. Yes* DATE EFFECTIVE *16/4/19*

TO WHOM PAID *Mrs. Winifred Barnes* RELATIONSHIP *Wife*
 ADDRESS *175 Woolfrey Ave*
2064 Queen St E
 Toronto Ont

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Subsistence</i>		
<i>2nd Class M.T. Pay</i>		

ORIGINAL UNIT C.E.F. *C.A.S.C. Details.*

PLACE OF ATTESTATION *Toronto, Ont.* TRANSFERRED TO *Attached to #2 R.C.A.S.C.* DATE *1/1/20* AUTHORITY *S.O.S.*

DATE OF ATTESTATION *18-3-18* TRANSFERRED TO *No. 2, C.A.S.C. Service Coy.* DATE EFFECTIVE *1-11-18.*

ASSIGNED PAY \$ *Nil 20⁰⁰* DATE EFFECTIVE *1/5/19*

PAYABLE TO *Mrs. Winifred Barnes* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *2064 Queen St E 175 Woolfrey Ave*
Toronto

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
------------	-------	------	--------	-----------	-----------------------------------

MONTH	PAY AND F.A.			OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
<i>April</i>																			<i>Subsistence - 30 days</i> <i>2nd Class M.T. Pay - 30 days @ 7⁰⁰</i>
<i>1-30</i>	<i>30</i>	<i>1¹⁰</i>	<i>33 - 22 50</i>		<i>80 10</i>				<i>30 - 49 10</i>							<i>80 10</i>			
<i>May</i>																			<i>Sep. acc from 16/4/19</i> <i>P.M. 19 19</i> <i>A.R. 23/2 20/5/19</i> <i>Subsistence 31 days @ 7⁰⁰ 23 25</i> <i>2nd M.T. Pay 31 days @ 7⁰⁰ 23 25</i>
<i>1-31</i>	<i>31</i>	<i>1¹⁰</i>	<i>34 10 23 25</i>		<i>127 15</i>				<i>20 - 41 15</i>							<i>127 15</i>			
<i>June</i>																			<i>\$ 36 25 19 20/4/19</i>
<i>1-30</i>	<i>30</i>	<i>1¹⁰</i>	<i>33 - 24 -</i>		<i>109 50</i>				<i>20 - 39 50</i>							<i>109 50</i>			
<i>July</i>																			<i>5.7654 A.R. 49 - 15/7/19</i> <i>136.861 52 15/7/19</i>
<i>1-31</i>	<i>31</i>	<i>1¹⁰</i>	<i>34 10 23 25 30 -</i>		<i>112 15</i>				<i>20 - 42 15</i>							<i>112 15</i>			
<i>Aug.</i>																			<i>\$ 37 469 - A.R. 69 - 20/8/19</i>
<i>1-31</i>	<i>31</i>	<i>1¹⁰</i>	<i>34 10 24 80 30 -</i>		<i>112 15</i>				<i>20 - 42 15</i>							<i>112 15</i>			
<i>Sept</i>																			<i>138 058 83 17/9/19</i>
<i>1-30</i>	<i>30</i>	<i>1¹⁰</i>	<i>33 - 22 50</i>		<i>109 50</i>				<i>20 - 39 50</i>							<i>109 50</i>			
<i>October</i>																			<i>\$ 38625-96-18/10/19</i>
<i>1-31</i>	<i>31</i>	<i>1¹⁰</i>	<i>34 10 24 80 30 -</i>		<i>112 15</i>				<i>20 - 42 15</i>							<i>112 15</i>			
<i>Nov</i>																			<i>\$ 39114-111-20/11/19</i>
<i>1-30</i>	<i>30</i>	<i>1¹⁰</i>	<i>33 - 22 50</i>		<i>109 50</i>				<i>20 - 39 50</i>							<i>109 50</i>			<i>\$ 30.346 Fined 3 days M.T. Pay @ 7⁰⁰ = 2 25</i>
<i>Dec</i>																			<i>\$ 39513-122-17/12/19</i>
<i>1-31</i>	<i>31</i>	<i>1¹⁰</i>	<i>34 10 24 80 30 -</i>		<i>112 15</i>				<i>20 - 39 90</i>							<i>112 15</i>			<i>Christmas dinner</i>
<i>Jan 1920</i>																			<i>J.W. Farnum Capt.</i>
			<i>101 20 142 85 90 -</i>		<i>334 05</i>				<i>60 - 121 55</i>							<i>334 05</i>			<i>nil</i>

