# C.E.F. REGIMENTAL DOCUMENTS

NAME BENNETT FRANK REGT. No. 931287 UNIT 2 BN H. Q. FILE No. 13412

| CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE |
|---|---|---|---|---|
| ATTESTATION PAPER (M.F.W. 23, 133 or 51) | | | | |
| 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) | | | | |
| MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 173) | | | | |
| DENTAL HISTORY SHEET (M.F.B. 465) | | | | |
| MEDICAL REPORT (M.F.B. 227 or A.F.B. 179) | | | | |
| MEDICAL EXAMINATION (M.F.W. 129) | | | | |
| 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) | | | | |
| 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 PAR HMENT DISCHARGE CERTIFICATE (M.F.W. 39A) | | | | |
| CARDS | | | | |
| PAY-SHEETS | | | | |

NON-EFFECTIVE BY

DEATH

CATEGORY

DISCHARGE

CATEGORY

DEMOB

DESERTION

402560

M.F.W. 2589
20M-4-46 (9113)
H.Q. 1772-39-1377

DUPLICATE 931287

# ATTESTATION PAPER

No.

Card D.S. 3-11-16

"..." No. 2 CONSTRUCTION B'n of C.E.F. Folio

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name ? ..... Frank ..... Bennett
2. In what Township or parish, and in or near what Town and in what County or Country were you born ? ..... In or near the Town of Shelburne in the County of Nova Scotia in Shelburne
3. *What is the name of your next of kin ? ..... Mother Rebecca Bennett
4. *What is the address of your next of kin ? ..... Shelburne
5. What is the date of your birth ? ..... June 28th 1896
6. What is your trade or calling ? ..... Laborer
7. Are you an apprentice ? ..... 
8. Are you married ? ..... Single
9. Are you willing to be vaccinated or re-vaccinated? ..... yes
10. Do you now belong to the Active Militia ? ..... No
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police ? †† ..... No

†† If so, state particulars of former Service, and produce Certificate of Discharge. or transfer to Army Reserve.

12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force ? .... Yes
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police?.... No
14. Do you understand the nature and terms of your engagement?..... Yes
15. Are you willing to be attested to serve in the ..... or for General Service for the term of..... ..... 

(Signature of Man) Frank Bennett

(Witness) W. Tolliver

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

† I, Frank Bennett, do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of war, provided His Majesty should so long require my services, or until legally discharged.

† Frank Bennett (Signature of Man.) John Lawlor (Signature of Witness.)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

† I, Frank Bennett, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) † Frank Bennett

(Witness Present) John Lawlor

The above questions were asked of the said Frank Bennett and answered by him in my presence, as herein recorded ; and the said Frank Bennett made the above Declaration and Oath before me at Truro this 2 day of October One Thousand Nine Hundred and Sixteen at 3 o'clock P M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. C. K. Rees Capt

Justice of the Peace in and for the County of Colchester, Province of Nova Scotia.

* To be verified in the month of January in *each year*.

† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (*See* K. R. & O. for the C. M., and the Militia Act.)

M. F. B. 235.

25M.-2-16.
H. Q 1772-39-87.

[OVER]

# Description of Frank Bennett on Enlistment.

Apparent Age 20 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

| | | |
|---|---|---|
| Height | | 5 ft 9½ ins. |
| Weight | | 128 lbs. |
| Chest measurement. | Girth when fully expanded | 37 ins. |
| | Range of expansion | 3 ins. |
| Complexion | | Dark |
| Eyes | | Brown |
| Hair | | Black |
| Religious denomination. | Church of England | Church of England |
| | Presbyterian | |
| | Methodist | |
| | Baptist and Congregationalist | |
| | Roman Catholic | |
| | Jewish | |
| | Other Protestants (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).

## 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 Permanent Force,

Date Sept 27th 1916. .....

Place Truro NS. H.V. Kent Major Ans C.

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the following Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

.....

.....

.....

.....

## CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

Frank Bennett 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.

C. W. Reis Capt (Signature of Officer)

Date OCT 23 1916 191 .

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

**This is to Certify** that No. 931287 (Rank) Private

Name (in full) Frank Bennett enlisted in

the No. 2. Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Truro. N.S. on the 2nd

day of October 1916

HE served in France

and is now discharged from the service by reason of Demobilization,

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

Age 22 years 8 months

Height 5 feet 11 inches

Complexion Dark

Eyes Brown

Hair Black.

Marks or Scars

Nil.

F Bennett

Signature of Soldier

R.S. Bellman

Issuing Officer

CAPTAIN

D. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Rank

Appointment

Date of Discharge February 17, 1919

Jr

Signed at Halifax N.S. this 14th day of February 1919

in Military District No. Six

File Reference No.

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of ..... 19

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization for particulars called the back of the tificate will not be pleted.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from O.C. District.

P.878. Extract from Sailing List No 3 Unit:- 2 6 B

| Reg. No. | Rank | Name Not E.O.R.D. | Sailed for Canada, Military District No. 13 | Acted on Ledger Ck. |
|---|---|---|---|---|
| 931284 / 931243 | Sgt | BENNETT. F Canada | 9/1/19. | |

8WR.

Number 92287 Rank Pte

Surname BENNETT

Christian Name Frank

Unit 2nd Can. Const. Bn Theatre of War France

Date of Service 17-9-17

Remarks
AMERICAN REALTY Co. ROCKWOOD. MAINE. U.S.A.

Latest Address Shelburne N.S.

Roll No. Page 4105

G 298.45 Lerox JUN 2 1

Form R. 149.

FRANK

Name BENNETT Rank PTE Reg. No. 931287.

Unit 2ND C.C.C.

Next of Kin CANADA.

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| 1918 16-9 | French Mste H. Alencon | | Lac Wd. | | | |
| | | | L side face & Neck | A 331 | Q 506 | 2407 |
| 23-10 | H. Sty H. Rouen | | " " " | A 357 | | 512 d/c |
| | Read above as Acc Injured while | | | | | |
| | not in performance of Mil duty | | | R 360 | | 466 d/c |
| 24-10 | R Con Dep't Rouen | | " | R 363 | | 520 d/c |
| 18-11-18 | Discharged. | | | A. 394 | | 615 F.6 |

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | | W.O. List |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

No. 931287. RANK Pte NAME Bennett. Frank.

T. O. S. 18-9-16 UNIT 202. Construction Battalion.

D. O. 37. 28-9-16

M. D. 6

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1916 | 1916 | | | |
| Sept 18 | Oct. 31. | " | | |
| | Nov. | " | | |
| | Dec. | | | |
| 1917 | Jan 1917 | " | | |
| | Feb. | " | | |
| | Mar | " | | |

NAME Bennett. Frank.

REGT'L. No. 93287

RANK AND CORPS Pte. 2nd Can. Const. Co.

H. Q. FILE NO 649

FOLLOWS NO.

FOLLOWS

| CABLE NO. | CABLE DATE | NATURE OF CASUALTY |
|---|---|---|
| N.O.K.:- Mrs. Rebecca Bennett (mother) Shelburne N.S. | | 6. |
| O. 5-85- 5-3. | 1-10-18 | Adm. French, H. Mixte Alencon Sept. 16th/18. Laceration wds. side. face. neck. |

L. L. 31493. M. & D. 8176.

M. F. W. 42—100M.- 28-11-17.
H. Q. 1772-39-893.

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|---|---|---|---|
| A331-2 | French Mixte Glencon | 16-9-18. | Lac. Wd. Lt. side face & neck. |
| A357-1. | 1st Stat. Rouen. | 23-10-18. | " " |
| A363-1. | 2 Conv. Depot. " | 24-10-18 | Acc. as per 22 L. A360 |
| A394-2 | " " " Hrs | 8-11-18 | " " " " |

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| BENNETT | F | 931287 |
| Rank | Unit | |
| Pte. | N.S.2 Con. | Acc. |

| Cas. List. | |
|---|---|
| | Lac. Wd. L. Side. R. Face & neck 16-9-18. |
| 30-9-18. A331-2. | French Mixed Hp. Alencon. |
| 30.10.18 A357 ① | 11 Sta. Rouen. 23.10.18 |
| 2-11-18 A360 | Note Diag on A357 to read Accidental |
| 6.11.18 A363. | 2. C. Hl. Rouen. 24.10.18 |
| 12.12.18 A394-2 | Do 18.11.18. |

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

D.M.S. 1300. 50M-30-8-18.

# Cas. List.

*Name Bennett Frank H. Rank Sgt. Regtl. No.

Fyle Depot B-129

Original unit 2 C Bn. Present unit 2 C.B. M or S. Age 22 Religion P. Ref. H.Q.

Port, ship, and date of arrival Halifax Empress Britain 22-1-19

Next of kin Rebecca Bennett.

Address on leave Shelburne N.S.

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Labourer. Date and place of enlistment

Diagnosis Date of Medical Boards

| Date. | Remarks | Pt. 2 Order No. |
|---|---|---|
| 12-1-19 | T.O.L. No 6 Dist Depot posted to Con Co. 22/1/19 | 29 |
| | D.O. | 45-14-2-19 |
| | | |

*—Name will be given in full; surname first.

(over)

| Date. | Remarks. | Pt. 2 Order No. |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

M.F.W. 192
150M—6-18.
1772-39-1243.

DEPARTMENT OF MILITIA AND DEFENCE.

# WAR SERVICE GRATUITY.

OTTAWA, CANADA.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names Frank Hilton .... 2. Surname ... Bennett .....
3. Rank A/Sgt. ..... 4. Original Unit No 2 Constr Co. 5. Reg. No. 931287
6. Address, in full, to which future payments of gratuity are to be forwarded .....
..... Shelbourne ..... P.
..... U.S.
7. Date of enlistment in the C.E.F. ..... 2-10-16 .....
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge .... Not Applicable .....
9. Relationship of such dependent ..... do .....
10. Address, in full, of such dependent ..... do .....
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier ? Not Applicable
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
No 2 Constr. Co. 1-4-17 to 14-12-18
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States ? No
14. Were you on active service only in Canada or the United States ? If so, give particulars of unit and dates of such service ..... No .....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served From 2-10-16 / No 2 Constr. Co / Can. Eng. France / M.L.R.D. Eng. to .....
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department ..... No .....
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No .....

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units ..... No

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid ..... No

20. Have you been issued with a War Service Badge? If so, what class ? ..... No

21. Have you, during the present war, served in the Imperial Forces ? ..... No

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... Not Applicable

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England ? ..... No
(b) If so, was such reversion in consequence of misconduct or inefficiency? Not Applicable

24. Are you now serving in the C.E.F.? ..... No ..... If not, give:—(a) Date of discharge ..... Feb. 17. 1919 ..... (b) Reason for discharge ..... Demobilization

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... Yes ..... No 2 Coy Sapr Co 17-5-17 to 14-12-18 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? ..... No
(b) If so, are you in receipt of full pay and allowances from that Department ? ..... Not Applicable

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: J Bennett

Place of Residence: Shelburne N.S.

Declared before me at: Halifax.

This 14th day of Feb 19 17. D A Morrison J.C.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

For the County of Halifax

## POST DISCHARGE PAY.

| Date paid. | Paid Soldier | Paid Dependent, | War Service Gratuity | Net amount due |
|---|---|---|---|---|
| Oct blear | Land | | 153 days @ 2.00 | |
| 10 do 20 | cos gratuity | | | |
| | | | | |

Certified Correct.

District Paymaster.

For Paymaster, M. D. 6

Paymaster No. 6 District Depot.

Awww.

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-980.

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

# Casualty Form—Active Service.

Unit, ~~Regiment or Corps~~ No 2 Const. Batt. C.E.F.

Regimental No. 93287 Rank Pte Name Frank O Bennett

Enlisted (*a*) ~~7~~ 8-10-16 Terms of Service (*a*) Period of war + 6 months Service reckons from (*a*) ~~7~~ 8-10-16

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: Date | Report: From whom received | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---|---|---|---|---|---|
| | | Embarked, Canada | Halifax N.S | 25/3/17 | |
| | | Disembarked, England | Liverpool | 8/4/17 | Seaforth |
| 17/5/17 | O.C. 2nd Canad Base Bn | Proceeded Overseas | Seaford | 11/4/17 | ~~Pte~~ 2 L. Off 2227 A Harper Capt for Capt + Adjt |
| | | Landed in France 17-5-17 N.R. | | | |
| 5/1/18 | Overwise | att to 1st Div C.T.C. Abancourt | | 30/10/17 | B213. |
| 30/9/17 | O.C. Field Hosp. | Forfeit 2d after 7 50 Cents per day | | | P.O.'s No 8 d/ 13/5/18 |
| | | Admitted hospital from (V.D.). | 4/6/17 to 23/7/17 (50 days) | | A.F.O. 1643. |
| 23/2/18. | Chief | V. D. | To Field Hosp. | 4/6/17 | B213. |
| " | " | discd. from Hosp. | | 23.7.18 | B213. |

CERTIFIED CORRECT.
6 JUN. 1917
CAN. RECORDS LONDON.

(*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 | | | | |
| 18-9-18 | OC Cant Rmnts Coy. | Lac. Wd. Left side of face neck. | admitted Mobile Hosp. Abancourt | 16-9-18 | Letter C.9.7 17-8 A-18918 K.9.17-1756 |
| 21-9-18 | 43636 | 2 Hosp Mobile | Abancourt | 16-9-18 | B213. |
| 16-10-1918. | A.D.T.O. Cdn Corps. | Accidentally injured while not in the performance of Military Duty | | 15-9-18 | A-36 24128 re/ A.D.M. 18/20/36 dtd 5-7 Oct 1918 |
| 19-10-18 | OC Unit | Awarded one Gold Stripe | Freed | 2-10-18 | B213 W.O. 59 dtd 11/1... |
| 19-10-18 | 43636 | To Abercorn Hospital | abancourt | 15/10/18 | B213 |
| 26-10-18 | do. | To N 10 Can Hospital | Rouen | 22-10-18 | B213 |
| 24-10-18 | 11 Stat Hosp | sld by Jaw | to 2 Con depot. | 24-10-18 | 49558 |
| 24-10-18 | 2 Con dep | not stated | admitted | 24-10-18 | 49592 |
| 27-10-18 | 2 Con dep | Sick | To N Can dep | 27-10-18 | 49568 |
| 24 11/18 | C & BD | Arrived (A) | C & BD | 19 11/18 | D.V. |
| 3-12-18 | C.H.B.S. | Left for #3 Coy C.D. | Freed. | 3-12-18 | R.R.A. 1486. |
| 11 12/18 | Mail | Trans to Emp Sported to N/S Reg dep | Bramshott | 14 12/18 | A.B.214 on R. |
| 17-12-18. | N.S.R.D. | T.O.S. & allowed to 2nd C.D. for Quarters & Rations. | Bramshott | 14-12-18. | D.O. 305. |

Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

LIEUT.
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT

NSRD ON COMMAND TO 200 Kinmel Camp BRAMSHOTT

W.S.R.D. 813 27/12/18

PART II D.O.....

ORIGINAL 931287

# MEDICAL HISTORY SHEET

Surname Burnett Christian Name Frank

Examined { on 27th day of Sept 1916
at Truro N.S.

Birthplace { City or Town Lockport
County Shelburne Co. N.S.

Apparent age 20

Trade or occupation Labourer

Height 5 feet 10½ Inches

Weight 165 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 37 inches

Physical development Good

Small-pox Marks no

Vaccination Marks { Arm Right Left *
Number 911

When Vaccinated last 10 years ago

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection Scars on both Feet

Approved by H.V. Kent

Rank Major A.M.C. M.O.

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

| Date | Result | Vaccinations | |
|---|---|---|---|
| 19/3/17 | | Vaccinated | M.O. |
| | | | M.O. |
| | | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. | |
|---|---|---|---|
| 12/1/17 | L. G.R. | H.V. Kent Major A.M.C. | M.O. |
| 19/1/17 | L. G.R. | H.V. Kent Major A.M.C. | M.O. |
| 27/1/17 | L. G.R. | H.V. Kent Major A.M.C. | M.O. |

Enlisted on 15 day of September 1916 at Shelburne N.S.

| | Corps | Regt'l Number | Habits | Date |
|---|---|---|---|---|
| Joined on enlistment | | 931287 | | 15/9/16 |
| Transferred to | No. 2 CONSTRUCTION, B'n. C.E.F. | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

| Station | Date | Disease | Result |
|---|---|---|---|
| | | | |

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Bennett Christian Name Francis

| 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 | | | | |

(9) Is your Father alive? Yes. ~~Keeling~~ Bennett

If so, state name and address Shelburne Shelburne Co. N. S.

(10) Is your Mother alive? Yes. Rebecca Bennett

If so, state name and address Shelburne Shelburne Co.
Nova Scotia

(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) Are you insured? Yes.

If so, in what Company? Merchant. Causalty Co (accident)

Have you made arrangements for payment of your Insurance premium Yes.

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

C. W. Reid Capt
*for Officer Commanding.*

Date NOV 24 1916

931287

To be made out in duplicate. H.Q. 54-21-23-53

DUPLICATE

# 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 #2 Construction Batt. (C.E.F.)

(2) Regimental Number 931787

(3) Full Name of Soldier Frank Hilton Bennett.

(4) Place of Birth Shelburne, Nova Scotia.

(5) Are you married, or not? No.

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

(b) Present Postal Address Shelburne. Shelburne Co. Nova Scotia

(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.)

# 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. 931287 Rank A/Sgt. Surname Bennett

(Give name in full)

Frank Hutton

Unit or Corps D.D.6. Birthplace Shelburne N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 175 lbs. Height 5 ft 11 in. Colour of Eyes Brown.

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

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

Nil.

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.

Healed tender scar L/side of face
– no disability at present

Shelburne.
County.
N.S.

(If space is insufficient, continue on back of form.)

[OVER]

# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date ..... Signed .....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 .....

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

---

## THIS SECTION FOR USE IN CANADA—

Examined at Halifax (Canada)

Date 12/3/19 Signed W.A. Rumbell Capt. 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 F. Bennett

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

---

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

[OVER]

M.F.W. 139.
1033 (D.P.) 500M-11-18.
1772-89-1142.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-908.

# CANADIAN EXPEDITIONARY FORCE.

# LAST PAY CERTIFICATE

Regimental No. 931787 Rank Pte Name Bennett F.H.
(Surname first)

Unit N.S.R. who was* Discharged

On 17/2/19 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/1/19 to 17/2/19 191... the inclusive date of transfer or discharge.

| | Dr. | | Cr. | |
|---|---|---|---|---|
| Bal. Dr. or Cr. from prev. month | | | 4 | 4 |
| Regimental Pay 48 days at $ 1 c. 00 | | | 48 | 00 |
| Field Allowance 48 days at $ c. 10 | | | 4 | 80 |
| Separation Allowance | | | | |
| Clothing Allowance | | | 35 | 00 |
| Post Discharge Pay CK 15447 | 70 | 00 | | |
| *Other Credits | | | | |
| | | | | |
| Advances AR 74 10 00 CK 15610 70 63/100 | 80 | 63 | | |
| Separation Allowance and Assigned Pay Cheque No. | 18 | 77 | | |
| *Other Charges Disembarkation Pay | | | | |
| | | 05 | | |
| Balance ~~on transfer or on discharge, cheque No.~~ | | | 70 | 60 |
| Total | 180 | 95 | 180 | 95 |

*Give particulars.

A monthly stoppage of $ Nil (†) has Ceased (‡) been paid on account of

Assigned Pay for the month of June 191 9
and Separation Allce. for month of Sept. 191...

(to) Assignee Mrs F. Bennett

(Address) Shelburne N.S.

(†) 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.....

M.D. No. 6
No. 53

REMARKS:—

State (1) date of enlistment..... ~~married or~~ single.....

(2) Separation Allowance, entitled or not..... (3) Reason for discharge Demob

(4) Authority for discharge ~~or transfer~~ 2045

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date March 1/19

Place Halifax N.S.

W. W. Thurgood CAPTAIN,
PAYMASTER, NO. 6 DISTRICT DEPOT.
*Paymaster.*

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

## CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

| Date | Place | Cheque No. A.R. No. or Other Particulars. | AMOUNT | | | | Signature of Officer Making Payment. |
|---|---|---|---|---|---|---|---|
| | | | Dr. | | Cr. | | |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |
| ..... | ..... | ..... | ..... | .... | ..... | .... | ..... |

B.M.S. 1375.

# Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Sergt Name Bennett Surname Frank H

Unit or Corps 17 Reserve (If a soldier) Regtl. No. 931287

Born at Shelburne on, date June twenty-eighth 1896

Signature (for identification) Frank H. Bennett

The examination is to be made jointly by two Medical Officers.

**1. PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 180 lbs. no

Height 5 ft. 11 ins.

**2. NUTRITION AND DIATHESIS?**

Fair

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

**3. NERVOUS SYSTEM?**

no

**4. RESPIRATORY SYSTEM.**

no

**5. HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80 Intermittence or irregularity? no

**6. ARTERIES.**—Any hardening?

no

**7. DIGESTIVE SYSTEM?**

no

**8. GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1016 Reaction? acid Albumen? nil Sugar? nil

**9. SKIN, MIDDLE EAR, EYE** or any other part?

no

**10.** Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

**11.** Opinion as to the health and physical condition of the one examined? Fair

Examined at Kinmount Park. Signed [illegible] M.O.

Date 2—1—19 Signed [illegible] M.O.

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

Form R 122.
2353—100M—9-1 -16

JM

Rank Name BENNETT, Frank. Reg'l No. 937287

Unit No. 2 Const. Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Truro. 2nd Oct 1916. Place of Birth Shelburne, N.S.

Name and Address, Next-of-Kin Rebecca Bennett.
Shelburne, N.S. Relationship Mother,

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

N/E. R.B. No 6492
File R.L.
Calgary OR CAN

| Report. Date. | Report. 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. |
|---|---|---|---|---|---|---|
| | | Arrived in England vid S.S. Southland | | | 7.4.17 | A.F.B. 103 CHECKED 28 MAY 1917 A.W.O.W. |
| 14-6-17 | 2 C.C.C. | Arrived in France | | Field | 17-5-17 | — 115 |
| 30.9.18. | " | Wounded accidental | Pte | " | 16.9.18. | G.R.A. 331. G.R.A. 360 of 2.11.18. |
| 29-10-18 | 2 CCC. | Accid Injured while not in pursuit of military duty. | Pte | Field | 15-9-18 | A.F.B. 20 37 |
| 29-10-18 | 2 CCC. | Awarded Good Conduct Badge | Pte | Field | 2-10-18 | — 37 |
| 16.12.18 | N.S.R.D. | T.O.S. from 2nd CCC | " | Bisley | 14.12.18 | A.F.B. 305 & 71 of 19.12.18 2nd CCC. |
| 27.12.18 | N.S.R.D | o/c to C.D.D. Rhyl | " | " | 27.12.18 | — 313 |
| 4-2-19 | N.S.R.D. | Ceases o/c to C.D.D. Rhyl. & S.O.S. to C.E.F. Canada | " | Ripon | 12-1-19 | " 26. |

| 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. | | | | | |
| | | | | | | |
| | | | | | | |
| |

C.A.D. 009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

# DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD 6

NAME OF SOLDIER (Block Letters) BENNETT F H

REGIMENT No 2 Constr Bn RANK ~~Pte~~ Sgt No. 931287

Date of Examination in England 31/12/18 Date of Examination in France

**DIRECTIONS TO DENTAL OFFICERS**

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

## PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

Fit.

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (*a*) In Canada
- (*b*) In England
- (*c*) In France

No

KINMEL PARK, NORTH WALES.

*Signature of Dental Officer* [signature]

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

M. F. W. 54. (A. F. B. 103)
350M.—5-16
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 93128 Rank A/Sgt. C. E. F. Name Bennett F. H.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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 | | | | |
| 12.1.19 | Okeus. | T/O/S. No. 6 D.D. & Lfx. Casy Co. | | 22.1.19 | Do 29. A.M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT |
| 17.2.19 | DISCHARGED at Halifax, N. S | D.O.-45 | | | for O.C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT R. L. Borden LIEUT |

(*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 | | | | |
| | | | | | |

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H.Q. 1772-39-819

To Whom Mrs. Rebecca Bennett,
Address Shelbourne,
Shelbourne Co.
N.S.

Rate $20.00

By Whom Assigned Bennett, Frank
Regtl. No. 931287
Rank Pte
Corps #2 Constrn Btn.

APR 1917

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1916 | | | |
| Feb. | | | | |
| March | | | | |

CONSOLIDATED ACCOUNT 6

١٣٥٤

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs. Rebecca Bennett.
(Assignee)

Name of Soldier Bennett, Frank.

L. L. Job 5470—Req. 6888.

PAYMENTS. 93/1287 - Pte - # Coustn Bte

$20.00

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | |
| April | | Z 4671 | 20 | |
| May | | I 6474 | 20 | 30 W. |
| June | | L 13365 | 20 | 20. S |
| July | | J. 20187 | 20 | Cu |
| Aug. | | M 29767 | 20 | 20/120. |
| Sept. | | L 34120 | 20 | |
| Oct. | | S 48504 | 20 | → 140 |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

MILITIA AND DEFENCE

# ASSIGNED PAY

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. | | | | |

Date of Enlistment

MILITIA AND DEFENCE

# Separation and Assigned Pay Branch B

Date of Assignment

5470 Apr. 1 - 1917

OVERSEAS CONTINGENTS

ANOTHER ACCOUNT IN
Special Assistance
Ledger
Ledger
Ledger

RATE OF SEPARATION ALLOWANCE

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

RATE OF ASSIGNMENT

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

PARTICULARS OF SEPARATION ALLOWANCE

No. 931287

Rank Pte Promoted Reverted Discharge

Soldier's Name Frank Bennett

Battalion 2nd Lonstrin Batt

Beneficiary

Relationship

Address

Oct 31/17 140 140

PARTICULARS OF ASSIGNMENT

Name Mrs Rebecca Bennett

Address Shelbourne, Shelbourne Co. N. S.

~~Change of Address~~

1

2

3

4

REMARKS 7 Hv 01294-T-37.

Am. R.O. 61095 issued 29-1-19

| Date | Cheque No. | | Amount S/A | Amount A/P | Total | |
|---|---|---|---|---|---|---|
| Nov. | 55594 | B | | 20 | 20 | |
| Dec | 61013 | B | | 20 | 20 | W |
| Jan | 65444 | P | | 20 | 20 | Br. |
| Feb. | 100106 | B | | 20 | 20 | |
| Mar | 96426 | A | | 20 | 20 | ✓ |
| Apl | 354 | C | | 20 | 20 | ✓ |
| May | 6950 | E | | 20 | 20 | ✓ |
| June | 15156 | D | | 20 | 20 | ✓ |
| JUL | 29433 | X | | 20 | 20 | ✓ |
| AUG | 34426 | B | | 20 | 20 | ✓ |
| SEP | 39422 | B | | 20 | 20 | ✓ |
| OCT. | 44379 | B | | 20 | 20 | ✓ |
| Nov | 60582 | A | | 20 | 20 | ✓ |
| Dec | 62744 | C | | 20 | 20 | ✓ |
| | 71849 | D | | 20 | 20 | |
| | | | | 440 | 440 | |

Empress of Britain

22-1-19 29-1-19

O.C. Belles

M.O. 6.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

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.

# List of Discharge Documents.

| | | | |
|---|---|---|---|
| Reg. Conduct Sheet, | Militia form B. 263. | Attestation Paper, | Militia Form B. 235. |
| Squadron / Battery / Company } Conduct Sheet, | " B. 263a. | Proceedings on Discharge | " B. 218. |
| Copies of Convictions, by C. P. | in MS. | | |
| Med. Hist. Sheet, | Militia Form B. 313 | | |
| Medical Report for Invalid* | " B. 227. | | |
| Statement of Man's Account on Transfer and Last Pay Certificate, | " D. 877. | | |

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*

War Service Badge
Class "A" # 76193 Issued.

This space to be for numbers

# Proceedings on Discharge.

**(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).**

No. 931287

Rank Private

Surname Bennett

Christian Name Frank

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No. 2. Construction Battalion

Date of Discharge 17 February 1919

Place of Discharge Halifax N.S.

**1.** DESCRIPTION AT THE TIME OF DISCHARGE.

| | |
|---|---|
| Age | 22 years 8 months. |
| Height | 5 feet 11 inches. |
| Complexion | Dark |
| Eyes | Brown |
| Hair | Black |
| Trade | Labourer |
| Intended place of residence (To be given as fully as practicable.) | Shelbourne N.S. |

Descriptive Marks

Nil

**2.** The above-named man is discharged in consequence of

Demobilization

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

**3.** Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

**4.** Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

HQ 25.1.62

5. He is in possession of the following number of G. C. Badges:

No reference to G. C Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

*Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Halifax N.S. F Bennett *(Signature of Soldier.)*

(Date) February 14th 1919 Ow Knowles *(Signature of Witness.)*

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....*(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S.

(Date) February 17/19.

(Signature) J.S. Davis Major

LIEUT, COL.

No. 6 DISTRICT DEPOT

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

Nil.
F Bennett

(OVER)

P. 559

MARRIED OR SINGLE: S.

PLACE OF BIRTH: Shelburne, N.S.

NAME AND ADDRESS OF NEXT OF KIN: Rebecca Bennett. Shelburne, N.S.

RELATIONSHIP OF NEXT OF KIN: Mother

NAME AND ADDRESS OF NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN:

SEPARATION ALLOWANCE MONTHLY $ — EFFECTIVE (DATE)

PAYABLE TO:

RELATIONSHIP OF DEPENDANT:

**CASUALTIES, PROMOTIONS, &c.**

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|---|---|---|
| | | |

**ADMISSIONS TO HOSPITAL, &c.**

| DATE ADMITTED | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |
|---|---|---|---|
| 4.6.17 | 23.7.17 | V. | Jura |

REG'L No. 93257 RANK — NAME Bennett Frank

IF IN PERMT. CORPS WHAT UNIT — UNIT 2 Can Bn — TRANSFERRED TO — DATE — AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION Truro, N.S. — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1.4.17

PAYABLE TO Mrs. Rebecca Bennett. Shelburne N.S. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) — EFFECTIVE — REASON

DISCHARGE DATE AND PLACE — REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

| DATE | PAY No. OF DAYS | PAY RATE | PAY AMOUNT $ | PAY AMOUNT c. | FIELD ALLOWANCE No. OF DAYS | FIELD ALLOWANCE RATE | FIELD ALLOWANCE AMOUNT $ | FIELD ALLOWANCE AMOUNT c. | WORKING OR SPECIAL PAY No. OF DAYS | WORKING OR SPECIAL PAY RATE | WORKING OR SPECIAL PAY AMOUNT $ | WORKING OR SPECIAL PAY AMOUNT c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 DATE | 2 No. | 2 DATE | 3 No. | 3 DATE | 4 No. | 4 DATE | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY $ | ASSIGNED PAY c. | OTHER CHARGES | TOTAL DEBITS | BALANCE CREDIT | BALANCE DEBIT | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | | | | | | | | | | | | | | 10 95 | 10 95 | | | | | | | | | | | | | | | | | 10 95 | | | | Bal from Canada. |
| apr 1/30 | 30 | 1.00 | 33 | 00 | | | | | | | | | | | 33 00 | | | | | | | | | | | | 20 | | 8 80 | 28 80 | 15 15 | | | 15 15 | 8 days Pay a/wol. D.O.76. 30.5.17. |
| MAY 19 | 31 | " | 34 | 10 | | | | | | | | | | | 34 10 | 3 | 19.4 | | | | | | | | | | 20 | | | 24 87 | 24 38 | | | 24 38 | |
| JUN 1.30 | 30 | " | 33 | 00 | | | | | | | | | | | 33 00 | 57 | 14/5. | | | | | 271 | 11/5/17 | | | | 20 | | | 29 73 | 27 65 | | | 27 65 | Details Seaford 11/5/17. |
| July 1-31 | 31 | " | 34 | 10 | | | | | | | | | | | 34 10 | | | | | | | 54 | 30/5 | | | | 20 | | | 20 — | 41 75 | | | 41 75 | |
| Aug 1.31 | 31 | " | 34 | 10 | | | | | | | | | | | 34 10 | | | | | | | 170 | 25/4 | | | | 20 | | | 30 89 | 44 98 | | | 44 98 | Details Seaford. M1170 |
| Sep 1.30 | 30 | " | 33 | — | | | | | | | | | | | 33 — | | | | | | | 288 | 15/7 | | | | 20 — | | | 23 57 | 54 41 | | | 57 41 | |
| | | | 201 | 20 | | | | | | | | | | 10 95 | 212 25 | | | | | | | | | 9 73 | | 19 31 | 120 | - | 8 80 | 157 84 | 54 41 | | | | |

| MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED PAY | SEP. ALLCE. ENG. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Sep | Bal | ~~54 41~~ 96 | | | | | | | 54 41 | | |
| Oct | P.P. | 34 10 | | SR 567. 25/9/17, 28 out & ak. e.t.c. | 3 57 | | - 20 | | | | |
| | | | | " 446. 13/9/17 " " " " | 3 57 | | | | 61 37 | - | - |
| | | 34 10 | | | 7 14 | | 20 | | | | |

Pte 931287 Bennett. F

20th C

| DATE | PAY No. OF DAYS | PAY RATE | PAY AMOUNT $ | PAY AMOUNT c. | FIELD ALLOWANCE No. OF DAYS | FIELD ALLOWANCE RATE | FIELD ALLOWANCE AMOUNT $ | FIELD ALLOWANCE AMOUNT c. | WORKING OR SPECIAL PAY No. OF DAYS | WORKING OR SPECIAL PAY RATE | WORKING OR SPECIAL PAY AMOUNT $ | WORKING OR SPECIAL PAY AMOUNT c. | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS 1 No. | 1 DATE | 2 No. | 2 DATE | 3 No. | 3 DATE | 4 No. | 4 DATE | CASH PAYMENTS 1 | 2 | 3 | 4 | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE CREDIT | BALANCE DEBIT | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MONTH | PARTICULARS | | | | CR. 1 | | | | CR. 2 | | | | PARTICULARS | | | DR. 1 | | DR. 2 | | DR. 3 | | DR. 4 | | BALANCE | | | | | | | | | | | | |
| | Oct- Bal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | PP. | | | | 33 | - | | | | | | | | | | | | | | | | | | 61 | 37 | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | 20 | | | | | | | | | | | |
| | | | | | | | | | | | | | AR 816. 28/9/17. C/C | | | | | 3 | 57 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | ~ 840. 12/10/17 ~ | | | | | 3 | 57 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | ~ 961 25/10/17 ~ | | | | | 3 | 57 | | | | | | | | | | | | | | | | | |
| DEC | " | " | | | 34 | 10 | | | | | | | ~ 1079. 10/11/17 ~ | | | | | 3 | 57 | | | | | 20 | 74 | 19 | | | | | | | | | | |
| | | | | | 67 | 10 | | | | | | | | | | | | 14 | 28 | | | | | 20 | | | | | | | | | | | | |
| JAN | 1918 | PP. | | | 34 | 10 | | | | | | | | | | | | | | | | | | - 20 | | | | | | | | | | | |
| | | | | | | | | | | | | | AR. 1249. 23/11/17 2nd Contribution | | | | | 12 | 49 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | DN. AR. 606 ~ 11/9/17 C/C | | | | | 3 | 57 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | AR. 1423. 21/12/17. 2 Cons ~ | | | | | 7 | 14 | | | | | | 65 | 09 | | | | | | | | | | |
| | | | | | 34 | 10 | | | | | | | | | | | | 23 | 20 | | | | | - 20 | | | | | | | | | | | | |
| FEB | " | " | | | 30 | 80 | | | | | | | Assigned Pay | | | | | | | | | | | 20 | | | | | | | | | | | | |
| | | | | | | | | | | | | | AR 2030. 5/1/18. 2 Consols att. C/C | | | | | 3 | 57 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | ~ 2150. 21/1/18 ~ ~ | | | | | 3 | 57 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | V.D. 4/6 - 237/17. 608. 13/3/18 | | | | | | | | | | | 30 | | | | | | | | | | | | |
| | | | | | 30 | 80 | | | | | | | | | | | | 7 | 14 | | | | | 30 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | 20 | 38 | 75 | | | | | | | | | |
| MAR 1918 | " | " | | | 34 | 10 | | | | | | | Assay | | | | | | | | | | | 20 | | | | | | | | | | | | |
| | | | | | | | | | | | | | Campbell. AR 3364. Parrio. 8/7/18 | | | | | 4 | 46 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | " 2610. - 20/2/18 " C/C | | | | | 3 | 57 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | " 2868. 7/3/18 " | | | | | 3 | 57 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | " 3064. 19/3/18 " | | | | | 3 | 57 | | | | | | | | | | | | | | | | | |
| | | | | | 34 | 10 | | | | | | | | | | | | 15 | 17 | | | | | 20 | 37 | 68 | | | | | | | | | | |

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

| ASSIGNED PAY. | * ~~ENGLAND OR~~ CANADA. | SEPARATION ALLOWANCE. | * ENGLAND OR CANADA. |
|---|---|---|---|
| EFFECTIVE DATE:- 1st April 1917. | | EFFECTIVE DATE:- | |
| AMOUNT:- 20.00. | | AMOUNT:- | |

NAME:- BENNETT. Frank

NUMBER:- 931287.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Rebecca Bennett Mother
Shelbourne N.S.

Stopped 1/1/19

PARTICULARS OF RANK OR APPOINTMENT

| AUTHORITY | DATE EFFECTIVE | RANK OR APPOINTMENT |
|---|---|---|
| | | Pte |

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2nd Construction Bn

DATE ACCOUNT FIRST OPENED:- 1st Apl 1917

| AUTHORITY | DATE EFFECTIVE | DATE LEDGER SHEET T'SF'D | UNIT TRANSFERRED TO |
|---|---|---|---|
| | | | Canada |

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

| DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY | AMOUNT | DATE OF PAYMENT | NUMBER OF A.R | UNIT PAID BY | AMOUNT |
|---|---|---|---|---|---|---|---|
| 9/14 | 1600 | £70.25 | 4 16 | | | | |
| 18/12 | 3565 | £7-0-0 | 9 73 | | | | |
| | | | 1439 | | | | |

DAILY RATES OF PAY AND ALLOWANCES

| AUTHORITY | PAY | F.A. | P.F.A. | SUBS'CE ALL'CE |
|---|---|---|---|---|
| | 1 - | - 10 | | |

PARTICULARS OF RENDERING NON-EFFECTIVE:- ~~2nd Con Bn~~ Canada 31/12/18 YR 16. 1/1/19 Y.R. Led Bal 65 78 LPC V 27 33.

| MONTH 1918 | PARTICULARS | CR. 1 | CR. 2. | PARTICULARS | DR. 1 | DR 2. | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| MAR | BALANCE FORWARD. | | | | | | | | 37 68 | | |
| Apl | P&A | 33 - | | ass'Pay | | | | 20 - | | | |
| | | | | aR 1114 6/4 CFC 1 01 | 3 57 | | | | | | |
| | | | | aR 296 20/4 " " | 3 57 | | | | 43 54 | | |
| May | Cr note No 46 - Struck from { | 33 - | | ass Pay | 7 14 | | | 20 - | | | |
| | Officer No 2 - No 2 Con Bn Apl/17 } - | 8 80 | | aR 2491 7/5 CFC 1 | 2 68 | | | 20 - | | | |
| | Debited in error 8.80 - P. Pay | 34 10 | | " 719 22/5 " " | 4 46 | | | | | | |
| | | 42 90 | | | 7 14 | | | 20 - | 59 30 | | |
| June | P.P. | 33 - | | b.a.P. | | | | 20 - | | | |
| | | | | aR 906 7/6 CFC 1 | 3 57 | | | | | | |
| | | | | " 1102 22/6 " | 3 57 | | | | 65 16 | | |
| | | 33 | | | 7 14 | | | 20 | | | |
| July | PP. | 34 10 | | b.a.P | | | | 20 | | | |
| | | | | aR 1792 6/7 CFC 1 | 3 57 | | | | | | |
| | | | | G.R 424 9/6 L/N | 50 00 | | | | | | |
| | | | | aR 1501 22/7 CFC 1 | 3 57 | | | | 22 12 | | |
| | | 34 10 | | | 57 14 | | | 20 | | | |
| Aug | PP | 34 10 | | Can - a.P. | | | | 20 | | | |
| | | | | aR 1696 6/8 CFC 1 | 3 57 | | | | | | |
| | | | | aR 1944 22/8 " | 3 57 | | | | 29 08 | | |
| | | 34 10 | | | 7 14 | | | 20 | | | |
| Sep | PP. | 33 | | Can aR | | | | 20 | | | |
| | | | | aR 2199 6/9 CFC 1 | 3 57 | | | | 38 51 | | |
| | | 33 | | | 3 57 | | | 20 | | | |
| Oct | P Pay | 34 10 | | C a F | | | | 20 | | | |
| | | | | 2770 12/9 " | 3 73 | | | | 48 88 | | |
| | | 34 10 | | | 3 73 | | | 20 | | | |

NUMBER RANK NAME

| MONTH | PARTICULARS | CR. 1. | CR. 2. | PARTICULARS | DR. 1 | DR. 2 | DR. 3. | DR. 4. | BALANCE | DEFERRED | SEPARATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | 48 88 | | |
| NOV | 1 | 33 | | Cal | | | | 20 | 61 88 | | |
| | | | | 4564. 4/11 C&SBD. | 4 66 | | | | | | |
| | | | | 5046 9/11 " Com Dep | 5 60 | | | | 57 62 | | |
| | | 34 10 | | Cal | | | | 20 | 65 72 | | |
| | | | | 6600 10/12. — Base — | 4 66 | | | | | | ✓ |
| | | | | 3565 18/12 NBR. | 9 73 | | | | 51 33 | | |
| | | 67 10 | | | 24 65 | | | 40 | | | |
| | | | | 2 10/1 Rifle Expl. | 9 73 | | | | 41 60 | | |
| | | | | | 9 73 | | | | | | |

AUDITOR | PAYMASTER

M. OR S. E of B 21-1-19

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

REGT. No. 93287 RANK Pte NAME (IN FULL) Bennett F.A.

(BLOCK LETTERS SURNAME FIRST)

| | | | |
|---|---|---|---|
| NEXT OF KIN | RELATIONSHIP | PARTICULARS | EFFECTIVE DATE / AUTHORITY |
| ADDRESS | | 1<br>10 | |
| IS SEPARATION ALLOWANCE PAID? N | DATE EFFECTIVE | | |
| TO WHOM PAID | RELATIONSHIP | | |
| ADDRESS | | | |

ORIGINAL UNIT C.E.F. NSR — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE 1/4/7 — AUTHORITY

ASSIGNED PAY $ 20 00 — DATE EFFECTIVE 1-2-19

PAYABLE TO Mrs F. Bennett — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Shelburne NS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 17/2/19 — REASON — AUTHORITY DO 45 — IF ENTITLED TO POST DISCHARGE PAY

| MONTH | PAY AND F.A. NO. OF DAYS | RATE | AMOUNT $ | C. | OTHER CREDITS $ | C. | | | TOTAL CREDITS $ | C. | ACQUITTANCE ROLLS COL. NO. 1 NO. | DATE | COL. NO. 2 NO. | DATE | COL. NO. 3 NO. | DATE | CASH PAYMENTS COL. NO. 1 $ | C. | COL. NO. 2 $ | C. | COL. NO. 3 $ | C. | ASSIGNED PAY $ | C. | REGIMENTAL CHARGES $ | C. | OTHER CHARGES $ | C. | | | TOTAL DEBITS $ | C. | BALANCE DEBIT $ | C. | BALANCE CREDIT $ | C. | PARTICULARS OR REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BALANCE FROM PREVIOUS ACCOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Pass book |
| 1-1-19 | 24 | 1 10 | 52 | 80 | 11 | 20 | | | | | | | | | | | | | | | 70 63 | | | | 05 | | | | | | | | | | | |
| 17/2/19 | | | 35 | 00 | 11 | 15 | | | 198 | 95 | 1 | 74 | | | | | | | | | | | | | 15 | 18 | 27 | | | | 05 | | | | | |
| | | | | | | | | | | | | | | | | | | | 136 47 7090 | | | | | | | | | | | | 168 | 95 | 7000 | | | | |
| | | | | | | | | | | | | | | | | | Mar Service Gratuity | | | | | | | | | | | | | | | | | | | |
| 153 | 350 | | | | | | 350 | | | | Jan 21/19 | | 144196 | | | | 70 | | | | 70 | | | | | | | | | | | | | | 210 | | | |
| | | | | | | | | | | | | | | | | | 70 | | | | | | | | | | | | | | | | | | 140 | | 151412 16/4/19 |
| | | | | | | | | | | | | | | | | | 70 | | | | | | | | | | | | | | | | | | 70 | | 584755 12-3-19 |
| | | | | | | | | | | | | | | | | | 70 | | | | | | | | | | | | | | | | | | Nil | | 598188 12-6-19 |
| | | | | | | | 350 | | | | | | | | | | 350 | | | | | | | | | | | | | | 350 | | | | | | |

Certified that all payments due on this date have been paid.

CAPT.

For Senior Officer Pay Services, M. D. 6

30M-11-18.—L.L. 50877-M. & D. 9553.