Duplicate.

ATTESTATION PAPER.

No. 1030262

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Walls
1a. What are your Christian names?	Arthur James
1b. What is your present address?	66 Dorchester Street, St. John N.B.
2. In what Town, Township or Parish, and in what Country were you born?	Chatham N.B.
3. What is the name of your next-of kin?	Mary R. Walls
4. What is the address of your next-of-kin?	66 Dorchester St. St. John N.B.
4a. What is the relationship of your next-of-kin?	Mother
5. What is the date of your birth?	17th May 1896
6. What is your Trade or Calling?	Marine Engineer
7. Are you married?	No.
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	236th B.S. Batn.
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	Yes
14. If so, what was the nature of the disability?	Hernia
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16. If so, what was the reason?	------

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur James Walls, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

A. J. Walls (Signature of Recruit)

Date 2nd October 1916. J. H. Lewis (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur James Walls, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

A. J. Walls (Signature of Recruit)

Date 2nd October 1916. J. H. Lewis (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at West St. John N.B. this 2nd day of October 1916.

J. M. Morgan (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Arthur James Walls on Enlistment.

Apparent Age 22 years 4 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 9 ins.

Chest measurement.
- Girth when fully expanded ..... ~~36~~ 33 ins.
- Range of expansion ..... 36 ins.

Complexion Medium

Eyes Brown

Hair Lt. Brown

Religious denominations.
- Church of England .....
- Presbyterian ✓
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic .....
- Jewish .....
- Other denominations .....
  (Denomination to be stated.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

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 C. for the Canadian Over-Seas Expeditionary Force.

Date 4/10/18 191 .

Place St John N.B.

Geo Cooper Capt.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Arthur James Walls 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 J Morgan (Signature of Officer)

Date October 2nd 1918.

TRIPLICATE

ATTESTATION PAPER.

No. 109262

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Walls
1a.	What are your Christian names?	Arthur James
1b.	What is your present address?	Chatham, N.B.
2.	In what Town, Township or Parish, and in what Country were you born?	" "
3.	What is the name of your next-of kin?	James Walls
4.	What is the address of your next-of-kin?	Chatham, N.B.
4a.	What is the relationship of your next-of-kin?	Father
5.	What is the date of your birth?	May 17th. 1896
6.	What is your Trade or Calling?	Engineer
7.	Are you married?	No
8.	Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9.	Do you now belong to the Active Militia?	No
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	No
11.	Do you understand the nature and terms of your engagement?	Yes
12.	Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Arthur J. Walls, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Arthur J. Walls (Signature of Recruit)

Date Oct 17th. 1916. L. L. Bonnell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Arthur J. Walls, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Arthur J. Walls (Signature of Recruit)

Date Oct 17th. 1916. L. L. Bonnell (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

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

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Fredericton this 17 day of October 1916.

J. J. McCaffrey (Signature of Justice)

M. F. W. 23
750M—8-16
H. Q. 1772-39-341

Description of Arthur James Walls on Enlistment.

Apparent Age 20 years 5 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5 ft. 7½ ins.
Chest measurement. Girth when fully expanded	36 ins.
Chest measurement. Range of expansion	2 ins.
Complexion	Fresh
Eyes	Brown
Hair	Brown
Religious denominations. Church of England	
Presbyterian	Yes
Methodist	
Baptist or Congregationalist	
Roman Catholic	
Jewish	
Other denominations (Denomination to be stated.)	

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Nil.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date October 17th. 1916. W. H. Somerset Ame

Place Fredericton, N.B. M.D. No. 236

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Arthur J Walls 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.

Hay W. H. McLean Major (Signature of Officer)

Date October 17th 1916

O. C. 236th O. S. BATTALION
(The New Brunswick Kilties—Sir Sam's Own).

1st Enlistment 2nd Enlistment 7th Bn. Rt.

R. O. No. 44

H. Q. No.

DISCHARGE DOCUMENTS

Name Walls Arthur James.

Regt. No. 1030262 Rank Sgt.

Corps 236th Bn.

(1) Medically Unfit

(2) Demob

04010

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2.

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1.

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge..... 1.

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2.

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1.

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 2.

M.F.W. 77.2

M.F.W. 113 — 2
S.F.B. 122 — 1
M.F.B. 465 — 1
M.F.W. 129 — 1
M.F.W. 39a — 1
M.F.W. 71 — 1
M.F.W. 25 11 — 1

2
28 - 2
16 - 2
3 - 2
1

M.F.W. 62.
100m.—6-17.
H. Q. 1772—39 935.

SURNAME. Walls.

CARD NO.

CHRISTIAN NAMES Arthur James.

S.O.S. Div. FOLL. 5-1-18 4

REGL. NO. 1030262. RANK Pte.

S.O.S. 25-2-19 DOS 6 of 28-2-19

UNIT 236 th.

Bn.

FORMER CORPS Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Walls, James

RELATIONSHIP TO SOLDIER Father

ADDRESS Chatham. N. B.

COUNTRY OF BIRTH Canada, Chatham, N. Humberland Co. N.B. DATE May 17th 1896

PLACE OF ATTESTATION Fredericton, N. B. DATE Oct. 17th 1916.

R/C

L. L. 6945. M. & D. 6994. M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Engineer RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 20 YEARS 5 MONTHS

HEIGHT 5 FEET 7½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 2. INCHES

COMPLEXION Fresh EYES Brown HAIR Brown

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Fredericton, N.B. DATE Oct. 17th 1916.

Present address: Chatham, Northumberland Co. N.B.

M. F. W. 71—500M.—5 18.
1772—39—961.

NAME Walls A. J.

REGIMENTAL NO. 1030262 RANK Pte

NE ENLISTED AT W St John N.B. PROMOTIONS, &c. AND DATE pro Cpl 1-11-18 40193

DATE 2-10-18 (D.O. 160)

IF SERVED PREVIOUSLY. STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Mary R. Walls. RELATIONSHIP Mother.

ADDRESS OF 66 Dorchester St. St. John N.B.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE E.G. ABSENCE. PROMOTION. &c.	PART II. D. O. No.	PART II. D. O. DATE	REMARKS IF IN HOSPITAL. NOTE NAME, &c.
S. O. S.	#56	25-2-19.	Demobilization

No. 1030262 Rank Pte Name Walls Arthur J.

T. O. S. 4/10/16 Unit 236th Battalion C.E.F.
Dd. 44 17/10/16 (The New Brunswick Rifles 1st Sanis own)
M. D. 6.

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1916	1916			
Oct 4	Oct 31	✓		
Nov.		✓		
Dec.		✓		
1917	1917			
Jan.		✓		
Feb.		✓		
Mar.		✓		
apr		—		
may		—		
June		—		
July		—		

"over"

1917. aug	1917.	Lgt from 15-7-17.	Do 202 - 21-8-17.
Sept			
Oct		Trans to District Cas 27-10-17.	Do 265 - 27-10-17.

REG. NO. 1030262. NAME (SURNAME FIRST) Walls A. J.

RANK Capl. CORPS 236 Batt

AGE 20. SERVICE 8/12.

NAME OF HOSPITAL Park B'ks - Mil PLACE Fredericton N.B.

DATE OF ADMISSION 31-5-17.

DISEASE Epid. Parotitis

DISCHARGE 18-6-17

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS .....

Dental Examination on Discharge

File No.....

Rank Cpl. Name Wallis A.J. Regt. No. 1030262

Date of enlistment 2-10-19 Service, where Canada

If any dental treatment in army, where Nil

Discharge examination at St John N.B. Date 24-2-19

Treatment to be received Cavities, 4 10

Extractions 12

At..... Examined by Arthur H. LeBlanc. Lt

Above treatment completed by..... Date.....

Completed History Sheet File No.....

M. F. W. 2572
100m-8-18
1772-39-1359

OTHER SIDE FOR REMARKS

236th O. S. BATTALION
(The New Brunswick Kilties—Sir Sam's Own)

FORM OF WILL.

I, Arthur James Walls (Name in full)
Regimental Number 1030262 serving in 236th O.S. Batt
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

Mrs Mary Walls.
Chatham
NB

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 1st day of August A. D. 191 7

Arthur J. Walls 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 W. Gunnan
Address of Witness Valcartier
Occupation of Witness Soldier
Signature of Second Witness W. L. McCosh
Address of Witness Valcartier
Occupation of Witness Soldier

M. F. W. 82
300M-5-16.
1772-39-983.

Certified Copy

MEDICAL HISTORY SHEET

Surname Walls Christian Name Arthur Jas.

Examined on 7 day of October 1918 at St John N B.

Birthplace City or Town Chatham County N B.

Apparent age 22 - 4 mths

Trade or occupation Marine Engineer

Height 5 feet 9 Inches

Weight 142 lbs.

Chest measurement Minimum 33 inches Maximum expansion 36 inches

Physical development Good

Small-pox Marks Nil

Vaccination Marks Arm Right Left 1 Number one

When Vaccinated last Sept 1916.

(a) Marks indicating congential peculiarities or previous disease Nil.

(b) Slight defects but not sufficient to cause rejection

Approved by

C2 Rank M.O.

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

Date	Result	Vaccinations
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
		M.O.
		M.O.
		M.O.

Enlisted on 17 day of October 1916 at Fredericton N B

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	236th O.S. Bar	1030262		
Re-enlisted ~~Transferred to~~	C.G.R. #7			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
St John N.B.	24/2/19	left inguinal hernia	Cr. O'Connell Capt Comm. A. L. Jerow Capt Comm C

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

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-439.

Surname..... Christian Name.....

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				

MEDICAL HISTORY SHEET

#1030262

ORIGINAL

Surname Walls Christian Name Arthur James

Examined on 17th day of Oct. 1916 at Fredericton N.B

Approved by Elyleggie

Rank MAJOR, C.A.M.C. M.O.

Birthplace City or Town Chatham County North'd

Apparent age 20

Trade or occupation Engineer

Height 5 feet 7 1/2 Inches

Weight 147 lbs.

Chest measurement Minimum 34 inches Maximum expansion 2 inches

Physical development good

Small-pox Marks nil

Vaccination Marks Arm Right Left Number — 1

When Vaccinated last childhood

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection small varicocele left.

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

Date	Result	Vaccinations
		M.O.
		MAJOR, C.A.M.C. M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
OCT 24 1916		Elyleggie MAJOR, C.A.M.C. M.O.
19-12-16		W. R. Irvine Capt. Camo. MAJOR, C.A.M.C. M.O.
29/12/16		Elyl M.O.

Enlisted on 11th day of October 1916 at Fredericton

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	236th Bn.	1030262		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
			Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4

MOBILIZATION CENTRE M. D. No. 4 OCT 16 1917 MONTREAL, P.Q.

President, C. M. B.

"C" Fit for Service in Canada only.

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 Wallis Christian Name Arthur James

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				
Park Barrack Hp.		29	1	17	23	2	17	Jaundice	25		

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 7

NAME OF SOLDIER Walls, A. J.

RANK C.S.R.

REGIMENT C.P.L.

No. 1030262

M.F.B. 465
150M--10-18
1772-39-950

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report, record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge from the Service.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	Prophylaxis	OPERATOR	Military District	REMARKS
Condition on first Examination	1919 Feb 24	8 12.5.16 17.18.20 31.32									3.4.9.13.14 19.30										Examined by A. LeBlanc Lieut		Cavities 4.10. Extractions 12.

Feb. 24-19 Examined fpr discharge

Certificate issued incomplete

A H LeBlanc Lieut.

A. J. Walls

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 1030262 Rank Sgt Name Walls A.J.

Corps Special Service M.D.No.4. who was* Discharged

On January 5th 1918 191 , to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 191 , to January 5th 1918, the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 5 days at $ 1 c.35	6	75
Assigned Pay No.			Field Allow. 5 days at $ c.15		75
Other Charges* Q.M.S.	1	72	Other Allowances*		
Payment on transfer or discharge No.1052	39	03	Post Discharge Pay	20	25
Balance Cr. (to be paid by the new unit).	------		Other Credits* Civillian Clothing	13	00
			Bal. Dr. (to be deducted by new unit)	------	
Total	40	75	Total	40	75

*Give Particulars.

A monthly stoppage of $ 15.00 (†) has ---------- (‡) been paid on account of Assigned Pay for the month of December 1917 191 to (Assignee) Mrs. Mary Walls

(Address) Chatham N.B.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 4-10-16

(2) if married and if a Separation Allowance Card has been submitted NO. NO.

(3) cause of discharge and authority Auth. D.O.715 9/27/4/17 R.O.4

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date January 4th 1918

Place Montreal P.Q.

Capt. *Paymaster*
Special Service M.D.No.4.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.

150m.—4-17.
H. Q. 1772-39-903.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F.,1916).

Regimental No. 1030262 Rank Sgt Name Walls A.J.

Corps Special Service M.D.No.4. who was* Discharged

On January 5th 1918 191 , to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 191 , to January 5th 1918 , the inclusive date of transfer or discharge.

Dr.	$	c	Cr.	$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 5 days at $ 1 c35	6	75
Advances by Cheques No.			Field Allow. 5 days at $ c15		75
Assigned Pay No.			Other Allowances*		
Other Charges* Q.M.S.	1	72	Post Discharge Pay	20	25
Payment on transfer or discharge Nil.052	39	03	Other Credits* Civilian Clothing	13	00
Balance Cr. (to be paid by the new unit).	------		Bal. Dr. (to be deducted by new unit)	------	
Total	40	75	Total	40	75

*Give Particulars.

A monthly stoppage of $ 15.00 (†) has ---------- (‡) been paid on account of Assigned Pay for the month of December 1917 191 to (Assignee) Mrs. Mary Walls

(Address) Chatham N.B.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 4-10-16

(2) if married and if a Separation Allowance Card has been submitted NO. NO.

(3) cause of discharge and authority Auth. D.O. 715 12/11/17 R.O. 4

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date January 4th 1918

Place Montreal P.Q.

Capt. *Paymaster*
Special Service M.D.No.4.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

M. F. W. 44.
150m.—4-17.
H. Q. 1772-39-903.

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 7th Battalion C.G.R. C.E.F.

Regimental No. 1030262 Rank Private C. E. F. Name Arthur James Walls

Enlisted (a) 2.10.18 Terms of Service (a) Duration Service reckons from (a) 2.10.18

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) .....

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				
	7th C.G.R.	S.O.S. By reason of Demobilization	St.John?N.B.	25.2.19.	R.O.1420 Para C d-12-12-18. DO #54 Part 2 d-25-2-19.

A. J. Dean, Lieut.
A/Adjutant 7th Detachment C.G.Regt.

(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				

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 1030262 (Rank) Corporal

Name (in full) Anthur James Walls, enlisted in

the 7th Bn., C.G.R.

CANADIAN EXPEDITIONARY FORCE at West St. John, N. B. on the 2nd

day of October 1918

HE served in Canada

and is now discharged from the service by reason of demobilization

Auth. RO 1420, Para. C. d-12-12-18

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

Age 22 yrs 4mons.

Height 5ft 9ins.

Complexion Medium

Eyes Brown

Hair Light Brown.

Marks or Scars

A. J. Walls
Signature of Soldier

Fred Weddenburn
Issuing Officer

Lt. Col.
Rank

Date of Discharge February 25 th 1919. Commanding 7th Bn., C.G.R.
Appointment

Signed at St. John, N. B. this 25th day of February 1919

in Military District No. 7

File Reference No.

PN. BN. CAN.
GARRISON REG'T.
FEB 25 1919
ST. JOHN, N. B.
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.
250m —6-18.
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

On demobilization the particulars called for on the back of this certificate will not be completed.

.....

Name of Officer

.....

Rank

.....

Appointment

#1030262

ORIGINAL

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins 236th O.S. Battalion C.E.F. N.B. Kilties Sir Sams Own

(2) Regimental Number 1030262

(3) Full Name of Soldier Walls, Arthur James

(4) Place of Birth Chatham, N.B.

(5) Are you married, or not? Single

(6) If married, state,

(a) Full name of your wife

NOT APPLICABLE

(b) Present Postal Address

(7) Are you a widower? No

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages NOT APPLICABLE

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address James Walls, Chatham, N.B.

(10) Is your Mother alive? Yes

If so, state name and address Mrs. Mary Walls
Chatham, N.B

(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.

NOT APPLICABLE

(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.

NOT APPLICABLE

(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? No

If so, in what Company? NOT APPLICABLE

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

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

Date Oct. 17th 1914

Hugh H McLean Major
Officer Commanding.
O.C. 236th O. S. BATTALION
(The New Brunswick Kilties—Sir Sam's Own).

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. 1030862 Rank Cpl. Surname WALLS
(Given name in full)
Arthur J.

Unit or Corps 7th C.G.R. Birthplace Chatham

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

1. GENERAL DESCRIPTION:

Physique good Weight 138 lbs. Height 5 ft. 7½ in. Colour of Eyes brown

Nutrition good

Pulse good

Condition of arteries good

Vision Rt. D. 20 Left D. 20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

left. ing. hernia

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

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.

Left ing. hernia pre re-enlistment.

(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 St. John.....(Canada)

Date Feb. 24th, 1919..... 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 space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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. 1030262

Rank Corporal

Surname WALLS,

Christian name Arthur James.

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

Corps (Squadron, Battery or Company) 7th Bn., C.G.R.

Date of discharge February 25th 1919.

Place of discharge St. John, N. B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive marks
Age	22 years 4 months.	
Height	5 feet 9 inches.	
Complexion	Medium	
Eyes	Brown	
Hair	Light Brown	
Trade	Marine Engineer,	
Intended place of residence (To be given as fully as practicable.)	66 Dorchaster St., St. John, N. B.	

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

Auth. RO 1420, Para. C. d-12-18

Authority for discharge.....

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.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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, and that I have received my permanent discharge certificate.

(Place) St. John, N. B. A. J. Wells *(Signature of Soldier.)*

(Date) February 25th 1919. W. Lowe D.R.Sgt *(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) St. John, N. B.

(Signature) [illegible]

(Date) February 25th 1919.

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.)

I have no reservations to make.

A. J. Wallis

Canada 2-10-18 to 25-2-19.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

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.	1030262
Rank	Sergeant
Name NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	Walls, Arthur James
Corps (Squadron, Battery or Company)	236th. Battalion C.E.F.
Date of Discharge	5th. Jan. 1918.
Place of Discharge	Montreal, P.Q.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	21 years 7 months.
Height	5 feet 7 1/2 inches.
Complexion	Fresh
Eyes	Brown
Hair	Brown
Trade	Engineer
Intended place of residence (To be given as fully as practicable.)	Chatham N.B. Canada

Descriptive Marks

NIL

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

D.O.715, d/27-11-17.
Medically Unfit. Sickness.

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.

Good

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

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

Engineer

M. F. B. 218.
50m.—3-16.
H. Q. 1772-39-113.

(OVER)

Dis. Sec. 24-1-18 G.M.

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) Montreal, P.Q. Sgt Walls A.J. (*Signature of Soldier.*)

(Date) 5th. Jan. 1918. J H Christie Cpt. (*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) Montreal, P.Q.

(Date) 5th. Jan. 1918.

(*Signature*) [signature] Lt. Col.
O.C. Composite Regiment C.E.F.

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.)

Sgt. Walls A.J.

(OVER)

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.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	*(a)* Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	*(b)* Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	*(c)* Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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.

AUDITOR | PAYMASTER

M. OR S. Single. — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 1030262 — RANK Pte — NAME (IN FULL) WALLS, ARTHUR JAMES

Cook. 66 Dorchester St St John N B

NEXT OF KIN	RELATIONSHIP
Mary R. Walls.	Mother

ADDRESS
66 Dorchester St, St John, N. B.

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE
No.

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Enlisted		17-10-16.
S.O.S.		5-1-18.
Re-enlisted		2-10-18.
S.O.S.		25-2-19.
Over 1 year.		

ORIGINAL UNIT C.E.F. 236 Bn. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION St John N B — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 15-10-16 — TRANSFERRED TO 76A — DATE — AUTHORITY 25-95-

ASSIGNED PAY $ No. — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 25-2-19 — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT					59				57																												57	Subs 4.80 6r. 01.49
Feby	25	1.29	30		35.00 480				70	37	29106 25	4½	VL 4	4.8	29105 25		1.22 1.0	76	1.0		26	25							1.26 10.25				80	62	1.0	25			Subs 4.80 6r. 01.49 Act 25/2/19 20.56 & 7.25.12
					WSS	SA					WAR SERVICE GRATUITY.																		WSS	SA									Soldier Dependent
31 days @		Nil	70						70																				10	25			10	25	70	75			
																													70				70		70				Lab 461559 Pte 106 13/5/19
																													Non effective						70				Debt
			70	-					70	-																			80	25			80	25	10	25			M.7.6.512 received subsequent to a/c becoming N/E
																																						Repaid requested 10.25 Signed Ryll Parmee 13/9/20

Canada — M.7.6.512 received subsequent to a/c becoming N/E.

AUG - - 1919

A. Secretary MAJOR

Asst. Director Pay Services, M. D. No. 1

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL 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		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	