

Unit 2nd Rem Co. 5th R.H.C. Rank Lieut Name Thomas West
C.E.F.

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? West
- (b) What are your Christian Names? Thomas
2. (a) Where were you born? (State place and country) Stalybridge, England
- (b) What is your present address? 158 Metcalf St. Montreal
3. What is the date of your birth? 4th Aug 1888
4. What is (a) the name of your next-of-kin? John West
- (b) the address of your next-of-kin? Haugh Hill, Stalybridge, Eng.
- (c) the relationship of your next-of-kin? Father.
5. What is your profession or occupation? Chemist & Metallurgist
6. What is your religion? Protestant (Baptist)
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 5th R.H.C.
9. State particulars of any former Military Service. 5 yrs. O.T.C. Manchester Univ.
1 1/2 yrs. C.O.T.C. The Gull Univ.
5 yrs 5th R.H.C. Lieut.
10. Are you willing to serve in the
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Thos West

(Signature of Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date Nov 16 1914.

Place Montreal

F. W. Harvey Capt
Medical Officer.

*Insert here "fit" or "unfit"

OFFICER'S DECLARATION PAPER

CANADIAN OVERSEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

(Answer)

1. What is your name?

2. What is your Christian name?

3. What is your rank?

4. What is your service number?

5. What is the date of your birth?

6. What is the place of your birth?

7. What is the name of your father?

8. What is the name of your mother?

9. What is the name of your wife?

10. What is the name of your children?

11. What is the name of your parents?

12. What is the name of your grandparents?

13. What is the name of your uncles?

14. What is the name of your aunts?

15. What is the name of your brothers?

16. What is the name of your sisters?

17. What is the name of your friends?

18. What is the name of your enemies?

19. What is the name of your pets?

20. What is the name of your vehicles?

21. What is the name of your weapons?

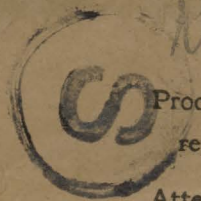
22. What is the name of your equipment?

23. What is the name of your supplies?

24. What is the name of your food?

25. What is the name of your clothing?

1731-12-18



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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....



Officers

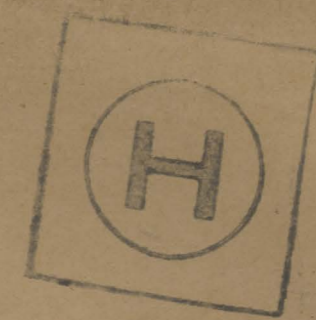
DISCHARGE DOCUMENTS

Name WEST THOMAS

Regt. No. _____ Rank Serjeant

Corps 42nd Bn. (5th R.H.C.)

Rec'd 29-9-18



R. O. No.....

H. Q. No.....

14719



3
2-10
2-10

NAME

West. Thomas

REG'T'L. No.

Lieut

RANK AND CORPS

Lieut 42nd Bn 5th R G. of 2nd Reinf

H. Q. FILE No. 649

CABLE

NO.

DATE

E.

NATURE OF CASUALTY

FOLLOWS

NO.

Co. 3rd RD

FOLLOWS

1-4
01562

5-10-18

Killed in Action Sept. 29th 1918

List No.	# 51 Gen. Hospital	DATE OF ADMISSION	REMARKS
837-2	no 51. Gen. Hospital	23-10-17	V D (see)
1069-1	5. ban. Ld. Amb.	14-11-17	V D G
1073-1	14 ban. Ld. Amb	15-8-18	Scabies
1084-1	Discharged to Duty	26-8-18
1103-1	Rept from Base	2-9-18	" "
	Killed in Action	29-9-18.	

No.

RANK

Lieut.

NAME

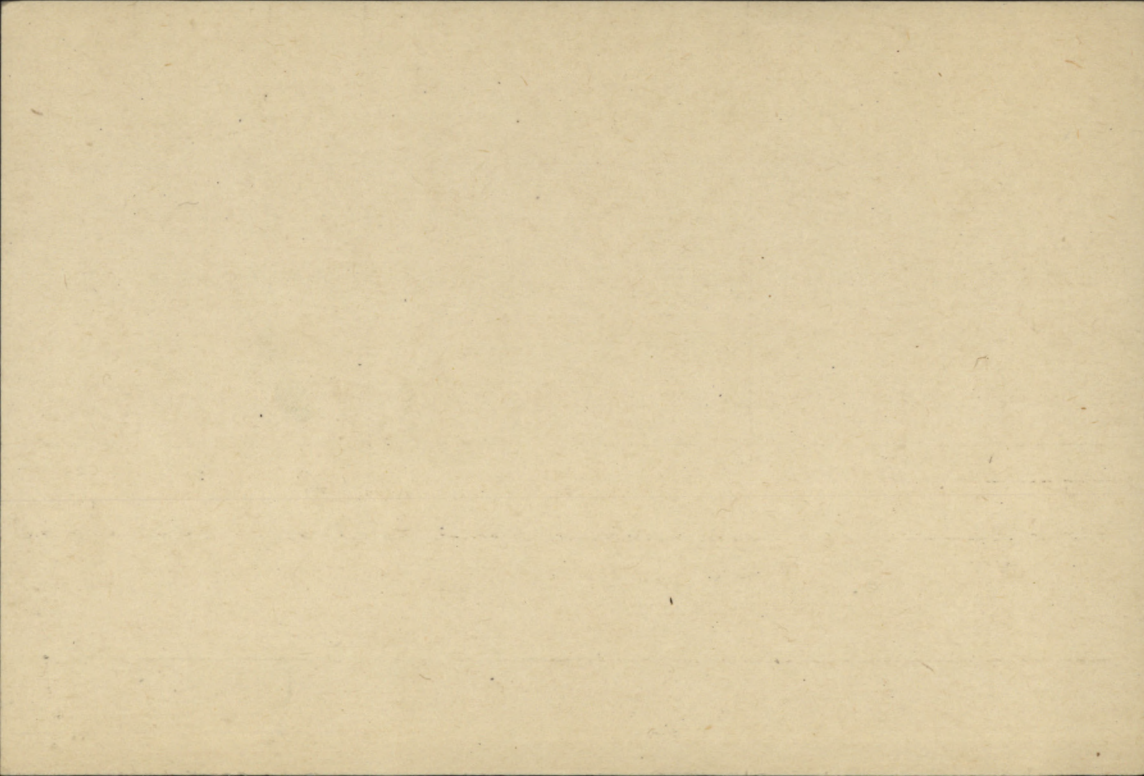
West, T

T. O. S. 22. 11. 16 UNIT 5th Regt.

(D.O. 13 of 1-12.16) Royal Highlanders of Can.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Nov. 22	1916 Nov. 30	✓		
Dec. 1917		✓		
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
		✓		
			Now on 1st Reinforcing Draft.	
			D.O. 6-4-17.	D.O. 61.



Name WEST

Rank

LIEUT

Reg. No.

Unit

✓ T Thomas

✓ 42nd Battn

Next of Kin

John West (father)

Hough Hill.

Stalybridge, England.

[illegible]

[illegible]

Name WEST

Rank Lieut.

Reg. No.

Unit Thomas
 42nd. Bn.

Next of Kin **John West** (Father) Hough Hill, Stalybridge. Eng.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23.10.17.	51 G.H. Etaples		VD Sgt.	813		
14.11.17	Back to duty (W.D.)		VDG	837		
15.8.18	5 bn field amb. 35278		Sinibro	1069		
6-8	14 bn field amb. (35538)			1073		
2-9	Back to duty 3603H			1084		

[illegible]

558-23-21) SURNAME. <i>West</i>		CARD NO. ✓
CHRISTIAN NAMES <i>Thomas</i>		FOLL.
REGL. NO.	RANK <i>Lieut.</i>	
UNIT <i>5th. R.H. of C. (2nd Reinf. Co.) (3rd R.D.)</i>		<i>5th. R.H. of C. 5 mos.</i>
FORMER CORPS <i>A.I.C. (5 yrs.), C.O.I.C. (1 1/2 yrs.)</i>		<i>McGill Univ.</i>
NEXT OF KIN.		CHANGE OF ADDRESS
NAMES IN FULL <i>West, John</i>		
RELATIONSHIP TO SOLDIER <i>Father.</i>		
ADDRESS <i>Hough Hill, Stalybridge, Eng.</i>		

COUNTRY OF BIRTH *England, Stalybridge* DATE *Aug. 4th. 1888.*
 PLACE OF ATTESTATION DATE

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Chemist

RELIGION

Baptist.

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Nov. 16th. 1916.

Present Address: 158 Metcalfe St., Montreal, P.Q.

Number.....Rank. *LIEUT.*

Surname. *WEST*

Christian Names. *THOMAS*

Unit. *43rd Bn*..... Theatre of War. *FRANCE*

Dates of Service. *11.4.17. 13.10.17*

Remarks.....

Latest Address. *Mrs Ann West*

101 Spring Bank Street

Roll No. *Stalybridge, Cheshire*
England.

L.S. 933 Map

APR 18 1921

GA 38113 SEP 14 1921

SEP 14 1921

WEST Thomas

Lieut.

42nd Bn.

Medals & Dec.

Mother,

Mrs Ann West,

101 Spring Bank Street,

Stalybridge Cheshire

England.

Plaque & Scroll

Father,

John West Esq.,

as above

22110

Memorial Cross

Mother

As above

Scroll Desp.

~~FEB 2 41927~~ Reqn. No. 2.229556

Plaque Desp.

19/22 Reqn. No. P42834

Desp.

SEP 9 1920

(m) C 21846

M

312

Surname.

Christian Name.

WEST
Rank.

T.

Unit.

Lieut.

42nd. Batt

Date of admission.

No. 51 General Hospital, Etaples.

23-10-17.

5 Canadian Field Ambulance.

15-8-18.

No. 14 Canadian Field Ambulance.

26-8-18.

Transferred Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis.

V.D.slt. (Q).

Later diagnosis. V.D.G.
Scabies. *Qm*

R.F.B., KILLED in ACTION: -29-9-18. *JA*

Disposition.

Date.

Disch. to Duty: -14-11-17

do.

do.

2-9-18

25-10-17 813.

22-11-17 837-2.

26-8-18.. 1069.

C.L. 30-8-18 1073. *Remarks.*

C.L. 12-9-18 1084.

C.L. 4-10-18 1103.

C.L.

C.L.

C.L.

C.L.

A.M.D. 2 DEPT.

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

Surname	Christian Name	Reg. No.
Rank	Unit	
MEDICAL BOARD held at		Date
		Serial No.
(1)		
Other Medical Boards at		Date
		Serial No.
(2)		
(3)		
(4)		
(5)		
Condition found by Board		
Disposition Recommended		
(1)		
(2)		
(3)		
(4)		
(5)		
PENSIONS & CLAIMS BOARD held at		Date.....
Disposition		
Remarks		

Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

[illegible]

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

Emc

Register No. *DW1179*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *019149-7-11*

Regt'l No. Name *Thomas* *West*
(Christian Name) (Surname)
Unit *42 Bn* Rank *Lieut* Date of enlistment
Date of casualty *29/9/18* B.P.C. File No. *136208*
Was service performed overseas? *yes*

DEPENDENT

Name *John West* Relationship *Father*
Address *101 Springbank St.*
Hough Hill, Staleybridge
Cheshire, Eng -
Amount of Special Pension Bonus \$ *nil* Abstracted by *Wm. Olan*

M.F.W. 2652
25M-6-20,
H.Q. 1772-39-1473

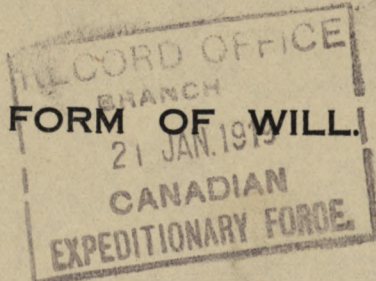
Eligible for Gratuity \$ *nil*
Less amount of Special Pension Bonus paid \$
Less Debit Balance of S. A. or A.P. \$
Total deductions \$ *nil*
Balance due \$ *nil*

dy. 28

Cheque No. Date issued

REMARKS : *Ineligible -*
not a paid

Clerk *A. Anderson*
Audited by
Date



L/131353.

I, **Thomas West**

(Name in full)

~~Regimental Number~~ **Lieut** serving in **2nd Rein. Co. 5th R.H.C. of the**
~~The Overseas Military Forces of Canada~~, do hereby revoke all former Wills
by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs. Ann West

) Name and Address

Rough Hill, Stalybridge

) of person or

Cheshire England

) persons to whom

) it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Ann West

)

Rough Hill, Stalybridge

) Name and Address

Cheshire England

) of person or

) persons to receive

) personal estate.

) (See note).

IMPORTANT NOTE

This must be signed
and dated by the
Soldier Himself.

this **18th** day of **March** A.D. 191**7**

Thomas West

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.

Signature of First Witness

H M Piorro

The Two
Witnesses
Must Sign
Here.

Address of Witness **510 Clarke Ave Westmount**

P.Q.

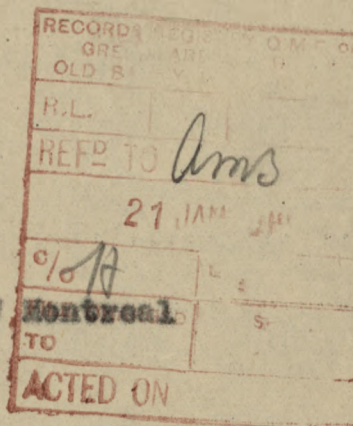
Occupation of Witness **Soldier**

Signature of Second Witness **W H Moleson**

Address of Witness **364 Sherbrooke St W**

Montreal

Occupation of Witness. **Soldier**



I hereby certify the above to be a true copy of the original Will now on
file in Estates Branch, O.M.F.C.

Thorpe

Date **Jan. 1919.**

Lieut.
for OFFICER I/C ESTATES, O.M.F.C.

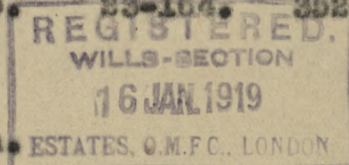
NOTE **Died Killed in Action. 29-9-1918. 23-164. 35274.**

Transferred

7-10-1918.

ES. Lieut. West. W.

42nd. Batta.



FORM OF WILL

(Name in full)

I, the undersigned, of legal age, do hereby revoke all former wills and do hereby declare this to be my last will.

Name and address of person to whom it is made

I hereby bequeath to

Name and address of person to whom it is made

Day of

IMPORTANT NOTE
This will is signed and dated this day of

I, the undersigned, do hereby give, devise and bequeath all and singular the goods, chattels, real estate, and every other thing which I own, unto

the person named above, to have and to hold unto the said person, his heirs and assigns forever, and I do hereby declare that I have no other will.

Signature of Testator

Witness of Testator

Signature of Witness

Signature of Second Witness

Witness of Witness

Signature of Witness

I, the undersigned, do hereby declare that I am of legal age and of sound mind and memory, and that I am not under any duress, coercion, or undue influence, and that I am not insane, and that I am not a minor, and that I am not a married woman, and that I am not a person who is incapable of making a will.

NOTARY PUBLIC IN AND FOR THE STATE OF

Date

NOTE

Testamentary

MEDICAL HISTORY SHEET

Surname West Christian Name Thomas

Examined { on 16th day of Nov 1916 at Montreal Approved by J. S. Harvey

Birthplace { City or Town Stalybridge Rank Capt M.O. County Chester, England

Apparent age 28

Trade or occupation Chemist Metallurgist M.O.

Height 5 feet 10 1/2 Inches M.O.

Weight 148 lbs. M.O.

Chest measurement { Minimum 34 inches M.O. Maximum expansion 36 inches M.O.

Physical development Good M.O.

Small-pox Marks None M.O.

Vaccination Marks { Arm Right X Left ✓ Date Result VACCINATIONS Number One

When Vaccinated last in childhood Feb 23/17. L. H. Roberts Capt. Amc. M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection

5/2/17 L. H. Roberts Capt. Amc. M.O.

12/2/17 L. H. Roberts Capt. Amc. M.O.

19/2/17 L. H. Roberts Capt. Amc. M.O.

20/5/17 R. H. A. M.O.

Enlisted on 16th day of November 1916 at Montreal

Enlisted on 16th day of November 1916 at Montreal

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment	<u>57 RMA</u>	<u>Lt</u>		<u>16/11/16</u>
Transferred to	<u>50 RMA</u>			<u>22/4/17</u>
	<u>42 RMA</u>			<u>13/10/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
			INSPECTING MEDICAL BOARD M. D. No. 4 FIT FEB 23 1917 C. H. Church Capt. R.M.C. MONTREAL, P. Q.

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

West

Christian Name.

Thomas

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
514. H. Staphylo		23	10	17	14	11	17	V. S. Ser.		di to duty	813.837

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

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

350M. -5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 2nd Reinforcing Coy. 5th R.H.C., C.E.F.

Regimental No. Rank Lieut. Name WEST, Thomas

Enlisted (a) 22/1/16 Terms of Service (a) 16 months Service reckons from (a) 22/4/16 1/4/17

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			
	Embarked	Halifax.	April 11 th 1917	1st M.Y. "Canada"
	Disembarked.	Liverpool	22 nd 4/17	1st M.Y. "Canada"
- 28/4/17	Taken on strength 20TH. Res. Battalion Shoreham		27/4/17	D. O. PT. II No. 111
22/10/17	S.O.S. on proceeding overseas for service with 42 nd Bn.	Bransford	13/10/17	LT. & ASST. ADJUT 20th CANADIAN RESERVE BN
15/10/17	Arrived in France & taken on strength of 42 nd Cdn Bn. (Caulley - w.o. 121/Draft/8181. A.G. 4. a. 27 8/10/17. Com Sect. file 18715)	3C 8BD	15/10/17	N. R. P. 119 9/15/10/17.
17/10/17	Island gonorrhoea	To	17/10/17	N. R.
20/10/17	Arrived back	30 a.s.	20/10/17	a 26/ a 7128.
22/10/17	V. D. G.	Adm.	22/10/17	w. 3034/ a 7128.
27/10/17	gonorrhoea	Adm	27/10/17	X 839
		To	27/10/17	

(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.]

Lieut. WEST, Thomas

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				
3/11/17	42nd	Arrived Unit	Kild	18/10/17	B 213
D2	D2	To hospital sick		19/10/17	D2
15/11/17	3 C & B.D.	Arrived 3 C & B.D.		15/11/17	N. R/140
19/11/17	D2	To join C.C.R.		19/11/17	- 144
25/11/17	C.C.R.	Arrived C.C.R.		25/11/17	N. R/45-
14/11/17	51 C.R.	N. D. G. To	Regt	14/11/17	B 6296.
26/11/17	5 C.C.R.	To unit		26/11/17	N. R/150
1/12/17	42nd	Returned Unit		26/11/17	B 213
1/7/18	D2	14 days' leave to U.K.		29/6/18	B 158. P. 63 d/12/7/18.
25/7/18	D2	Regt Unit		17/7/18	B 213
25/8/18	5 C.C.R.	Scabies	adm	25/8/18	4662.
18/8/18	D2	D2	adm	18/8/18	H 1187
18/8/18	4 C.C.R.	D2	To	18/8/18	H 12043
26/8/18	15 C.C.R.	D2	adm	25/8/18	H 2732
24/8/18	42nd	To hospital sick	To	18/8/18	B 213. P. 0.90 d/15/9/18.
26/8/18	14 C.C.R.	Scabies	adm	20/8/18	H 3668
2/9/18	D2	D2	To duty	2/9/18	H 6068 R
31/8/18	42nd	Regt Unit from hospital		24/8/18	B 213
D2	D2	To hospital sick		25/8/18	D2 P. 94 d/13/9/18.
21/9/18	D2	Regt Unit		2/9/18	D2

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.

- This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- 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.
- All questions, etc., must be answered.
- 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.
- 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..... 2nd Reinforcing Co 5th R. H. C. C. E. F

(2) Regimental Number.....

(3) Full Name of Soldier.....

(4) Place of Birt.....

(5) Are you married, or not?.....

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

NOT APPLICABLE

(b) Present Postal Address.....

(7) Are you a widower?.....

NOT APPLICABLE

(8) Have you any children?.....

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

NOT APPLICABLE

Also their names and ages.....

NOT APPLICABLE

(9) Is your Father alive?

If so, state name and address

(10) Is your Mother alive?

If so, state name and address

NOT APPLICABLE

(11) If your Mother is a widow

Are you her sole support, or not?

NOT APPLICABLE

(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.

NOT APPLICABLE

(15) Are you insured?

If so, in what Company?

NOT APPLICABLE

Have you made arrangements for payment of your Insurance premium

NOT APPLICABLE

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

Date

Feb 20th 1917

W. D. Molsen
Officer Commanding
2nd Reinforcing Co. 5th R. H. C., C. E. F.

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

Mess.

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

20th Rd. Pm

42 Rd.

18th

Lieut

22nd

Fr. Canada (P.D.)
C.P.M. 2/23/17

Name

Initials

Bank

West

Thomas V

of Montreal

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1917

May 4 Mess. fr. 22-30th 9⁰⁰ Cr. Bal. fr. Can 19⁰⁰

3115

199

P.D. @ Lieut rates, Mess. fr. 22nd. Auth.
C.P.M. 2/23/17. P.D. 6/11/17. 6.3490

11

9

18 Cr. Bal. from Canada

190

P.D. Cr. Sep 17/17

23 Pay R. May

111 60

6.111 60

25 Bank

6049

111 60

June 20 Pay R. June

108

22 Bank

9004

108

July 24 Pay R. July

111 60

27 Bank

130825

111 60

Aug 20 Pay R. Aug.

111 60

24 Bank

17394

111 60

29 Rations 7-31st

4162

£1.13.4

Sept 14 Pay R. Sept

108

21

Bank

21905

108

28 Rations 1-31st

5673

£2.1.4

Oct 12 Pay R. Oct

111 60

15 Rations 1-11th

6698

14/8

18

Do 18-25th

7073

10/8

22

Bank

26193

111 60

Rations 1-30th

7302

£2.0.0

Do 1-8th (less 1 day)

7323

9/4

Nov 15 Pay R

108

21

Bank

30733

4560

28 Bal. Nov P.D.

Cash 30909

2520

2560

3680

6240

2420

3680

Dec 6 Detmase V.D. fr. 23rd 11th 17th inc. Auth. C.L. 8135
Gen. a/c 837 d/21st 17 60412

3680

16th 149 Alm. to 51 Gen Hosp. P.D.
23rd 17 Hold #112 p.d. plus 4/2 of
Bank Auth. £2.813 d/24th 17.

Paid by 30th

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

DATE

AUTHORITY

DATE

AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

Name

Initials

Bank

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialled by P.M. in every case.

INITIALS

1917

Dec 11 Pay R.

13

Jan 18 Pay R.

21

Feb 18 Pay R.

20

Mar 19 Pay R.

22

Bank

32995

111 60

111 60

Bank

39336

111 60

111 60

100 80

Bank

40995

100 80

111 60

Bank

42627

111 60

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

20 Res

42 Ba

Pay \$2.00

F.A. 60

Messing 1.00

3.60

Lieut

22 4/7

Tr. Can (P.D.)

C.P.M. 23 4/7

Name

West

Initials

Thomas

Bank

of Montreal

Killed in Action 29 9/18 L.L. 1103 4/4 10/18

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

1918

Apr 17 Apr Pay R

23

Bank

1094

108

108

May 10 May Pay R.

23

Bank

111 60

111 60

June 10 June Pay R.

24

Bank 4047

108

108

July 18 Pay R

24

Bank

111 60

111 60

Aug 16 Pay R

24

Bank 7142

111 60

111 60

Sept 10 Pay R

24

Bank 9127

108

108

Nov Add Outfit Allow

100 -

100 -

22 Adjust FA fr 12-30 78

1919

7 60

107 60

Feb 19 C.P.E. List 2. Feb

V 121

284

110 44

July 17 P.M. & Cheq # 6929 List 94 July V 1373

110 44

Rate base 30 9/18

Let to Legget 18

Let from 25-28 47 1/18

M/E 2896 C.P.M. 110.44
remained 31-5-19

Dist form to Actg 130h
27 9/19

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE

AUTHORITY

Beneficiary

Address

Pay

F.A.

Messing

Name

Initials

Bank

Amount. \$

Separation Allowance issued. Yes or No.....

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

E.T. Surname

WEST

Christian Names

Thomas.

19. 20th Aug 1917

Rank

Lieut.

Name and Address of Next-of-Kin

Father.

Promotion

John West.

Hough Hill. Stalybridge. England.

Unit 2nd. Reinf. Dft. R.H.C. to

1st. Quebec. Regt. Stalybridge. England.

Married (Yes or No)

Appointments

Date of leaving Canada

11-4-17 mo 108

Date and Cause of Resignation

M

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

24. 4. 17	Shoreham	T.O.S from Comrades to Segregation Camp (for 20 Res Bn)	22. 4. 17	RO 1859.
8. 9. 17	HPCE7	Qual. Distinguished at 3 rd Course C.T. School Bexhill		RO 2414.
12. 10. 17	Shoreham	S.O.S. Proceeded 0/Leas to 42 nd Bn	13. 10. 17	RO 4661, PET 9119 (42 nd Bn TOS)
24. 10. 17	CRO	Adm. No 51 Gen Hospital. Etaples	14. 11. 17	CH 834
12. 7. 18	42 nd Bn	granted 14 Days leave to U.K.	23. 10. 17	CH 813. V.D. Set
26. 8. 18	AMS	Adm No 5. Com. Field. Ambulance.	29. 6. 18	PT 10/63
30. 8. 18	AMS	Adm. No 14 Com. Field Ambulance	15. 8. 18	CH 1069 Scabies
4. 10. 18	AMS	Reported from Base "Killed in Action"	2. 9. 18	CH 1084
			26. 8. 18	CH 1073 - do -
			29. 9. 18	CL 1103
				Q. 7. B. 104-93. 2090A.
				2 station 17-12-15.

8859

A.F.B. 103.
1-NOV-1917

[illegible]

71

65

FORM OF WILL.

I, Thomas West (Name in full)
Regimental Number Lieut serving in 2nd Rein. Co. 5th R.H.C.
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

Mrs. Ann West
Hough Hill, Stalybridge
Cheshire England
Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Ann West.
Hough Hill, Stalybridge
Cheshire England
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 15th day of March A. D. 1917
Thomas West
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 John Fierro
Address of Witness 519 Clarke Ave. Waltham P. 9
Occupation of Witness Soldier
Signature of Second Witness W. W. Nolan
Address of Witness 384 Sherbrooke St. W. Montreal
Occupation of Witness Soldier

