Inc.

REGIMENTAL DOCUMENTS

NAME CLIFFE JABEZ ANDREW REGT. NO. 34269 UNIT 2 Stat. Corp. H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)				25050	
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 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. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
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)					DESERTION
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 PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 MSW42					
1 Pass Card					
1 Copy 1 Orig Will					
					3
1 a 23,123					2 – 15
3 a 73,181					2 – 15
1 misc					7 15
1 a 1122					3

W. 2589
100M-11-18
1772 SE 1377

ATTESTATION PAPER.

No. 34569

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Jabez Andrew Cliffe
2. In what Town, Township or Parish, and in what Country were you born?..... Yorkshire, England
3. What is the name of your next-of-kin?..... Mrs Ja Cliffe
4. What is the address of your next-of-kin?..... 401 Mary St Hamilton Ont
5. What is the date of your birth?..... Feb 7th 1889
6. What is your Trade or Calling?..... Seamster
7. Are you married?..... yes
8. Are you willing to be vaccinated or re-vaccinated?..... yes
9. Do you now belong to the Active Militia?..... yes
10. Have you ever served in any Military Force?.. If so, state particulars of former Service. yes. "A" Field Battery
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

Jabez Andrew Cliffe (Signature of Man).

(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Jabez Andrew Cliffe, do solemnly declare that the above answers made by me to the above questions 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.

Jabez Andrew Cliffe (Signature of Recruit)

Date 23rd Sept 1914. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Jabez Andrew Cliffe, 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.

Jabez Andrew Cliffe (Signature of Recruit)

Date 23rd Sept 1914. (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 Valcartier Camp this 23rd day of Sept 1914.

C. P. Dillon Major (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer)

---

100 M.—8-14.
H.Q. 1772-7-13.

1. S.H.A.M.C.

Description of J. Cliffe on Enlistment.

Apparent Age 35 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Chest measurement. Girth when fully expanded ..... 34 ins.

Chest measurement. Range of expansion ..... 2½ ins.

Complexion ..... Fair

Eyes ..... Blue

Hair ..... L.B.

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

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).

[redacted] race Caucasian

Brown mole on back

Scar on right leg

[redacted]

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* ..... for the **Canadian Over-Seas Expeditionary Force.**

Date Sept 24 1914. .....

Place Valcartier ..... Capt. A.M.C. .....
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.

..... J. Cliffe .....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

..... (Signature of Officer)

Date Sept 25 1914.

P.C. Non Lt.

Army Form W. 3210.

Serial No. _____ Service in France _____

Corps 1st Bn Coy. _____

No. 34269 Rank Pte Name Cliffe. g.a

Age _____ Service _____ Religion _____

Disease or Wound Kina

W 12332—4143 600,000(48) 11/15 H W V(M 1453) Forms/W. 3210/1
17952—342 600,000 2/16

AUG 29 1916

— 20 —

Perforated sheet for Will from Pay Book of Reg.

No. 34269

Name Jabez Andrew Cliffe

Unit 1st Can. Inf. Batt.

(Witness) C. E. Jones 2 Cpl # 55869 19th Can. Inf. Batt.

Military Will.

In the event of my death I give the whole of my effects & property to my wife

Mrs. Kathaleen Cliffe
581 John St. N.
Hamilton
Ontario Can.

Signature Jabez Andrew Cliffe

Rank and Regt. Pte. 1st Can. Batt.

Date 9/6/16.

3# 269. Pte. Cliffe, J. A.

1st. Bn.

WILL

In the event of my death
I give the whole of my
property and effects to
Mrs. Kathaleen Cliffe
401 Mary St. Hamilton
Ontario Canada
Signed Jabez Andrew Cliffe
Pte. No. 34269
October 27th 1914
Witness. John A. W. MacDonald
Staff Sergt

1922

H. D.

RATES OF REGIMENTAL PAY.

Officers.

	Per Diem.
	$. c.
Colonel or Lt.-Colonel	4 00
Major	[illegible]
Captain	[illegible]
Lieutenant (qualified or provisional)	[illegible]
Paymaster, quartermaster	3 00
Adjutant, in addition to pay of rank	0 50

Warrant Officers, N. C. O. and Men.

Brigade, Regimental or Staff Sergt.-Maj.	1 85
" " " if W.O.	2 00
" " Q. M. Sergt.	1 60
Orderly Room Sergeant	1 50
Pay Sergeant	1 50
Signal Battery Troop or Company Sergt. Maj.	1 60
" " Q.M. Sergt.	1 50
Color Sergeants	1 50
Sergeants	1 35
Corporals	1 [illegible]
Bombardiers and 2nd Corporals	1 05
Privates—Gunners, Sappers, Drivers, Buglers, etc.	1 00

RATES OF FIELD ALLOWANCE.

	Per Diem.
	$. c.
Colonel	[illegible]
Lt.-Colonel	[illegible]
Major	[illegible]
Captain	1 00
Lieutenant	75
Warrant Officer	60
Staff-Sergeant	30
Sergeant	20
Rank and File	15
	10

ORIGINAL

34269

MEDICAL HISTORY SHEET.

19

Surname Cliffe *Christian Name* J.

Examined { on 16th day of Sept- 1914
at Valcartier

Birthplace { City or Town Doncaster- York
County England

Apparent age 35-

Trade or occupation Teamster

Height 5- Feet 5- Inches.

Weight ____ Lbs.

Chest measurement { Minimum 33½ inches.
Maximum expansion 36 inches.

Physical development ____

Small-Pox Marks ____

Vaccination Marks { Arm Right. Left. —
Number four.

When Vaccinated last ____

(*a*) Marks indicating congenital peculiarities or previous disease ____

(*b*) Slight defects but not sufficient to cause rejection ____

Approved by C. F. Young.

Rank Captain 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.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
Incl. 1	Dept/14	good C. F. Young. Capt M.O.
" 2	Dept/14	good C. F. Young. Capt M.O.
		M.O.

Enlisted on 23rd *day of* Sept- *1914 at* Valcartier

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	CANADIAN No 2 Stationary Hospital	34269		23/9/14
Transferred to..	C. A. M. C.			

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 Service, on the man becoming non-effective; the date and cause being stated on next page.

Entries in Red Ink made from Attestation Sheets.

M. F. B. 313.

50M—8-14.
H. Q. 1772—39—439.

..... for D. D. M. S.

AUG 20 1915

This Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their Unit to the Record Office when they leave England.
Colonel in Charge of Records, J. R. WARD, Canadian Contingents, London.

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

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

C.A.M.C. — 70th Can. Stationary Military Hospital La Longuet

No. 34269 Rank and Name Pte. Cliff Sabeg. Age 25 Service 4 mos

Disease Fracture Lower Tibia & Fibula Date of admission 11/12/14 Date of Discharge Result

Dates of Observation	Dec 11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Jan 1	2	3	4	5	6	7	8	9	10
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																															
106°																															
105°																															
104°																															
103°																															
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute.	80/80	80/84	90/88	88/84	20	82	88	70	78/90	78/74	80	100	88	88	84	86	84	92	90	80	80	76	88	92	84	80	96	88	98	90	88
Respirations per Minute.	20/18	20/18	18/18	20/18	18	20	18	24	20/18	20/18	20	20	20	20	20	20	18	20	18	20	20	20	20	20	18	20	20	18	20	20	20
Motions per 24 hours.	1/1	0/1	0/1	0/1	8	3/2	1	0	0/1	0/1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	0

Catheterized 4 p.m. 12 noon.

3245. W&S 8.626. 18111. 8. 14.
Malby & Sons, Lith. Forms. B.181. 3.

Signature ..... In charge of case.

CLINICAL CHART.

Army Form B. 181.

(To be attached to Case Sheet.)

s C.A.M.C. 70th Can. Stationary Military Hospital Le Touquet.

No. 34269 Rank and Name Pte Cliff Sabez Age 25 Service 4 mos.

Disease Fracture Ulna + Radius Date of admission 11/12/14 Date of Discharge Result cured.

Dates of Observation	Oct 11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Jan 1	2	3	4	5	6	7	8	9	10
Days of Disease																															
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107°																															
106°																															
105°																															
104°																															
103°														1																	
102°																															
101°																															
100°																															
99°																															
98°																															
97°																															
Pulse per Minute.	76	80	80		92	84	76	74	84	96	90	70	72	40	80	82	76	78	88	88											
Respirations per Minute.	20	18	20		18	20	20	20	20	20	20	20	18	18	20	18	18	18	18	18											
Motions per 24 hours.	0	1			1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1											

Cross Clutch.

3285. W&S 50,626. 1000. 9.14.
Malby & Sons, Lith. Forms. B. 181. 3.

Signature Fraser Bell Maj In charge of case.

237290

Army Form 1-1257

MEDICAL CASE SHEET

No. in A.&D. Book	Regtl.No.	Rank	Surname	Christian Name
	34269.	Pte.	Cuffe	Sabez

Unit | Age | Service

Year

Station & Date: #2 Can Station Hospital 25 4/1100

Disease: Fracture ulna + radius (rt.) Gonorrhoea

Dec 7th 1914. No2 Canadian Stat. Hosp Boulogne

On Dec. 1st while coming down a ladder from the mess room at 6.30 P.M. patient fell and broke his arm accidentally

thethrad Discharge for past two weeks which is daily getting less

Fracture of right radius 1" above wrist.

Feb 1/15 discharged to duty cured

J. McBell

Maj

Corps C. A. M. C.

CLINICAL CHART.

(To be attached to Case Sheet.) No 2 Con. Stab. Military Hospital Le Touquet

Army Form B. 181.

No 34269 Rank and Name Pte. Cliffe, I. Age 25 Service

Disease Date of admission Feb 7th '15 Date of Discharge Feb 16th '15 Result Cured

Dates of Observation	Feb. 7	8	9	10	11	12	13	14	15	16
Days of Disease										
Temperature Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
107° .8 .6 .4 .2										
106° .8 .6 .4 .2										
105° .8 .6 .4 .2										
104° .8 .6 .4 .2										
103° .8 .6 .4 .2										
102° .8 .6 .4 .2										
101° .8 .6 .4 .2										
100° .8 .6 .4 .2										
99° .8 .6 .4 .2										
98° .8 .6 .4 .2										
97° .8 .6 .4 .2										
.8 .6										
Pulse per Minute.		66	78	76	84	70	84		100	
Respirations per Minute.		18	18	18	20	18			18	
Motions per 24 hours.		1	1	1	1	0	1	1	0	

Discharged.

3205. W5459. 626. 100,000. 10. 14.
Malby & Sons, Lith. Forms. B. 181. 3.

Signature R. M. Lean Nursing Sister In charge of case.

Forms
I. 1237
10

71714

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book	Regimental No.	Rank.	Surname.	Christian Name.
Year	34269	Pte	Cliffe	J
	Unit.		Age.	Service.
	C.A.M.C.		25	

Station and Date.	Disease Acute bronchitis.
7-2-15	
16/2/15	discharged to duty cured
	J McKell
	Maj

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

W. P. Griffith & Sons Ltd., Printers, Old Bailey, E.C.
[250] W6545/622 50m 10/14v 5 89

[P.T.O.

Station and Date.	

E 13448

Rank and Name CLIFFE, Jabez Andrew

Regimental No. 34269

Unit No 2 Staty

Date of enlistment 23 Sept.1914.

Place of birth England.

Married (Yes or No) Yes

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin Mrs J.A.Cliffe
401 Mary Street,
Hamilton, Ont..

Date and place of discharge

Reason for discharge

Character on discharge

N/E. R.B. No. 1.
File R.L.
Category K.A.

K.A.

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
10.11.14	2 Sta HP	Drunkeness. 7 dys pay	Hare	10.11.14	P.H.O. from Sept 21 - to 29. 1914
5/2/15	C.L. no 21	Adm. no 2 stat HP. (sick).	Le Touquet.	5/2/15	Casualty list - no 21.
5/2/15	C.L. no 21	discharged. do.	do.	5/2/15	Casualty list - no 21
	2 Sta HP	7 dys pay. Drunk & A.W.L.	Boulogne	20.11.14	P.H.O. from Sept 21 to Nov 29/14
15.5.15	" "	Neglect of duty. Abs W.L. Fined $3.00	Le Touquet.	10.5.15	P.H.O. No 29.
19.6.15					
~~22.5.15~~ 8-6-15	D.a.a.g.Can. Sec.	1. Abs. from duty 2 pm to 6 pm. 14 days F.P. No 1.	HQ 3rd Bch	9.6.15	P.H.O. 15
21.7.15	D.M.S.	Trans from No 2 stat H. to 1st Mtd Bde		14.7.15	Corps Orders no. 47.
26.7.15	O.C. 2 Stat H.	Proceeded to No. 3. Gen Base Depot.	(R.L. 95)	26.7.15	Part II Ord. 19. 2 Stat H.
28.7.15	O.C. No 3 Gen. Base Depot.	Taken on Strength No 3. Gen Base Depot.	Rouelles.	28.7.15.	Auth D.a.a.g.Can Sec. K.4-9-6. 14.7.15
17.7.15	O.C. 1st	Trans to 1st Bn.	In the field	15.7.15	Part II orders 21 - 1st
19.11.15	C/L 212.	Bronchitis	1 Canadian Fld. Amb.	5.11.15.	
6/12/15	C/L 226	"	North Mis Div. Cas Cly Stn.	16/11/15	Sick off duty 23/11/15 C/L 238
18.12.15	I.C. 1st	granted 9 days leave from	5.12.15 to	14.12.15	P.H.O. 43.

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				
		Hamilton, Ont..		England.	
18.9.16	O.C. 1st	Killed in Action	France	6.7.16	C.L.A 403.
14.7.16	" "	"	"	6.7.16	Pt II 28.

NAME CLIFFE, Jabez Andrew

Regimental No. 34269

Unit No.2 Stationary

Date of enlistment Sept.23rd,1914.

Place of birth England

Married (yes or no) Yes

Amount of pay assigned monthly $ 20.00

To whom payable next-of-kin

Name and address of next-of-kin

Mrs.J.A.Cliffe,

401,Mary Street,Hamilton,Ont.

Date and place discharged

Reason for discharge

Character on discharge

PAY OFFICE, N. E. BRANCH
AUG 30 1916
CANADIAN CONTINGENT

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Sept 16	Oct 31	46	1.00	46	46	10	4 60		50 60			22	20		42	
Nov 1	- 30	30	1	30	30	10	3	8 60	41 60			7	20	15 40	42 40	14 days fine
Dec 1	- 31	31	1	31	31	10	3 10		34 10			3	20	80	23 80	
Jan 1	- 31	31	1	31	31	10	3 10	10 30	44 40			12	20		32	
Feb 1	Feb 28	28	1	28	28	10	2 80	12 40	43 20			8	20		28	
Mch 1	Mch 31	31	1	31	31	10	3 10	15 20	49 30			20	20		40	
Apr 1	Apr 30	30	1	30	30	10	3	9 30	42 30				20		20	
May 1	May 31	31	1.	31	31	10	3 10	22 30	56 40			33	20	3	56	Fine P.C. orders 22/5.
June 1	June 30	30	1.	30	30	10	3	4 0	33 40				20	15 40	35 40	14 dy Fine 1 " " 11/6.
Jul 1	Jul 31	31	1.	31	31	10	3 10	2 20	32 10			15	20		35	
								2 90	30			170				Adjustment of exchange
1/8/15	31/8/15	31	1.00	31	31	25	7 75	30	39 05	A.R. 143. #2 Stat Hosp		4 87	20		24 87	
1/9/15	30/9/15	30		30	30		7 50	14 18	51 68				20		20	
1/10/15	31/10/15	31		31	31		7 75	31 68	70 43				20		20	50.43
1/11/15	30/11/15	30		30	30		7 50		87 93				20		20	67.93.
1/12/15	31/12/15	31		31	31		7 75	80 00	186 68				20	191 25	191 25	4.57 Bal. Sub PA to July 31 2nd Cdn Rest From 1st to 2nd July 31st

See Ledger Sheet Bal agrees @ 31/7/15

Dash forad

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualities, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

Rank Private Name Cliffe J Reg'l No. 34269

Unit No 2 Stationary Hospital If in perm. Corps, What Unit? Married or Single

Place and Date of Enlistment Place of Birth

Name and Address, Next-of-Kin Mrs J.a. Cliffe.
401 Mary St E, Hamilton, Ont. Relationship

Assigned Pay Monthly $ 20 Payable to Next of Kin

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 6/7/16. Reason K w a Character G.C.a 403 18/11

Date 1914 From	To	PAY No. of Days	Rate	Amount	Field Allowance No. of Days	Rate	Amount	Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
Sep 16	Oct 31	46	1	46	46	10	4 60		50 60			22	20		42	8 60	Fined 7 days deduct
Nov 1	30	30	"	30	30	"	3	8 60	41 60			7	20.	7 70	42 40	80	do do
Dec 1 1915	31	31	"	31	31	"	3 10		34 10			3	20	80	23 10	10 30	
Jan 1	31	31	"	31	31	"	3 10	10 30	44 40			12	20.		32	12 40	
Feb 1	28	28	"	28	28	"	2 80	12 40	43 20			8	20		28	15 20	
Mar 1	31	31	"	31	31	"	3 10	15 20	49 30			20	20.		40	9 30	
Apl 1	30	30	"	30	30	"	3	9 30	42 30				20		20	22 30	Fined # 3. 23/2/15
May 1	31	31	"	31	31	"	3 10	22 30	56 40			33	20.	3 -	56	40	
June 1	30	30	"	30	30	"	3	40	33 40				20	15 40	35 40	2	14 days FP No 1 "/6
July 1	31	31	"	31	31	"	3 10	2	32 10			15	20.		35	2 90	T/C 2 Batt 31/7/15
								2 90				120					
					Adjust. Excess			3 20									
Aug 1	Aug 31	31	1	31	31	10c	3 10	2 90	34 40	405 426	1	7 31	20		27 31	7 09	
Sept 1	Sept 30	30	1	30	30	10	3 -	4 09	40 09	461 479		5 36	20		25 36	14 73	
Oct 1	Oct 31	31	1	31	31	10	3 10	14 73	48 83	563 564		5 24	20		25 24	23 59	
Nov 1	Nov 30	30	1	30	30	10	3 -	23 59	56 59			- -	20.		20	36 59	
Dec 1 1916	Dec 31	31	1	31	31	10	3 10	- -	34 10	038 2237 640 7C 801 678		39 17	20		59 17	11 52	x 4 17 Card pay to Crewe on Duplicate Ledger sheet - Rec'd from 1 Dep Bd'd'M who were carried twice in Error A.I.R. 143 23/4/17
Jan 1	Jan 31	31	1	31 -	31	10	3 10		34 10				20 -		20 -	25 62	
Feb 1	Feb 29	29	1	29 -	29	10	2 90		31 90			3 48	20 -		23 48	34 04	
				533			533 20	320	588 40			180 56	340	3 38 60	555 16		

NOV 17 1916

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
				537			53 20	3 20	588 40			180 56	340	33 80			
March 1	31	31	1	31 ·	31	10	3 10		34 10			25 28	20 ·	·	45 28	22 86	
				563			56 30	3 20	622 50			205 84	360	33 80	599 64		Checked JGH

Settled see Largesheet

BALANCE TRANSFERRED TO NEW LEDGER

h. R.

State ... NOV 17 1913

(Wife)

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

491

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Mrs. K. Cliff

Name of Soldier Cliff, J. A. Pte.

L. L. Job-89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
				$20.00 #2 Stat. Hosp.
April	1916	B395	20	
May		C1563	20	Pension Granted July 7-16. F x 7H.
June		R 717W	20	
July		~~F 7242~~	~~20~~	Killed in action July 6th 1916. C.L. 18/7/16. J.
Aug.				
Sept.				
Oct.				Also 3 M 22 7/6 Can.
Nov.				
Dec.				420.00 F x 26/12/16 SHS
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Cancelled

Casualties

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.				

29370 THE MORTIMER SYSTEMS, OTTAWA, CANADA

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

490

Wife

E

To Whom Cliff Mrs K.

Address ~~401 Mary Street~~ 581. John St. N. Hamilton Ont

Rate 20.00 per month

By Whom Assigned Cliffe J. A.

Regtl. No. 34269

Rank Pt.

Corps No 2 Stn. Hosp. A. M. C

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.		A939	20	
Nov.		B1618	20	
Dec.		F. 2758	20	
Jan.	1915	E3955	20	
Feb.		D5902	20	
March		C6396	20	
Apl.		B7716	20	
May		A 8599	20	
June		J 3894	20	
July		H 11169	20	
Aug.		G12570	20	
Sept.		F11888	20	
Oct.		E13135	20	
Nov.		C 14931	20	
Dec.		B 15713	20	
Jan.	1916	A 17935	20	Killed in action July 6th 1916.
Feb.		J13354	20	C.L. 18/7/16 J.F.
March		J 13836	20	

Casualties

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Katherine E. Cliffe (wife)

Name of Soldier. Cliffe, J. Andrew.
#34269 Pte

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	A555	20	20
May		B1315	20	20
June		L93141	20	20
July		R10916	20	20
Aug.		K14327	20	20
Sept.				Acct closed Pension granted 7/7/16
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

PENSION
A CLOSED.....
OVER-PAYT.....
RECOVERED.....
BY
B.P.C. B.L. 13-12-17
GRANTED

ACCOUNT CLOSED
DATE..... PER.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

Register No. DC 130

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 3316-J-54

Regt'l No. 34269 Name Jabez Andrew (Christian Name) Cliffe (Surname)

Unit 1st Bn. form C.A.M.C. Rank Pte. Date of enlistment

Date of casualty 6-7-16. B.P.C. File No. 5487

Was service performed overseas? yes.

DEPENDENT

Name Kathleen E. Cliffe Relationship widow.

Address 601 John St. N.
Hamilton,
Ontario.

Amount of Special Pension Bonus $ 64.00 Abstracted by E. Lapensée.

Eligible for Gratuity $ 180.00

Less amount of Special Pension Bonus paid $ 64.00

Less Debit Balance of S. A. or A.P. $

Total deductions $ 64.00

Balance due $ 116.00 DG18

Cheque No. 91890195 Date issued 8/7/20 Ecw

Clerk J E Lecourt.

REMARKS:

Audited by
A Landriau
Date 8/7/20

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

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

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

Remarks:

29281 THE MORTIMER SYSTEMS
OTTAWA, CANADA

115

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name Cliffe, Katheline, E.

Address ~~401 Mary St.~~

581 John St., N. Hamilton, Ont

E

Relation to Soldier wife, child or mother } wife

Name of Soldier Cliffe, Jabez, Andrew

Regtl. No. 34269

Rank

Corps #2 Stationary Hospital

To what Corps belonging when called out } 19. F. A. A. M. C. now no 2 Stat. Host

PAYMENTS

Month	Year	Cheque No.	Amt.		REMARKS
Aug.	1914				
Sept.		A802	20	-	
Oct.		C1529	20	-	
Nov.		B2165	20	-	
Dec.	1/2 Aug	B4020	30		
Jan.	1915	A-4420	20	-	
Feb.		A5600	20	-	
March		A6847	20	-	
Apl.		A-8036	20	-	
May		B10320	20		
June		C11272	20	-	
July		B10873	20	-	
Aug.		A12220	20	-	
Sept.		B14664	20	-	
Oct.		C15215	20	-	
Nov.		B14747	20	-	20
Dec.		A16010	20		20
Jan.	1916	B18955	20	-	20
Feb.		C18832	20		20
March		A18539	20		20

ACCOUNT CLOSED
DATE ..... PER ..... W

Acct closed

Surname	Christian Name or Names	Reg. No.
Cliffe	J. A.	34269

Rank	Unit	Co.	Troop	Batty.
Pte	C. A. M. C.			

Hospital No 2. Can: Stat: Hosp: Le Touquet
No. 1. Can L. Amb.

Date of Admission
10. 12. 14
5. 11. 15.

Transferred

Hosp.

N. M. D. Cas Clg Stat Hosp. 16. 11. 15

Hosp.

Hosp.

Diagnosis Fract. Ulna

(1) Bronchitis

Later Diagnosis (if changed)

(2) Killed in action 6. 7. 16.

(3)

Additional Diagnoses, if more than one state present

DISPOSITION

Date

Discharged to Duty - Unit 5. 2. 15
" " 23. 11. 15.

C. L. 12. 2. 15 21.
19. 11. 15 212.
6. 12. 15 226
11. 12. 15 231
18. 7. 16. a 403.

REMARKS

Rep^d. from Base.

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

R

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

649-C-4047

CARD NO.

SURNAME. Cliffe

CHRISTIAN NAMES Jabey Andrew

FOLL.

REGL. NO. 34269 RANK Pte.

UNIT ~~No. 2 Stat. Hospital~~, 1st Bn

FORMER CORPS 4 Fld Bty.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Cliffe Mrs. J. A.

RELATIONSHIP TO SOLDIER not stated

ADDRESS 401 Mary St., Hamilton, Ont.

COUNTRY OF BIRTH England. (Doncaster Yorks) DATE Feb. 7th 1889

PLACE OF ATTESTATION Valcartier P.Q. DATE Sept 23rd 1914

O/B. 4-10-14.

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Quebec per S.S. "Scotian" 4-10-14

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Teamster RELIGION Wesleyan

DESCRIPTION.

APPARENT AGE 35 YEARS — MONTHS

HEIGHT 5 FEET 5 INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR L. Blue

DISTINGUISHING MARKS 4 vac left arm. brown mole on back. scar on right leg.

MEDICAL EXAMINATION. PLACE Valcartier, P.Q. DATE Sept 10th 1914

Present address, not stated.

No. 34269 RANK Pte. NAME Cliffe, J.

T. O. S. UNIT # 2 Stationary Hosp. (a. M. C.)

M. D. Val.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914	1914			
Sept. 8	Sept. 15	✓		
Sept. 16	Oct. 31	✓		

UNIT SAILED
OCT 3 1914

NAME Cliffe. Jabez Andrew

H. Q. FILE No. 649-

REGT'L. No. 34269.

RANK AND CORPS Pte. 1st Bn. (C. A. M. C. Form. #2 Stat. Hosp)

CABLE NO.	CABLE DATE	C. NATURE OF CASUALTY
m.9876	18-7-16	Killed in Action July 6th. 1916
B2090a	Rouen 14-7-16.	Killed in action 6-7-16.

NO. 1397

FOLL.

L. L. Job 83225 —M. & D. 5842.

M. F. W. 42—50m-7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
5 A FEC.L.I.	Non. Can Stationary Hosp. Le Touquet	10/12/14	Fract. Ulna.
✓ ~~15~~ 21	" " " " " discharged to duty	5/2/15	C. A. M. C. Duty unit.
212.	No. I C. F. A. Trans. from No. II " " "	5-11-15	Bronchitis
226	North Midl. Div. Cas. Cl. Stn.	16-11-15	Bronchitis
231.	Ditto	23-11-15	Disch. to duty
A.403.	Rep'td from Base	6-7-16	Killed in action.

a m

Number 34269 Rank Pte

Surname CLIFFE

Christian Names Jabez Rodney

Unit C.A.M.C. Theatre of War France

Dates of Service 10-11-14

Remarks Wife

Latest Address Res. K.E. Club

601 John St. N.

Hamilton Ont.

Roll No. B

Page 15740

APR 6 - 1921

G. P. 32. Desp.

145472 Desp 20.8.21

34269- PTE CLIFFE. J. A. 1st B. — H A A.

Eligible for Star Pte 1st Bn

Name & Address of Legatee

Mrs K. E. Cliffe (W)
601 John St. N.
Hamilton, Ont. D

Medals & Decorations

50-0

P. &S.

Name & Address of Next of Kin

As above

Serial No. 756880 Scroll Desp. 1 12/20 Reqn. No. 22727

Plaque Desp. OCT 20 1921 D Reqn. No. P 13451

Desp 17 3/20 to Maj Gen Mewburn

Memorial Cross

834

Name & Address of Female Next of Kin

As above D

P.T.O.

13 3 20

Mathur's address to come

448

W

APR 29 1920

(Sister) Mrs Annie Hayton
496 Cannon St,
Hamilton, Ont

Desp JUN 29 1920 (S) 3701

Name Cliffe J.A. *Rank* Pte. *Reg. No.* 34269

Unit 1st.Battn.

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
5-11.	No.2 C.F.A. to No.1 C.F.A.		Bronchitis	212		
16-11.	N.Mid.Div.Cas.Cl.Stn.		do	226		
23-11-15.	Disch.to Duty		do	231		

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

R. 149.

Name CLIFFE. Jabez Andrew *Rank* Pte *Reg. No.* 34269

Unit 1s t Batt File No R L 25)c(1409

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K. O.	W.O. List
6-7-16	Killed in Action		A403		M9876	
			18-7		17-7	22.7.16.
	D.C.S 301. 12-7-16					

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

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

Date.	Brief details, and signature.
10'14	Vac. Good C.A.Young, Capt.
9'14	Inoc 1 " "
"	" 2 " "

Table IV.—Service Table.

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

MH.

DUPLICATE.

34269

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178[A] to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname CLIFFE *Christian Name* J.

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Doncaster County York, Eng.

Examined ... ... on 10th day of Sept. 1914.
at Valcartier

Declared Age ... ... 35 years days.

Trade or Occupation ... Teamster

Height ... ... 5 feet, 5 inches.

Weight ... ... lbs.

Chest Measurement — Girth when fully Expanded. 36 inches.

Chest Measurement — Range of Expansion 2½ inches.

Physical Development ...

Vaccination Marks — Arm ... Right Left

Vaccination Marks — Number 4

When Vaccinated ... ...

Vision ... ... R.E.—V=
L.E.—V=

(a) Marks indicating congenital peculiarities or previous disease ... (a)

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

Approved by (*Signature*) C.A.Young,
(*Rank*) Capt.
Medical Officer.

Enlisted ... ... at Valcartier
on 23rd day of September 1914

Joined on Enlistment ...	Corps.	Regtl. No.
	Can.No.2.Stnry Hosp.	34269
Transferred to	C.A.M.C.	

Became non-effective by

on day of 19

(*Signature*)

(*Rank*)

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this make
for the Officer in Charge of Records C.A.M.C.
Canadian Contingents.

This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in it have been taken from the Attestation Paper.

W.R.WARD, Colonel
Officer in Charge of Records,
Canadian Contingents.

2966. Wt. W8005/2748. 300,000. 8/15. D. D. & L. [illegible]

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital.	Admitted to Hospital			Discharged from Hospital			Disease	Number of Days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital must be shown The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer.
	Day	Month	Year	Day	Month	Year				

MARRIED OR SINGLE M.

PLACE OF BIRTH England.

NAME AND ADDRESS OF NEXT OF KIN Mrs. J.A. Cliffe 101 Mary St Hamilton Ont.

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

ADJUSTMENT OF A.P. FROM OTTAWA
Authority H.Q. 669 6-4047
Amount 20.00 Reason Credit
July/16 not paid

RELATIONSHIP OF DEPENDANT

Statement 17

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Killed in Action.	6/7/16	C.R. 403-15/7/16

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. 31269 RANK Pte NAME Cliffe J. A.

IF IN PERMT. CORPS / WHAT UNIT — UNIT 1st Battalion TRANSFERRED TO — DATE — AUTHORITY

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO — DATE — AUTHORITY

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION Sept 22nd/14 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE

PAYABLE TO Mrs K.A. Cliffe 40 Mary St Hamilton Ont RELATIONSHIP W

PAY OFFICE CANADIAN BRANCH AUG 30 1916 CANADIAN CONTINGENTS

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) July 21st/16 EFFECTIVE Aug 1st/16. REASON R.S.W.

DISCHARGE DATE AND PLACE 6/7/16. ✓ REASON AND AUTHORITY Killed in Action 6/7/16 C.R. 403 15/7/16.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 7.7.16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Cm

DATE 1916	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
															622 50 ✓												360		599 64	22 86 ✓					
Aug 1/30	30	1	30		30	10	3								33												20		20	35 86					
" 31	31	1	31		31	10	3	10							34 10									26r			20		25 74	44 72					2 aw d 977 8/11/16 aw d. (1083) 16/11/16
Sept 30	30	1	30		30	10	3	—							33									26r			20		26 81	50 91					
Oct 6	6	1	6		6	10	60								6 60									4 21			20		24 29	33 22 ✓					
																								2 55											
																								1 74	2 55										
					Balances on Transfer from Effect Branch																											33 22				
Dec/16																								33 22					33 22	—	—			
Feb/17							20		33 22						53 22									53 22					53 22	—	0			
Mch/17.																											262		262						
Oct									2 62						2 62																				

Checked J. Stoutchmyd

K.E.B.H

Statement of NOV 17 1916 Account rendered

Credit passed to effects h.R.

33 22/100 To Canada for Sett. 30/11/16
$2000 see Cheque
33.22 re Ck to adjust as pay 53.22 pd by Cheque
2 62 a.R. 8 z 38. 5.6.16.
O.B.B. C32 4. N.E. 7/15.
2 62 To Ottawa for collection
D 19/2 13/10/15

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4				CREDIT	DEBIT			