

NAME **COLLYMIRE GRANDVILLE**

REGT. NO. **931270**

UNIT **2nd Const Bn** H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

S FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

RECT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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2 LAST PAY CERTIFICATE (M.F.W. 44)

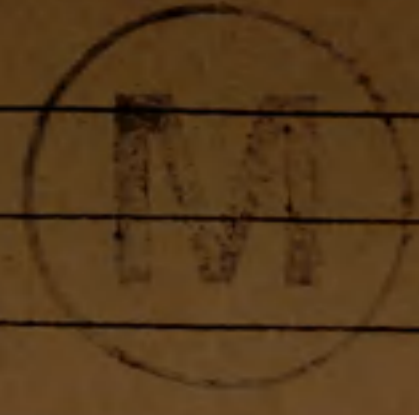
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3225)

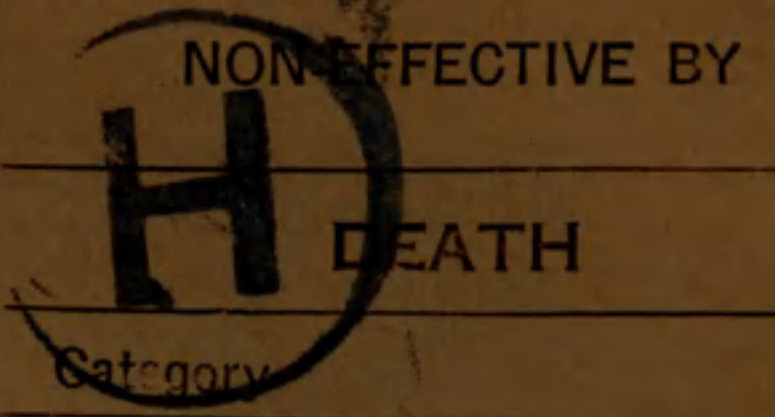
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 **M.F.W. 192**
M.F.W. 2571

2 **Card**
Dep. Cert
Box



30173

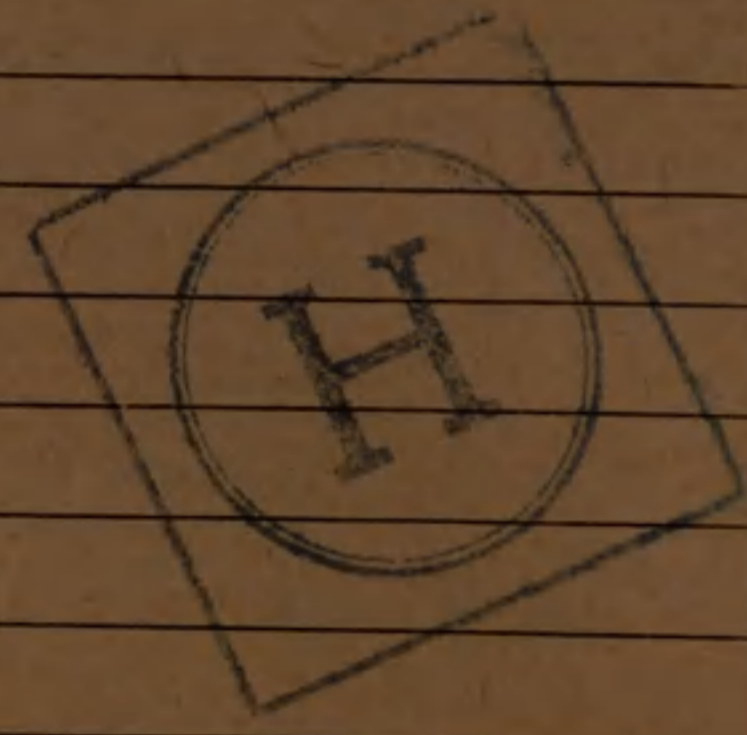


DISCHARGE

Category

Demob'n

DESERTION

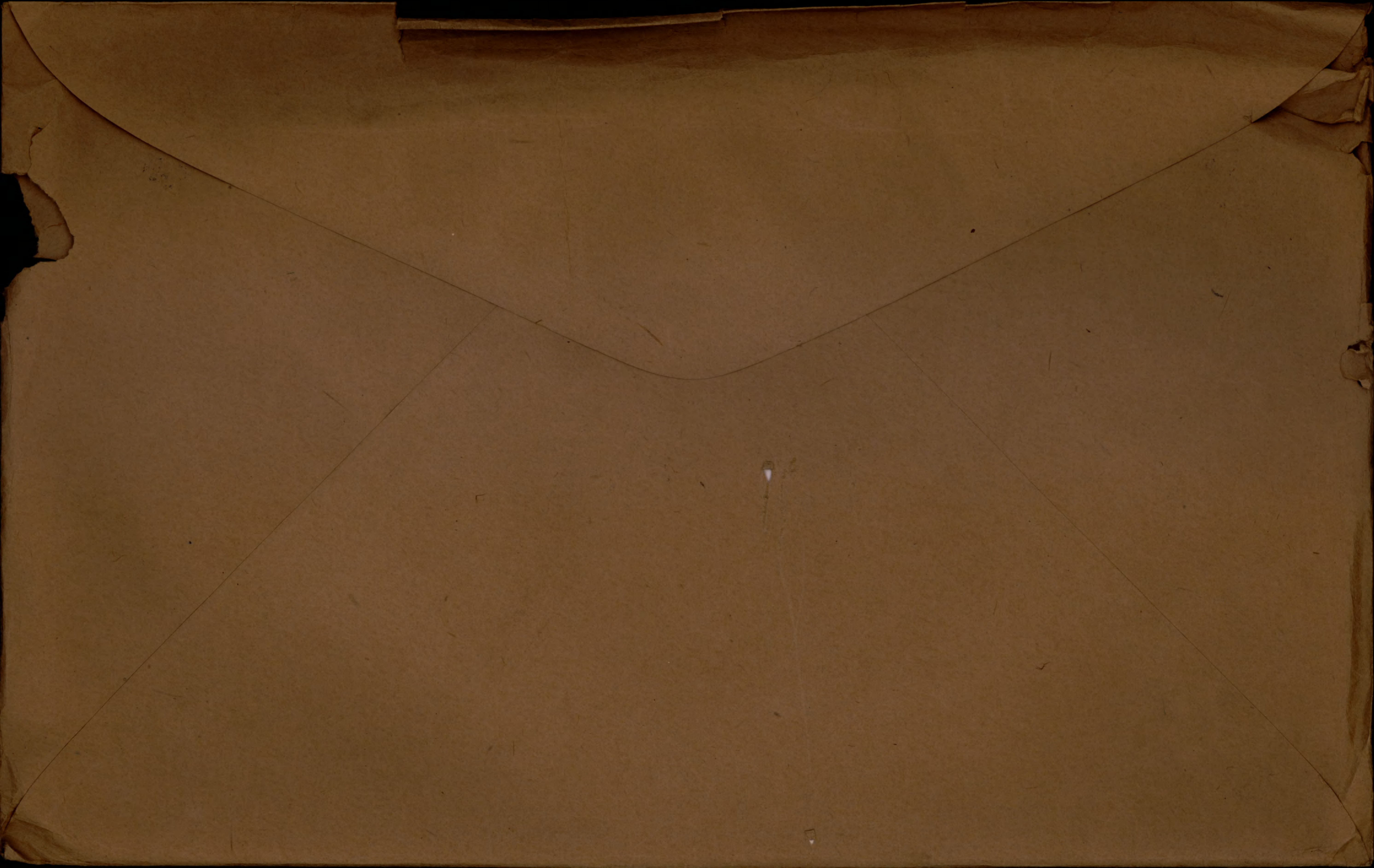


AO.

Box

#103811

24-21
14-22
1-22



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931270 (Rank) Private

Name (in full) COLLIMORE, Grandville, enlisted in

the 2nd Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Truro, N.S. on the 22nd

day of September 1916.

HE served in FRANCE

and is now discharged from the service by reason of Demobilization

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

Age 24 years

Height 5 feet 8 inches

Complexion Dark

Eyes Dark

Hair Dark

G. Collimore.

Signature of Soldier

Marks or Scars

Linear scar forehead.

W. Fisher

Issuing Officer Lieutenant,
Officer in Charge Discharge Section, District Depot No. 4.

Rank

Date of Discharge February 15th, 1919.

Appointment

Signed at Montreal, Que. this 15th. day of February 1919.

in Military District No. 4

File Reference No. DDA 19-C-672

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

*Completed: This certificate back of this cert-
ificate called for on mobilization the
will not be com-
pleted.*

931270

ORIGINAL MEDICAL HISTORY SHEET

Surname Calverton Christian Name Grandville

Examined { on 22 day of Sept 1916 at Juroff's

Approved by H.V. Kent

Birthplace { City or Town Barbados B.W.S County _____

Rank Major Am C M.O.

Apparent age 21

Trade or occupation Car Builder M.O.

Height 5 feet 8 Inches M.O.

Weight 151 lbs. M.O.

Chest measurement { Minimum 35 inches M.O.
Maximum expansion 36 inches M.O.

Physical development good M.O.

Small-pox Marks none M.O.

Vaccination Marks { Arm Right & Left &

Number 2

When Vaccinated last 1913

Date	Result	VACCINATIONS
<u>8/17/17</u>	<u>R.I.P.R</u>	<u>D. McIlroy</u> M.O.

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

previous disease none M.O.

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>24/10/16</u>	<u>S.S.P</u>	<u>H.V. Kent - Major Am C</u> M.O.
<u>31/10/16</u>	<u>S.S.P</u>	<u>H.V. Kent - Major Am C</u> M.O.
<u>2/11/16</u>	<u>S.S.P</u>	<u>H.V. Kent - Major Am C</u> M.O.

Enlisted on 21 day of Sept. 1916 at Juroff's

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to	<u>No. 2 CONSTRUCTION, B'd. C.E.F.</u>	<u>931270</u>		<u>21/9/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Juroff's</u>	<u>13-2-19</u>	<u>cut</u>	<u>2nd E. Plankin</u>

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.

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-89-903.

LAST PAY CERTIFICATE

Regimental No. **931270** Rank **Pte** Name **Collymore Grandville**
(Surname first)
Unit **End Con Batt** who was* **Discharged**
On **15-2-19** 191....., to.....
*Insert "discharged" or "transferred."
1-2-19 **15-2-19**

The following is a statement of the account of the above named from..... to..... 191...
the inclusive date of transfer or discharge.

Dr. LPC.	Dr.	Cr.
Bal. Dr. or Cr. from prev. month.....	57 64	7 20
Regimental Pay..... 46 days at \$ 1.00		46 00
Field Allowance..... 46 days at \$ 10		4 60
Separation Allowance.....		15 00
Clothing Allowance.....		35 00
Post Discharge Pay.....		100 00
*Other Credits Subs DO. 29-2		6 40
Advances.....		
Separation Allowance and Assigned Pay Cheque No. 23054	23 00	
*Other Charges 23054	30 00	
Balance on transfer or on discharge, cheque No. 23033	103 56	
Total	<u>214 20</u>	<u>214 20</u>

*Give particulars.

A monthly stoppage of \$ **15.00** (†) has..... (‡) been paid on account of
to dis
Assigned Pay for the month of **15-2-19** 191..... }
and Separation Allee. for month of **Do** 191..... } (to) Assignee **Mrs. T. Collymore**
Redmonds Village
St-Thomas Barbadoes B.W.I.
(Address)
(†) 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.....married or single.....
(2) Separation Allowance, entitled or not..... (3) Reason for discharge.....
(4) Authority for discharge or transfer.....

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

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

Date

Place

[Signature]
PAYMASTER
C-1-C—[unclear]
Paymaster.

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

DUPLICATE

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.

No. 2 CONSTRUCTION, P.M.C. 1913

(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number..... 931240

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

(4) Place of Birth..... Barbadoes,
B. W. I.

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

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

(9) Is your Father alive?..... *Yes*
If so, state name and address.....

(10) Is your Mother alive?..... *Yes*
If so, state name and address..... *Mrs Isadore Collymore*
Red Man Village, Barbados, B.W.I.

(11) If your Mother is a widow..... *Yes*
Are you her sole support, or not?..... *Yes*

(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.
\$ 30 a month.
Widow and sickly

(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.
X

(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.
Yes

(15) Are you insured?..... *No*
If so, in what Company?..... *T*
Have you made arrangements for payment of your Insurance premium..... *P*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

A. Bowie
Capt for Lieut-Col.
No. 2 Construction Bn. C. E. F.
Officer Commanding.

Date *MAR 6 - 1917*

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. 931270 Rank Plt Surname Collymore Grandville
(Given name in full)
Wm. Glasgow N.S. Cau
 Unit or Corps D.D.4. Birthplace Barbados B.W.I.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 137 lbs. Height 5 ft. 8 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 72
 Condition of arteries Good
 Vision Rt. OK Left OK
 Hearing (conversational voice) Rt. OK ft.
 Left OK ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Lumen scar (acc. chieft)
you had.

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 Sytem 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.

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 (Canada)

Date 3-2-19

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]

Casualty Form - Active Service.

Regiment or Corps *1st Bde Leinster Coy*
 Rank *Plt* Surname *Ballymore* Christian Name *Handville*
 Religion Age on Elistment years months
 Enlisted (a) Terms of Service (a) Service reckons from (a)
 Date of promotion to present rank Date of appointment to lance rank
 Extended { } Re-engaged { } Qualification (b)
 or Corps Trade and rate
 Occupation Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked			
<i>11¹²/18</i>	<i>NSR</i>	<i>Trans to Coy & posted to N.S. Reg Depot</i>	<i>Bramshott</i>	<i>14¹²/18</i>	<i>KR 304</i>
		<i>b.a. Hewitt</i>			
			<i>Lieut. for Lt.-Col., A. A. G.</i>		
			<i>Canadian Section, G. H. Q. 3rd Echelon,</i>		<i>B.E.F.</i>
<i>17.12.18</i>	<i>N.S.R.D.</i>	<i>T.O.S. and att'd 2nd b.b.D. for Quarters & Rations</i>	<i>Bramshott</i>	<i>14.12.18</i>	<i>D.O. 305</i>
					<i>NSR 313 27¹²/18</i>
					PART II D.O.
	<i>NSRD</i>	<i>ON COMMAND TO</i>	<i>BRAMSHOTT</i>		
		<i>Col Kimmel</i>			
		<i>Ref.</i>			
					<i>b.a. Wright</i> LIEUT.

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 W. 5527-M2098 1000m 7/17 (25686) C. P. & S., Ltd. Forms B./103 E/1555. **NOVA SCOTIA REGT. DEPT. I.P.T.O.**

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
15-2-19	SOS Discharged	Capt. A. W. Arnold		22/10/49	

A. J. Parson
 Lieutenant,
 Officer in Charge Discharge Section, District Depot No. 4.

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

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

330M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No 2 Construction Batt CEF
 Regimental No. 931270 Rank pte Name Grandville Collymore
 C. E. F.
 Enlisted (a) 22-9-16 Terms of Service (a) period of war and 6 months Service reckons from (a) 22-9-16
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b)

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

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			
	C. No 2 Constn Battn	Halifax, N.S.	25/3/17	
		Liverpool	7/4/17	
	Embarked from Canada	Seafood	17/17	PT I D.O.#
	Disembarked, England			
	Proceeded overseas			
		Landed in France	17-5-17	N.R
21.5		Forfeits 5 days pay for		
		making w/y with		
		Iron Rations		
10.7.17.	O.C.	Sentenced 5 days		
		Absent from Church Parade	9/7/17.	B 2069 P 119 25/17
		Failing to comply with an order.		P 22 78/17

(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.]

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				
5-1-18	omit	att to No 1 Dist. C. F. C. Alencon		30/1/18	B 213
3.3.18	51 Gen.	V. D. G. Adm 51 Gen.		3/3/18	W 3427
9.3.18	38 Coy etc.	leaves to be att. 1 Dist C. F. C. on adm to hosp		25/2/18	B 213
19.4.18	64 B.D.	IOS from 51 G. Hosp.	Hd.	18.4.18	N.R. 790.
18.4.18	51 Gen Hosp.	for field allow. & placed under stop. of pay at 50¢ per day whilst in hosp. from 3.3.18 to 18.4.18. 47 days.		18.4.18	A. F. O. 1643 No. 3484 of 18.4.18. of 26 D/3.5.18
18.4.18	51 Gen.	V. D. G. to Duty.		18.4.18	E. 5765. W. 8413
6.5.18	64 B.D.	left for unit.	Hd.	6.5.18	N. R. 1207.
11.5.18	54 Co. C. F. C.	Reg. from Hspl. 9 att. 54 Co. C. F. C.		10.5.18	B. 213.
25.5.18	" "	leaves att. on att to 42 Co. C. F. C.		25.5.18	B 213.
27.6.1918	Co 42	10 days 10 No 2. 24-6-1918			
	Co 636	for. A. W. L. from Tattoos at 10 pm		22-6-18	
		leaves 6 pm 23-6-1918.		Sued. 22-6-18	Order No. 39 of July 1918
		Deserts 2 days pay by Rev			
9.11.18	43686	leaves 14 days leave	att	8-11-18	B 213 / 115669 Nov 1918
3-11.1918	43686	leaves from leave	Field	23-11-18	B 213

J.P. Rank _____ Name COLLYMORE, Grandville. Reg'l No. 931270.
 Unit No2. Const. Bn. If in perm. Corps }
 What Unit? }
 Truro. Married or Single Single.
 Place and Date of Enlistment ~~Grandville~~ 22nd Sept. 1916. Place of Birth Barbadoes. B.W.I.
 Name and Address, Next-of-Kin Mrs Isidor Collymore.
 Barbadoes. B.W.I. Relationship _____
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

6600
 N/E. R.B. No. ~~1110~~
 File R.L. _____
 Category QR CAN

Discharge, Date and Place Reason Character

H. W. V., Ltd.—9546-16.

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.				
	6	Arrived in England. S.S. Southland		4.4.17	460 A.F.B. 103 CHECKED 29 MAY 1917 A.W.S.W.
14-6-17	#2 C.C.C.	Arrived in France	Field	17-5-17	115
16-12-18	NSRD	TOS. from 2 nd cc coy	PTs Bshutt	14-12-18	+ 305471 d/ 19-12-18 2 nd cc coy
27.12.18	D.S.A.D.	of to C.D.D. Phyl	✓	27.12.18	D.O. 313
25.1.19	U.S.W.	cesses of G. Phyl. & S.O.S. to C.E.T. Canada	"	Ripon	12.1.19-18.

Mother
**MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS**

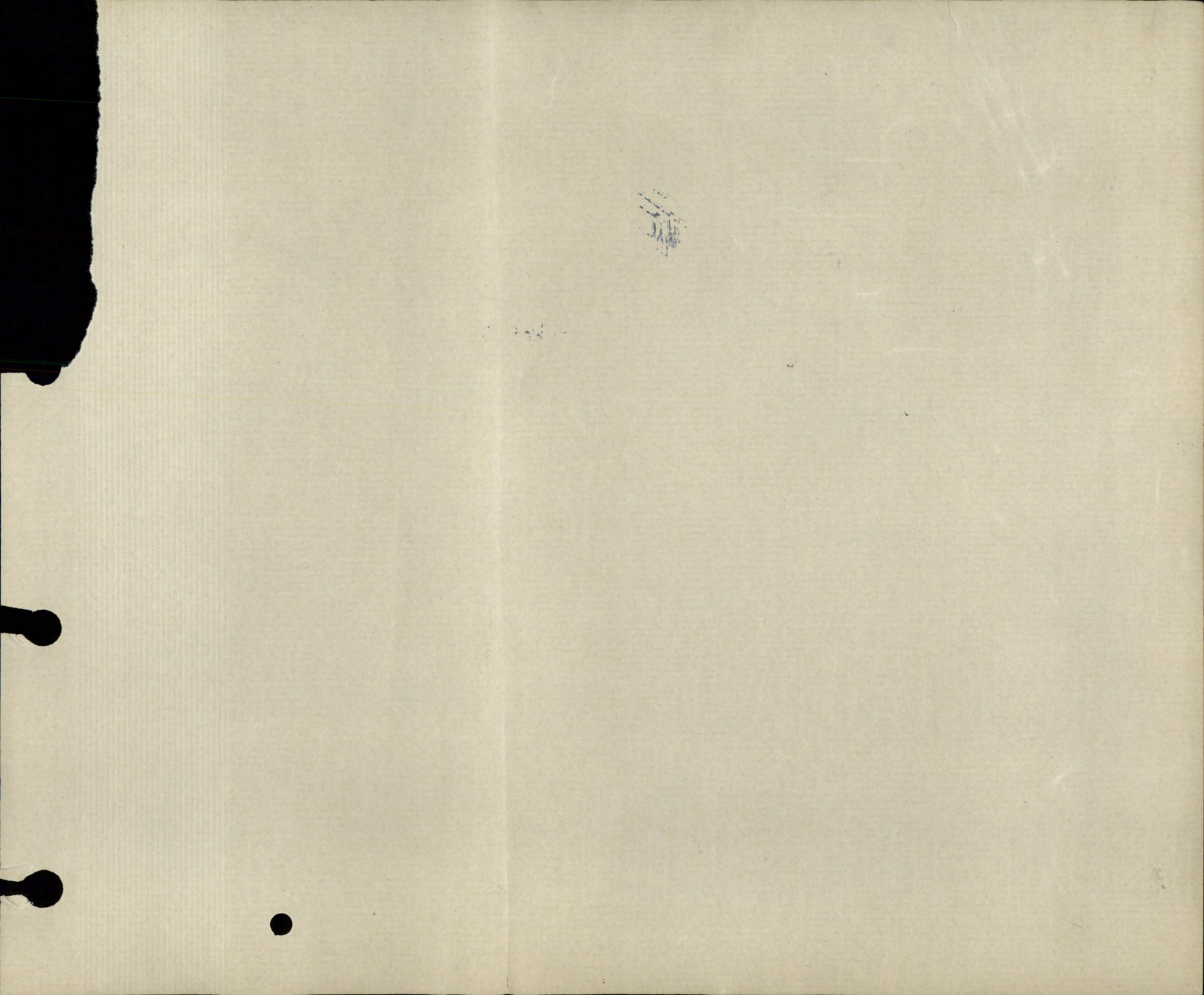
M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *Mrs. Isidore Collymore,* By Whom Assigned *Collymore, Grawville*
 Address *Redmonds Village,* Regtl. No. *931270*
St. Thomas, Rank *Pte*
Barbadoes, Corps *2 Constn Btu.*
B.W.S.
 Rate *\$15.⁰⁰*

APR 1917 PAYMENTS

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





Mother
MILITIA AND DEFENCE

M. F. W. 12a.
50m.—7-16
1772—39—819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs Isidore Collymore,*
(Assignee)

Name of Soldier *Collymore, Granville*

PAYMENTS.

931270-Pte-12 Constn Bn-

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$ 15.⁰⁰</i>
	1916			
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
	1917			
Jan.				
Feb.				
March				
April		<i>C 5867</i>	<i>15</i>	<i>15 B M.O. #17822</i>
May		<i>C 12116</i>	<i>15 =</i>	<i>15 B. M.O. #20762</i>
June		<i>W 19127</i>	<i>15</i>	<i>B. " " #23627</i>
July		<i>Z 27167</i>	<i>15</i>	<i>B. " " 26876</i>
Aug.		<i>X 32904</i>	<i>15</i>	<i>00</i>
Sept.		<i>Y 39619</i>	<i>15</i>	<i>L</i>
Oct.		<i>G 41447</i>	<i>15</i>	
Nov.		<i>I 50988</i>	<i>15</i>	
Dec.				<i>\$ 120</i>
	1918			
Jan.				
Feb.				
March				
April				
May				
June				
July				

OK

120

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Am ^t	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.				

21-9-16

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

Name *Isidore Callymore*

Name of Soldier *Callymore Granville*

Address *Redmans Village*
St Thomas Parish Barbadoes
B.W.I

Regtl. No. *93/270*

Rank *No 2 Cou Bn X*

Corps *X* *Fte*

Relation to Soldier }
wife, child or mother } *Mother*

To what Corps belonging }
when called out } *✓ ✓ ✓*

PAYMENTS

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



1901
1902

1903

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Sidore Gallymore Mather
931270

Name of Soldier

Gallymore Granville
pto

L. L. Job 4503. Req. 6332.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>K 25417</i>	<i>66</i>	<i>66</i>
Jan.	1917	<i>E 28465</i>	<i>20</i>	<i>20</i>
Feb.	<i>28 B.</i>	<i>E 31476</i>	<i>20</i>	<i>20 Redman's Village</i>
March		<i>E 34761</i>	<i>20</i>	<i>20 St Thomas Parish Barbadoes</i>
April		<i>F 566</i>	<i>20</i>	<i>20 B. M. S.</i>
May		<i>E 4170</i>	<i>20</i>	<i>20 → 166</i>
June		<i>I 6958</i>	<i>20</i>	<i>20</i>
July		<i>H 10109</i>	<i>20</i>	<i>20</i>
Aug.		<i>L 13984</i>	<i>20</i>	<i>20</i>
Sept.		<i>K 17096</i>	<i>20</i>	<i>20 Remailed to add above 27-9-17</i>
Oct.		<i>Q 22353</i>	<i>20</i>	<i>20</i>
Nov.		<i>R 26653</i>	<i>20</i>	<i>20</i>
Dec.	<i>Y 25945</i>	<i>P 25784</i>	<i>20</i>	<i>F 25784 can RE-WRITE</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*20
66
306*

306

RE-WRITE

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.				

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

COLLYMORE.

G.

931270.

RANK

UNIT

Co.

TROOP

BATTY

Pte.

N.S. 2Con.

HOSPITAL

DATE OF ADMISSION

51. Gen. Etaples.

3-3-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

V.D.G. *to*

1.

2.

3.

DISPOSITION

Dis. 18-4-18

DATE

C.I. 13-3-18. A161/2.

REMARKS

29-4-18 A.199

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

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

*Name COLLYMORE, Granville Rank Pte. Regtl. No. 931270

Fyle Depot 19-C-672

Original unit 2 Con. Bn. Present unit D.D. No. 4 M. or S. S Age 23 Religion C.E. Ref. H.Q.

Port, ship and date of arrival Halifax, N.S. "Emp. of Br" 22-1-19.

Next of kin Mrs. Isidore Collymore, Barnadois B.W.I.

Address on leave Sydney N.B.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Car builder Date and place of enlistment Sept. 22-16 Truro N.S.

Diagnosis Date of Medical Boards

Date	Remarks	Pt. 2 Order No.
29-1-19	T.O.S. from O/S 12-1-19. Posted to Cas. Coy 23-1-19.	
	Fur W/S to 8-2-19.	29

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

Date

Remarks

Pt. 2 Order No.

18-2-19 SOS Discharged 1420 Para C Demob

#49

Eff. 15-2-19 Cat A

From Halifax per S.S. Southland. 28-3-17.

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

Car Builder

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

21 YEARS

7 MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

3 INCHES

COMPLEXION

Dark

EYES

Dark

HAIR

Dark.

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

Truro, N.S.

DATE

Sept. 22nd 1916.

Present address not stated.

SURNAME

Collymore

CHRISTIAN NAMES

Grandville

REGL. No.

931270

RANK

Pte.

UNIT

no. 2. Construction

Bn.

FORMER CORPS

nil.

CARD NO. ✓

4
S.O.I. Dis. 15/2/19 Demob.
S.O. 49 of FOLL 15/2/19
CIP

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Collymore, Mrs. Isidore

RELATIONSHIP TO SOLDIER

not stated

ADDR

*Redman's Village
St Thomas Parish*

Barbadoes, B.W.I.

COUNTRY OF BIRTH

B. W. I. Barbados.

DATE

Feb. 14th 1895.

PLACE OF ATTESTATION

Truro, N. S.

DATE

Sept. 22nd 1916.

Q/S. 25/1/19 $\frac{25-6}{5-4}$ - 4 Pte

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A161
A199¹

51 Gen. Staples
Discharged

3.3.18
18-4-18

U.D. J.
V.D. G.

NAME

Bollymore, G. Pte. 1 M. S. Regt.

REGT'L. No. 931270
H. Q. FILE NO. 649

RANK AND CORPS

Pte. 1 M. S. Regt.

FOLLOWS

No.

FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

No. 931270

RANK Pte.

NAME Callymore Granville

T. O. S. 21-9-16

UNIT No 2. Construction Battalion

D. D. 33. 22-9-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Sept 21	1916 Sept 30	n		
	Oct.	n.		
	Nov.	✓		
	Dec.	✓		
1917 Jan 1917		✓		
	Feb.	✓		
	Mar	n		



Hum

Number 931270 Rank ~~pt~~ Spr.

Surname COLLYMORE

Christian Name Grandville

Units C.O.R.C.E. Theatre of War France

Date of Service 17-5-17

Remarks _____

Latest Address New Glasgow

3283 St James St West

Roll No. B. Page 21876 Neutral

200m.-6-21.4.

8/9/41

D.F.

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. NO.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DESP. SEP 9 1941
REGN No. 138

Date of Enlistment

21/9/16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

C

8150

Date of Assignment

April 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	2500	30
1-12-17	30	1/9/18

P.60257 P.62753 51424

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 931270.
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Granville Collymore
 Battalion 2 Const. Bn.
 Beneficiary Isidore Collymore
 Relationship mother
 Address Redman's Village, St. Thomas Parish Barbadoes B.W.I.

PARTICULARS OF ASSIGNMENT

Name Mrs. Isidore Collymore mother
 Address Redmonds Village St. Thomas, Barbadoes, B.W.I.
 Change of Address Barbadoes, B.W.I.
 1
 2
 3 MFW 2554 31/8
 4 Ret. Penel.

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Nov A.P.				
Dec 31		306	120	426
Dec	C 62738		15	15
Jan 18	E 60451	30	15	45
Feb	D 96930	75	15	40
Mar	A 115112	75	15	40
Apr	N 8473	75	15	40
May	M 13553	75	15	40
June	G 25152	75	15	40
July	S 28544	75	15	40
Aug	G 38383	25	15	40
Sept	J 46879	25	15	40
Oct	J 56086	55	15	40
Nov	D 56075	55	15	40
Dec	A 265182	45	15	60
Jan 19	J 76104	30	15	45
		661	330	991

3464-2-8

REMARKS

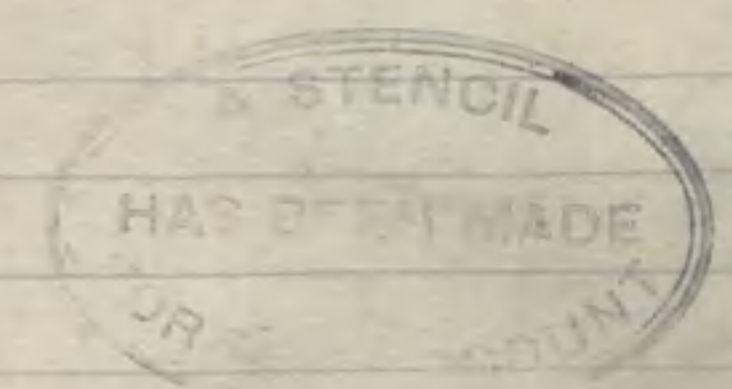
Last A.P. cheque issued in Nov/17
 Exp. 28/11/17

CANADIAN
 ASSIGNED PAY AUDITED
 Oct 6 31-13-18
 [Signature]
 AUDIT CLERK
 DATE 16-6-19

M. F. W. 128.
 40091-17-1773-39-1141.
 L. L. 23320-M. & D. 1383.

31/19 A/c Closed
 Ret'd per [Signature]
 Date 31/19 F.X.
 Clerk [Signature]

6065022 29 1/2



MOTHER

CANADIAN EXPEDITIONARY FORCE

(Information for Separation Allowance Board)

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. There must be no blanks and no dashes.
If the Applicant will take this form to the office of the Local Canadian Patriotic Fund, or, if the Applicant resides in the United States, to the office of the Local Red Cross Committee, the Officials of these Organizations will assist the Applicant to fill in this form in the required manner, in order that no delay may be caused by lack of information required by the Separation Allowance Board.

Each statement is considered as being made on Oath, and this form is to be signed and declared before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. In localities where there is an Official before whom this Declaration may be declared free of charge, the Officers of the above mentioned Organizations will direct the Applicant to same.

On completion this Declaration is to be returned to:—

S. A. & A. P.
JUL 27 1918
MILITIA DEFENCE C. R.

OTTAWA, CANADA.

(This application to be made out for the last unmarried son that enlisted).

1. Name of Soldier	Rank	Regt. or Unit	Regtl. No.
<i>Isidore Collymore</i>	<i>Plt</i>		<i>931270</i>
<i>Edric J. Franville</i>			
2. Age of Soldier	Married or Single		
<i>23 years</i>	<i>Single</i>		
3. Date of enlistment of Soldier, <i>Nearly 2 years. not at home when enlisted.</i>			
4. Is Soldier at present in Canada or Overseas? <i>Over Seas In France</i>			
5. Name in full of Mother of Soldier	Age	Occupation	Address
<i>Isadora Math de Jan</i>		<i>Washer of clothes</i>	<i>Barbados St. Thomas Parish</i>
<i>Isidore Collymore</i>	<i>52 years</i>	<i>now incapacitated</i>	<i>Redman's Village</i>
6. Name of your husband.	Age	Occupation	Where Employed
<i>was Alexander Collymore (Dead)</i>		<i>do</i>	<i>do</i>
7. If your husband is alive, state amount of support received from him during the past year.			
<i>Dead</i>			
8. If your husband is alive but not contributing to your support, state the reason and the date from which husband ceased contributing to your support.			
<i>Dead</i>			
9. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (Form of Medical Certificate attached hereto, must be filled out and returned with this Declaration).			
<i>Dead</i>			

40. Are you already in receipt of Separation Allowance from any source? If so, how much?

None

41. Was soldier a member of Permanent Force at time of attestation in C.E.F.? If so, give regimental number, rank and unit.

42. Was the soldier at the time of his enlistment an employee of the Dominion or a Provincial Government?

Dominion Canada

43. If so, in what capacity and in what place?

Canada

44. Is he in receipt of a salary from the Dominion or a Provincial Government on account of having been employed by them prior to his enlistment? If so, how much per month?

None

45. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much?

None

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

Signature of Applicant *Isidore Collymore*

Place of Residence *Redman's Village, St. Thomas Parish, Barbados*

Declared before me at *Redman's Village, St. Thomas Parish*

this *12th* day of *July* 191*8*.

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

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman, of the Relief Committee of the Local Canadian Patriotic Fund, or if the Applicant is in the United States, by the Secretary, or Chairman of the Local Red Cross Committee, certifying that to the best of their knowledge, after careful investigation, the above statements are correct, and the above soldier, first mentioned, is the sole support of the applicant.

Signature of Clergyman *Mr. N. Thomas - Rector of St. Thomas Barbados*

Signature of Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund

MEDICAL CERTIFICATE

1. Is husband of applicant a chronic invalid and totally incapacitated?

2. Of what nature is disability?

3. From what date has this total incapacity been existent?

4. How long is total incapacity likely to continue, and what will be effect on his earning power?

5. If not totally incapacitated by what percentage in your opinion is capacity for work reduced, and from what date?

6. Are you the regular attending physician?

I certify that the above statements are correct.

Place.

Physician

Date.

10

13

10. What amount did your husband earn during the past year? Not Dead

11. What amount did you earn during the past year? Incapacitated unable

12. If you are a widow, state date and place of death of your husband. St. Madeline Village Trinidad

13. If you are a foster-mother, give date you took charge of soldier, and state places and dates of his parents' death. None

14. Have you married again since death of your above mentioned husband? If so, give date of said marriage. Widow still

15. Names of all your other unmarried children. (If a soldier, give regimental number and unit). Address in full. Age. Occupation.
Urcy Collymore (Daughter) Remains in at work school
St. Thomas Barbados 16.

16. Names of all your other children. (If a soldier, give regimental number and unit). Address in full. Age. Date married.
no other children

17. Are any of above unmarried sons eighteen years of age or over, totally incapacitated? (If so, Medical Certificate, similar to attached form, must be furnished showing such incapacity). None

18. State amount earned at present per month by (a) yourself incapacitated sick (b) your husband Dead

19. State amount and source of any other income.

20. State value of real property belonging to you and your husband. State amount of mortgage on this property. a house left me by mother no property otherwise

21. State value of personal property belonging to you and your husband. None

22. If husband is dead, state value of real and personal property left by him. None

23. State amount contributed in cash by soldier during the year prior to enlistment. Kept no account but was supported by G Collymore

24. Was this amount contributed weekly or monthly? variously

25. Did soldier live with you during the year prior to enlistment? was in Canada

26. State your son's trade or occupation prior to enlistment. foundry & variously employed in Canada

27. State amount of his wages per week. No knowledge

28. State name and address of his last employer. Not aware knowing him

29. State amount of support monthly from soldier since enlistment. 1st. \$34.70, later \$40.00 less 67% war tax

30. State amount of ASSIGNED PAY received by you from soldier monthly. \$18.00 war tax deducted

31. From what date did you receive ASSIGNED PAY? date uncertain but during 1916

32. Actual amount contributed by other children during the year prior to enlistment of soldier. Weekly Monthly None

33. Actual amount contributed by other children at present. Weekly Monthly None

34. Are any of these children in the employ of you or your husband? at home & work school doing for me

35. If not receiving support from other children, state reason. Explain fully. No other support

36. With whom are you residing at present? State relationship, if any. at Deceased Mother's Residence

37. How long have you resided with above person? Since death of husband Alx Collymore

38. State amount of rent or board paid by you per month. None

39. Have you made a previous claim for Separation Allowance? Give particulars. None

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263	Attestation Paper	Militia Form W. 23
Squadron } Battery } Company }	Conduct Sheet, " B. 263a	or	Particulars of Recruit " W. 133
or		Proceedings on Discharge " B. 218	
Field Conduct Sheet	" W. 178	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.	
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.			

Documents not accompanying this form should be crossed out.

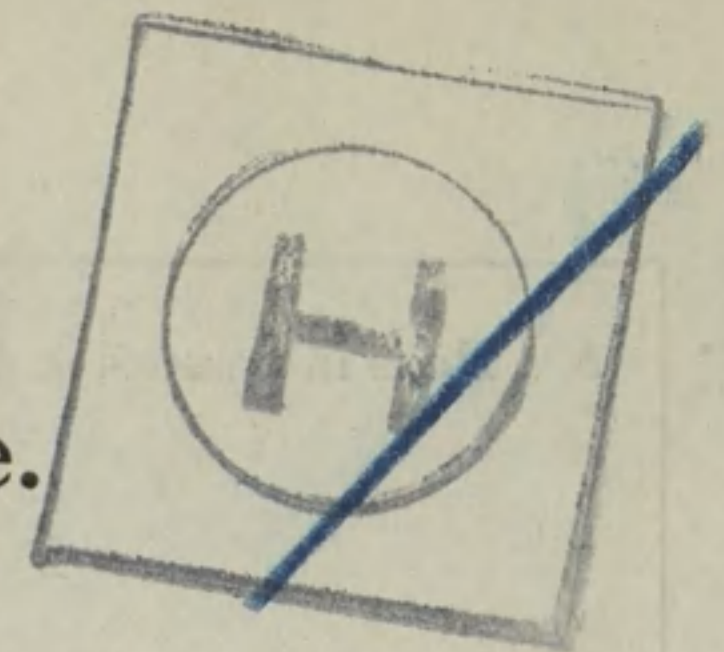
I hereby certify that the following documents are unobtainable.

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.	931270	
Rank	Pte.	
Surname	COLLYMORE,	
Christian name	Grandville	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	2nd Constr. Bn.	
Date of discharge	Feb. 15, 1919.	
Place of discharge	Montreal, Que.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
		Descriptive marks
Age.....24.....years.....months.		
Height.....5.....feet.....8.....inches.		Linear scar forehead.
Complexion Dark		
Eyes Dark		
Hair Dark		
Trade Car builder.		
Intended place of residence	New Glasgow,	
<small>(To be given as fully as practicable.)</small>	N.S.	
2. The above-named man is discharged in consequence of		
Demobilization Category A. R.O. 1420 Para C ₂		
Authority for discharge.....		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<small>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.</small>		
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)

R.O. 18/2/19

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) Montreal, Que. G. Colquhoun (Signature of Soldier.)

(Date) Feb. 15, 1919. A. Thibault Binard (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, Que.

(Signature) [Signature] Lieutenant,

(Date) Feb. 15, 1919.

Officer i/c Discharge Section, District Depot No. 4.

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.)

NO RESERVATIONS

G. Colquhoun

AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

M. OR S. *[Blank]* REGT. NO. *931270* RANK *Pte* NAME (IN FULL) *COLLYMORE, G*

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS		<i>P.O.S.</i>	<i>1/1/19</i>	<i>NO 29/21</i>	<i>2nd Coy Batt</i>		
IS SEPARATION ALLOWANCE PAID?	<i>Yes.</i>				PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID					DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
ADDRESS					ASSIGNED PAY, \$	DATE EFFECTIVE	
	<i>Mr. Isidore Collymore same address</i>						
					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE	
					DISCHARGED	REASON	IF ENTITLED TO POST DISCHARGE PAY

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	\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT	CREDIT		
Jan. 1919				7	20																				
1/1/19				6	40																				
1-1-19				50	60																				
15-2-19	46	1 ¹⁰		35	60																				
				15	00																				
				11	4																				
				350	00																				
20.3.19.				150	00																				
15/4/19				100	00																				
15/5/19				300	00																				
15/6/19				100	00																				
				40	00																				
				70	5																				

T. J. [Signature]

ASSIGNED PAY. ENGLAND or CANADA. SEPARATION ALLOWANCE. ENGLAND or CANADA.
EFFECTIVE DATE: 1st April 1917. EFFECTIVE DATE:
AMOUNT: 15.00 AMOUNT:-

NAME: COLLYMORE Grandville
NUMBER: 931270

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

Mrs. Isidore Collymore (Mother)
Redmond's Village
St Thomas, Barbados B.W.I.

stopped 1-1-19

stopped 1-1-19
7/16
266.60

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Plc

UNIT AND TRANSFERS
ORIGINAL UNIT: 2 Construction Bn
DATE ACCOUNT FIRST OPENED: 1st April 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
			Canada

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/11/17	6564	Lida	4.66				
8/12	3566	B.P.P.	7.92				
			14.39				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	-	-	10

PARTICULARS OF RENDERING NON-EFFECTIVE: *from Canada Auto mt. 161. 17/12 266.60 \$ 21.35 LP 6 Bal 6.96*

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								126.90		
apl	Pay + a	33		acc pay				15			
				AR 1497 3/4 C.F.B.D.	4.46				140.44		
May	P.P.	33		acc pay	4.46			15			
				AR 415 1/2 C.D. 3 rd ch.	4.46						
				AR 2092 1/3 C.F.B.D.	4.46						
				Am stop 3/2/18 to 19/4/18 - 47 days @ 60¢							
				DU 26 3/5 2 Const Bn -		28.20					
				AR 270 2/5 C.F.C.I.	4.46				117.96		
		34	10								
June	P.P.	33		bal pay				15			
				AR 907 7/6 C.F.B. 1	3.57						
				✓ 1103 22/6 ✓	3.57				128.82		
		33			7.14			15			
				10 days P.P. 2 24/6/18 130392 con 4/7/18							
				Aut. 10pm 22/6 - 6Am 23/6 20¢ 2 days pay rate		13.20					
July	P.P.	34	10	Canada				15			
				AR 1502 22/7 C.F.B. 1	3.57				131.15		
		34	10		3.57	13.20		15			
Aug	PP	34	10	Canada				15			
				AR 1697 6/8 C.F.B. 1	3.57						
				AR 1905 22/8 ✓	3.57				143.11		
		34	10		7.14			15			
Sep	PP	33		Canada				15			
				AR 2200 6/9 C.F.B. 1	3.57						
				AR 2441 23/9 C.F.C.I.	3.57				153.91		Capa Ints
		33			7.14			15			

COMPILED BY *W. M. Brown*
CHECKED BY *W. M. Brown*

NUMBER 931270 RANK

NAME COLLYMORE G

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	P. Pay	3410		Cap				15-	153 97		
				AK 2678 7/10 CFC 1	373						
				2930 23/10 P 877et	372				165 61		
		3410			746			15-			
Nov	P.P.	31		Cap				15-	103 61		
				AK 2994 5/11 C.F.C.	373				149 88		
				CP 623 06 12/11 Low	7300				106 88		
				AK 7144 5/11 C.F.C. 1	9733				-9 55		
				CP 65396 18/11 Low	730				2 25		
Dec		3410		AK 6569 10/12 Base	18466			15-	21 35		
		6710		3566 18/2 WSR	953			30	6 96		
					19573						
July				AK 2000 10/79 RhyL	942				7 46		
				Endorsed on HR	953				14 39		
									6 96		
				505 to Can 12/79 to 18 25 49							

CANADIAN
ASSIGNED PAY AUDITED

[Signature]
AUDIT CLERK

DATE 11-16-19

21.35
14.39
6.96

7 46
181.36
14 39
203 21

