ORIGINAL 931345

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION B'n C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Coxe
1a. What are your Christian names? Garnett Wesley
1b. What is your present address? Sherbourn St John Barbados B.W.I.
2. In what Town, Township or Parish, and in what Country were you born? St Joseph B/dos. B.W.I.
3. What is the name of your next-of kin? Mrs Margaret Coxe
4. What is the address of your next-of-kin? Sherbourn St John B/dos B.W.I.
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? Sept 13th 1896
6. What is your Trade or Calling? Blacksmith.
7. Are you married? Single
8. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Garnett W. Coxe. (Signature of Recruit)

Date 9th Nov. 1916. Matthew Edwards (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Garnett W. Coxe., 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.

Garnett W. Coxe. (Signature of Recruit)

Date 9th Nov. 1916. Matthew Edwards (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 Truro N.S. this 8th day of Nov. 1916

D.A. Cumberland Lt-Col (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Garnett Wesley Cox on Enlistment.

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

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

Chest measurement.
- Girth when fully expanded ..... 34 ins.
- Range of expansion ..... 3 ins.

Complexion Dark

Eyes Brown

Hair Black

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

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider h.m* Fit for the Canadian Over-Seas Expeditionary Force.

Date 8th Nov. 1916.

Place Truro N.S.

H V Kent-Morgan 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.

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

C. H. Reis Capt for Lt-Col (Signature of Officer)
Commanding No. 2 Const Bn C.E.F
(a.o.s)

Date 9th Nov. 1916

REGIMENTAL DOCUMENTS

NAME COX GARNETT WESLEY REGT. NO. 931345 UNIT #2 Const Bn H. Q. FILE NO.

S

H

	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)					DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				41555	
	REGT. 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)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	MEDICAL EXAMINATION (M.F.W. 129)					Demobn
1	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
1	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. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	A.F.W 3997					
1	M.F.W 192					
1	D.M.S 1375					
1	L.A.S 5009A					
2	Postcard					
1	Dup Cert					
1	M.D.W 67					
1	Re					
1						

W. 2589
100M-11-18
1772-39-1377

L-L. Job 5470—M. & D. 6888

~~Mother~~

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

66

To Whom ~~Mrs~~ Mgt Cox,

Address Sherbourne Village
St. John,
Barbados.

Rate $15.00 B.W.I.

By Whom Assigned Cox, Garnett, W.

Regtl. No. 931345

Rank Pte

Corps 2 Constn Btn.

APR 1917

PAYMENTS

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

CONSOLIDATED 5 UNT

L-L. Job 5470—M. & D. 6888

~~Mother~~

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

66

To Whom ~~Miss~~ Mgt Cox,

Address Sherbourne Village
St. John,
Barbadoes.

Rate $15.00 B.W.I.

By Whom Assigned Cox, Garnett, W.

Regtl. No. 931345

Rank Pte

Corps 2 Constn Btn.

APR 191

PAYMENTS

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

CONSOLIDATED 5 UNT

D.M.S. 1300 50M-21-'17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
COX.	G.W.	931345.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	N.S. 2Con.			

HOSPITAL — DATE OF ADMISSION

Can. Forr. Corps H. La Joux Jura. 13-5-18.

1. ..... HOSP. .....

2. ..... HOSP. .....

3. ..... HOSP. .....

4. ..... HOSP. .....

DIAGNOSIS

Mumps. R

1.

2.

3.

DISPOSITION — DATE

C.L. 22-5-18. A219. — Nov. 26.18.

12-6-18 @237 ①

REMARKS

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.		

Gnr

Number 93134 5 Rank Gr. A.

Surname Cox

Christian Name Garnet Wesley

Units 6 OR 66 Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address Gen Del Upper Big Tracadie
Sydney N. S.

Roll No.

200m.-6-21.M. B. Page 18298

REGT. NO. ..... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE AND HOW LONG ..... DATE AND PLACE OF ORI

DISEASE OR INJURY .....

OPERATIONS .....

RESULT OF OPERATIONS .....

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION .....

(B) AS A TRANSFER (STATE WHERE FROM) NAME OF HOSPITAL .....

DATE OF DISCHARGE TO UNIT ..... IN CA

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) NAME OF HOSPITAL .....

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....

OFFICE OF THE SURGEON GENERAL
RECEIVED
NOV 3 1922
MEDICAL RECORDS
5961

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 931345 Rank Pte C. E. F. Name Cox, G. W.

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

Date of promotion to present rank ..... Date of appointment to lance rank ..... Numerical position on roll of N. C. Os. .....

Extended ..... Re-engaged ..... Qualification (b) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12.1.19	O/seas. T/O/S. No. 6 D. D. Halifax.	Casy. Co.		22.1.19	Do 29. A. M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
15.2.19	DISCHARGED at Halifax, N. S.	#43		for	R. Thistle LIEUT O C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

(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				

Form R. 149.

Garnett Wesley

Name Cox Rank Pte Reg. No. 931345

Unit 2nd Consls Co

Next of Kin Mrs Margaret Cox Sherborn St St John Barbadoes B W I

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
13-5	C F C H La Tour		Mumps	A	249	1325/20
3 6	Discharged		do	A	737	18440/16

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

Awrds

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

M. F. W. 54. (A.F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

~~Unit, Regiment or Corps~~ No. 2 CONSTRUCTION, B'n. C.E.F.

Regimental No. 931346 Rank Pte Name Garnett Wesley Cox
C. E. F.

Enlisted (a) 9/11/16 Terms of Service (a) ~~Period of War & 6 mths~~ +6 months Service reckons from (a) 9.11.16

Date of promotion to present rank. | Date of appointment to lance rank | Numerical position on roll of N. C. Os.

Extended Re-engaged Qualification (b)

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked from Canada	Halifax NS	25/3/17	
		Disembarked, England	Liverpool	3/4/17	✓
17/4/17	C. Wr Cantn Bath	Proceded Overseas	Seaford	17/4/17	Pte D.O.#
					[illegible] Capt & Adjt
		Landed fn France		17-5-17	N.R.
21.5.17.	OC.	Forfeits 5 days pay for Making avv y with Iron Rations	Fld.	21.5.17.	B2069 Part 130. 26/7/17
13.5.18	Jun Hos.	Mumps. adm.	Fld.	13.5.18	F.1918. W.1151.
18.5.18	Ocunit.	To Hosp.	"	13.5.18	B 213.
3-6-18	Jun Hsp	mump. Discharged	Field	3-6-18	W 3459.
8-6-1918	Ocunit	Rejoined from Hospital	"	3-6-18	B213

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

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
Date	From whom received				
20.7.18	C/M/Mus	Granted leave to U.K. from 20-7-18 to 3-8-18			B213 post 4 Sept 1918
10.8.18	Do	Rejoined from leave	Enld.	7.8.18	B213
11/12/18.	A.A.G.	Trans to England & posted to N.S. Reg. Depot	Bramshott	14/12/18.	K.R. 344.
					C.A. Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
17-12-18.	N.S.R.D.	T.O.S. attached to 2nd C.C.D for Rats & Rations.	B'shott	14-12-18.	D.O. 305.
	NSRD	ON COMMAND TO SDD Kinmel Rhyl.	BRAMSHOTT		PART II D.O. NSRD 313 27/12/18
12/1/19		SOS O.M.S.C. on Transfer to C.E.F. Discharge Canada Salary no 4			C.A. Knight LIEUT, OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
		R.M. Hammond Lieut Kinmel Park			

Form R 122.
2353—100M—9-12-16.

J.P. Rank | Name COX, Garnett Wesley. | Reg'l No. 931345.

Unit No2. Const. Bn. | If in perm. Corps What Unit? | Married or Single Single.

Place and Date of Enlistment Truro. N.S. 9th Nov1916. | Place of Birth St. Joseph Barbadoes. B.W.I.

Name and Address, Next-of-Kin Mrs. Margaret Cox.

Sherbourn St. St. John. Barbadoes. B.W.I. | Relationship Mother.

Assigned Pay Monthly $ | Payable to

Relationship

Separation Allowance $ | Payable to

Relationship

Discharge, Date and Place | Reason | Character

N.E. R.B. No. 6604
File R.I.
Category OR CAN

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Arrived in England. S.S. Southland		7.4.17.	Awwvo.
14-6-17	# 2 C.C.C.	Arrived in France	Field	17-5-17	— 115
16-12-18	nskd.	T.O.S. from 2nd CCCoy.	Pte Bishett	14.12.18	10305 & 71 D/ 19.12.18 2nd CCCoy.
27-12-18	N.S.R.D	O/C to C.D.D Rhyl	—	27-12-18	313
25, 1, 19	N.S.R.D.	cease to be T.O.S. & E.C.T. Canada	Rhyl "	Ripon 12, 1, 19	—18.

A.F.B. 103 CHECKED 29 MAY 1917

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.				

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.

---

(1) Name of Overseas Unit which Soldier joins No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number 981345

(3) Full Name of Soldier Garnet Wesley Cox

(4) Place of Birth St Joseph Barbados B W I

(5) Are you married, or not ? —

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

(b) Present Postal Address St Johns Barbados B W I

(7) Are you a widower ? —

(8) Have you any children ? —

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Joseph Cox St John Barbados BWI

(10) Is your Mother alive? Yes

If so, state name and address Margaret Cox St John Barbados BWI

(11) If your Mother is a widow — no.

Are you her sole support, or not? —

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

$8 1/3 ~~96~~ 100

(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.

Mother

Mrs Margaret Cox

(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~~ X

(15) Are you insured? — no

If so, in what Company? —

Have you made arrangements for payment of your Insurance premium

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

C. H. Reis Capt /
for Officer Commanding.

Date 11/11/16

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. 921345 Rank Pte. Surname Lott.

(Given name in full) Garnett Wasley Lott.

Unit or Corps D.D.C. 6. Birthplace Barbados.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 145 lbs. Height 5 ft. 6 in. Colour of Eyes Brown.

Nutrition Good

Pulse Normal

Condition of arteries Normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

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

Nil.

Opinion as to general health and physical condition

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System No

Disturbance of mentality No Muscular System No Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Sydney. N.S.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at ....(Overseas)

Date ..... Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at Regina .....(Canada)

Date Feb 11, 1941 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 G. W. Cox

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

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

[OVER]

M.F.W. 129.
1038 (D.P.) 500M-11-18.
1772-39-1142.

NAME Cox Lt. Lu.

RANK AND CORPS Pte. 2nd. Bn.

REGT'L. No. 931345.

H. Q. FILE No. 649

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

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

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 219	" b. Hb. La Jaux Jura	13-5-18	Mumps
A 287	" " " "	3-6-18	" Disch

CARD No. 6

SURNAME. Cox.

CHRISTIAN NAMES Garnett Wesley.

REGL. No. 93/345. RANK Pte

UNIT No. 2. Construction Bn.

FORMER CORPS Nil.

5/6/18/2/19. G Demob
D.O. 43 of 6/3/19
FOLL 5/3/19

NEXT OF KIN.

NAMES IN FULL Cox, Mrs. Margaret.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Cherbourn St. John Barbados B.W.I.

CHANGE OF ADDRESS

COUNTRY OF BIRTH B.W.I. St. Joseph. Barbados. DATE Sept. 13th, 1896.

PLACE OF ATTESTATION Truro. N.S. DATE Nov. 8th, 1916.

R/C 25-1-19 25-6/67 Pte.

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

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

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

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Blacksmith RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 20. YEARS Not stated MONTHS

HEIGHT 5. FEET 5 INCHES

CHEST MEASUREMENT 34. INCHES EXPANSION 3. INCHES

COMPLEXION Dark. EYES Brown HAIR Black.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Truro. N. S. DATE Nov. 8th. 1916.

Present Address - Sherbourn St. John.
Barbados. B.W.I.

*Name COX. Garnet Wesley Rank PTE. Regtl. No. 931345.

Fyle Depot 74-C-921.

Original unit 2 CON. CO. Present unit #6 D. D. M. or S. Age 20 Religion C. E. Ref. H.Q.

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

Next of kin Mother. Mrs. Margaret Cox.

Address on leave Sydney. N.S.

Address on discharge Same.

Transportation issued Yes / No Date Character on discharge

Previous occupation Black Smith. Date and place of enlistment Truro. N. S. 8-11-16.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12-1-19	T. O. S. #6 D. D. and posted to CASY. COY. 22-1-19	D. O. 29.
15-2-19	Discharged. H. M. S.	D. O. 43.

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

(over)

Date.	Remarks.	Pt. 2 [redacted]er No.

M.F.W. 192
150M—6-18.
1772-39-1243.

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 931345 Rank Pte Name Cox, G. D.
(Surname first)

Unit 2 Con Bn who was* Discharged

On 15-2-19 191 , to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 15-2-19 191 ... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		11 15
Regimental Pay 46 days at $ 1 . 00		46 00
Field Allowance 46 days at $ c. 10		4 60
Separation Allowance		
Clothing Allowance		35 00
Post Discharge Pay 14514	70 00	
*Other Credits		
Advances A R 74 $15 ------ 14470 $73 96	88 96	
Separation Allowance and Assigned Pay Cheque No.		
*Other Charges L P C	7 74	
Reg. Fund	05	
Balance on ~~transfer~~ or on discharge, cheque No. Debit		70 00
Total	166 75	166 75

*Give particulars.

A monthly stoppage of $ 15 00 (†) has (‡) been paid on account of

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

(to) Assignee Mrs. Margaret Cox,

(Address) Shelburne Village, St. John, Barbadoes, W. I.

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

Checked:

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 No (3) Reason for discharge

(4) Authority for discharge or transfer D. O. 43

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 4 March 1919

Place Halifax, N. S.

CAPTAIN,
PAYMASTER, NO. 6 DISTRICT DEPOT.
Paymaster.

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

CREDITS, ADVANCES, Etc.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931345 (Rank) Private

Name (in full) Garnett Wesley Cox enlisted in

the No 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Truro N.S. on the 9th

day of November 1916

HE served in France

and is now discharged from the service by reason of

Demobilization

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

Age 22 years 5 Months

Height 5' 7½ Inches

Complexion Dark

Eyes Brown

Hair Black.

Marks or Scars

Nil

G. W. Cox.

Signature of Soldier

J. W. Hughes LIEUT

~~O.C. DISCHARGE SECTION M.D. 6 DISTRICT DEPOT~~

Issuing Officer

Rank

Appointment

Date of Discharge February 15, 1919

Signed at Halifax N.S. this 15th day of Feb 1919

in Military District No. 6th.

File Reference No.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

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

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

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

1368 345

OTTAWA, CANADA.

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

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

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

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

1. Christian names Garnet Wasley 2. Surname Cox

3. Rank Pte 4. Original Unit 2nd Const Corps Reg. No. 931345

6. Address, in full, to which future payments of gratuity are to be forwarded P.O. Box 36 New Aberdeen Glace Bay N.S.

7. Date of enlistment in the C.E.F. 9.11.16

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge no

9. Relationship of such dependent

10. Address, in full, of such dependent

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
2nd Const Corps 17.5.17 - 11.12.18

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? no

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service no

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served 9.11.16 2nd Const Corps (Can Eng France Eng) to

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department no

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? no

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

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

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

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

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

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled ..... no .....

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? ..... no .....
(b) If so, was such reversion in consequence of misconduct or inefficiency? ..... no .....

24. Are you now serving in the C.E.F.? ..... no ..... If not, give:—(a) Date of discharge ..... February 15, 1919 ..... (b) Reason for discharge ..... Demobelyatsi .....

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

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... 2nd Const Corps. 17.5.17 — 11.12.18 .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? .....
(b) If so, are you in receipt of full pay and allowances from that Department? .....

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

Signature of Applicant: G. W. Box

Place of Residence: Box 36 New Aberdeen Glace Bay N.S.

Declared before me at: Halifax, N.S.

This 12th day of February 1919 D. H. McIsaac

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

A Commissioner of the Supreme Court in and for the Province of Nova Scotia.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
Acct leave	Nil		53	286.00
First Payment W/Gratuity				

Certified Correct. W. W. Bryenell

District Paymaster.

Paymaster No. 6 District Depot

C.A.P.C.

For Paymaster, M.D. 6

No. 931345 RANK Pte NAME Cox. Garnett. W.

T. O. S. 9-11-16 UNIT No 2. Construction Battalion

D.D. 73. 9-11-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Nov 9	Nov 30	✓		
Dec.		✓		
1917 Jan	1917	✓		
Feb.		✓		
Mar		✓		

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

CATEGORY

Report No.		No. of M. H. C. File	No. of Local File	No. of H. Q. File
6 Unit	Cox G.W. (Surname / Christian Name)			
M.D. No.	Permanent Address: P.O. Sydney C.B.			

No. 931345 Rank Pte Original Unit Service Unit*

Age* Height ft. ins. Complexion Eyes Hair Conduct

Date of enlistment Where enlisted Where seen service*

Ship returned by E of B Date of arrival 22-1-9 Port of arrival

Birthplace* Religion

Present disease or disability Cause or origin

Condition in detail which prevents the soldier from earning a full livelihood

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued

Members of Board

Place Date 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2	Single				
3					
4					
5					

Name and address next of kin

Notification of return to be sent to

Occupation prior to enlistment And for how long followed

Regular trade or occupation Blacksmith 2 Ye

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment Any other income

Name and address of last employer

Rent per month If owner of or purchasing property, amount due and annual payment $ $

Taxes If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If work should not be available at old occupation, name preference.

I declare that the above statement is correct.

References

Witness

Date Place Signature Gr. W. Cox

Remarks by Interviewer:

A. General Service.
B. Service abroad, not general.
C. Service in Canada.
D. Treatment.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form I.S.C. No. 5c.

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

CONFIDENTIAL INFORMATION

CATEGORY

Report No.

Unit

M.D. No.

Permanent Address — Surname — Christian Name

No. of M. H. C. File | No. of Local File | No. of H. Q. File

No. | Rank | Original Unit | Service Unit*

Age* | Height | ft. | ins. | Complexion | Eyes | Hair | Conduct

Date of enlistment | Where enlisted | Where seen service*

Ship returned by | Date of arrival | Port of arrival

Birthplace* | Religion

Present disease or disability | Cause or origin

Condition in detail which prevents the soldier from earning a full livelihood

Degree of Incapacity—Edr. Board | Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Destination to which transportation issued

Members of Board

Place | Date | 19

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS | NAME | AGE | WHERE—IF EMPLOYED | WAGES | STATE OF HEALTH

Wife

Children 1

2

3

4

5

Name and address next of kin

Notification of return to be sent to

Occupation prior to enlistment | And for how long followed

Regular trade or occupation

Do you consider that your disability will prevent you from following your previous occupation?

Average earnings previous to enlistment | Any other income

Name and address of last employer

Rent per month | If owner of or purchasing property, amount due and annual payment $ | $

Taxes | If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ | Name of Society

If work should not be available at old occupation, name preference.

References

Witness | I declare that the above statement is correct

Date | Place | Signature

Remarks by Interviewer:

Last Pay Cert. Cr. $ | Dr. $ | Amount paid at Depot H.Q. $ | T.P.C. leaving Depot. $

Amount forwarded to H.Q. Unit, $ | Credit Clothing allowance, $

PENSION—Class | Amount per year $ | Period granted for | Dating from

Last payment to

Form I.S.C. No. 8c.

A. Discharge to pensionable disability.
B. Discharge with claim for pension.
C. Service in Canada.
D. Service not granted.
E. Special Service.

C.A.D. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M. d. No 6.

NAME OF SOLDIER (Block Letters) Cox. G. W.

REGIMENT No 2. Construction RANK Private No. 345

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

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer H W Reid Capt.

ORIGINAL

931345

MEDICAL HISTORY SHEET

Surname Cox Christian Name Garnett W

Examined on 8th day of Nov 1916 at Truro N.S.

Birthplace City or Town St. Joseph County Barbados B.W.I.

Apparent age 20

Trade or occupation Blacksmith

Height 5 feet 5 Inches

Weight 140 lbs.

Chest measurement Minimum 31 inches Maximum expansion 34 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left V Number One

When Vaccinated last When a child

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Approved by H.V. Kent

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

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

Date	Result	Vaccinations	
18/5/17	T.G.R.	Daulleuroa	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
8/11/16	1.0.G.R.	H.V. Kent Major	M.O.
15/11/16	1.0.G.R.	H.V. Kent Major	M.O.
22/11/16	1.0.G.R.	H.V. Kent Major	M.O.

Enlisted on 6th day of November 1916 at Sydney C[illegible]

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				11/8/16
Transferred to No. 2 CONSTRUCTION, B'n. C.E.F.		93134[illegible]		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

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

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

Surname Cox Christian Name G.W.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

D.M.S. 1375.

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

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

Rank Pte Name ~~Fox~~ Cox Surname Garnett W.

Unit or Corps 17th Reserve. (If a soldier) Regtl. No. 931345

Born at Barbados. British West Indies on, date Sept. Thirteenth 1896

Signature (for identification) Garnett W Cox.

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

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

Weight 155 lbs. no

Height 5 ft. 6 ins.

2. **NUTRITION AND DIATHESIS?** Good

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

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—s.g.? 1020 Reaction? ac Albumen? 0 Sugar? 0

9. **SKIN, MIDDLE EAR, EYE** or any other part? no

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

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

Examined at Kinnaird Park. Signed H P C Trotter Capt. M.O.

Date 11/2/19 Signed [illegible] M.O.

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

P. 553

MARRIED OR SINGLE S.

PLACE OF BIRTH St. Joseph, Barbados B.W.I.

NAME AND ADDRESS OF NEXT OF KIN Mrs Margaret Cox
Shelbourne Village St. St John, Barbados.

RELATIONSHIP OF NEXT OF KIN Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 931345 RANK NAME Cox Garnett Wesley. X/E ✓

IF IN PERMT. CORPS WHAT UNIT UNIT 2 Lond Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Truro. N.S.

DATE OF ATTESTATION 9 Nov 16

TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1-4-17

PAYABLE TO Mrs Margaret Cox, Shelbourne Village, St John, Barbados B.W.I. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $ (Separation)	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 A/S	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														4 19	4 19																4 19				Back from Canada
Apr	1-30	30	11⁰	33 00											33 00												15 -		15 -	22 19			22 19	
MAY	1-31	31	"	34 10											34 10	40 1.15 12 15.4								9 73 4 87				15 -		29 60	26 68			26 69	
JUN	1-30	30	"	33 00											33 00	68 14/5								4 86				15 -		19 86	39 83			39 83	
July	1-31	31	"	34 10											34 10													15 -	5 50	20 50	53 43			53 43	Forfeits 5 do pay 21-5-17 Dr. 120. 26-7-17.
Aug	"	"	"	34 10											34 10										3 57			15 -		18 57	68 96			68 96	
Sep	1-30	30	"	33 -											33 -										3 57 3 57 3 57			15 -		29 28	72 68				
				201 10										4 19	205 49									19 46	17 85			90 -	5 50	122 81	72 68				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER ALLCE. ENG.
Sep	Bal	~~72 68~~ 72 68							72 68		
Oct	PP	34 10		A.R. 569. 27/9/17. 2 Canada Bn attch'd	3 57		- 15		84 ~~49~~ 64		
				" 458. 13/9/17 " " " "	3 57						
		34 10			7 14		15				

Pte 931345. Coy. C.W. 15th

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	ACQUITTANCE ROLLS 1 DATE	ACQUITTANCE ROLLS 2 No.	ACQUITTANCE ROLLS 2 DATE	ACQUITTANCE ROLLS 3 No.	ACQUITTANCE ROLLS 3 DATE	ACQUITTANCE ROLLS 4 No.	ACQUITTANCE ROLLS 4 DATE	CASH PAYMENTS 1	CASH PAYMENTS 2	CASH PAYMENTS 3	CASH PAYMENTS 4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1				CR. 2				PARTICULARS			DR. 1		DR. 2		DR. 3		DR. 4															
	Octrl																						8464												
Nov.	P.P.				33	-																	15.												
													AR. 818. 25/9/17. C.F.C.			3	57																			
													- 842. 12/10/17 -			3	57																			
													- 964. 28/10/17 -			2	57																			
													" 1082. 10/11/17 -			3	57																			
DEC	-	-			34	10							DN-AR. 618 11/9/17 - Jura.			3	57						15	10389											
					67	10										17	85						30												
JAN	1918	P.P.			34	10																	15.												
													AR 1252. 23/11/17. 2 Coys to Th			1249.																				
													- 1426. 24/12/17 - -			7	14							10336											
					34	10	-	-								19	63	-	-	-	-		15												
FEB		c.			30	80							Assigned Pay										15												
													AR. 550. 24/1/18 C.F.C.			3	57																			
													" 1593 4/1/18 - Jura			3	57																			
					30	80										7	14						15.	11202											
MAR	1918				34	10							Ass Pay										15.												
													AR 2010. 14/2/18. C.F.C. Jura			7	14																			
													" 2317 18/3/18 -			7	14																			
					34	10										14	28						15	11684											

P 820
12474—375M—13-2-18.

* Strike out which never mapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1st April 1917.	EFFECTIVE DATE:-
AMOUNT:- 15 00.	AMOUNT:-

NAME:- Cox, Garnett Wesley E

NUMBER:- 931345

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 Margaret Cox (Mother)
Sherbourne Village.
St Johns Barbadoes B.W.I.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gr

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Construction Bn

DATE ACCOUNT FIRST OPENED:- 1st April 1917.

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

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
9/12/18	6568		4 66				
18/12/18	3566	B.R.D.G.	9 73				
			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:- Transfer to Canada 3/12/18 Batk N R161 2nd C.C.B.S. 17/12/18. L.P.C.F. Bal fifty six Dollars 86/100. ($56 86/100)
Ledger Bal Seventy one Dollars 25/100 ($71 25/100)

1918 MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								116 84		
Apl	Pay 4a.	33 -		ass Pay				15 -			
				AR 2-8/4. C7C Jmra	3 57						
				AR 364 22/4 -"-	3 57				127 70		
		33 -		ass Pay	7 14			15 -			
May	P.P.	34 10		AR 465. 9/5. C7C Jmra	3 57			15 =			
				✓ 419. 23/5. -"-	3 57				139 66		
		34 10			7 14			15 -			
June	P.P.	33 =		ass Pay				15 -			
				AR 706 7/6. CFC 5	3 57						
				✓ 868. 27/6 ✓ ✓	3 57				150 52		
		33			7 14			15			
July	PP.	34 10		ass Pay				15			
				AR 946 10/7 CF6 5	3 57						
				CP. 19455. 24/7 L/N	4 86 7						
				AR 1090 25/7 CFC 5	7 14						
				AR 1443 20/7 ✓.	9 7 33				12 91		
		34 10			15 6 7			15			
Aug	PP.	34 10		Can AP				15			
				AR 1480 25/8 CF65	3 57				28 44		
		34 10			3 57			15			
Sep	PP.	33		Can AP				15			
				AR. 1670 5/9 CF65 ✓	3 57						
				AR 1874 24/9 ✓	3 57				39 30	a/c	30/11
Oct	P-T.	33			7 14			15			
		34 10		Can AP				15 -			
				AR 2246 12/10 C7C 5	3 73						
				✓ 2617 26/10 ✓	3 73				50 94		
		34 10			7 46			15 -			

COMPILED BY A. Cox
CHECKED BY Magrath

NUMBER 9313145 RANK NAME COX G-W-

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									50 94		
Nov	P.P.	33 -		Cap				15 -	67 10 / 117 04 / 61 18 / 55 86		
				4Lz681 "/11 C7C5 -	3 73						
				2849 24/11	13 06						
Dec	P.P.	34 10		6568 10/12 Bmd.	4 66			15 -	71 25 / 71		
				3 tele 18/12 RSR.	9 73				55 86	E	
Jan	PP	67 10			31 18			30			
Feby				ad 36 10'79 Rly → Endorsed on RC	9 73 / 9 73				46 13		
				Sos t. Can 12'14 Bds 15 25'14 RSR							

CANADIAN
ASSIGNED PAY AUDITED
31/12/18 R.E. Shorncliffe
AUDIT CLERK
DATE 31.12.19 .....

117.04
61 18
55 86

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. 981345

Rank Private

Surname Cox

Christian Name Garnett Wesley

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

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

Date of Discharge February 15, 1919.

Place of Discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 22 years 5 months.

Height 5 feet 5 inches.

Complexion Dark

Eyes Brown

Hair Black

Trade Block Smith

Intended place of residence (To be given as fully as practicable.) Sydney Nova Scotia

Descriptive Marks

nil

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

Demobilization.

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

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

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

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

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

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding .....

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

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

(Place) Halifax N.S. G.W. Cox .....*(Signature of Soldier.)*

(Date) February 12th/19 A.R. Smith *(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Halifax N.S.

(Date) Feby 15. 1919

(Signature) D.A.M. Lean LIEUT., COL.

No. 6 DISTRICT DEPOT.

Reservations referred to at Para. 8.

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

Nil

G. W. Cox

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	(a) Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C 11475

Date of Assignment Apr 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 93/345

Rank Pte Promoted Reverted Discharge

Soldier's Name Garnett W. Cox

Battalion 2 Constr. Bn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Margaret Cox

Address Sherbourne Village St. John

Change of Address Barbadoes, B.W.I.

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
						Fill 03814 - G-8
Nov 30			120	120	M	
Dec	C 62785		15	15	S	
Jan/18	E 60462		15	15		
Feb.	D 100008		15	15		
March	A 118184		15	15		
April	B 680		15	15		
May	M 16752		15	15		
June	K 20466		15	15		
July	S 31693		15	15		
Aug	G 41627		15	15		
Sept.	L 43519		15	15		
Oct	M S 1451		15	15		
Nov	D 59503		15	15		
Dec	K 66909		15	15		
Jan 1919	M 71921		15	15		M 71921. Rev. Cancelled Assigned Separation
			330	330		

CANADIAN ASSIGNED PAY AUDITED 31/5/18 R.C. Shorncliffe AUDIT CLERK DATE 31/5/18

A/c Closed 21/1/19 Empress Britain

Ret'd per

Date 22/1/19 M.F.W. 187 29/1/19

Clerk (65843)

3

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128.
400m—4-17—1779 39-1141
L. L. 22220—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128.
4'OM. 6-7—1772-39-1141
1. L. 22320—M. & D. 1933.

Dis 15/1/19

AUDITOR | PAYMASTER

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

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

REGT. No. 931345 RANK Pte NAME (IN FULL) Cox G W

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1		
I.D.		

ORIGINAL UNIT C.E.F. 2 Con Bn. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE 3/2/5 — AUTHORITY

ASSIGNED PAY $ 15-00 DATE EFFECTIVE 1-2-19

PAYABLE TO Mrs Margaret Cox — RELATIONSHIP

ADDRESS Shelburne Village St John, Barbadoes, W. I.

ANY CHANGE IN ASSIGNEE OR ADDRESS: Box 36, New Aberdeen Glace Bay N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE dis 15/1/19 DATE ~~10/1/19~~ REASON 20043 AUTHORITY ~~Ltr 44~~ IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						Lds 20 29
					11	20			11	20	~~5 00~~														057							11	15	
1-1-19																					~~145 44~~															
16/2/19	10	110	11	00	35	00	11	15	57	15	15 00										25 00				05	7 94					5 7 7 9		64			
1.4.19			50	60	~~48 20~~						~~am 74~~								14 4 70																	
18/2/19	16	110	~~48~~	~~20~~	35	00	11	15	96	75	15 00								7396		~~18 46~~				05	7 74					166	75	70	00		
																			145 14 7000																	
																			Wa Service Gratuity																	
	153		350						350								5 Mar 25/19		14738		70				70								2 40			
					15	00			365												70												155			
																					85 00												740			
																					70 00												70			
			350	00	15	00			365	00											295 00				70	00					365	00				

Completed

1509874 15/4/19 Cr. Pay. ck. returned PMG 154 5818 01 9/5/19

293921 9/6/19

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

A. McAllister [CAPT.]

For Senior Officer Pay Services, M. D. 6

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3												DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	