ORIGINAL

ATTESTATION PAPER.

No. 734392

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Cromwell
1a. What are your Christian names? ~~Neily~~ Neaily
1b. What is your present address? Weymouth N.S.
2. In what Town, Township or Parish, and in what Country were you born? Weymouth N.S. Digby Co
3. What is the name of your next-of kin? Byron Cromwell
4. What is the address of your next-of-kin? Weymouth N.S.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? April 25 1894
6. What is your Trade or Calling? Labourer
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
9. Do you now belong to the Active Militia? yes
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, Neily Cromwell, 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.

Neaily Cromwell (Signature of Recruit)

Date March 13 1916 G.W. Cornell (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Neily Cromwell, 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.

Neaily Cromwell (Signature of Recruit)

Date March 13 1916. G.W. Cornell (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 Digby this 13 day of March 1916

G.W. Cornell J.P. (Signature of Justice)

M. F. W. 32.
600M.—2-16.
H. Q. 1772-39-341.

Carded 20-5-16
F.E.

Description of Wiley Cromwell on Enlistment.

Apparent Age 21 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height ..... 5 ft. 4 ins.

Chest measurement.
- Girth when fully expanded ..... 35-½ ins.
- Range of expansion ..... 1½ ins.

13½ lbs.

Complexion (Coloured)

Eyes Brown

Hair Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date ..... 191 . .....

Place ....
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.

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

..... (Signature of Officer)

Date ..... 191 .

ORIGINAL 931.302

ATTESTATION PAPER

No.

Folio

"..." ..... of .....

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name ? ..... Healy Cromwell
2. In what Township or parish, and in or near what Town and in what County or Country were you born ? ..... In or near the Town of Weymouth Falls in the County of N.S. in .....
3. *What is the name of your next of kin ? ..... wife Mrs Maud Cromwell
4. *What is the address of your next of kin ? ..... Weymouth Falls N.S
5. What is the date of your birth ? ..... April 25th 1895
6. What is your trade or calling ? ..... Labourer
7. Are you an apprentice ? .....
8. Are you married ? ..... ~~No~~ yes
9. Are you willing to be vaccinated or re-vaccinated? ..... yes
10. Do you now belong to the Active Militia ? ..... no
11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police ? †† ..... no

†† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.

12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force ? .... yes
13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? .... no
14. Do you understand the nature and terms of your engagement? .... yes
15. Are you willing to be attested to serve in the ..... yes

..... or for General Service for the term of .....

(Signature of Man) X Healy Cromwell

(Witness) John Lamont

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

X I, Healy Cromwell ....., do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of War ....., provided His Majesty should so long require my services, or until legally discharged.

X Healy Cromwell { Signature of Man. } ..... { Signature of Witness. }

OATH TO BE TAKEN BY MAN ON ATTESTATION.

X I, Healy Cromwell ....., do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand.

(Signature of Man) X Healy Cromwell

(Witness Present) John Lamont

The above questions were asked of the said Healey Cromwell and answered by him in my presence, as herein recorded ; and the said Healey Cromwell made the above Declaration and Oath before me at Truro this 24 day of Oct

One Thousand Nine Hundred Sixteen at 6 o'clock P.M.

† ~~Signature of Commanding Officer of Squadron, Battery or Company, or~~ Justice of the Peace. } C. W. Rees Capt

Justice of the Peace in and for the County of Colchester, Province of Nova Scotia.

* To be verified in the month of January in *each year*

† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (*See* K. R. & O. for the C. M., and the Militia Act.)

M. F. B. 235.

25M.-2-16.
H. Q 1772-39-87.

[OVER]

Description of Cromwell Keatley on Enlistment.

Apparent Age 27 years ... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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).

Height	6 ft. 1½ ins.
Weight	152 lbs.
Chest measurement. Girth when fully expanded	36½ ins.
Chest measurement. Range of expansion	3½ ins.
Complexion	Dark
Eyes	Brown
Hair	Black

Religious denomination.

- Church of England: Anglican
- Presbyterian:
- Methodist:
- Baptist and Congregationalist:
- Roman Catholic:
- Jewish:
- Other Protestants: (Denomination to be stated.)

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* Fit for the Permanent Force,

Date Oct 23 1916.

Place Truro.

H V Kent Major and C.
Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

Keatley Cromwell 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 Rees Capt (Signature of Officer)

Date OCT 23 1916 191 .

aa. 31-3-19

REGIMENTAL DOCUMENTS

NAME CROMWELL NEAILY REGT. NO. 931302 734392 UNIT #2 Constr Bn H.Q. FILE NO.

H

2nd Enl.

	CONTENTS 1st Enl		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					DEATH
1	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)						
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)	1					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)	1					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)	2					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)						Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						
1	MEDICAL EXAMINATION (M.F.W. 129)						
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						Demob ?
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						Undesirable
	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. 3225)						
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)	1					
1	A.F.W. 3997						
1	M.F.W. 192						
1	D.M.S. 1375						
1	C.A.D. C5009A						
	misc	1					
	R122						
	[illegible]						
	[illegible]						

M 45419

H

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 93/302 (Rank) Private

Name (in full) Nealy Cromwell enlisted in

the No 2 Construction Bn

CANADIAN EXPEDITIONARY FORCE at Truro N.S on the 24th

day of October 19 16

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 23 years 10 months

Height 5 feet 3 inches

Complexion Dark

Eyes Dark Brown

Hair Black

Marks or Scars Vacc left arm

Nealy Cromwell
Signature of Soldier

for J. W. Hughes LIEUT
O.C. DISCHARGE SECTION No 6 DISTRICT DEPOT
Issuing Officer

Rank

Appointment

Date of Discharge February 15 1919

Signed at Halifax NS this 12th day of February 19 19

in Military District No. 6

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 Digby N.S (Weymouth Bridge)

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.

NEAILY CROMWELL. A.W.W.W.

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~~ No 2 Const. Batt. C.E.F.

Regimental No. 931302 Rank pte Name Neaily Cromwell

Enlisted (a) 24-10-16 Terms of Service (a) C. E. F. period of war & 6 months Service reckons from (a) 24-10-16

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, N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
17/5/17	O.C. No 2 Constn Bath	Proceeded Overseas	Seaford	7/4/17	Pt 2. D.O.# ~~[illegible]~~ for Corps & Adv
		Landed fn France 17-5-17 N.R.			
5-1-18	OC	att to 1 Dist C.F.C.		30-12-17	B213
24-8-18	OC 38 Co. C.F.C.	Granted 14 days leave to	ck.	24-8-18	B213 pt no. 50 of Sept 1918
10-9-18	Do	Returns from leave	Field	10-9-18	B213
19-10-18	OC unit	Awarded one G C Badge	Field	24/10/18	B213 pt no. 59 of Oct 1918

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				
11 12/18	MAG	Trans to England & posted to N/S Reg Dep	Bramshott	14 12/18	KR 344 & N/R.
					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 Quarters & Rations.	B'shott.	14-12-18	D.O. 305.
	NSRD	ON COMMAND TO C.O.D. Kinmel Pk Rhyl	BRAMSHOTT		PART II D.O. NSRD 3B 27 12/18
12/1/19		S.O.S. O.M.F.C. on Transfer to C.E.F. Discharge Canada Sailing No 4	R M Hammond Kinmel Park	Lieut	C.A. Knight LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
12.1.19	O'seas.	T/O/S. No. 6 D.D. Hlfx. Cary Co.		22.1.19	DO 29.
					M.M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT.
15-2.19		DISCHARGED at Halifax, N. S	DO 43	for	R L Thurston LIEUT. O.C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

Form R 122.
2353—100M—9-12-16.

J.P. Rank Name CROMWELL, Neaily Reg'l No. 931302.

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

Place and Date of Enlistment Truro. 24th Oct. 1916. Place of Birth ~~Mrs~~. Weymouth Falls N.S.

Name and Address, Next-of-Kin Mrs. Maud Cromwell.

Weymouth Falls. N.S. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. V., Ld.—9546-16.

E. R.B. No. 6611
Ile R.L.
Category OR. CAN

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.	A.F.B. 103 CHECKED 29 MAY 1917 Awww.
14-6-17	#2 C.C.C.	Arrived in France	Field	17-5-17	— 115
29-10-18	2 CCC	Awarded Good Conduct Badge	Pte Field	24-10-18	Pte No 59
16.12.18	NSRD	TOS from 2nd CCCoy.	" Bishoth.	14.12.18	DO 305 & 71 D/ 19.12.18 2" CCC.
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	ceases O/C to Rhyl, T.S.O.S. to C.E.F. Canada	— Ripon	12.1.19	— 18.

120

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.					

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

This is to Certify that No. 734392 (Rank) Private.

(Name in Full) Cromwell Neally enlisted in the 112th., "Overseas" Batt'n., C.E.F.

Canadian Overseas Expeditionary Force, on the 13 th of March 1916, and accompanied said unit to Digby.

was returned to Canada, and discharged from the service at Windsor, N.S.

on the 1 st' of May 1916, in consequence of Being undesirable

DESCRIPTION ON DISCHARGE

Age 21 years.

Height 5 ft. 4 in.

Complexion Coloured

Eyes Brown.

Hair Black.

Trade Laborers.

Marks or Scars Nil.

Signature of Man

Hadley B. Tremain

Officer in charge Discharge Depot.
O.C. 112th. Battalion. C.E.F.

Place and Date Windsor, N.S. May 4th. 1916.

SHOULD THIS DISCHARGE CERTIFICATE BE LOST, NO DUPLICATE OF IT CAN BE OBTAINED.

N. B.—Any person finding this Certificate is requested to forward it in an unstamped envelope to The Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39
200m.-5-15.
H.Q. 1772-39-882.

CANADIAN OVERSEAS EXPEDITIONARY FORCES

Discharge Certificate

No. 734392

Rank Private.

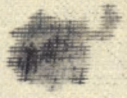
Name Cromwell Neally

Unit 112 th. "Overseas" Batt'n., C.E.F.

Address on Discharge Weymouth

Digby Co.,

N.S.



His conduct and character while in the Service have been : Exceptionally bad.

Place Windsor, N.S.

Date May 4th. 1916.

Commanding Hadley B. Tremain

Lt. Col.

O.C. 112th. Battalion C.E.F.

Campaigns Nil.

Medals and Decorations Nil.

931302

ORIGINAL

MEDICAL HISTORY SHEET

Surname Cromwell Christian Name Healy

Examined on 5 day of Oct 1916
at Truro N S

Birthplace City or Town Weymouth Falls
County Digby N S

Apparent age 21

Trade or occupation Labourer

Height 5 feet 8½ Inches

Weight 168 lbs.

Chest measurement Minimum 33 inches
Maximum expansion 36½ inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left X
Number One

When Vaccinated last 1 year ago

(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 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	
16/3/17	Take	Dale Murray	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
25/10/16	Ltr R	H. V. Kent - Major	M.O.
1/11/16	Ltr R	H. V. Kent - Major	M.O.
7/11/16	Ltr R	H. V. Kent - Major	M.O.

Enlisted on day of 191 at Truro N S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		931302		10/5/16
Transferred to	No. 2 CONSTRUCTION, B'n. C.E.F.			

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 Cromwell Christian Name Healey

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				

734392

MEDICAL HISTORY SHEET.

Surname Cromwell *Christian Name* Neaile

Examined { on 13 day of Mar 1916
at Digby

Approved by

Birthplace { City or Town Weymouth
County Digby Co

Rank M.O.

Apparent age 22 yrs

Trade or occupation Laborer

Height 5 Feet 4 Inches.

Weight 137 Lbs.

Chest measurement { Minimum 34 inches.
Maximum expansion 1½ inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

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

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

Enlisted on 13 *day of* March 1916 *at* Digby N.S.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	112th. "OVERSEAS" BATTALION, C. E. F.	734392		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.
400M.—1-16.
H. Q. 1772-39-439.

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

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

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 Cromwell Surname Neaily

Unit or Corps 17 Reserve (If a soldier) Regtl. No. 931302

Born at Weymouth N.S. on, date April twenty four 1896

Signature (for identification) Neaily Cromwell

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

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

Weight 145 lbs.

Height 5 ft. 2½ ins.

no

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 Kinmel Park. Signed H R C Crawford Capt. M.O.

Date 2/1/19 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.*

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

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 931302 Rank Pte. Name Cromwell M.
(Surname first)

Unit 2 C. 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 c.		46
Field Allowance 46 days at $ c. 10		4 60
Separation Allowance 30.00		30
Clothing Allowance 35.00		35
Post Discharge Pay	70	
*Other Credits		
Advances	81 46	
Separation Allowance and Assigned Pay Cheque No. 30.00		
*Other Charges Reg. fund 59 + 15 24	30 00	
	15 49	
Balance on transfer or on discharge, cheque No. Debit		70 00
Total	196 35	196 35

*Give particulars.

A monthly stoppage of $ 15.00 (†) has been Chgd. (‡) been paid on account of

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

(to) Assignee Mrs. Maud Cromwell

(Address) Weymouth Falls N.S.

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

Rec'd. Chkd.

ON TRANSFER OF AN OFFICER.

Checked:

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

M.D. No. 6

REMARKS:—

State (1) date of enlistment ... married ~~or single~~

(2) Separation Allowance, entitled or not Yes (3) Reason for discharge ...

(4) Authority for discharge or transfer D.O. 42 No. 53

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 4-3-19

Place Halifax N.S. Wm Drysdale CAPTAIN.

PAYMASTER, NO. 6 DISTRICT NOVA SCOTIA
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				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
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.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....

3216

1918-19

374

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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 Neil 2. Surname Cromwell Cromwell

3. Rank Pte 4. Original Unit #2 Cons. Bn. 5. Reg. No. 931302

6. Address, in full, to which future payments of gratuity are to be forwarded Weymouth Bridge Digby Co. N.S.

7. Date of enlistment in the C.E.F. Oct 24, 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs. Maud Cromwell

9. Relationship of such dependent Wife

10. Address, in full, of such dependent Weymouth Bridge Digby Co. N.S.

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:—

Yes:- #2 Cons. Bn. 7-4-17 to 14-12-18

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 From 24-10-16 #2 Cons. Bn (Con. Eng & France), N.S.R.D. (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 .....

Not applicable

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? Not applicable

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 .....

Demobilization

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 .....

Yes:- #2 Cons. Bn. 17-5-17 to 14-12-18

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? No

(b) If so, are you in receipt of full pay and allowances from that Department? Not applicable

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: Neaily Cornwell

Place of Residence: Weymouth Bridge, Digby Co. N.S.

Declared before me at: Halifax, N.S.

This 12th day of February 1919 R H Christie

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 Clear		SA Pd to 28/2/18	153 days	280.00
First Payment		WS gratuity	5 mos S.A.	137.00
				416.00

Certified Correct. W W Dingwall

District Paymaster.

C.A.[redacted] 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

MD 6

NAME OF SOLDIER (Block Letters) CROMWELL N

REGIMENT No 2 Constr Bttn RANK Pte No. 431302

Date of Examination in England 3/12/18 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 6, 9.
2. EXTRACTIONS 4, 5, 19, 30,
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 – Yes
- (c) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer [signature]

DUPLICATE

931302

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 Batt'n. C. E. F.

(2) Regimental Number 931302

(3) Full Name of Soldier Stanley Cromwell
Neily

(4) Place of Birth Waymouth Falls Co. S.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife Mrs Maud L. Cromwell

(b) Present Postal Address Waymouth Falls Co. S.

(7) Are you a widower? Co.

(8) Have you any children? Co.

If so, give number of boys and girls —

Also their names and ages —

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address Byron Cromwell Weymouth Falls No 8

(10) Is your Mother alive? Yes

If so, state name and address Louisa Cromwell Weymouth Falls No 8.

(11) If your Mother is a widow and

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.

$ 15

(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.

wife

(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? —

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 W Reis Capt

for Officer Commanding.

Date OCT 24 1916

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Wife

To Whom Mrs. Maud Cromwell

Address Weymouth Falls N.S.

Rate 15.00 APR 1917

By Whom Assigned Cromwell Healy

Regtl. No. 93/302

Rank Pte

Corps No 2 const Bn.

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2

Mrs. Maud Cromwell Wife
(Assignee)

Name of Soldier Cromwell Healy

No 931302 Pte 102 coast Bn

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
			15 00	APR 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4756	15	
May		B 7116	15	15 15
June		R 13926	15	15 Bn
July		F 21045	15	C
Aug.		L 28137	15	6
Sept.		K 34807 ~~K 34807~~	~~15~~ 15	K 34807 - cane.
Oct.		Z 46335	15	
Nov.		X 38834	15	
Dec.		A 45686	15	135
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

2-10-16.

L. L. [redacted]4503.—M. &[redacted]6832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-813.

SEPARATION ALLOWANCE

Name Mrs. Maud Cromwell,
Address Weymouth Falls, N. S.

Name of Soldier Cromwell, Nealy.
Regtl. No. 931302.
Rank Pte
Corps 2 Cons. Bn.

Relation to Soldier wife, child or mother } Wife.

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				

CONSOLIDATED ACCOUNT

2-10-16.

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. Mrs M. Cromwell. Wife

PAYMENTS.

Name of Soldier Cromwell. N Pte.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		F 24273	39		39
Dec.		Y 27433	20		20
Jan.	1917	M 26756	20		20
Feb.		M. 30510	20		20
March		M 33738	20	159	20
April		U 551	20		20
May		N 3862	20		20
June		P 7197	20		20
July	D 13779	~~P 10711~~	20 ~~20~~		20 MP 10711 Cancelled, RE-WRITE
Aug.		T 13986	20		T
Sept		S 16895	20		T
Oct.		Y 22455	20		Pn
Nov.		D 25695	20		Hd
Dec.		A 17537	20		S 299-J.
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

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.				

Army.

Number 93302 Rank Pte.

Surname CROMWELL

Christian Name Stanley

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

Date of Service 15-5-17

Remarks

Latest Address Weymouth Bridge
Digby Co. N.S.

Roll No. R. Regt 21040.

200m.-6-21.M.

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE

OSPITAL AS AN ADMISSION

WHERE FROM)

NIT

IN CATEGORY

INVALID

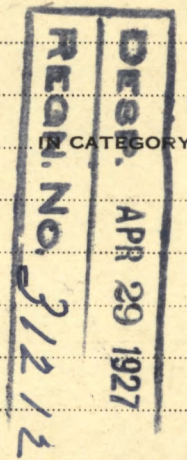
WHERE TO)

DITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION



* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

H. Q. .....

M. D. No. 6

Surname Cromwell

T. O. S. ..... 19.....

Christian names Neaily

D. O. Pt. II ..... of .....

Regtl. No. ~~734392~~ 931302 Rank Pte.

S. O. S. 6 17/2/1919.

Unit ~~112th~~ #2. Construction Bn.

Reason Demob

original enlistment - 13-3-16

Auth. DO 45 of 14/2/19. 6/DD.

S.O.S. Dis. 1-5-16-I

Next of kin Cromwell Mrs. Maud

Relationship Wife

Address Weymouth Falls, Digby, Co. N.S.

Also notify: .....

BORN—Place Canada Weymouth Falls. N.S. Date Apr. 25th 1895

ATTESTED—Place Truro, N.S. Date Oct. 24th 1916

O/S .....

R/C 25-1-19 256

67

W. 22—75M-5-18. 1772-39 839.

No. 931302. RANK Pte NAME Cromwell. Healy

T. O. S. 2-10-16
D.O. 43.5.-10-16

UNIT No 2. Construction Battalion.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct. 2.	1916 Oct. 31.	✓		
	Nov.	✓		
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	✓		
	Mar.	✓		

No. 34392 RANK Pte. NAME Cromwell. Willy

T.O.S. 13-3-16 UNIT 112th Battalion
D.O. 630 of 16.3.16

M.D. 6

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Mar. 13	Mar. 31	~~O.S.~~		
April		O S		
May 1	May 1	Z	Dmchgd (Undesirable) 1-5-16	DO 104 of 2-5-16

UNIT SAILED
JUL 23 1916

a/c closed by payments

*Name CROMWELL. Nelly Rank PTE. Regtl. No 931203.

Fyle Depot 74-C-928.

Original unit 2 CON. BN. Present unit #6 D. D. M. or S. Age 21 Religion Angl. Ref. H.Q.

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

Next of kin Wife. Mrs. Maud Cromwell.

Address on leave Weymouth Bridge. N. S.

Address on discharge Same.

Transportation issued Yes / No Date Character on discharge

Previous occupation Labourer. Date and place of enlistment Truro. N. S. 24-10-16.

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 O[redacted] No.

M.F.W. 192
150M—6-18.
1772-39-1243.

P. 559

MARRIED OR SINGLE Tw.

PLACE OF BIRTH Weymouth Falls N.S.

NAME AND ADDRESS OF NEXT OF KIN Mrs Maud Cromwell Weymouth N.S.

RELATIONSHIP OF NEXT OF KIN wife

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. 931302 RANK NAME Cromwell Neailly E X ✓

IF IN PERMT. CORPS WHAT UNIT UNIT 2 Cow Bn TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Truro N.S. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 24 Oct/16 TRANSFERRED TO DATE AUTHORITY

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

PAYABLE TO Mrs Maud Cromwell, Weymouth Falls, N.S. RELATIONSHIP Wife

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)

6 60

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.	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 A	ASSIGNED PAY S	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														11 95	11 95																	11 95				Bal from Canada.
Apr 1/30	30	1.10	33	00											33 00													15			15 –	29 95			29 95	
MAY 1.31	31	"	34	10											34 10	32 / 5	1.5 / 19.4							9 74 / 4 87				15			29 61	34 44			34 44	
JUN 1.30	30	"	33	00											33 00	60	14/5							4 87				15			19 87	47 57			47 57	
July 1-31	31	–	34	10											34 10													15	–	–	15 –	66 67			66 67	
Aug "	"	"	34	10											34 10											3 57		15			18 57	82 20			82 20	
Sep 1.30	30	–	33	–											33 –					125 / 192 / 267 / 290	12/6 / 25/6 / 12/7 / 25/7					3 57 / 3 57 / 3 57 / 3 57		15 –			29 28	85 92				
			201	30										11 95	213 25									19 48		17 86		90 –			127 33	85 92				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep	Bal	~~85 92~~ Dle.							85 92		
Oct	P.P.	34 10		A.R. 569. 27/8/17. 2 Constr Bn. att. C.F.C.	3 56		–	15			
				" 453. 13/8/17 " " " "	3 56				97 90		
		34 10			7 12			15			

Pte 931302 Cromwell. N 15.00

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				DR. 1		DR. 2		PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER. RED. PAY	DEF. ALLOW. ENG.														
	oct mal																		97	90															
Nov.	P.P.				33	–											15																		
									AR.819. 28 9/17 C.F.C					3	57																					
									– 842 12 10/17 –					3	57																					
									– 964. 25 10/17 –					3	57																					
									"1083. 10 11/17 –					3	57																					
DEC	– –				34	10			AR.618 11 9/17 – June					3	57		15		117	15																
					67	10								17	85		30																			
JAN	1918	P.P.			34	10											15																			
									AR.1252. 22 11/17. 2 Constr. B					12	49																					
									– 1426. 21 12/17 – –					7	14				116	62																
					34	10	– –							19	63.	– –	–	15																		
FEB		"			30	80			Assigned Pay								15																			
									– 2031. 5 1/18. 2 Constr. att C.F.C.					3	57																					
									– 2181. 21 1/18 – – –					3	57.																					
									"2372 5/2/18. #1. "					3	57																					
					30	80.								10	71		15.		121	71																
MAR 1918		"			34	10			Ass Pay								15																			
									AR 2611 – 20 2/18. #1 C.F.C.					3	57																					
									" 2869 – 7 3/18 "					3	57																					
									" 3065 – 19 3/18 –					3	57																					
					34	10								10	71		15		130	10																

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

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

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 Maud Cromwell wife
Weymouth Falls. N.S.
Stopped 1-1-19

12/1/19
MR 161
2 Debtco.

NAME:- CROMWELL NEAILLY

NUMBER:- 931302

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

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	6566	Fw 25-	~~4 66~~				
18/12/18	3566	£2/1/-	~~9 73~~				
			14 39				
				Reward R# 90242 issued Lin			aug 28/18

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 -	- 10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Dis to Canada Auth A.F. P. 161 17/12/18 Led Bal 63 7s 2d Bal 49 3d

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								130 10		
apl	Pay 4a	33 -		Ass Pay				15			
				aR 115 6/4 CFC 201 ✓	3 57						
				aR 297 20/4 -"- ✓	3 57				140 96		
May	P. Pay	33		ass Pay	7 14			15			
		34 10						15 -			
				aR 492 7/5 CFC1 ✓	2 68						
				" 720 22/5 -"- ✓	4 46				152 92		
		34 10			7 14			15 -			
June	P.P.	33 -		ass Pay				15 -			
				aR 907 7/6 CFC 1 ✓	3 57						
				✓ 1103 22/6 ✓ ✓	3 57				163 78		
		33			7 14			15			
July	PP.	34 10		ass Pay				15			
				aR 1293 6/7 CFC 1 ✓	3 57						
				aR 1502 22/7 ✓ ✓	3 57				175 74		
		34 10			7 14			15			
Aug	PP	34 10		Can AP				15			
				aR 1697 6/8 CFC 1	3 57						
				aR 2770 28/8 Lin	48 67						
				aR 2990 22/8 CFC 1	97 33						
				aR 1945 22/8 ✓	3 57				41 70		
		34 10			153 14			15			
Sep	PP.	33		Can AP				15			
				CR 24667 2/9 London	24 33						
				aR 2441 23/9 CFC 1	3 57				31 80	a/c	3/12	
		33			27 90			12 15 -			
Oct	PP.	34 10		Can AP							
				aR 1678 7/10 CFC 1	3 73						
		34 10		✓ 2930 23/10 ✓	3 73				43 44		
					7 46			15 -			

COMPUTED BY [signature]

CHECKED BY [signature]

NUMBER 931302 RANK NAME CROMWELL N.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									43 44		
Nov	P.P.	33 -		Cash				15 -			
				Cas 3097 8/11 C & C1.	8 73						
				" 3304 25/11 "	13 06						
Dec	P P	34 10		Cash	16 79			15 -	63 45		
				Cas 6566 10/12 Bne.	4 66						
				" 3566. 18/12 . W&R	9 73				49.36		
		69 10			31 18			30			
Jany				Cash 39 10/79 Rhyl →	9 73				39 63		
				Endorsement Cash	9 73						
				Sds to Can 12/74 B018 as 5/79 W&R							

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE ....

43 44
69 10
110 54
46 79
63 45
14 39
49 36

4 46
16 79
14 39
35 64

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).

M

No. 931302

Rank Private

Surname Cromwell

Christian Name Healy

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

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

Date of Discharge February 15. 1919

Place of Discharge Halifax N.S

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 10 months.

Height 5 feet 3 inches.

Complexion Dark

Eyes Dark Brown

Hair Black

Trade Labourer

Intended place of residence (To be given as fully as practicable.) Weymouth Bridge Digby Co N.S

Descriptive Marks

Vacc left arm

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.)

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding .....

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

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

(Place) Halifax N. S. Nearly Cornwall (*Signature of Soldier.*)

(Date) February 12th 1919 H. Wren (*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*) [signature] 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

Neaily Cornwall

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.		
Squadron / Battery / Company } Conduct Sheet,	"	B. 263a.	
Copies of Convictions, by C. P.		in MS.	
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	"	B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate,	"	D. 877.	

*Only if discharged "Medically unfit."

Attestation Paper,	Militia Form B. 235.	
Proceedings on Discharge	"	B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(*a*) Proceedings on Discharge.

(*b*) Attestation.

(*c*) Medical History Sheet (in the event of such having been prepared.)

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.

MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Deferred Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N. B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

	Initials of Officers.
2. Passed classes of Instruction	
3. Campaigns.....	
4. Wounded	
5. Effects of wounds	
6. Special instances of gallant conduct.....	
7. Medals, Decorations and Annuities	

	(a) Christian and surname of woman to whom married and whether spinster or widow; (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and (d) Name of two Witnesses.				Date of being placed on Married Roll	Initials of Officers.
	(a)	(b)	(c)	(d)		
9. Particulars as to Marriage.....						

	Christian Name	Date and Place of Birth	Date and Place of Baptism, and Name of Officiating Minister
10. Particulars as to Children			

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

Statement of the Services of No. ___ Name ___

Corps	Squadron, Battery or Company, etc.	PROMOTIONS, DEDUCTIONS CASUALTIES, &c.	RANK	DATE	Service towards Deferred Pay		Service towards completion of engagement		Signature of Officers certifying correctness of Entries.
					Years.	Days	Years	Days	
		Services towards engagement reckons from..... Joined at							
		Total Services as above ...							

(OVER)

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. 931302 Rank Pte Surname Cromwell
(Given name in full) Neil

Unit or Corps D.D. #6 Birthplace Weymouth N.S.

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

1. **GENERAL DESCRIPTION:**

Physique good Weight 140 lbs. Height 5 ft. 3 in. Colour of Eyes dark brown

Nutrition good

Pulse 76

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Scar left arm

Opinion as to general health and physical condition good

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

Nervous System no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

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

Weymouth, 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 Kingston (Canada)

Date Feb 11/19 Signed [signature] Capt. 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 [signature]

(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 3, overleaf, only.)

[OVER]

M.F.W. 129.
1083 (D.P.) 500M-11-18.
1772-39-1142.

Date of Enlistment 2/10/16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

C

Date of Assignment 15636 Apr/17

RATE OF SEPARATION ALLOWANCE

~~20~~	25.00 1/12/17		30

P.C. 3257.

1-9-18
DC 2753
MO 41031

RATE OF ASSIGNMENT

15.			

wife

PARTICULARS OF SEPARATION ALLOWANCE

No. 931302

Rank Pte Promoted Reverted Discharge

Soldier's Name Nealy Cromwell

Battalion #2 Coast Battn

Beneficiary Mrs Maud Cromwell

Relationship Wife. M f W 25-54

Address 30-9-18

Rec OK

PARTICULARS OF ASSIGNMENT

Name Mrs Maud Cromwell

Address Weymouth Falls, N.S

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	4233-D-3. REMARKS
Dec 31		299	135	434. ✓	
Jan.	D 63279	30	15	45	mc
Feby	E 90113	25	15	40	
Mar	A 119273	25	15	40	JL
Apr	B 1778	25	15	40	
May	M 17887	25	15	40	
June	I 21554	25	15	40	
July	S 32790	25	15	40	
Aug	I 35277	25	15	40	
Sept	L 44669	25	15	40	
Oct	M 52606	25	15	40	
Nov	D 60664	25	15	40	
Dec	D 66638	45	15	60	
Jan	B 72986	30	15	45	
		654	330		

CANADIAN
ASSIGNED PAY AUDITED
to 31/12/18
[signature]
AUDIT CLERK
DATE 16/5/19

A/c Closed 31-1-19
Ret'd per Emp of Britain
Date 22/1/19 M.F.W. 187 29/1/19
Clerk [signature]
MD 6 M.O. 65149

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—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
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7683.

AUDITOR | PAYMASTER

M. OR S. E of B

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

REGT. No. 931302 RANK NAME (IN FULL) Cromwell N

NEXT OF KIN RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE 1/2/19

TO WHOM PAID Mrs Maud Cromwell RELATIONSHIP

ADDRESS Weymouth Falls Sydney NS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1.00		
10		

ORIGINAL UNIT C.E.F. 2 Cons Bn IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE 1/2/19 374

PAYABLE TO wife RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Weymouth Bridge NS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

DISCHARGED PLACE DATE 15-2-19 REASON AUTHORITY D043 IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A. No. OF DAYS	RATE	AMOUNT $ C.	OTHER CREDITS $ C.	$ C.	TOTAL CREDITS $ C.	ACQUITTANCE ROLLS COL. No. 1 No. DATE	COL. No. 2 No. DATE	COL. No. 3 No. DATE	CASH PAYMENTS COL. No. 1 $ C.	COL. No. 2 $ C.	COL. No. 3 $ C.	ASSIGNED PAY $ C.	REGIMENTAL CHARGES $ C.	OTHER CHARGES $ C.	$ C.	TOTAL DEBITS $ C.	BALANCE DEBIT $ C.	CREDIT $ C.	PARTICULARS OR REMARKS
1/1/19				11 20		11 20														Subs D029
15-2-19	46	1.10	50 60	35 00 / 30 00	11 15	126 75						144 68 / 81 46	144 67 / 30 00	05	15 24		126 75		11 15	
											144 99 / 70 00						196 75	70 00		
										War Service Gratuity								Sub	Dep	
	153	350	136		486							140		70			280	136		
												46					140	90		150966/150967 15/4/17
												70								
												30					70	60		581812/3 9/5/19
												70								
												30					nil	~~nil~~		393937/8 9/6/19
												30						30		882810 10/7/19
			350 00	136 00		486 00						486 00		70 00		486 00		nil		

Completed

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

[signature] 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		REGI-MENTAL 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.	