

DUPLICATE

cont
2/7/18

PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname Cross,
2. Christian name Harry Percival
3. Present address Wista P.O., Alberta,
4. Military Service Act letter and number 357908-MC
5. Date of birth April 10/1896
6. Place of birth Chesley, Ontario,
(town, township or county and country)
7. Married, widower or single Single,
8. Religion Methodist,
9. Trade or calling Farmer,
10. Name of next-of-kin Allan Cross,
11. Relationship of next-of-kin Father,
12. Address of next-of-kin Wista P., Alberta (All Necessary)
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any None
15. Medical Examination under Military Service Act:—
(a) Place Coronation Alta. (b) Date December 6, 1917 (c) Category "A" 2

DECLARATION OF RECRUIT

I, Harry Percival Cross,, do solemnly declare that the above particulars refer to me, and are true.

Harry Percival Cross. (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 22 yrs 1 mths.
 Height 5 ft 9 ins.
 Chest measurement } fully expanded 35 ins.
 } range of expansion 3 ins.
 Complexion Clear
 Eyes Blue
 Hair lt. Brown,

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

Scar Upper lip

Commanding 1st Depot Batt'n, Alta Reg't Lt. Col.
 O. C. Depot Btltn.
 Regt.

Place Calgary, Alberta Date 17-5-20

PARTICULARS OF RECRUIT DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class)

1. Name

2. Christian name

3. Present address

4. Military Service Act letter and number

5. Date of birth

6. Place of birth (State, county and parish)

7. Married, widower or single

8. Religion

9. Trade or calling

10. Name of next of kin

11. Relationship of next of kin

12. Address of next of kin

13. Whether he present a member of the Army Medical Corps

14. Particulars of previous military or naval service, if any

15. Medical Examination under Military Service Act: (a) Place, (b) Date, (c) Category

DECLARATION OF RECRUIT

I,, do solemnly declare that the above particulars true to me and are true.

(Signature of Recruit)

DESCRIPTION ON CALLING UP

Distinctive marks and marks indicating congenital peculiarities or previous disease.	Height	ins.
	Chest	ins.
	Measurement	fully expanded	ins.
		range of expansion	ins.
	Complexion

REGIMENTAL DOCUMENTS

NAME

CROSS

Harry Percival

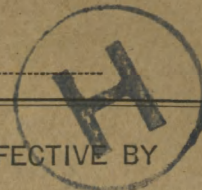
REGT. NO.

1st Lt. 3211156

UNIT

21st C. Res. Bn.

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

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

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

PARTICULARS OF CHARACTER (A.F.W. 3226)

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

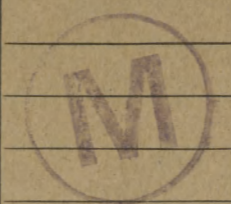
U.L. 3

Leah Soga

DEATH

Category

46936

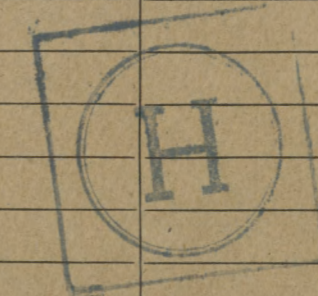


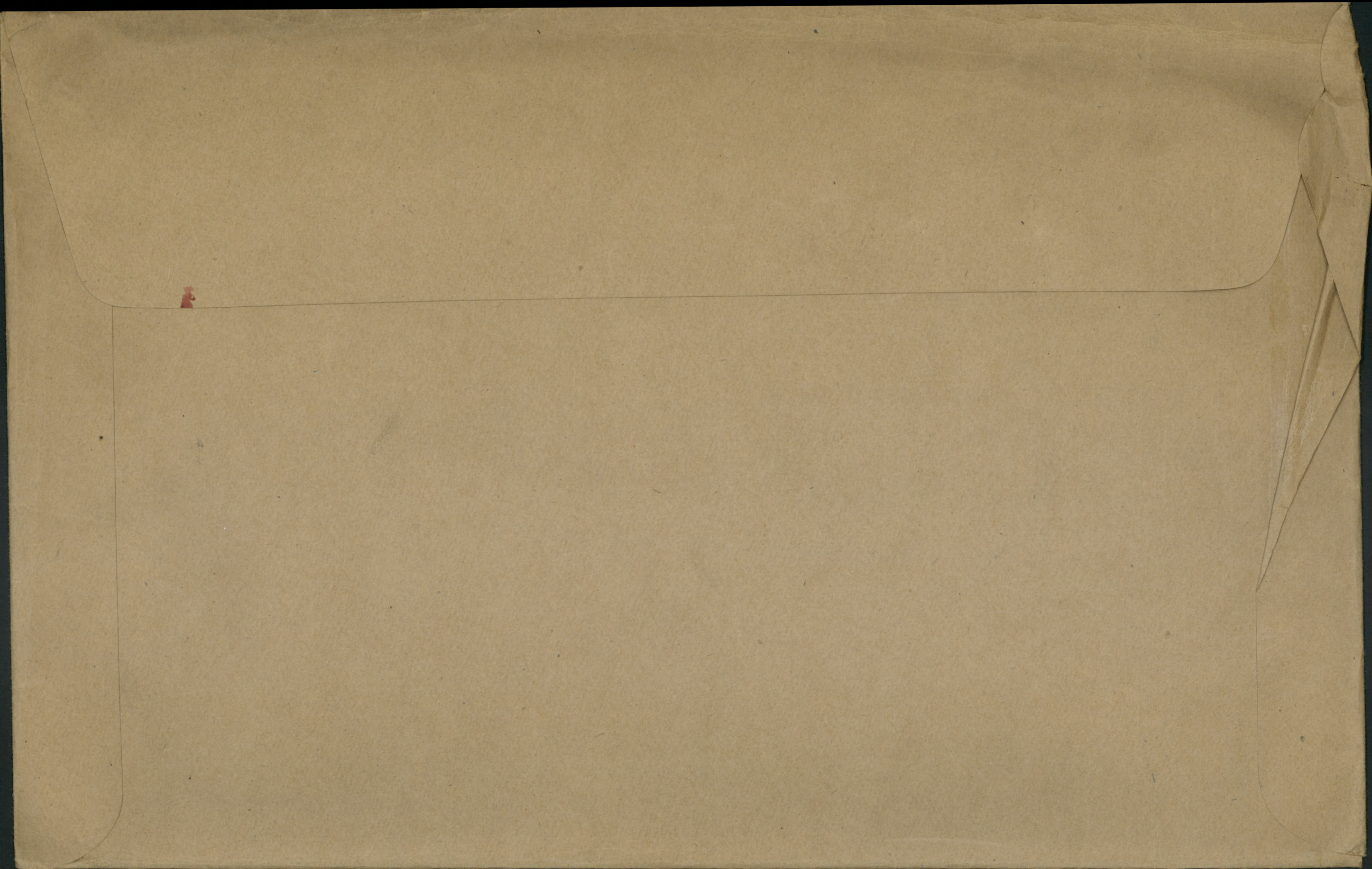
DISCHARGE

Category

Remot

DESERTION





War Veterans' Allowance

Name: *Harry Percival Cross*

No: *32 11156*

1. THEATRES OF SERVICE

(1) South African War

Date and port of disembarkation:

(2) World War I

Canada, U.K.

IF CANADA)

Date(s) disembarked in U.K. *15 August 1918*

AND)

Date(s) S.O.S. in U.K. for Canada *14 June 1919.*

U.K. ONLY)

Period(s) of desertion in U.K.

(3) World War II

Date of embarkation:

(4) Korean War

Date of embarkation:

2. Date and place of all enlistments: *17 May 1918 Calgary
Alta.*

3. Date of all discharges and reason: *25 June 1919. Disob.*

4. Date and place of birth as per attestation paper: *10 April 1896. Chesley
Ont.*

5. Marital status: If married, name in full of wife: *Single*

6. Any other military service: *Nil*

7. Decorations, if any. *Nil*

Clerk's Initials:

22/1/58

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge, Class _____ No. _____ Iss. _____

THIS IS TO CERTIFY that No. 321156 (Rank) Pte

Name (in full) Henry Percival Cross enlisted in
the 1st DEPOT BATTN. ALBERTA

CANADIAN EXPEDITIONARY FORCE at Calgary, Alta. on the 17th
day of May 1918

HE served in England 21st Canadian Reserve BATTN. ALBERTA

Demobilization.

and is now discharged from the service by reason of

~~Medical Unfitness.~~

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

Age 22 yrs 6 mths

Height 5 ft 9 inches

Complexion Clear

Eyes Blue

Hair L. Brown

H. P. Cross
Signature of Soldier.

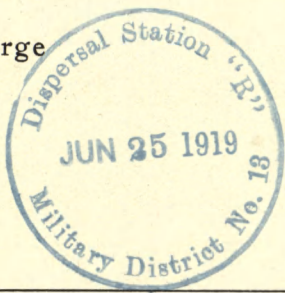
Marks or Scars Scar upper

lip.

(Before enlistment)

[Signature]
Issuing Officer.

Date of Discharge



Rank

JUN 25 1919

Date _____ 19____

NB.- 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.

Rank _____ Name *Cross Harry Percival* Reg'l No. *3211156*
 Unit *69th Dft. Alta.* If in perm. Corps, }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Calgary Alta 17/5/18* Place of Birth *Chesley, Ont.*
 Name and Address, Next-of-Kin *Allan Cross*
Wiste P.O. Alta. Relationship *Father*

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

N/E. R.B. No. *13848*
 FILED
CAN. OR
 Calgary

H. W. V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>	<i>15 AUG 1918</i>	<i>H.M.T.</i>	<i>Hellore</i>
<i>22, 8, 18</i>	<i>ZI Res Bn</i>	<i>T.O.S from CANADA</i>	<i>B. Shott</i>	<i>16 AUG 18</i>	<i>DO-198</i>
<i>15-10-18</i>	<i>"</i>	<i>Applied as Sgt with pay</i>	<i>Ok.</i>	<i>28-7-18</i>	<i>M20.244</i>
<i>15-10-18</i>	<i>"</i>	<i>Reverts to pay for 1st class</i>	<i>admt.</i>	<i>16 8 18</i>	<i>244</i>
<i>13-6-19</i>	<i>"</i>	<i>S.O.S. to Canada</i>	<i>Refuse</i>	<i>14 6-19</i>	<i>D.O. 136</i>

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.

Cross, H.P.

Unit, Regiment or Corps. 1st Depot Batt'n. A. R.
 Regimental No. 3211156 Rank Private Name Cross, Harry Percival,
 Enlisted (a) 17-5-18 Terms of Service (a) C.P.W. Duration of war. Service reckons from (a) 17-5-18
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
 Farmer.
 Extended. Re-engaged. Qualification (b).

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		EMBARKED.	Montreal	28/7/18	N/M T. Nelson.
		DISEMBARCKED.	Riverpool	15/8/18	
<i>22/8/18.</i>	21st RES. Bn	<i>Taken on strength on arrival from Canada.</i>	BRAMSHOTT.	16/8/18	Pt. II D.O. No. <i>198</i>
<i>15/10/18</i>	21st RES. Bn	<i>Appointed as Sergeant with pay of rank</i>	BRAMSHOTT.	28/7/18	Pt. II D.O. No. <i>244</i>
<i>15/10/18.</i>	21st RES. Bn	<i>Reverts to permanent grade of Private.</i>	BRAMSHOTT.	16/8/18.	Pt. II D.O. No. <i>244.</i>
"	"	<i>S.O.S. from OMFC to CEF</i>			<i>P. J. White Lt.</i>

Embd S' hanton - Aq'is-14 6 '19
Dok'd Halifax 2025 19

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army, the date 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.]

General Form 100
Active Service

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				
14.6.19					
25.6.19					

TAKEN ON STRENGTH OF NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 179 DATED 28.6.19 AND
DISCHARGED FROM M. M. SERVICE BY NO. 13 DISTRICT DEPOT PART 2 ORDER NO. 179 DATED 28.6.19
AUTM. *PO. 1430*

Leornuller
Lieut. Col.
Officer Commanding No. 13 District Depot

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. 321156 Rank PTe Surname CROSS
 (Given name in full) Henry Percival
 Unit or Corps 21st Res Birthplace B. Chesley, Bruce Co. Ont.

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

I. GENERAL DESCRIPTION:

Physique Good Weight 185 lbs. Height 5 ft. 9 in. Colour of Eyes Blue
 Nutrition Good
 Pulse Good
 Condition of arteries Good
 Vision Rt. 6/6 Left 6/9
 Hearing (conversational voice) Rt. 21 ft. Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin).
Scar upper lip before enlistment

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.

Y.O.
no disability

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Ripon Camp (Overseas)
Date 2-5-19 Signed W. D. O'Neil 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 W. D. O'Neil

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

THIS SECTION FOR USE IN CANADA—

Examined at(Canada)
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 a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

DEC 10 1917 321135

M.S.A. 15.

MILITARY SERVICE ACT, 1917.

MEDICAL BOARD NO. 357908 MC
SERIAL NO. 315
SHEET NO.
CONSEC NO.

MEDICAL HISTORY SHEET

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname **Cross** Christian name **Henry Percival**
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule **357908**
- 3. Consecutive number on schedule of men reporting for service (if he appears on it)
- 4. Address (including street and number, if any) **Wiste P.O. Alta.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **6th** day of **December** 1917, by the undersigned medical board sitting at **Coronation Alta.**

- 5. Age as stated **21** Years **6** Months. 6. Apparent age **21** Years **6** Months
- 7. Height **5** Feet **9** Inches. 8. Weight **160** Pounds.
- 9. Chest measurement { Minimum **35** Ins. Maximum **3** Ins. 10. Complexion **Clear** { Eyes **Blue** Hair **L. Brown**
- 11. Physical development **Good** { Good Fair Poor 12. Smallpox marks **nil**
- 13. Number of vaccination marks { Right arm **-** Left arm **-** 14. When vaccinated last **Never**
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease **Scar upper lip.**

16. Slight defects but not sufficient to cause rejection **None**
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category **A2**

Hearing **Normal**
R. Ear **Normal**
L. Ear **Normal**
Eyesight **020**
R. Eye **020**
L. Eye **020**

No. 6

Signature of Man *Henry Percival Cross*

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
31-5-18	M. Remers	Captain C.A.M.C.	31-5-18	M. Remers	Captain C.A.M.C. M.O.
			7-6-18	A. E. Spence	Captain C.A.M.C. M.O.
			14-6-18	E. Cluett	Major C.A.M.C. M.O.

Joined **MAY 17 1918** day of **MAY 17 1918** 191 at **CALGARY, ALTA.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	1st DEPOT BATT. ALBERTA REG'T.	321135		MAY 17 1918
Transferred to	21st Reserve Battalion.			AUG 6 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

INSTRUCTIONS

- 1. On receipt of the contents of a parcel, the recipient should check the weight and contents against the invoice.
- 2. On receipt of the parcel, the recipient should check the weight and contents against the invoice.
- 3. On receipt of the parcel, the recipient should check the weight and contents against the invoice.
- 4. On receipt of the parcel, the recipient should check the weight and contents against the invoice.

1957
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 1957

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 1957

DEPARTMENT OF POSTS AND TELEGRAPHS
 CANADIAN AIR MAIL COMBINATION

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

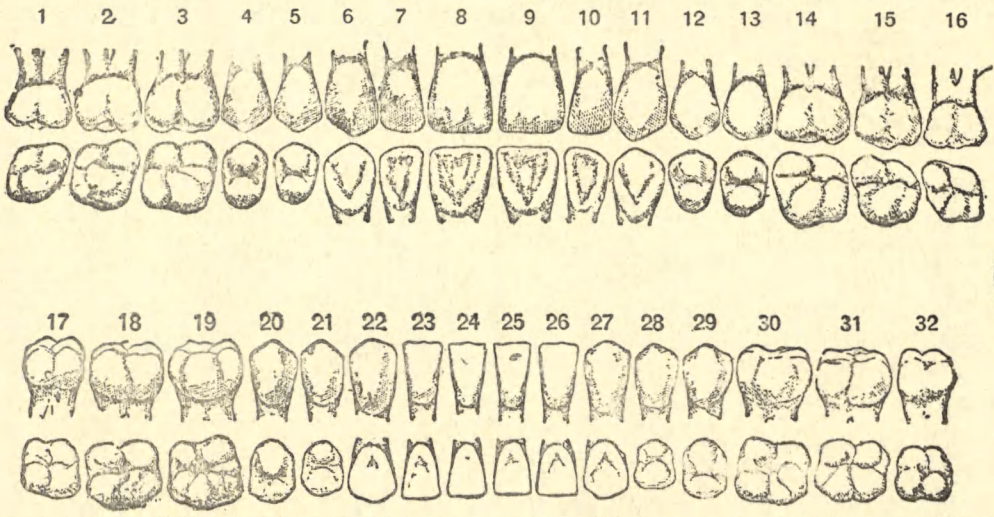
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CROSS H.P.
REGIMENT 21st R. BN. RANK PTE No. 3211156

Date of Examination in England 13-5-19 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 19.
2. EXTRACTIONS —
3. CROWNS —
4. DENTURES
 - (a) Full Upper —
 - (b) Part Upper —
 - (c) Full Lower —
 - (d) Part Lower —

A. D. D. S., M. D., 13
Capt.

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

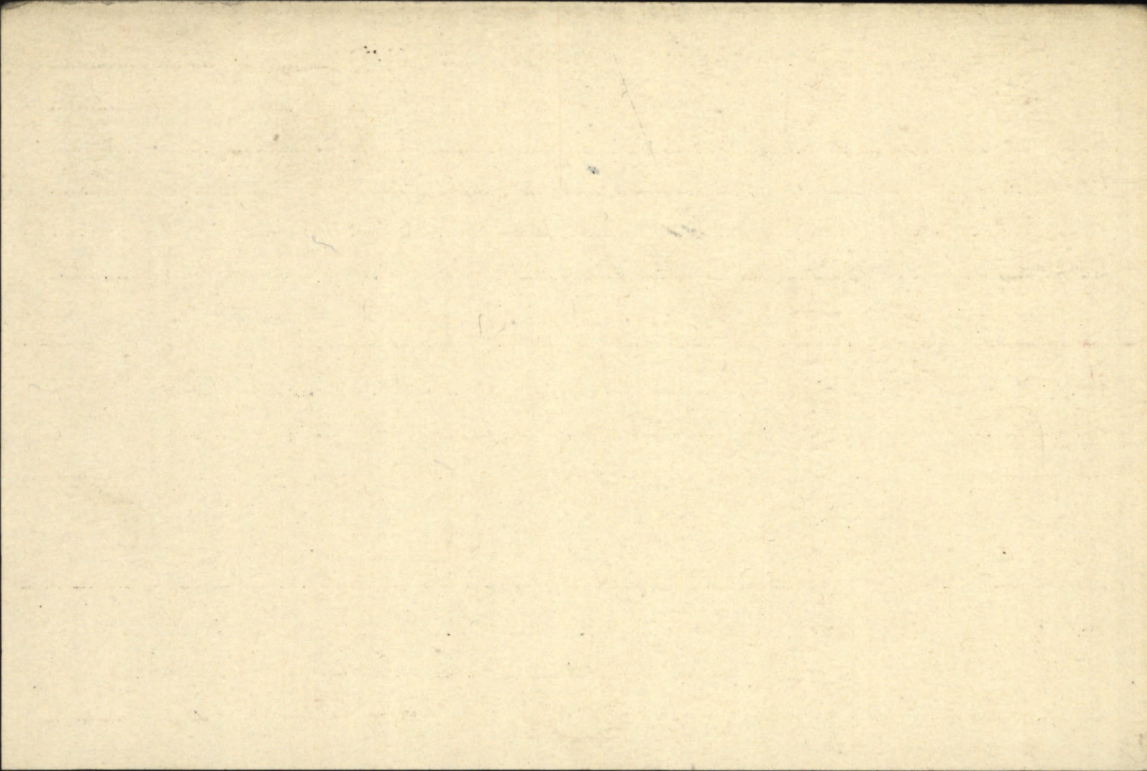
- (a) In Canada —
- (b) In England Yes
- (c) In France —

Signature of Dental Officer A Cross capt

Surname *Cross* H. Q. *M.*
Christian names *Harry Percival* M. D. No. *13-R*
Regtl. No. *3211156* Rank *Pte.* T. O. S. *May 17 1918*
Unit *Alta Regt, 1st Sps Bn* D. O. Pt. II *1138 of 18-5-18*
S. O. S. *Dec 25-6-1919*
Reason *Remob.*
Auth. *100179 of 28-6-19*
#131010

Next of kin *Cross Allan* Relationship *Father*
Address *Wister Alta* Also notify:

BORN—Place *Banada, Chesley Ont.* Date *Apr 10th 1896*
ATTESTED—Place *Calgary Alta* Date *May 17th 1918*
O/S *29-7-18* $\frac{1349}{3}$ R/C *20-6-19* $\frac{351}{195}$ *Pte*



CS
RS
Number

3211156

Rank

a/sgt

Surname

CROSS

Christian Name

Harry Percival

Units

A.R.

Theatre of War

England

Date of Service

15-8-18

Remarks

Latest Address

Wiste

Alta

Roll No.

A Page 4830

200m. - 6-21.M.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF OR
AND HOW LONG

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.....

DEPT. DEC 27 1927
REGT. NO. 10207

* Strike out whichever inapplicable

ASSIGNED PAY. ENGLAND OR CANADA.

NAME: *CROSS, Harry Percival*

EFFECTIVE DATE: *1/5/19*

NUMBER: *321156*

AMOUNT: *15.00*

PARTICULARS OF RANK OR APPOINTMENT *1*

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.

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

*Mrs. Emily Cross
Wife, Altd.*

L.P. Can. 1/8/18 Pte.

Stopped off. 1-6-19

*21st Res DO 244 15/7/18 28-7-18 Out lgt with pay
21st Res DO 244 15/7/18 16-8-18 Reverts to Pte.*

UNIT AND TRANSFERS

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

ORIGINAL UNIT: *M. 69 15/19 Altd R.*

DATE ACCOUNT FIRST OPENED: *1/8/18*

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

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>28.4.19</i>	<i>341</i>	<i>21st Res</i>	<i>£ 2 9 73</i>				
<i>22.5.19</i>	<i>468</i>	<i>"</i>	<i>£ 5 24 33</i>				
			<i>34 06</i>				

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
			<i>21st Res</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALLOW'CE
	<i>1</i>	<i>10</i>		

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALLOW'CE
	<i>1</i>	<i>10</i>		

Ledger Bal \$ 35.69 L.P. Credit Bal \$ 1.63

PARTICULARS OF RENDERING NON-EFFECTIVE: *Ret to Canada off. 1-6-19. L.P. 21st Res 15/7/18 21st Res 15/7/18*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>July 31</i>	<i>Bal from Can.</i>								<i>59.20</i>		
<i>Aug</i>	<i>P. Pay</i>	<i>34 10</i>		<i>Can. A.P.</i>				<i>15</i>			
				<i>AR 14 20.8.18 Bourley</i>	<i>4 87</i>			<i>15</i>	<i>67 43</i>		
					<i>4 87</i>						
<i>SEP</i>	<i>P. Pay</i>	<i>33 -</i>		<i>Can. A.P.</i>				<i>15</i>			
				<i>AR 61 2.9.18</i>	<i>4 87</i>						
				<i>2651 24.9.18</i>	<i>4 87</i>				<i>75 69</i>		
					<i>9 74</i>			<i>15</i>			
<i>Oct</i>	<i>P.P.</i>	<i>34 10</i>		<i>Can AP</i>				<i>15</i>			
	<i>From out lgt 28/7/18 to 15/8/18 = 19 days @ 40°</i>	<i>7 50</i>		<i>AR 1649 15/10/18</i>	<i>21st 9.73</i>						
	<i>21st Res DO 244 25/7/18</i>	<i>7 20</i>		<i>AR 1791 31/10/18</i>	<i>24.33</i>						
		<i>41 70</i>			<i>34 06</i>			<i>15</i>	<i>68.33</i>		
<i>Nov</i>	<i>P.P.</i>	<i>33 -</i>		<i>Can AP</i>				<i>15</i>			
				<i>AR 1977 15/11/18</i>	<i>21st Res 9.73</i>						
				<i>AR 2166 30/11/18</i>	<i>24.33</i>						
<i>Dec</i>	<i>✓</i>	<i>34 10</i>		<i>Can AP</i>				<i>15</i>			
<i>Jan</i>	<i>✓</i>	<i>34 10</i>		<i>AR 2356 12/12/18</i>	<i>48.69</i>						
				<i>Can Jan</i>				<i>15</i>			
		<i>101 20</i>			<i>82 75</i>			<i>45</i>	<i>41.78</i>		
<i>Feb</i>	<i>✓</i>	<i>30 80</i>		<i>AR 2628 13/1/19</i>	<i>9.73</i>				<i>64 40</i>		
				<i>2834 31/1/19</i>	<i>14.60</i>				<i>106 28</i>		
<i>Mar</i>	<i>✓</i>	<i>34 10</i>		<i>3058 15/2/19</i>	<i>7.30</i>				<i>88 63</i>		
				<i>Can AP Feb</i>	<i>31 63</i>			<i>15</i>	<i>18 06</i>		
				<i>Mar</i>				<i>15</i>			
				<i>AR 3222 28/2/19</i>	<i>7.30</i>						
				<i>3357 15/3/19</i>	<i>9.73</i>						
				<i>3545 24/3/19</i>	<i>9.73</i>						
		<i>64 90</i>			<i>58 63</i>			<i>30</i>	<i>18.05</i>		

COMPILED BY *Lully*
CHECKED BY *[Signature]*

NUMBER 3211156 RANK

NAME CROSS

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
								18 05 ✓		
Apr	P. P.	33		Cap				67 10		
		24 10		Apr 69 10/4	21 Rec.	9 70 ✓		85 15		
				Cap				59 19		
				✓ 214 3/4	✓	9 73 ✓		25 96		
		67 10		✓ 341 15/5	✓	19 73		25 96		
		67 10								
June				✓ 468 31/5	✓	24 33	20.	1 63		
						24 33				

1805
6710
5515
4946
3569

67 10
37 10
1305
5515
1946
3569
3406
1.63

SOS Can 14/6 SL85

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

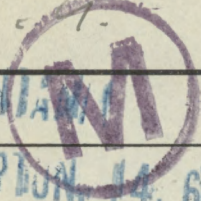
S.G. 33

O.G. 1
D.A. R

War Service Badge, Class

1. No. 321115-6
2. Rank. Private
3. Name. Cross Harry
4. Unit. 21st Canadian Reserve Battn. Alberta (1st Dep Bn Alta)

NO. 1-3000000000, 14. 6. 11
HSEMB. D. HALIFAX, 20. 6. 11



5. Date of Discharge JUN 25 1919 Place CALGARY

6. Reason for Discharge. Cat. 'A'
Demobilization
Religion - meth.
Sew. in France - nil
n. of. K. father

7. Authority.
8. Proposed Residence after Discharge. Wista Alta.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate
M. F. W.?
A. P. Cross
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place CALGARY
Date JUN 25 1919

Signature G. A. Ross Lt
(O. C. Discharging Unit.)

12-6-50

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

1.	No.		
2.	Rank.		
3.	Name.		
4.	Unit.		
5.	Date of Discharge		Place
6.	Reason for Discharge	
7.	Authority.		
8.	Proposed Residence after Discharge	
9.	CERTIFICATE TO BE SIGNED BY SOLDIER.		
	I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
	M. F. W.?		
		
		
	Signature of Soldier.		
10.	CONFIRMATION.		
	The discharge of the above named man is hereby confirmed.		
	Place		
		
	Date		
		
		
	Signature		
	(O. C. Discharging Unit.)		

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 108
Last Pay Certificate.....	Militia Form W. 44
.....	
Certificates that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. R. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 213a).
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D.8).
11. Inventory Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Bundry Documents.

Group..... A
 Checked by..... Raymond Hammond
 23
 Date..... 6-6-19

Date of Enlistment 17th May - 18

MILITIA AND DEFENCE

Date of Assignment

On Entry 31st May - 18

Separation and Assigned Pay Branch C16962

1st Aug - 18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--	--

RATE OF ASSIGNMENT

15.00			
-------	--	--	--

95035
BLA

PARTICULARS OF SEPARATION ALLOWANCE

No. 3211156

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *Harry Percival Cross*

Battalion *1st Q. Bn. Alta Rgt. Draft 69*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Emily Cross*

Address *Wiste - Alta*

Change of Address

1 MRS. EMILY CROSS,

2 WISTE,

3 ALTA. 15 15.00

4 % 3211156 PTE HARRY PERCIVAL CROSS
FIFTEEN DOLLARS

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Aug</i>	<i>Y 42017</i>		<i>15</i>	<i>15</i>	<i>Pay S.A. for one month</i>
<i>Sept</i>	<i>L 44865</i>		<i>15</i>	<i>15</i>	
<i>Oct</i>	<i>M 52801</i>		<i>15</i>	<i>15</i>	
<i>Nov</i>	<i>D 60888</i>		<i>15</i>	<i>15</i>	
<i>Dec</i>	<i>B 67818</i>		<i>15</i>	<i>15</i>	
<i>Jan</i>	<i>M 73163</i>		<i>15</i>	<i>15</i>	
<i>Feb</i>	<i>P 78526</i>		<i>15</i>	<i>15</i>	
<i>Mar</i>	<i>H 90732</i>		<i>15</i>	<i>15</i>	
<i>Apr</i>	<i>K 3271</i>		<i>15</i>	<i>15</i>	
<i>MAY</i>	<i>H 8430</i>		<i>15</i>	<i>15</i>	
<i>JUN</i>	<i>J 9511</i>		<i>15</i>	<i>15</i>	
			<i>165</i>	<i>165</i>	

M. F. W. 128.
400M. 17-1772-39-1141
L. L. 23320-M. & D. 7593.

A/c Closed *Agustina*

Ret'd per *20-6-19*

M. F. W. 128 *26-6-19*

Chulrich mnd 13

No. 312 Folio 6-69

AUTHORITY

FOR *y. Bouchard*

NEW ACCT. *30th 8-18*

87734 AUDITED.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128.
 40006-17-1773 38-1141
 L. L. 22330-M. & D. 7952.

Dish R. ✓
S. ✓
Aguitancia ✓
JUN 20 1919 ✓

AUDITOR *923* PAYMASTER *9*

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

REGT. NO. *3211156* RANK *PTE.* NAME (IN FULL) *CROSS. HENRY P.*
 IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
ADDRESS									
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE								
TO WHOM PAID	RELATIONSHIP								
ADDRESS									
Certified opening entries on this Ledger Sheet have been audited by <i>to</i> Date <i>5-7-19</i>					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE				
					DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY <i>CALGARY ALTA. JUN 25 1919 ✓</i> <i>Dem. ✓</i> <i>G.O. 199 ✓</i>				

BALANCE FROM PREVIOUS ACCOUNT

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		\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.		
			\$	C.																						\$	C.
31.5.19 ✓					163	163																		163	Bal. Eng. L. P. C.		
<i>6/19</i>	<i>34</i>	<i>10</i>	<i>37</i>	<i>40</i>	<i>35</i>	<i>70</i>							<i>4</i>	<i>87</i>	<i>5</i>										<i>144</i>	<i>03</i>	Clothing Allowance \$35.00
			<i>37</i>	<i>40</i>	<i>105</i>	<i>163</i>							<i>4</i>	<i>87</i>	<i>5</i>										<i>144</i>	<i>03</i>	1st Payment W. S. G. \$70.00
Certified opening entries on this Ledger Sheet have been audited by <i>W.S.G.</i> Date <i>22.9.1919</i>																											
<i>Days</i>					<i>280</i>	<i>280</i>																					WAR SERVICE GRATUITY
<i>122</i>					<i>280</i>	<i>280</i>																					1st Payment W. S. G. \$70.00 Paid
																											26.6.19. 4.7.19 ✓
																											Cheque 864253 25/7/19
																											Cheque 1097488 25.8.19.
																											Cheque 11049657 25.9.19.
					<i>280</i>	<i>280</i>																					At Payment Due on This Account been collected.
																											Cheque 20010 79 90 280 00

