ORIGINAL

9J1188

ATTESTATION PAPER.

No.

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Fletcher
1a. What are your Christian names? Ralph
1b. What is your present address? 186 Maynard St Hfx N.S.
2. In what Town, Township or Parish, and in what Country were you born? Halifax N.S.
3. What is the name of your next-of kin? Mary Fletcher
4. What is the address of your next-of-kin? 186 Maynard St Hfx N.S.
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? March 14th 1898
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? No
10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ralph Fletcher, 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.

Ralph Fletcher (Signature of Recruit)

Date August 29th 1916. Robt Burke Sergt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ralph Fletcher, 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.

Ralph Fletcher (Signature of Recruit)

Date August 29th 1916. Robt Burke Sergt (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 Halifax N.S. this 29 day of Aug 1916.

(Signature of Justice)

A Justice of the peace in and for the City & County of Halifax, N. S.

M. F. W. 25.
600M.—2-16.
H. Q. 1972-29-385.

Description of Ralph Fletcher on Enlistment.

Apparent Age 18 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 2 3/4 ins.

Chest measurement.
- Girth when fully expanded 33 ins.
- Range of expansion 2 ins.

Complexion Dark

Eyes Brown

Hair Black

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

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

Scar over left eye
Scar on left shin
Scar on right knee

Weight 114 lbs.

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 Canadian Over-Seas Expeditionary Force.

Date Aug 29 1916. J.M. Murdoch

Place Halifax N.S. Capt A.M.C.

Medical Officer.

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

Ralph Fletcher 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.

D. H. Sutherland (Signature of Officer)

SEP 13 1916

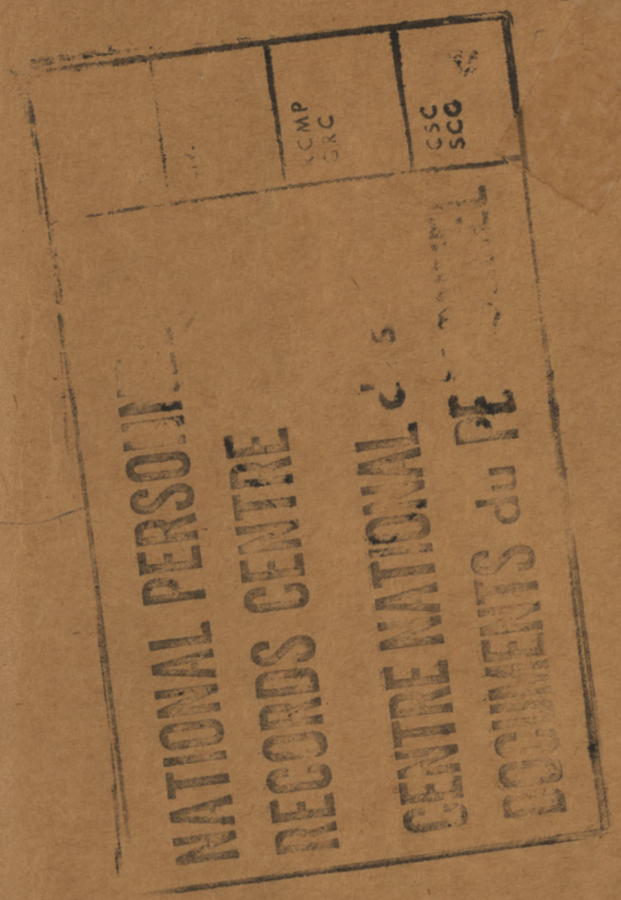
Date 191 .

C.E.F.

FLETCHER RALPH 931198

NO 2 CONS BN 10296

DEMOB



Released 3-3-58

Box 3148

DUPLICATE

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins No. 2 CONSTRUCTION Bn. C.E.F.

(2) Regimental Number 931188

(3) Full Name of Soldier Ralph Fletcher

(4) Place of Birth Yarmouth, Nova Scotia

(5) Are you married, or not ? Single

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

(b) Present Postal Address X

(7) Are you a widower ? No

(8) Have you any children ? No

If so, give number of boys and girls X

Also their names and ages X

M.F.W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes: Chas Henry Fletcher,

If so, state name and address 186 Maynard St., Halifax N.S

(10) Is your Mother alive? Yes.

If so, state name and address Mrs Mary Fletcher

186 Maynard St. Halifax, N.S

(11) If your Mother is a widow No

Are you her sole support, or not? Yes

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

$20 a fortnight x

Father enfeebled through old age and rheumatism

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

X

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes

(15) Are you insured? Yes

If so, in what Company? London Life Assurance

Have you made arrangements for payment of your Insurance premium Yes

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

J. S. Lavie
Capt fr.

Lieut-Col.
No. 2 Construction Bat'n. C.E.F.

Officer Commanding.

Date MAR 6 - 1917

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

#141

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.

1387

1. Christian names Ralph 2. Surname Fletcher

3. Rank Pte 4. Original Unit #2 Cons. Bn. 5. Reg. No. 931188

6. Address, in full, to which future payments of gratuity are to be forwarded
186 Maynard St
Halifax N.S.

7. Date of enlistment in the C.E.F. Aug 28, 1916

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable

9. Relationship of such dependent do

10. Address, in full, of such dependent do

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable

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 28-8-16
#2 Cons. Bn (Con. Eng & France) N.S.R.P. (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 13/2/19 (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: Ralph F Letcher Pte x Mark DWR

Place of Residence: 186 Maynard St, Halifax N.S.

Declared before me at: Halifax, N.S.

This 13th day of Feb 1919

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

D A McRae
A J P in and for the County of Halifax.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
		Nil	153 days	280.00
c/o Clear, 1st payment PDP. paid		70.00		

Certified Correct.

W W Dougall
District Paymaster.

Paymaster No. 6 District Depot

CAPT

R Lincoln Capt
For Paymaster, M. D. 6

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. 931188 Rank Pte. Surname Fletcher.
(Given name in full) Ralph Fletcher.
Unit or Corps D.D.6 Birthplace Yarmouth N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft. 6 in. Colour of Eyes Brown.

Nutrition Good

Pulse 80

Condition of arteries Good

Vision Rt. Good Left Good

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

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

Birth Mark. R. forhead

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.

186 Maynard St
Halifax
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 Halifax .....(Canada)

Date 11-2-19 Signed .....M.O.

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

Signature Ralph X Fletcher his mark

(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.
1033 (D.P.) 500M-11-18.
1772-39-1142.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps .....

Regimental No. 931188 Rank Pte. C. E. F. Name Fletcher R.

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

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

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

Report: 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
12.1.19	O'seas.	T/O/S. No. 6 D. D. Hlfx.	Cary Co.	22.1.19	Do 29. A. M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
13.2.19.	DISCHARGED at Halifax, N. S.	Do	44.	A. C. W. McAloney CAPTAIN. C. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.	

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

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

AWWW.

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

Casualty Form—Active Service.

Unit, Regiment or Corps No 2 Construction Batt C. E. F.

Regimental No. 931188 Rank pte Name Ralph Fletcher
C. E. F.

Enlisted (a) 29-8-16 Terms of Service (a) period of War + 6 months ~~and Six months after~~ Service reckons from (a) ~~29-8-16~~ 29.8.16.

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, Canada	Halifax N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
17/5/17	O.C. No 2 Constn Battn	Proceeded Overseas	Seaford	17/5/17	Pt 2 D.O. #
					J. O. Barnhill Lieut. for Captain. Adjutant, No. 2 Construction Batt'n, C.E.F. in.
		Landed fn Fr nce 17-5-17 N.R.			
5/1/18	ocunit	att to 1 Dist C F C		30/12/17	B213
7-9-18	43 Co	Granted 14 days leave	mk	2.9.18	B213 [illegible] 53 Sep 1918
21-9-18	do	Reports from leave	Fuld-	15.9.18	B213

CERTIFIED CORRECT. 6 JUN. 19[illegible] 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	AAG	Trans to Eng & posted C. N. S. Reg Dep	Bramshott	14 12/18	KR 344.
					C A Hewett. Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. O. 3rd Echelon, B. E. F.
17.12.18	N.S.R.D.	T.O.S. and attd 2nd C.C.D. for Quarters & Rations	Bramshott	14.12.18	D.O. 305
	NSRD	ON COMMAND TO C.D.D. Kinmel Pk Rhyl	BRAMSHOTT		NSRD 313 27 12/18 PART II D.O.
					C. A. Knight LIEUT, OFFICER I/C RECORDS, NOVA SCOTIA REGTL. DEPOT.
		S.O.S. O.M.F.C. on transfer to C.E.F. Discharge Canada Sailing No 4	Kinmel Park		Roy M. Hammond Lieut
		Embarked for Canada		12-1-19	

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 Ste Name Fletcher Surname Ralph.

Unit or Corps 17 Reserve (If a soldier) Regtl. No. 931188

Born at Yarmouth Nova Scotia on, date March. Thirty 1900

Signature (for identification) X Fletcher Ralph

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

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe. no

Weight 135 lbs.

Height 5 ft. 3. ins.

2. NUTRITION AND DIATHESIS? good

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

3. NERVOUS SYSTEM? no

4. RESPIRATORY SYSTEM. no

5. HEART?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 65 Intermittence or irregularity? no

6. ARTERIES.—Any hardening? no

7. DIGESTIVE SYSTEM? no

8. GENITO-URINARY SYSTEM? no

Urinalysis—S.G.? 1020 Reaction? ac Albumen? no Sugar? no

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 W Stephens 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.*

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

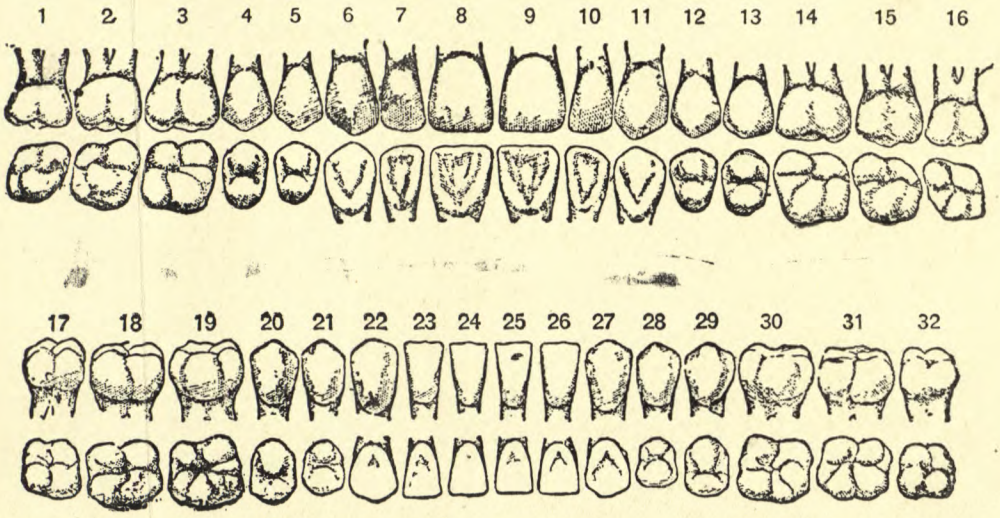
Canadian Printing and Stationery Services, London

MD 6

NAME OF SOLDIER (Block Letters) FLETCHER R.

REGIMENT No 2. CONSTRUCTION RANK PTE No. 931188

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



DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 21, 22,
2. EXTRACTIONS
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 Yes
- (*b*) In England
- (*c*) In France

KINMEL PARK, NORTH WALES.

Signature of Dental Officer H W Reid Capt

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

To Whom Mrs. Mary Fletcher

Address 186 Maynard st
Halifax
N.S.

Rate 15 00

By Whom Assigned Fletcher Ralph

Regtl. No. 931188

Rank Pte

Corps No 2 const Bn.

APR 1917

PAYMENTS

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs. Mary Fletcher (Assignee)

PAYMENTS.

Name of Soldier Fletcher Ralph

No 931188 Pte No 2 Const Pn

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	15.00	Remarks. APR 1917
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April		Z 4813	15		
May		R 8058	15		15 W.
June		Q 14604	15	105	15 Cu
July		X 20995	15		Cu
Aug.	31146 F	~~31145~~	15		C 31145 Cu
Sept.		C 35565	15		C3
Oct.		S 42120	15		
Nov.		W 47397	15		135 "B"
Dec.		Z 55651	15		
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.				

Form R 122.
2353—100M—9-1-16

JM

Rank Name FLETCHER, Ralph. Reg'l No. 931188.

Unit No.2 Const.Bn. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Halifax N.S. 29th Aug 1916. Place of Birth Halifax, N.S.

Name and Address, Next-of-Kin Mary Fletcher.

186 Maynard St., Halifax, N.S. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 6643
File R.L.
Category OR CAN

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Arrived in England. S. S. Southland				7.4.17.	A.W.W.W.
14:6:17	2 Con Bn	Arrived in France	Field	17:5:17	Pte DO 115.
16-12-18	NSRD	TOS from 2nd CC Coy	Pte Bshott	14-12-18	+305 +71 d/ 19-12-18 2nd CC Coy
27.12-18	N.S.R.D	O/C to C.D.D. Rhyl	" "	27-12-18	D.O. 313
25.1.19	N.S.R.W.	Ceases O/C to Rhyl. & SOS to C.E.F. Canada	" Repon	12.1.19	-18.

A.F.B. 103 CHECKED
29 MAY 1917

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 931188 (Rank) Private

Name (in full) Ralph Fletcher enlisted in

the No 2 Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 28th

day of August 1916

HE served in France

and is now discharged from the service by reason of

Demobilization

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

Age 20 years 11 months

Height 5 Feet 6 Inches

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars.

Birth mark

R. forehead

R. his mark Fletcher

Signature of Soldier

Witness Geo. Ex. Cp.

Geo. J. Shaw

Issuing Officer

CAPT. & ADJ'T.
FOR LIEUT. COL. No. 6 DISTRICT DEPOT.

Rank

Appointment

Date of Discharge February 13th 1919

Signed at Halifax N.S. this 13th day of February 1919

in Military District No. Six

File Reference No.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

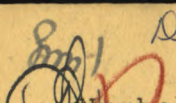
Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G. O. C. District.

No. 931188 RANK Pte NAME Fletcher Ralph.

T. O. S. 28-8-16 UNIT No 2 Construction Battalion
D. O. 20.30-8-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 28	Aug 31	R.		
Sept.		R		
Oct.		R		
Nov.		✓		
Dec.		✓		
1917 Jan.	1917	✓		
Feb.		✓		
Mar		R		



Died 2-3-58

Number 931188 Rank Spr

Surname FLETCHER

Christian Name Ralph

Units CORCC Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address ~~186 Maynard St.~~ 5 Garrick Lane Halifax

Roll No. B Page 16186

200m.-2-21.M.

17.1.85

30/5/41

DESP. JUN 3 1941
REGN No. 420

*Name Fletcher, Ralf Rank Pte Regtl. No. 931188

Fyle Depot 74-3-79

Original unit 1 D. Bn. Present unit No 6 D.D. M. or S. Age 20 Religion Baptist Ref. H.Q.

Port, ship, and date of arrival Halifax Emp. of Britain 22.1.19.

Next of kin Mary Fletcher (Mother)

Address on leave 186 Maynard St., Halifax, N.S.

Address on discharge " " " "

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer Date and place of enlistment Aug 28th 1916 Halifax, N.S.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12.1.19	T.O.S. No. 6 District Depot	29.
22.1.19	Posted to Casualty Company	29.
13.2.19	DISCHARGED at Halifax, N. S	44.

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

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:-	150	AMOUNT:-	

NAME:- FLETCHER Ralph E

NUMBER:- 931188

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 Mary Fletcher Mother	
186 Maynard St	
Halifax NS	
Stopped 1.1.19	
	1/R 16 1 2 66 60 17/12

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	Section

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	6577	C.A.C.	4 66			Ledger Bal.	44 12
18/12	3575	B.R.D.G.	6/1 9 13			L. R. C. Bal.	29 73
			1 39				
						6v395 New Book issued in France	

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch to Can. 31/12/18 M/R 161. 2-6-6 Coy. 17/12/18. L.R.B.D. 29 73 Ledger 208 44

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal. Ford								123 77	~~45~~ -	
apl	P. Pay	33 -		Ass Pay				15 -			
				AR 118 6/4 C7C2 1	3 57						
				AR 300 20/4 " "	3 57				134 63	~~35~~ -	
May		33 -		Ass Pay	7 14			15 -			
	P.P.	34 10		AR 495 7/5 LC7C1	2 68			15 -			
				" 723 22/5 " "	4 46				146 59		
		34 10			7 14			15 -			
June	P.P.	33 -		Ass Pay				15 -			
				AR 916 7/6 CFC1	3 57					~~35~~	
				" 1106 22/6 "	3 57				157 45		
		33			7 14			15			
July	P Pay	34 10		Ass Pay				15			
				AR 1296 6/7 C7C1	3 57						
				AR 1505 22/7 "	3 57				169 41		
		34 10			7 14			15			
Aug	P Pay	34 10		Can A P				15			
				AR 1700 6/8 CFC1	3 57						
				AR 1948 22/8 "	3 57						
				AR 2045 31/8 "	3 57				177 80		
		34 10			10 71			15			
Sep	P.P.	33		Can A P				15			
				AR 3565 31/8 CFC1	97 33						
				CP 31573 7/9 London	82 73						
				AR 2443 23/9 CFC1	3 57				121 7		apl apd
		33			183 63			15			
Oct	P.P.	34 10		Can A P				15			
				AR 2681 7/10 CFC1	3 73						

COMPILED BY Lt G Macaskill
CHECKED BY A Williamson

NUMBER 931188 RANK NAME FLETCHER R.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
		34 10		B/f forward	3 73			15	12 17		
				aR 2933 23/10 CFC1	3 73				23 81		
		34 10			7 46			15			
Nov	Pea			aR 3100 - CFC4 - 8/11/18	3 73						
Dec		67 10		aR 3307 " 25/11/18	13 06						
				Cap. Nov & Dec				30	44 12		
				aR 6539 - CyBD - 10/12/18	4 66						
				" 3575 " 18/12/18	9 73				29 73		
		67 10			31 18			30			
				aR 66 2nd CCD. 9/1/19 (L.P.B.E)	9 73				20		

S.O.S Canada Bo 18 35 1/1/19 Eff 7/1/19

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 13/6/19

P. 550
MARRIED OR SINGLE S

PLACE OF BIRTH Halifax N.S.

NAME AND ADDRESS OF NEXT OF KIN Mary Fletcher

186 Maynard St Halifax N.S.

RELATIONSHIP OF NEXT OF KIN Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 931188 RANK NAME Fletcher Ralph

IF IN PERMT. CORPS WHAT UNIT UNIT 2 Tow Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Halifax N.S.

DATE OF ATTESTATION 29 Aug 16

TRANSFERRED TO	DATE	AUTHORITY

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

PAYABLE TO Mrs Mary Fletcher 186 Maynard St, Halifax NS. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
													5 60	5 60													A S			5 60				Bal from Canada.
apr/30	30	1.10	33	00										32 00																			
MAY 1/31	31	-	34	10										34 10	40	1/5						9 73				15 ·		15	23 60			23 60	
June 1/30	30	-	33	00										33 00	13	19/4						4 87				15		29 60	28 10			28 10	
July 1/31	31	-	34	10										34 10	68	14/5						4 86				15		19 86	41 24			41 24	
Aug. "	"	-	34	10										34 10												15 -		15 -	60 34			60 34	
Sep 1/30	30	-	33	-										33 -									3 56			15 -		18 56	75 88			75 88	
			201	30									5 60	206 90									3 56			15 -		29 27	79 61				
																						19 46	17 83			90 -		127 29	79 61				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE.	ENG.
Sep	Bal	~~79 61~~ 56							79 61			
Oct	P.P.	34 10		A.R. 572, 27 Fr. 26 Comb. Bn at C.F.C.	3 57		- 15					
				" H61 15/17 " " " "	3 57				91 57			
		34 10			7 14		- 15					

Pte 931188 Fletcher. R 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.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CR DIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS				CR. 1				CR. 2				PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE		DEFER-RED. PAY	SUP. ALLCE. ENG.														
	Oct Bal																	91	57																
Nov	P.P.				33	–											15.																		
													AR. 821. 28 9/17 C.F.C	3	57																					
													- 845. 12 10/17 -	3	57																					
													- 967. 25 10/17 -	3	57																					
													- 1086. 10 11/17 -	3	57																					
DEC	–	–			34	10							D N.AR. 620. 11 9/17 - Jura	3	57.		15.	110	82																
					67	10								17	85		30																		
JAN	1918	P.P.			34	10											15.																		
													AR. 1254. 23 11/17. 2 Consts Ta	12	49																					
													- 1428. 21 12/17 - -	7	14			110	29																	
					34	10	–	–						19	63	–	–	–	15																	
FEB		-			30	80							Assigned Pay				15.																		
		–											- 2032. 5 1/18. 2 Consts att. C.F.C.	3	57																					
													- 2184. 21 1/18 - - -	3	57.																					
													" 2376 5/2/18 #1. "	3	57			115	38																	
					30	80								10	71		15.																			
MAR	1918	"			34	10							Ass Pay				15																		
													aR 2614 20/2/18. #1 C.F.C.	3	57																					
													" 2872 7 3/18 -	3	57																					
													" 3068. 19 3/18 "	3	57			123	77																	
					34	10								10	71		15.																			

War Service Badge Class "A" #76921 issued.

LeP 11-3-19.

M

This space to be for numbers

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. 931188

Rank Private

Surname Fletcher

Christian Name Ralph

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

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

Date of Discharge February 13th 1919.

Place of Discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years 11 months.

Height 5 feet 6 inches.

Complexion Dark

Eyes Brown

Hair Black

Trade Labourer

Intended place of residence (To be given as fully as practicable.) 186 Maynard St Halifax N.S.

Descriptive Marks

Birthmark R. forehead

Issued 3-3-58

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)

6-5-58
AS

Index M.S.
M.S. 15-3-19.

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

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

6. Medals and Decorations.....

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

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

(Place)..... .....

(Date)..... *Commanding* .....

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

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

(Place) Halifax M.S. R.X. His mark Fletcher (*Signature of Soldier.*)

(Date) February 13/19 Geo. Ackley (*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 M.S.

(Date) 22-2-19

(*Signature*) Dan McRae 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.

R. H13 + mark Fletcher

Witness Geo. Ax by

(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.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931188 Rank Pte Name T Fletcher

Corps M.S.R.D. who was* Discharged

On 13-2-19 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191...

to 13-2-19 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month LPC	34	87	Balance Cr. from prev. month Jan.	16	15
Advances by Cheques No. 13591	20	—	Regt'l. Pay 44 days at $ 1 c.	44	—
Advances by Cheques No.			Field Allow. 44 days at $ 10 c.	4	40
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges Reg. Board		05	Other Allowances* Clothing allow	35	—
Payment on transfer or discharge No. 13590	59	63	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	20	—
Total	164	55	Total	164	55

*Give particulars.

A monthly stoppage of $ 1.50 (†) has (‡) been paid on account of Assigned Pay for the month of January 191 9 and Sep'n Allce. for month of 191...

(to) Assignee Mrs M. Fletcher

(Address) 186 Maynard St Hamilton Ont

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

On Transfer of an Officer.

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

REMARKS:—

M.D.No 2 Discharged 10 55

State (1) date of enlistment .....

(2) if married add if a Separation Allowance Card has been submitted .....

(3) cause of discharge Demob. authority D084

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 17-2-19

Place Toronto

Paymaster. CAPT

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

Taken on Strength 12-1-19 B.O. 29

Wesers

AUDITOR | PAYMASTER

M. OR S.

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

REGT. No. 931188 RANK Pt. NAME (IN FULL) Fletcher R.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
	100	
	10	

ORIGINAL UNIT C.E.F. N.S.R.D. | 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

ASSIGNED PAY $ 15.00 to 31-1-19 | DATE EFFECTIVE

PAYABLE TO Mrs M. Fletcher | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 186 Maynard St. Bc NS. | #141

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE | DATE 13-2-19 | REASON Demob. | AUTHORITY Do 44 | IF ENTITLED TO POST DISCHARGE PAY

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
Jan					11	20			11	20																05						05			11	15	Pts Do 29
1-1-19					11	15															138	90					34	87									Ch FRC
Feb. 13-2-19	44	110	48	40	35	=			94	55											59	63				05					94	55					
																			138	91																	
																			70	=											70	=	70	=			1st R D Pay
	153		350						350																		70								210		
																																			140		
																																			70		
																																			Nil		
			350						350										280								70				350						

Wm Servis Gratuity

March 14 B 5794 70

14/4/19 150251 70

10/5/19 582485 70

10/6/19 592875 70

Completed

All payments made

H A Allum Lt

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.	

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

F 3027 ~~3132~~

Date of Assignment Apr 1/17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 931188

Rank Pte Promoted Reverted Discharge

Soldier's Name Ralph Fletcher

Battalion No 2 Const. Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mary Fletcher

Address 186 Mayno St. Halifax N. S.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31st			135	135		
1918						
Jany	X 66868		15	15	P	
Feb	F 94660 ✓		15	15		
Mar	A 84519 ✓		15	15		
Apr	G 11806		15	15	P	
May	Q 18472		15	15		
June	M 21202		15	15		
July	M 28548		15	15	P	
Aug	M 36541		15	15	P	
Sept	R 48142		15	15	O	
Oct	R 52678		15	15	M	
Nov	L 61010		15	15	M	
Dec	V 65753		15	15	M	
Jan	Q 74131		15	15	M	
Feb			15	15	M	

Jan

A/c Closed 31/1/19

AP # 330. Ret'd per Empress of Britain

Date 22/1/19 F.X. 28/1/19

Clerk J. Maher

CANADIAN
ASSIGNED PAY AUDITED
[signature]
AUDIT CLERK
DATE 13/6/19

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-141
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.