TRIPLICATE

ATTESTATION PAPER.

No. 663370

164TH BATTALION

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Hamilton
1a. What are your Christian names? ..... Robert Russell
1b. What is your present address? ..... Milton. Heights. Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Nassagaweya. Halton. Co.
3. What is the name of your next-of kin? ..... Andy. Hamilton.
4. What is the address of your next-of-kin? ..... Milton. Ont.
4a. What is the relationship of your next-of-kin? ..... Father.
5. What is the date of your birth? ..... 1895.
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, Robert Russel Hamilton, 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.

Robert Russel + C.J. his mark Hamilton (Signature of Recruit)

Date Feby. 12th. 1916. Chas Jackson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert. Russel Hamilton, 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.

Robert. Russel + C.J. his mark Hamilton (Signature of Recruit)

Date Feby. 12. th 1916. Chas. Jackson (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 Milton this 12 day of Feby 1916.

J. A. Bacon J.P. (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Robt. Russel Hamilton on Enlistment.

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

Height ..... 5 ft 7 3/4 ins.

Chest measurement.
- Girth when fully expanded ..... 37 3/4 ins.
- Range of expansion ..... 2 ins.

Complexion Clear

Eyes Blue

Hair Sandy

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

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

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

Two Scars on outer side of right Knee

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 Feby 12 191 6

Place Milton

R. K. Anderson
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.

Robt. Russel Hamilton 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.

Peter D. Ross Lieut. Col.
164 Battalion C. E. F. (Signature of Officer)

Date MAR 1 1916 191 .

REGIMENTAL DOCUMENTS

NAME Hamilton Robert-R- (Pte) REGT. NO. 663370 UNIT 164th. Bn. H. Q. FILE NO.

S

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)				
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				
	TRAINING HISTORY SHEET (M.F.W. 113)				
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
1	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)				C4936
2	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)				
1	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)				
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3226)				
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
1	C-10-10-				
1	Next. card				
1	M.F.W. 67				
3 2	Disp. card.				
1	R.22				
	Psych				

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demob.

DESERTION

W 2589
1-5m-11-16
1772-45-1577

L. L. Job 310—M. & D. 6574.

14-3-16

MILITIA AND DEFENCE

54

M. F. W. 11.
50m.—4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Sarah J. Hamilton

Address Milton Heights Ontario

Relation to Soldier wife, child or mother } Wife

Name of Soldier Hamilton Robert.

Regtl. No. Try 163270

Rank Pte

Corps 164 Batt

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				

ACCOUNT CLOSED
DATE..... PER.....W.....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
15m.—3-16.
H. Q. 1772-39-818.

Sheet No. 2.

L. L. Job 95618—M. & D. 6555.

S. J. Hamilton Wife

Name of Soldier Hamilton Robert

try 663270 pte

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P2217	29	29
May		S6536	20	26
June		B3619	20	20
July		A7631	20	20
Aug.		V/22239	20	20
Sept.		A/16132	20	20
Oct.		B/19591	20	20
Nov.		~~A/22834~~	~~20~~	20
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

A/22834. Cancelled.
Dis 28/10/16 pmk 24/10/16
Cor. Dis. 2/11/16 pmk 14/11/16 WB

ACCOUNT CLOSED

DATE..... PER.....

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.				

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.

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(1) Name of Overseas Unit which Soldier joins 164th O/S Bn. C.E.F.

(2) Regimental Number 663370

(3) Full Name of Soldier RUSSELL. Robert ~~Wesley~~ Hamilton.

(4) Place of Birth Nassegyega, Halton Cty. Ont.

(5) Are you married, or not ? No

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

(b) Present Postal Address

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address Andrew Hamilton, Milton Ont.

(10) Is your Mother alive ? Yes. Sarah Hamilton Milton Ont.

If so, state name and address

(11) If your Mother is a widow

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.

(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.

(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.

No

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.

Chas Bowerman Lieut. Col,
184 Battalion C. E.
Officer Commanding.

Date MAR - 1 1917

8

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. .....

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 663370 (Rank) PTE

Name (in full) HAMILTON ROBERT enlisted in

the 164TH BN

CANADIAN EXPEDITIONARY FORCE at MILTON on the 12TH

day of FEBRUARY 1916

HE served in 102ND BN IN FRANCE

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness.~~

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

Age	24	Marks or Scars	
Height	5'5"		TWO SCARS RIGHT KNEE
Complexion	CLEAR		
Eyes	BLUE		
Hair	SANDY		

R. R Hamilton
Signature of Soldier

Date of Discharge No. 2 DISTRICT DEPOT JUN 8 1919 TORONTO

Issuing Officer
For
O.C. No. 2 District Depot.
Rank

Date JUN 8 1919 19

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.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

DISCHARGE CERTIFICATE

CANADIAN EXPEDITIONARY FORCE

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Discharge

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.

8

No. 663370 Rank Pte Surname HAMILTON
(Given name in full) Robert

Unit or Corps 102nd Bn Birthplace Kelso - Ont

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

1. **GENERAL DESCRIPTION:**

Physique good Weight 134 lbs. Height 5 ft. 4 3/4 in. Colour of Eyes blue

Nutrition good

Pulse 72 regular

Condition of arteries good

Vision Rt. 6/12+ Left 6/12+

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
2 Scars on outer side of rt knee

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.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 8/5/17 Signed P.L. Dimas Cpl. 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 R Hamilton

(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 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.

C.A.D.C. 5009A

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

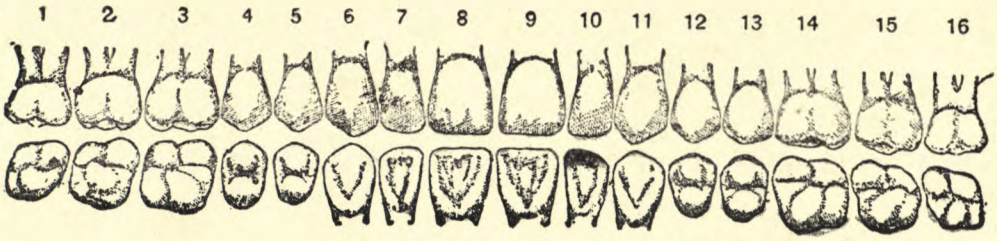
DENTAL CERTIFICATE FOR DEMOBILIZATION

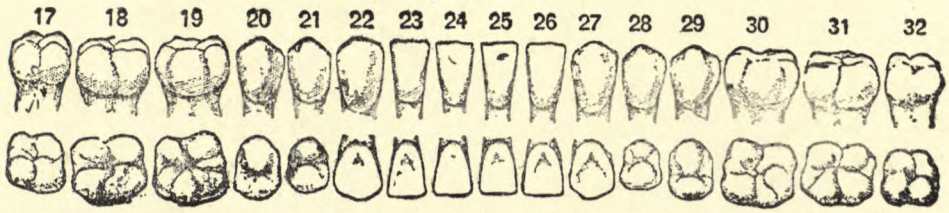
Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Hamilton. R.

REGIMENT 102nd Bn. RANK Pte. No. 663578

Date of Examination in England 5/5/19 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

8 J.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7.
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
- (b) In England Yes
- (c) In France

Signature of Dental Officer R.H. Agar Capt

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Hamilton Christian Name Robt Russel

Examined { on 12 day of Feb 1916
at Milton

Birthplace { City or Town Milton Heights
County Halton Ont

Apparent age 20

Trade or occupation Laborer.

Height 5 Feet 4 3/4 Inches.

Weight ... Lbs.

Chest measurement { Minimum 35 3/4 inches.
Maximum expansion 37 3/4 inches.

Physical development Good - Muscular

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. —
Number None

When Vaccinated last Never

(a) Marks indicating congenital peculiarities or previous disease 2 Scars on outer side right knee.

(b) Slight defects but not sufficient to cause rejection

Cannot read

Approved by R. K. Anderson

Rank Major 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.
11/9/16		[illegible] M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
25/1/16	TAB given	
25/2/16	0K.	[illegible] M.O.
30/3/16		[illegible] M.O.
1/6/17	TAB	[illegible] M.O.

Enlisted on 12th day of Feby 1916 at Milton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	164th Battalion	663370		APR 23 1917
Transferred to	2nd Can. Res. Bn.			MAY 27 1917
	164th Bn.			28-2-18
	102nd Bn			

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.

200M—11-15.
H. Q. 1772-39-439.

Surname Hamilton Christian Name Robt. Russell

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.

P.O Guelph ont

FORM OF WILL.

I, Robert Hamilton (Name in full)

Regimental Number 663370 serving in 164th. O.S. BN.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

My Mother Sarah Hamilton
Milton. Ont.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

My Mother Sarah Hamilton
Milton. Ont.

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 14th day of March A. D. 191 7

R. + Hamilton
His Mark
Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

P.O. Guelph ont

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness J H Howles
Address of Witness 164TH BATTALION
Occupation of Witness Company sergeant Major
Signature of Second Witness Jno Mezern
Address of Witness 164TH BATTALION
Occupation of Witness Private

M. F. W. 82
300M-5-16.
1772-39-983.

Form R 122.
2353—100M—9-12-16.

2ND CEN. ONT. REGT.

MK

Rank

Name HAMILTON Robert Russell

Reg'l No. 663370

Unit 164th Bn ~~to 2nd Cen Ont Regt~~

If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Milton 12/2/16

Place of Birth Nassagaweya Halton

Name and Address, Next-of-Kin Andy Hamilton.

Milton Ontario Canada

Relationship Father,

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

N/E. R.B. No. 19071
File R.L.
Category C.E.F. Gen

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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 22 ~~5~~ 4 17 SS. CARPATHIA,			
25-4-17	2nd Res T O S from Canada		E Sandg	23·4·17	D·O'97
27-5-17	2nd Res S O S on trans to 164th Bn		E Sandg	27·5·17	D·O'129 164th. D O 4 D/31-5-17
28. 2. 18	164th Bn S.O.S. trans to 102nd Bn Overseas		Witley	Pte 28/2/18	D.O. 10 102 Batt 19.d 7.3-18
26. 7-18	102 Bn Awarded 1 G-C Badge		Field	Pte 12-2-18	" " 68.

102.BATT DO.26D.6,5,19
PROC TO ENG.D 3.5.19

A WING CCC
DO,22,D12,5.19
TOS.D 4 5 19

6 8. J. 31. 5. 19

2 Cdn Gen

Report.		Record of promotions, reductions, transfers casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents	
Date.	From whom received.					
6.6.19	A.W.H.Q.	So S to Cam	Bram.	31-5-19-30		

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 164TH B/S BATTALION C.E.F.

Regimental No. 663370 Rank Private Name Hamilton, Robert Russell,

Enlisted (a) 12/2/16 Terms of Service (a) ~~C.E.F.~~ D.F.W. and 6 mos Service reckons from (a) 12/2/16

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) Rifleman

W.S.B. CLASS A.

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 for Overseas. Disembarked - England	Halifax	Apr. 22 1917	
~~APR 26 1917~~	~~164th~~	~~Transferred to 2nd Can Reserve Battalion~~	~~Liverpool~~	APR 23 1917	~~A.2.D.O. #53~~
		Pt. 2 Record			H.B. Adler Captain Adjutant 164th Battalion C. E. F.
25-4-17	2nd Res	Taken on strength 2nd Canadian Reserve Bn. from base	E.Sandling	23-4-17	Pt.2 D.O.# 97
MAY 27 1917	2nd Res.	Transferred to 164th Bn.	E.Sandling	27-5-17	Pt.2 D.O.# 120 ADJUTANT 2nd CANADIAN RESERVE BATTALION.
May 31st 17.	164th 17	Taken on Strength of 164th Can Inf Bn.	Witley	27.5.17	Pt 2 DO # 4
28-2-18	164th Bn	Transferred to 102nd Bn	Witley	28-2-18	Pt 2 DO #10 Captain Adjutant 164th Battalion C. E. F.

CERTIFIED CORRECT 6 MAR 1918 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				
1.3.18	46 Bde	DOS of the 102nd BN on arrival in France SOS	46 Bde	1.3.18	NR DO. 19
"	"		TCCRC	3.3.18	NR/1030
9.3.18	Unit	Joined	Field	4.3.18	B213
6-7-18.	do	Granted one G.C. Badge	do	12-2-18.	B.213. D.O. 68/1918.
		Proceeded to England.	3 MAI 19		Rest-11 Orders 16 30
		SOS Proceeding to Canada	31-5-19		

A. G. Carson Capt.
for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

H. M. T. S. MAURETANIA
EMBARKED 31-5-19

MAY 31 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II D. 164
JUN 8 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. 164

W. C. Roberts Lieut.
For O. C. No. 2 District Depot.

ASSIGNED PAY. A.P. ASSIGNED PAY.

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Sarah Hamilton.

Address ~~Milton Heights Ont.~~ Milton West P O Ont 1917

Relation to Soldier / wife, child or mother } $15.00 April 1st 1917.

Name of Soldier Hamilton R. R.

Regtl. No. 663370.

Rank Pte.

Corps 164 Bn.

To what Corps belonging when called out

APR 1- 1917

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 7 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs Sarah Hamilton.

L. L. Job 4503.—Req. 6832.

Name of Soldier Hamilton, R. R.

Pte. 663370. 164 Bn.

$15.00 " April 1914. Remarks. APR 1- 1917

Month.	Year.	Cheque No.	Amt.	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		K 12488	30	30 B.
June		L 19028	15	45.
July		H 22223	15	Ba
Aug.		L 29160	15	
Sept.		T 36371	15	6
Oct.		J 43703	15	
Nov.		R 48784	15	
Dec.		R 57587	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.				

M.D. #2

NAME Hamilton, Robert Russell.

RANK & No. Pte 663370.

CORPS 164th

S.O.S. Dis. 8-6-19. Pt II pb 164 of 13-6-19 Batt. Wemck

ENLISTMENT, PLACE Milton, Ont. DATE Feb. 12th 1916.

FORMER CORPS Nil.

COUNTRY OF BIRTH Canada, Nassagaweya. Ont

NEXT OF KIN Hamilton, Andw. (Father)

ADDRESS OF NEXT OF KIN King St Milton. West. Ont.

DISCHARGE, PLACE SAH. 25-6-17. DATE

R/C. 6-6-19

M. F. W. 22. 100 m.—9-15.

L. L. 85779—M. & D.—6011.

H. Q. 1772-39-839.

From Halifax Per St. Carpathia 11-4-17 V

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Labourer. RELIGION Church of England

DESCRIPTION.

APPARENT AGE 20 YEARS — MONTHS

HEIGHT 5 FEET 4 3/4 INCHES

CHEST MEASUREMENT 37 3/4 INCHES EXPANSION 2 INCHES

COMPLEXION clear EYES Blue HAIR Sandy

DISTINGUISHING MARKS Two scars on outer side of right knee.

MEDICAL EXAMINATION. PLACE Milton, Ont DATE Feb. 12th 1918

REMARKS:

No. 663370 RANK Pte NAME Hamilton, R. R.

T. O. S. 12/2/16 (D.O. 22 of 14/2/17) UNIT 164th Battalion, C.E.F.

M. D. 2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916.			
Feb. 12	Feb. 29	✓		
	Mar.	✓		
	Apr.	✓		
	May	✓		
	June	✓		
	July	✓	A.W.L., 17-7-16 to 20-7-16.	D.O. 17.
	Aug.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1917.				
	Jan.	✓		
	Feb.	✓		
	Mar.	✓		

Vmrs

1917 1917
Apr
m

UNIT SAILED
APR 1 1 1917

Number 663370 Rank Pte.

Surname HAMILTON

Christian Name Robert Russell

Units 102nd Batt Can Inf Theatre of War France

Date of Service 28-2-18

Remarks

Latest Address Guelph P.O. Ont

Roll No. B. Page 15223

200m.-2-21.M.

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:– 1/4/17.		EFFECTIVE DATE:–
AMOUNT:– 15 00		AMOUNT:–

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME A WORD "SAME" ONLY TO BE WRITTE

Mrs Sarah Hamilton N.R.
Milton Heights, Ont (mother)

Stopped 1/4/14

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTR BY INSERTION OF DATE CHARGED IN

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAI
1/4/14	1490	Field Bdge	3 14			
1/4/14	1054	– Recruit.	3 65			
1/4/14	5497		111 93			
29/3/17	1179		365			

PARTICULARS OF RENDERING NON-EFFECTIVE: Leaves Canada 1/4/14 N.R.

MONTH 1918	PARTICULARS	CR 1	CR 2.	
March 31	Bal. fwd.			
April	P.P.	33.		20. 4
				a.p.
				86. 2
		33		
May	P.P.	34 10		a.p.
				143.
				207
		34 10		
June	P P	33 –		a.p.
				267
				327
		33		
July	P P	34 10		A.P.
				345 14
				450 1
		34 10		
Augt	P P	34 10		A P
				512 6
				566 17
		34 10		
Sept	P P	33 –		A P
				645 1
				634 8
		33 –		
Oct	do.	34 10		AP.
				AR 74
				1 867
		34 10		

~~ENGLAND~~ OR DA.

SEPARATION ALLOWANCE.

ENGLAND OR CANADA.

EFFECTIVE DATE:–

AMOUNT:–

NAME:– HAMILTON Robert Russell

NUMBER:– 663370.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:– 164th Bn

DATE ACCOUNT FIRST OPENED:– 1/4/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			164th Bn
BO 10 28/7/18	28/7/18	25/4/18	102nd Bn
			Canada

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

N.R.

(mother)

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

AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
3 14				
3 65				
111 03				
3 65				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	– 10		

N-EFFECTIVE: Leave Canada 14/5 N.R.B. 886 H.D. v. Preamble 17/5/19 Preamble h.P.C. to Bal 25/5/19 CR 27 17/6/19

CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							26 16		
33		20. 4.4.18 102nd Bn (1)	4 46						
		a.p.				15 –			
		86. 26.4.18 102nd Bn (22)	3 57				36 13		
33			8 03			15			
34/10		a.p.				15 –			
		143. 8.5.18 " (3)	4 46						
		207 17.5.18 " (10)	3 57				47 20		
34/10			8 03			15 –			
33 –		a.p.				15			
		267 3-6-18 (4)	4 46						
		327 14-6-18 (10)	3 57				57 17		
33			8 03			15			
34/10		a.p.				15 –			
		345 4/7 (10)	4 46						
		450 17/7 (11)	3 57				68 24		
34/10			8 03			15 –			
34/10		a.p.				15 –			
		512 6/8 11 C & B (5)	3 57						
		566 17/8 (10)	3 57				80 20		
34/10			7 14			15 –			
33 –		a.p.				15 –			
		645 19/9 (8)	3 57						
		634 8/9 (10)	3 57				91 06		Progressed 6/12/18
33 –			7 14			15 –			
34/10		a.p.				15			
		AR 746. 5/10/18 11 C & B.	3 73						
		867. 13/10/18 "	3 73				102 70		Balance Ford
34/10			7 46			15			

NUMBER 663370 RANK NAME HAMILTON R R

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2
1918.						
Nov.	P.P.	33		A.P.		
				AR 943 10/11/18 102nd Bn	3 73	
Dec	do	34 10		" 1014. 19/11/18 "	X3 06	
				A.P.		
				AR. 1084. 3/12/18 "	3 73	
1919				" 1157 15/12/18 "	3 73	
Jan	do	34 10		A.P.	24 25	
		101 20			24 25	
Feby	do	3080		AR 1266. 7/1/19 "	3 73	
				A.P.		
				AR. 1390. 15/1/19 "	3 73	
				AR 1571. 4/2/19. 102nd Bn. (3)	3 73	
Mch	do	34 10		A.P.		
				AR 1682. 16/2/19. 102nd Bn (4)	18 66	
				" 1637. " " (4)	3 73	
				" 1799 3/3/19 " (13) 33:58	3 65	
				" 1863. 13/3/19 " (17)	3 65	
		64 90			40 88	
Apr	P.P.	93		P.P.		
				AR 49. 9/4/19. 102nd Bn	17 44	
				" 77. 14/4/19 "	3 49	
May	do	34 10		A.P.		
				AR 4059. 27/4/19 "	3 65	
				" 5992. 9/5/19 Awing	11 93	
				" 8468. 20/5/19. " (end)	19 47	
				Dnar. 26821. 24/3/19. O.A.B.	3 65	
				" " 47. 4/4/19. "	3 65	
		67 10			163 28	
June						

208 Canada Sh. 68 31/5/19

MILTON R R

PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
					102 70		
				15			
0/11/18 102nd Bn	3 73						
19/11/18 "	3 06						
				15			
3/12/18 "	3 73						
15/12/18 "	3 73						
	24 25			15	134 65		
	24 25			45			
7/1/19 "	3 73						
				15			
15/1/19 "	3 73						
102nd Bn (3)	3 73						
				15			
102nd Bn (4)	18 66						
" (4) 33:58	3 73				135 97		
" (13)	3 65				132 32		
" (17)	3 65				128 67		
	40 88			30			
				15	144 67		
19 102nd Bn	17 44				129 23		
19 "	3 49				125 74		
				15	144 84		
27/4/19 "	3 65				141 19		
9/5/19 awing	111 93				29 26		
20/5/19 " (end)	19 47						
21. 24/3/19. O.1.B.	3 65						
4/4/19. "	3 65				2 49		
	163 28			30			

Sh. 68 31/5/19

BR.
128.67 Bal
67.10 P.A

195.77

BR.
140.00 cr
30.00 cap 170.00

25.77

P. 559.

MARRIED OR SINGLE S.

PLACE OF BIRTH Nassagaweya Ont.

NAME AND ADDRESS OF NEXT OF KIN Mrs Sarah Hamilton
Milton Heights Ont.

RELATIONSHIP OF NEXT OF KIN Mother.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ Nil. 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

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.
1-11-17		Balance	From	Canada											Nil							
Apl 1	30	10%	33												33							
May 1	31	1.10	34	10											34 10					12	7/5/17	
June	20	10%	22												22							
" 30	10	1.10	11												11							
July	31	-	34	10											34 10	34	15-6					
Aug	31	-	34	10											34 10	62	30-6					
Sep	30	-	33												33	121 165	15 30/7	247 209 254	Sep Aug			
															201 30							

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sept 30	Bal	~~28 22~~							28 22		
									62 32		
Oct	1 Pay	34 10		Acc Pay				15			
"				AR329. 30.9.17.	9 73				37 59		
		34 10			9 73			15			

Index

OMOTIONS, &c.

EFFECTIVE DATE	AUTHORITY

HOSPITAL, &c.

NAME OF HOSPITAL

REG'L. No. 663370 RANK Private NAME Hamilton Robert Russell.

IF IN PERMT. CORPS WHAT UNIT | UNIT 164th Batt.

TRANSFERRED TO 2nd Res Bn. DATE 1-4-17 AUTHORITY D.O 99 /23-4

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 164 Bn. DATE 21.6.17. AUTHORITY D.O.4.

PLACE OF ATTESTATION Milton

TRANSFERRED TO 102nd Bn DATE 31/3/18 AUTHORITY Request

DATE OF ATTESTATION 12-2-16.

TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15 DATE EFFECTIVE April 1st 1917

PAYABLE TO Mrs Sarah Hamilton, Milton Heights. Ont. 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) C.J.

ACQUITTANCE ROLLS 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	C	REMARKS
										15			15		18			
12	7/5/17						1947			15			34	47	17	63		
										15	36		15	36	24	27		
															35	27		
							973			15			24	73	44	64		
247	Sep						486		974	15			19	86	58	88		
209	Aug						973		973									
254	J						973		973	15			63	66	28	22		
													173	08				

Sent Rtn 7/5/17

BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
28	22	
62	32	
37	59	

663370 Pte Hamilton R R

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS			
	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.				1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	1	2	3	4

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.	MONTH	PARTICULARS	CR 1	CR. 2
1917	Bal fwd								37 59						
Nov	PP	33		AP				15							
Dec.	P.P.	34 10		AR 373 164 Bn 15-10-17	9 73										
				AR 415 31-10-17	9 73										
				AR 453 14-11-17	7 30										
				AP Dec				15							
				9/0/R 102 3541 / 322-20 July 17/17	32				47 61						
				Q 619. 7/11/17. 164th Bn	2 57				45 04						
1918		67 10			29 65			30							
Jan	PP	34 10		AP				15							
				AR 493 30/11/17	9 73										
				AR 532 5/12/17	9 73				44 68						
		34 10			19 46			15							
Feby.	PP	30 80		A.P.				15							
				LOR 773 8/12/17	06										
				AR 654 17/12/17	9 73										
				AR 714 10-1-18	9 73										
				AR 772 31-1-18	9 73										
				AR 812 13-2-18	7 30				23 93						
		30 80			36 55			15							
Mch	P.P.	34 10		AP				15							
				AR 857. 27/2/18.	9 73.										
				" 1393. 102nd Bn 1/3/18	3 57.										
				DMR 1415 ✓ 18/3/18	3 57				26 16 Bal for? to New Ledger.						
		34 10			16 87			15							

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			
CULARS	CR 1	CR. 2	PARTICULARS			DR. 1	TF 2	DR.3	DR.4	BALANCE

Ledger

War Service Badge
Class "A" No. 137005

D. A. I.

Occupational Group No. 7

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

1. No. 663370
2. Rank. Pte
3. Name. HAMILTON Robert Russell
4. Unit. 102 Bn.
5. Date of Discharge JUN 8 1919 Place Toronto
6. Reason for Discharge Demob – DEMOBILIZATION
7. Authority. No. 2, D.D., Part II, D.O. No. 147
8. Proposed Residence after Discharge 10 Guelph Ont

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.?

R. R. Hamilton.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place No. 2 DISTRICT DEPOT

Date JUN 8 1919

TORONTO

For O.C. No. 2 District Depot.
Signature
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

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. 5000a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Disposal Certificate (C.D.2).
11. Equipment } 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. Sundry Documents.

+ Dup

Group B

Checked by No. 15 Allen

Date 29-5-19

"MAURETANIA" 6-6-19

DISPERSAL "I" H 4824

AUDITOR | PAYMASTER

8

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

M. OR S. | REGT. No. 663370 | RANK Pte. | NAME (IN FULL) HAMILTON, .R.R. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 102 Bn | IF IN P.F. WHAT UNIT? Milton West Ont.

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 12/2/16. | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 15.00 | DATE EFFECTIVE Closed 30-6-19 By Ottawa

PAYABLE TO Mrs Sarah Hamilton | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Milton West P. O. Ontario

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 8-6-19 | REASON Demob | AUTHORITY DO 164 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							22	12	22	12																									22	12	Per Salvage Engr. F.P.C.
31-5-19																																					
1-6-19	16	1.10	17	60																																	P.S.A. 1-6-19 to 16-6-19
16-6-19					35 00																																Clothing allowance
					70 00																																1st payment 35.00
																							15 00														June 19
																	19 47																				Endorsed to F.P.C.
																	4 83																				Trans
																	5 00																				Bank
							122	60	157	80							100	38													144	72	—		—			
		W.S.G.																							W.S.G.												1st W.S.G. Paid by #2 D.D.
																									70	00											W.S.G. Paid at top
																									8	80					78	80					5 days P.B. overcredited
183 days		420					420		420																										341	20	
																	8/6/19																				
											AR 79	July 4					693069						61	20							140	—	280	—			
											AR 101	July 31					1001478						70								210		210				
											" 132	Aug 26					1378456						70								280		140				
											AR 151	Sep 30					1391484						70								350		70				
											" 177	Oct 31					1399594						70								420		—				
							420																341	20		78	80				420		420				

W.S.G. PAID IN FULL

LIEUT.

FOR PAYMASTER

WAR SERVICE GRATUITY

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

H 365

Date of Assignment 1470 Apl. 1./17

RATE OF SEPARATION ALLOWANCE

96946
8C

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 663 370

Rank Pte. Promoted Reverted Discharge

Soldier's Name R. R. Hamilton.

Battalion 164th. Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Sarah Hamilton

Address Milton West. P. O. Ont.

Change of Address

1

2

3

4

Date 1917.	Cheque No.		Amount S/A	Amount A/P	Total		REMARKS
							7828 R. 15
Dec. 31.				135	135		
Jan	69131	Q		15	15	mc	Q 69131 Remailed 12 7/18 b.L.
Feb	75104	N		15	15	A	
March.	96964	H.		15	15	A	
April.	16155	A		15	15	A	
May.	11365	B.		15	15	A	
June.	14245	A.		15	15	A	
July.	29162	A.		15	15	A	
Aug.	28124	D		15	15	A	
Sept.	34118	C		15	15	A	
Oct	42979	E		15	15		
Nov	51066	C.		15	15	A	
Dec	63191	E		15	15	A	
Jan.	70565	C		15	15	A	
Feb.	77576	B.		15	15	A	
Mar.	83289	C		15	15	A	
Apr	926	D		15	15	A	
May	8294	C		15	15	A	
June	11153	C		15	15	A	
				405	405		

A/c Closed 30 6 19 MRO 124719 des

Ret'd per Mauretania

Date 6.6.19. M.F.W.187 12 6 19 (MDO)

Rec'd

AUDITED

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—177-39-1141
L. L. 22820—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. 22520—M. & D. 7903.