card R.S. 9/5/16

Duplicate

ATTESTATION PAPER.

No. 911351

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

F – Irish.
M – English

		(ANSWERS).
1.	What is your name?	James Hawkins.
2.	In what Town, Township or Parish, and in what Country were you born?	London England.
3.	What is the name of your next-of-kin?	Mrs. D. S. Mugent
4.	What is the address of your next-of-kin?	Box 145 – Camrose, Alta.
5.	What is the date of your birth?	March 1 – 1887.
6.	What is your Trade or Calling?	Clerk (wholesale Grocery)
7.	Are you married?	No.
8.	Are you willing to be vaccinated or re-vaccinated?	Yes.
9.	Do you now belong to the Active Militia?	No.
10.	Have you ever served in any Military Force? If so, state particulars of former Service.	No.
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.

J Hawkins (Signature of Man).

L. T. Miller. (Signature of Witness).

1916 MAR

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, J. Hawkins, do solemnly declare that the above answers made by me to the above questions 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.

J Hawkins (Signature of Recruit)

Date March 13 1916. L. T. Miller (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Hawkins, 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.

J Hawkins (Signature of Recruit)

Date Mar. 27 1916 A. B. Guthrie (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 Edmonton this 27 day of March 1916

Geal E. Race (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

(Approving Officer)

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of J. Hawkins on Enlistment.

Apparent Age 28 years 0 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Weight — 140

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

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

Complexion Medium

Eyes Blue

Hair Brown

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

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date March 14 1916 ..... P. T. Smith.

Place Camrose ..... 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.

J. Hawkins 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.

..... CHAIRMAN (Signature of Officer)
COMMITTEE ON ORGANIZATION
196TH BATTALION

Date MAR 29 1916 191 .

REGIMENTAL DOCUMENTS

NAME HAWKINS JAMES REGT. NO. 911351 UNIT 196th Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					Demob.
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					DEATH
	TRAINING HISTORY SHEET (M.F.W. 113)					Category
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				14964	
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					2Demob'n
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)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	C.A.D.C 5009A					
1	A.F.B. 179					
1	M.F.W. 192					
1	M. 21167					
	LR 172					
1	PC					

W. 2589
100M-11-16
1772-39-1377

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.....
196th Battalion (Western Universities)

(2) Regimental Number ..... 911351 .....

(3) Full Name of Soldier..... James Hawkins .....

.....

(4) Place of Birth..... London, England .....

.....

(5) Are you married, or not ? ..... Yes .....

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

.....

(b) Present Postal Address..... New Norway .....

.....

(7) Are you a widower ? ..... No .....

(8) Have you any children ?..... No .....

If so, give number of boys and girls.....

Also their names and ages.....

.....

.....

.....

.....

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? No

If so, state name and address

(10) Is your Mother alive ? No (foster-mother alive)

If so, state name and address Mrs. S. S. Nugent,
Camrose, Alberta,
Canada

(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.

Nil

(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.

Nil

(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 ? Yes

If so, in what Company ? Excelsior Insurance Co., Canada.

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.

Officer Commanding.

MAJOR & ADJUTANT
196 O/S BATTALION C E F

Date Sept 19th 1916.

36

36 Can

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. W72-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 196th OVERSEAS BATTALION, C. E. F.

Regimental No. 911351 Rank Private Name Hawkins, James
C. E. F.

Enlisted (a) Mar 18/13 Terms of Service (a) DURATION OF WAR Service reckons from (a) Mar 18/16

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) Clerk

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 Halifax	Canada	1/11/16	
		arrived Liverpool	England	11/11/16	
31/12/16 31/12/17	196th Bn	Absorbed by 9th Res Bn	Seaford	31/12/16	Part 2 Orders 18
31/12/17	9th Res Bn	Taken on strength	Seaford	1/1/17	Part 2 Orders 1
6.6.A.6. 19.2.17 19th Res. 19.2.17	O.C. 19th Res Bn	Trans. to 6.6.A.6. and attached to 19th Reserve	Seaford	8.12.16	6.6.A.6. Part 2 D.O.# 46 19th Res. Part 2 D.O.# 50 Maj. Adjutant 19th Reserve Batt.
20.3.17.	O.C. Sask. Reg Depot	Taken on Strength Sask. Regt. Depot as from 10/3/17 and is shown on command to 19th Reserve Bttn.	Bramshott	20/3/17	Sask. Pt II D.O.# 10. CAPT & ADJT. FOR O.C. SASK. REGTL: DEPOT.
2.5.17	O.C. Sask. Reg. Depot	Ceases to be shown as Command to 19 Res. Bttn. + S.O.S. Sask Reg Depot on transfer to Canadian Forestry Corps Sunningdale	Bramshott	2/5/17	Sask Pt II DO. 63 CAPT & ADJT., FOR O.C. SASK. REGTL: 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.

CERTIFIED CORRECT.
21 JUL 1917
CAN. RECORDS, LONDON.

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.
3-5-17	D. of T.O.	T.O.S. Base Depot, C.F.C. Sunningdale,		2-5-17	Pt. II. D.O. No. 3. Lt. & A/Adj. C.F.C.
15.5.17 on posting to	D of T.O.	Log S. Base Depot C.F.C 36 Company France	Sunningdale	12.5.17	Pt. II D.O. # 14 Lt. & A/Adj C.F.C.
		Disembarked	Havre	13.5.17	
2.2.18	36 Coy	Granted 14 days Leave		27.1.18	B213. Pt II O # 8 of 13.2.18
16.2.18	"	Reported from Leave		14.2.18	"
4/5/18	"	appointed act. Lance Corporal with pay	Freed	1/5/18	B213 Pt II O # 21 of May 1918
25/5/18	0636Co.	awarded one Good Conduct Badge		13/3/18	B213. Pt II O # 240 of June 1918
22/12/18	C.S.B.D.	Trans. to England & posted to C. F.C. Dpt. Sunningdale		22/12/18	NR2

Chas B Maxwell
Lieut for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

7.1.19 O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 25.12.18 Pt. II D.O. 307
from 36 to France
Lt. & A/Adjt.
For O.C. Base Depot, Canadian Forestry Corps.

23.1.19 B.D.C.F.C. S.O.S. BASE DEPOT C.F.C. SUNNINGDALE 23.1.19
transfer to M.D. 13
on posting to C.B.D. Canada
23.
Lt for O.C. B.D.C.

SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.
Part I.

(1)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*)

(11) Engagement (*c*)

(12) Service reckons from (*date*)

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*) (Place)

(19) Pivotal-man (*f*) (Date)

(20) Qualifications (*g*) *or* (21) Corps trade and rate

(Signature of Posting Officer

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I, 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
			Attached C.C.C. Kinmel Park for return to Canada. Part II Orders No 20. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 27 [illegible] Kenna Lt for Commanding 13 Wing, Kinmel Park Camp.			

1-2-19 TAKEN ON STRENGTH OF DISTRICT DEPOT 13. PART 2 ORDER NO. 47

W W Nasmyth Lieut. Col.
Officer Commanding District Depot No, 13

8/3/18 DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. 67

AUTHORITY P.C. 1420
Dated Ottawa 1/3/18

W W Nasmyth Lieut. Col
Officer Commanding District Depot No. 13

Embarked S.S. Carmania
Liverpool
Feb, 1 1919

Nothing to be written in this margin.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Hawkins Christian Name James

Examined { on 14 day of Mar 1916
at Lacombe

Approved by J R Walker

Rank Capt. 196 M.O.

Birthplace { City or Town London
County Eng.

Apparent age 26 ½

Trade or occupation Clerk

Height 5 Feet 3 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 31 inches.
Maximum expansion 33 inches.

Physical development Good

Small-Pox Marks no

Vaccination Marks { Arm Right. Left. X
Number 5

When Vaccinated last Aug. /16

(a) Marks indicating congenital peculiarities or previous disease no

(b) Slight defects but not sufficient to cause rejection no

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.
July 30	nil	J R Walker M.O.
Sept 24	nil	J R Walker. M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
May 17/16	Good	J R Walker M.O.
May 26/16		J R Walker M.O.
		M.O.

Enlisted on 27 day of March 1916 at Edmonton.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	19th CANADIAN BATTALION C.E.F.	911351		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Seaford	Dec 8-16	Haemorrhoids	P.B.D. J R Hutcheson Capt
Sunningdale Berks	7-1-19.	Haemorrhoids. Bil.	" J Simms Capt
Edmonton. Alta.	3/3/19	Nil.	Dischg. Demob M.F.S. 129

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 39-479.

CAPT. C. A. M. C.

Surname Hawkins Christian Name James

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.

ORIGINAL

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. 411351 Rank A/Sh. Cpl. Surname Hawkins (Give name in full) James

Unit or Corps 196th to 36th C.F.C. Birthplace London England

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

1. GENERAL DESCRIPTION:

Physique good Weight 131 lbs. Height 5 ft. 4 in. Colour of Eyes Blue

Nutrition good

Pulse 72

Condition of arteries good

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left. 20 ft.

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

none characteristic

Opinion as to general health and physical condition ... excellent

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.

The second toe of both feet hammershaped proxl phalanx is hyperextended middle phalanx flexed on both toes with a painful callosity over prox phalangeal joint. Condition was present prior to enlistment but has bothered him more while in service

(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. Edmonton (Canada)

Date Mar. 3/1917 Signed F. H. Collins M.O.

CAPT. C. A. M. C.

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 J. Hawkins

(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.
1772-39-1143.

PART I. B17 A.F.B. 179 Canada (Revised 1918). 4182 100m. 16/11/18 D.495

Reserved for M.H.C.

Regt. No. 911351 Rank ~~PTE~~ a/L/CORPL Surname HAWKINS Christian Name JAMES

Unit or Corps—(*a*) Overseas from United Kingdom C.F.C. (*b*) in United Kingdom C.F.C.

Born at—Town LONDON County or Province Country ENGLAND

Date of Birth—Day 1st Month MARCH Year 1888 Age 30 yrs. 9 months.

Joined at EDMONTON Date 27th MARCH 1916

Former trade or occupation CLERK

Permanent Marks or any peculiarity that will serve for future identification :—

Height—feet 5 inches 3 Colour of eyes BLUE

Signature of Soldier (*for identification purposes*) J Hawkins

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) HAMMER TOES

Disabilities Group (*b*)

Disabilities Group (*c*)

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	CONDITION OF CIVIL LIFE	CAMROSE ALBERTA	PREVIOUS TO 1914
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? YES If yes, has Active Service aggravated it ? NO

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? NO

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. (continued).

5. MEDICAL HISTORY. DOCUMENTS STATE Enlisted 27/3/16 at Edmonton. Overseas 11/11/16. To France 13/5/17. To England 22/12/18 Boarded 8/1/19. Categorized B III on account of hammer toes

PATIENT STATES that his toes have given him no trouble since Dec 1916 and that he has had good health ever since. Previous to Dec 1916 his toes were painful when he took long route marches. He had hammer toes before he enlisted.

6. PRESENT CONDITION. OBJECTIVE Hyperextension of 1st joints and marked flexion of 2nd joints of 2nd toes of both feet. No evidence of inflamation of skin on joints of toes at present.

Other systems normal.

Patient states that he has no complaints at the presdnt time

7. OPERATION. (i.) Was one performed? NO (ii.) If so, state what.

(iii.) Was one advised and declined? NO

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? NO

(ii.) If so, describe.

9. DO YOU RECOMMEND:—

(a) Fit for duty? (state category) YES B III

(b) Invalid to Canada? N. A.

(c) Discharge from the Service as permanently unfit?

Date of Report 7/1/19

Station Dunningdale Camp

Signed C. J. Olson Capt CAMC
Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein *except Not in hospital {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at ..... Station, on ..... 191.....

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)?
If not, describe it.

yes

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it.

yes

12. From the medical information now adduced, was the disability caused or aggravated by:—

(a) Negligence of the Soldier { Caused? no / Aggravated? no

(b) Misconduct of the Soldier { Caused? no / Aggravated? no

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

Nil

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?

(ii.) If not permanent, what is its probable minimum duration *(in months)*?

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

17. Can the former trade or occupation be resumed? yes

18. REMARKS:—
Condition as described in part one.
no aggravation due to service

Auth A.G. Tel - 9083. 11-11-18.

19. RECOMMENDATION:—

(a) Fit for duty? *(state category)* B II

(b) Invalid to Canada? no

(c) Discharge from Service as permanently unfit? no

Date of Board 7-1-19.

Station Sunningdale Berks

Signatures of the Board: J. S. Munro, President.
Capt. Canada
M. D. Newman Capt. R.A.M.C.

Approved W. J. Donovan major
A.D.M.S.
Major, C.A.M.C.
for A.D.M.S., Canadians, London Area.

Dated Station

ASSISTANT DIRECTOR OF MEDICAL SERVICES, CANADIANS, LONDON AREA. JAN 8 1919 13, BERNERS ST. LONDON, W.1

191

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in ~~England~~.)

(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned James Hawkins 911351 ..... have heard the description of my disability read, and am satisfied (~~or dissatisfied~~) with it. (If dissatisfied ~~the reasons should follow.~~) I ~~complain of the infliction of~~ :—

J Hawkins

Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

R. & O. 6045 (*Revised*).

138359

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Seaford Dec 8th 1916.

No. 911351 Rank Pte Name HAWKINS JAMES

Local Unit 196th Bte Overseas Unit Age 28 9/12

Examination held at Seaford Camp.

DISABILITY.
~~Overseas~~—Local.
(scratch one out)

Hammer toes

PRESENT CONDITION.

Second toes on both feet are sharply flexed at second joint causing hammer toes. Condition causes pain when he marches. Grocery clerk.

BOARD RECOMMENDS:— PBD Class B(3)

1. Fit for Duty.....
2. Fit for duty after.....weeks' physical training.
3. Fit for Temporary Base Duty.....weeks.
4. Fit for Permanent Base Duty. Yes
5. Discharge.....

Signatures:—

Members { ..... President.
H Walker Maj
..... RAMC
.....

APPROVED

Dated at Seaford Dec 8 1916. A Code Major
For A.D.M.S.

A Adams

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1916.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY
Overseas—Local
(operation one out)

PRESENT CONDITION

BOARD RECOMMENDS —

1. Fit for Duty .....
2. Fit for duty after ..... weeks' physical training
3. Fit for Temporary Base Duty ..... weeks
4. Fit for Permanent Base Duty .....
5. Discharge .....

Signatures —

..... President.

..... Members.

.....

APPROVED

Dated at ..... 1916.

..... For A.D.M.S.

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 13

NAME OF SOLDIER (Block Letters) HAWKINS. J.

REGIMENT 36th Co. C.F.C. RANK ~~PTE~~ L/Cpl No. 911351

Date of Examination in England 25/1/19. | Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

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

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (a) In ~~Canada~~
- (b) In England } Yes
- (c) In France }

KINMEL PARK, NORTH WALES.

Signature of Dental Officer A.D. Hurd Capt

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION 10

NAME OF SOLDIER Hawkins T. S.

REGIMENT 196 Inf. RANK Pte. No. 911351

M.F.B. 465
100m.—7.16.
1772-39-950

Red — Condition of mouth at presentation.
Blue — Operations performed by C. A. D. C.

R. F. — Root filling
A. F. — Amalgam filling
C. F. — Cement filling
G. F. — Gold filling
G. B. — Gold Bridge
G. C. — Gold crown
P. C. — Porcelain crown
A. A. — Acute abcess
P. — Pyorrhea
X. — Extractions
F. L. — Full Lower
F. U. — Full Upper
P. L. — Partial Lower
P. U. — Partial Upper

DATE	No.	Fillings: Amal.	Phosp.	G. Per.	Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
Sept 30															N. S. Bailey	

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

War Service Badge, Class ..... No. ..... Issued

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. 911351

Rank A.L/Cpl.

Name HAWKINS James

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

Corps (Squadron, Battery or Company) 196th Bn. C.E.F.

Date of Discharge March 8th, 1919

Place of Discharge Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 32 years ..... months.
Height 5 feet 3 inches.
Complexion ~~Xxxx~~ Medium
Eyes Blue
Hair Dk. Brown
Trade Grocery Clerk (Wholesale)
Intended place of residence (To be given as fully as practicable.) Camrose, Alta.

Descriptive Marks

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

DEMOBILIZATION

Authority for Discharge-- R.O. 1420--12-12-18
13 DD Part II DO 67--8-3-19

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 soldier 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.
50m.—3-16.
H. Q. 1772-39-113.

I.W.

(OVER)

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

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

6. Medals and Decorations.....

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

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

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

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

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

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

(Place)....Armouries Edmonton J. Hawkins *(Signature of Soldier.)*

(Date)....3/3/19 H. L. MacLean *(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).....Calgary, Alberta...

W. MacLean

(Signature) .....Officer i/c Discharge Section District Depot No. 13

(Date).....8-3-19.....

L.

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.)

Pay as per paybook balance. J. Hawkins

(OVER)

List of Discharge Documents.

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 911351 (Rank) A./Lance Corporal

Name (in full) James HAWKINS enlisted in

the One Hundred and Ninety-sixth Battalion, C.E.F.

CANADIAN EXPEDITIONARY FORCE at Edmonton, Alberta on the Thirteenth

day of March 1916

HE served in FRANCE

and is now discharged from the service by reason of "DEMOBILIZATION."

R.O. 1420--12-12-18

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

Age 32 Years

Height 5 Ft. 3 Inches

Complexion Medium

Eyes Blue

Hair Dk. Brown

Marks or Scars

J. Hawkins
Signature of Soldier

W. MacTavish
Issuing Officer

Lt
Rank

Officer i/c Discharge Section District Depot M. D. 13
Appointment

Date of Discharge March 8th, 1919

Signed at Calgary, Alberta this Eighth day of March 1919

in Military District No. 13

File Reference No. 13 D- H 452

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

War Service Badge, Class..... No..... Issued

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.

DEMOBILIZATION
PAY DIVISION, M. D. No. 13

CANADIAN EXPEDITIONARY FORCE.

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

LAST PAY CERTIFICATE

Regimental No. 911351 Rank L/Cpl. Name Hawkins J.
(Surname first)

Unit 196th Bn. who was* Discharged

On 8/3/19 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1/2/19 to 8/3/19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month		92 10
Regimental Pay 36 days at $ 1.05		37 80
Field Allowance 36 days at $ .10		3 60
Separation Allowance		8 00
Clothing Allowance		35 00
Post Discharge Pay		
*Other Credits Subs 15 dys DO 47 15/2/19-1/3/19		12 00
Advances		
Separation Allowance and Assigned Pay Cheque No. C 2723	8 00	
*Other Charges AP Pd by Ottawa Feb.	15 00	
C 2724		
Balance on transfer or on discharge, cheque No.	165 50	
Total	188 50	188 50

*Give particulars.

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

Assigned Pay for the month of Feb. 191 9
and Separation Allce. for month of 8 dys Mar. 191 9 } (to) Assignee Mrs. E. Hawkins

(Address) Edberg, Alta.

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

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

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

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

(4) Authority for discharge or transfer DD 13

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 7/3/19

Place Calgary, Alta.

B G Goodall LIEUT.
PAYMASTER—DEMOBILIZATION PAY DIVISION, M. D. 13
Paymaster.

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

M.B.

CREDITS, ADVANCES, Etc.

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

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

a72
RS

Number 911351 Rank L/Cpl.

Surname HAWKINS

Christian Name James

Units 6 F.Co. Theatre of War France

Date of Service 12-5-17

Remarks P.O Box 146

Latest Address Canmore, Alta

Roll No. B. Page 15249.

200m.-2-21.M.

DESP JUL 20 1922
REGN. No. GA28215

No. 911351 RANK Pte. NAME Hawkins James

T. O. S. UNIT 196th Battalion

M. D. 13

PAID FROM	PAID TO	SIG. OR REC'T
1916 Mar. 27	1916 Mar. 31	V
Apr.		V
May		V
June		V
July		V
Aug		N
Sep.		V
Oct.		V.
Nov.		N

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

*Name HAWKINS, James LOCAL CARD Rank Pte. Regtl. No. 911351

Original unit 196th Present unit CFC M. or S. M Age 30 Religion Pres. Fyle Depot 13.D. H-452 Ref. H.Q.

Port, ship, and date of arrival Halifax, Carmania, 8-2-19

Next of kin Mrs. E. Hawkins, Wife, Edgeberg, Alta.

Address on leave Camrose, Alta.

Address on discharge as above

Transportation issued Yes / No Date Character on discharge

Previous occupation Grocery Clerk, Date and place of enlistment 27-3-16 Edmonton

Diagnosis Fit Date of Medical Boards 3-3-19

Date.	Remarks	Pt. 2 Order No.
TOS 1-2-19.	Posted to Cas Co Edmonton 15-2-19.	47
	Leave with sub 1-3-19	47
8-3-19	Discharged from H.M. Service	67

*—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.

R—122
8,401—50,000—21-10-16.

LTR

Rank | Name HAWKINS, James | Reg'l No. 911351

Unit 196th, Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Edmonton, March 13th, 1916. | Place of Birth London, England.

Name and Address, Next-of-Kin Mrs S. S. Nugent.

Box 145, Camrose, Alberta, CANADA | Relationship

Assigned Pay Monthly $ | Payable to | Relationship

N/E. R.B. No. 5960
Fils R.L.
Category DR Can
L/Cpl

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

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.		11-11-16	per S.S. Southland
31-12-16	196th Bn.	S.O.S, To 19th Res. Bn.	Seaford	31-12-16	Pt. 2, D.O. 1[illegible]
1-1-17	19 Res	T.O.S FROM 196Bn.	Seaford	1-1-17	Pt. 2, D.O. 1
31-1-17	do	Attached for duty & quarters to C.A.S.C. Seaford	do	15-1-17	do #31
28-2-17	19th Res. Bn.	Ceases to be Att to C.A.S.C. Seaford.	"	27-2-17	" 59.
		C.A.S.C. Ceases to be att Observed. 14-3-17			
19-2-17.	19th Res. Bn.	S.O.S. to C.A.S.C. & att. to the 19th Res. Bn for B.D. P.R.C.D.C. etc	Seaford.	8-12-16.	Pt II. D.O. #50
14.3.17	Cert.	SOS to Saskatchewan Regiment & remains in Command	Hornby's	10.3.17	Pt II. Do 170 Pte Do 16 Sask Regt.

Report. Date.	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.
2·5·17	19th Can Res Bn	Cease to be attd + trans by Sask Reg to Can Forestry Corps	Saskatoon	2-5-17	Pt II O. 122. Pt II O. 6 Sask. Regt.
3.5.17	C.F.C. Base.	T.O.S. from Sask. R. Depot.	Saskatoon	2.5.17	Pt II O. 3. 36 Coy Pt II O. 1 D/23.6.17
15.5.17	" "	S.O.S. to Coy. 36. France.	"	12.5.17	✓ 1 14 Nom Roll 129
16-5-18	" 36 Coy.	Appd. a/L/Cpl. with pay. Pte.	Field.	1-5-18	— " 21.
6/6/18	36 Coy	Awd Gle. Badge	"	" 13-3-18	Pt II O 214
31-12-18	" "	S.O.S. to BDEFC	"	" 22.12.18	TOS BDEFC pte - 58 pt II O. 307 27.12.18
6.1.19	" "	Appr L/Cpl.	A/4/Gbe	" 1-5-18	" " 1
23-1-19	BDEFC	SOS to 66th Rhyl	—	Stalk	23-1-19 - 23.
3-2-19	13 MDCW	S.O.S. to Canada	—	Rhyl	1-2-19 - 28

ATTESTED CHECKED 6 JUN 1917

L. L. Job 4503.—M. & D. 6332.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

Mrs.

To Whom Elva Hawkins,

Address New Norway, Alta.

Rate 15.00

NOV 1 1916

By Whom Assigned Hawkins, James

Regtl. No. 911351

Rank Pte.

Corps 196th Batn.

PAYMENTS

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

CONSOLIDATED 7 ACCOUNT

CANADIAN
ASSIGNED PAY AUDITED

a Bell
AUDIT CLERK

DATE 16-6-19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Mrs. Elva Hawkins

PAYMENTS.

Name of Soldier Hawkins, James

9113 51 pte. 196 Pnr. Bn.

L. L. Job 4503.—Req. 6832.

15.00

Remarks. NOV 1 1916

Month.	Year.	Cheque No.	Amt.	
April	1916		-	
May			-	
June			-	
July			-	
Aug.			-	
Sept.			-	
Oct.			-	
Nov.		D 30892	15	
Dec.		X 34205	15	
Jan.	1917	S 38628	15	
Feb.		R. 42249	15	
March		2 49670	15	15
April		2194	15	
May		28583	15	
June		S. 15607	15	15 -
July		R21979	15	C
Aug.		T 29863	15	
Sept.		G 35878	15	
Oct.		R. 41800	15	
Nov.		O 49414	15	
Dec.		X 55748	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

210

CANADIAN
ASSIGNED PAY AUDITED
a. Bell
AUDIT CLERK
DATE 16 6 19

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.				

L. L. Job 4503.—M. & D. 6[illegible].

27-3-16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-813.

SEPARATION ALLOWANCE

Name Mrs. Elva Hawkins,

Address New Norway, Alta.

Relation to Soldier wife, child or mother } wife

Name of Soldier Hawkins, James

Regtl. No. 911351

Rank pte.

Corps 196th. Battn.

To what Corps belonging when called out }

PAYMENTS

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

CONSOLIDATED ACCOUNT 7

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—4-16.
1772—39—818.

Sheet No. 2. Mrs. E. Hawkins wife

L. L. Job 310.—Req. 6574.

Name of Soldier Hawkins, James

911351 pte. 196 d. Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		I 20277	142	142
Nov.		N 24418	20	20
Dec.		K 24047	20	20
Jan.	1917	Q 28799	20	20
Feb.		Q 32087	20	20
March		Q 35390	20	20
April		R 1454	20	20
May		Q 4562	20	20
June		T. 7878	20	20
July		R. 11439	20	20
Aug.		B 14874	20	20
Sept.		C 18430	20	20
Oct.		I. 20334	20	20
Nov.		F 24219	20	20
Dec.		H 27707	20	142
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Date of Enlistment

27-3-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

H

4535

Date of Assignment

Nov 1-16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25.00~~ 1/12/17 PC. 3257	30 1-9-18 PC 2753 M0 21297	

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 91351

Rank Pte Promoted Reverted Discharge

Soldier's Name James Hawkins

Battalion 196 Bn.

Beneficiary Mrs Elva Hawkins

Relationship wife MFW. 2554 Rem 26-7-18 WB

Address Rel 24-11-18

PARTICULARS OF ASSIGNMENT

Name Mrs Elva Hawkins

Address ~~New Norway~~, Alta

Change of Address

1 Edberg - alta. 29-1-18

2

3

4

		Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 8216-J-78
		Dec. 31.		422 —	210 —	632 —		M.O. 63821 D 13.2.19 L
1918.	Jany.		C 70567	30	15	45	D	
	Feb.		K 72515	25	15	40	✓	
	March		H 99791	25	15	40	✓	
	April		1 11092	25	15	40	✓	
	May		D 6561	25	15	40	✓	
	June		A 17042	25	15	40	✓	
	July		W 37025	25	15	40	✓	
	Aug		D 31623	25	15	40	✓	
	Sept		C 39109	25	15	40	✓	
	Oct		E 46001	25	15	40	✓	
	Nov		C 54071	25	15	40	✓	
	Dec		F 63700	45	15	60	✓	
1919	Jany		C 73232	30	15	45	✓	
	Feby		B 80039	30	15	45		
				807	420	1227		

M.O. 13 28-2-19 Germania 8-2-19 13-2-19 J.W.Ellson

A/c Closed

Ret'd per M.F.W. 154

Closed

CANADIAN
ASSIGNED PAY AUDITED
a. Bell
AUDIT CLERK
DATE 16-6-19

A CITIZEN MADE NO CLAIM FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7688.

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. 22820—M. & D. 7988.

"Carmania" 8-2-19

AUDITOR | PAYMASTER

M. OR S. M

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

REGT. No. 911357 RANK L/Cpl NAME (IN FULL) HAWKINS. J

(BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes — DATE EFFECTIVE 1/3/19

TO WHOM PAID Mrs Elda Hawkins — RELATIONSHIP

ADDRESS Edberg Alta

Ter Mem Rangers.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

Checked By

Date 8

ORIGINAL UNIT C.E.F. 196th — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE 1/3/19

PAYABLE TO ~~Mrs Elda Hawkins~~ — RELATIONSHIP

ADDRESS Edberg Alta

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS: Mrs Elda Hawkins, Camrose P.O. Alberta

DISCHARGED — PLACE CALGARY, ALTA. — DATE MAR 8 1919 — REASON — AUTHORITY — IF ENTITLED TO POST DISCHARGE PAY

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.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	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																																				Cr Bal Eng L Pte
31/1/19		1.15					131	94				3/2/19	16235			5/2/19																				
									131	94	3 Serg						4	87	30	-	5	-									39	87			92	10	
1/2/19							92	10																				15	-								AP 15.00 Feb pa by Ottawa
					12	00																														Sub stones 15 days @ 1/6 1/3 12.00
28.3.19	36	1.15.	41	40	35	00			96	40	4A	7/3			479	7/3					165	50	8	00							188	50					Separation allow 8.00 Mch 35.- Clothing Allowance $
					8	00			188	50																										
			41	40	55	-	131	94	228	34							4	87	30	-	170	50	8	-				15	-		228	34					DISCHARGED MAR 8 1919
																																				Cr Settlement Issued
53.					350	00	150	00	500	-							70	00					30	00							100	-	280	00	120	00	G14002040 31 2.4.19
																	70	00					30	00							100	-	210	00	90	00	G143424425 1-5-19
																	70	-					30	-							100	-	140	-	60	-	G86813471 35 1.6.19
																	70	-					30	-							100	-	70	-	30	-	G85770884 709 1.7.19
																	70	-					30	-							100	-	-		-		G96886 8642 1.8.19
			350	-	150	-	500	-									350	-					150	-							500	-					

Certified that entries on this Ledger Sheet have been audited by [illegible]

Date 30/4/19

W.S.A.

WAR SERVICE GRATUITY

S. A. CHARGES — ARREARS — DEPENDENT

All Payments due on This Account have been completed.

Paymaster War Service Gratuity A.F.

576

100M-1-19.—L. L. 83982—W. & D. 9723.
M. F. W. 2596.
1175-30-1500.

0/52/215

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:- 1.11.16.		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. Elva Hawkins
New Norway
Alta. Can
Stopped Eff 1.2.19

M.R. 344, 636 23/1/19

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID
27/12/18	27/01	BDC 36 2d	9 73			
9/1/19	6053	" 2d	24 33			
21/1/19	6638	" 2d	9 73			
			~~43 79~~	P856	9/c	agreed 30/1/19
				Dis to Can	31/1/19	

PARTICULARS OF RENDERING NON-EFFECTIVE:- Ex Bal & 13/12

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	
	Ex Balford			
Apr	P. P.	33 -		Ca
				A.R. 148.
May	L/Cpls. P.	33 35 65		Ca
				A.R. 356.
				" 465.
June.	L/Cpls. P.	35 65 34 50		Ca
				A.R. 611.
				" 791.
July	L/Cpls. P.	34 50 35 65		Ca
				A.R. 993.
				" 1173.
Aug.	" "	35 65 35 65		C
				A.R. 1300.
				" 1512.
		35 65		
Sept.	" "	34 50		
				A.R. 1712
				" 1917
		34 50		
Oct.	" "	35 65		
				A.R. 2135
				" 2387
		35 65		
Nov.	" "	34 50		
				A.R. 2582
				" 2802
	Ford	34 50		

COMPILED BY J. McEwen
CHECKED BY A. Arnold

SEPARATION ALLOWANCE.	ENGLAND OR * CANADA.	NAME:- HAWKINS James
EFFECTIVE DATE:-		NUMBER:- 911351
AMOUNT:-		

522

H

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

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte
D.O. 21. 16-5-18. S.O.2	1-5-18	a/L/Cpl.
Confirmed in Rank of L/Corp. D03749	16/12/19	

UNIT AND TRANSFERS

ORIGINAL UNIT:- 196th Bn.

DATE ACCOUNT FIRST OPENED:- 1.11.16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C.F.C. France

M344626 23/1/19 Rhyl. m2013

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

DAILY RATES OF PAY AND ALLOWANCES

AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT	AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
9 73						1 00	10		
4 33									
9 73									
2 19	P856	9/c	agreed 30/9/18		D.O. 21. 16-5-18. S.O.2	1 05	10		

Dis to Hants 31/1/19 C76 & R.2144. 23/1/19 Rhyl (m2013)

EFFECTIVE:- Con Bal * 13 19 7 Def Acc Ledger * 175 7 6

CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
							42 61	Nil	
33 -		Can AP				15			
		A.R. 148. 24-4-18. 5 Dist.	3 57				57 04		
33 -			3 57			15 -			
35 65		Can. AP.				15 -			
		A.R. 356. 9-5-18. Jura Gp.	3 57						
		" 465. 20-5-18. " "	3 57				70 55		
35 65			7 14			15			
34 50		Can. AP.				15 -			
		A.R. 611. 9-6-18. Jura Gp.	3 57						
		" 791. 25-6-18. 5 Dist.	3 57				82 91		
34 50			7 14			15			
35 65		Can. AP.				15			
		A.R. 993. 15-7-18. 5 Dist.	3 57						
		" 1173. 25-7-18. " "	3 57				96 42		
35 65			7 14			15			
35 65		Can. AP.				15			
		A.R. 1300. 10-8-18. 5 Dist.	3 57						
		" 1512. 25-8-18. " "	3 57						
35 65			7 14			15	109 93	✓	
34 50		C.A.P.				15			
		A.R. 1712 11-9-18 5 Dist	3 57						
		" 1917 25-9-18 " "	3 57				122 29		
34 50			7 14			15			
35 65		C.A.P.				15			
		A.R. 2135 12-10-18 5 Dist	3 73	✓					
		" 2387 26-10-18 " "	3 73	✓			135 48		
35 65			7 46			15			
34 50		C.A.P.				15			
		A.R. 2582 11-11-18 " "	3 73	✓					
		" 2802 25-11-18 " "	12 06	✓					
Ford 34 50			Ford 16 79			15 -			

1918 NUMBER 911351 RANK Gnr/Cpl NAME HAWKINS James

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2
Nov.	93 Ford	34 50		93 Ford	16 79	
Dec	Cpl Pay	35 65		Car		✓
		.		A.R. 3015 18-12-18 5 Dtor	3 73	
1919 Jany	✓	35 65		Car		
		105 80			20 52	
				A.R. B5711 27-12-18 BD	9 73	
				" B6053 9-1-19 "	24 33	
				" B6638 21-1-19 "	9 73	
					43 79	
				505 Canada 1-2-19 5 L 13		73

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 16/6/19 T. Kaye

HAWKINS James Cap 15/-

PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
B. Forᵈ	16 79			15-	135 48	Nil	
Car				15-			
18-12-18 3 Days	3 73	✓					
Car				15-	175 76		
	20 52			45-			
27-12-18 Bal	9 73						
9-1-19 -"-	24 33						
21-1-19 -"-	9 73				131 97		
	43 79						

P. 559.

MARRIED OR SINGLE S.

PLACE OF BIRTH London, Eng.

NAME AND ADDRESS OF NEXT OF KIN Mrs S.S. Nugent.
Box 145 Camrose Alberta

RELATIONSHIP OF NEXT OF KIN Foster 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

DATE 1916	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.
														10 -	10 -							
Nov 1-30	20	1.	20		20	.10	2								22			1	17/11/16			
Dec 1-31	31	1.	31		31	.10	3	10							34 10			54	18/10/16			
1917 Jan 1-15	15	1.00 .10	16	50											16 50							
16-31	16	1.00 .10	17	60											17 60							
Feb 1-28	28	1.00 .10	30	80											30 80	93	30/11					
Mch 1-31	31	1.10	34	10											34 10	228	26/2	353	30/3			
Apl 1-30	30	1.10	33	-											33 -							
May	31	"	34	10											34 10	64	15/4					
June	30		33												33	90	30/4					
July	31		34	10											34 10							
Aug	31		34	10											34 10							
"	31		1	10											344 10 1 10	2188	10/5					
			335	50										10 -	345 50							

ROMOTIONS, &c.

	Effective Date	Authority

HOSPITAL, &c.

Name of Hospital

Reg'l. No. 911351 Rank Private Name Hawkins James. 2 f 2

If in Permt. Corps / What Unit } Unit 196th D. Bn Transferred to 19th Res. Bn. Date 1/2/17 Authority R.O. 71 22-1-17

Permanent Force Allowances Transferred to C F C Eng Date 31.8.17 Authority a Lt

Place of Attestation Edmonton Alberta Transferred to C.F.C. France Date 1-11-17 Authority

Date of Attestation 27/3/16. Transferred to Date Authority

Assigned Pay Monthly $ 15.00 Date Effective 1/11/16.

Payable to Mrs Elva Hawkins, New Norway Alberta Can. Relationship

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)

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
													10					Bal. from Canada
1	17/11/16						14 60			15		29 60	13 40		∫			
54	18/12/16						14 60			15.		29 60	17 90		∫			
										15		15	19 40					Trans to 19th Res. Bn. 1/2/17 R.O. 71.
													37		∫	37 -		
h						19 47				15.		34 47 / 108 67	33 33					
2	353 30/3					17 03	17 03			15.		49 06	18 37					
										15		15 -	36 37					
						9 73 / 7 30				15		32 03	38 44					
										15		15	56 44					
										15		15	75 54					
										15	1 10	16 10 / 250 86	93 54					1 10 Chg back. 1 day Paid aug To C.F.C. Eng 31/8/17 . Lt.
5						9 73	~~9 73~~					9 73	84 91					
						63 86	46 83			150 -	1 10	96 59						

~~702~~

212 911351 Pte. Hawkins J. 4th 12. A.I.(Can.)

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
			33	50										10 -	34 50									63 26	46 93		
Sep. 30	1	1st	33	-											33 -												
			368	50										10 -	378 50									63 26	46 93		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER ALLOE ENG.
Sep. 30	Balance	~~100 91~~							100 91		
Oct.	1. Pay	34 10		A.I. Canada				15			
				A.R. 48 30/5/17 G.F.C.	3 57						
				D.N. A.R. 252 11/7/17 " Fce	3 57						
				D.N. A.R. 181 23/6/17 G.F.C. France	3 57				111 30		
Nov	6. P	34 10			10 71			15			
		33 -		b A C				15.			
				A.R. 778 24/9/17 36 Coy.	3 57						
				A.R. 709 18/9/17 ✓	3 57.						
				A.R. 361 27/7/17. 26 Coy.	3 56						
				A.R. 407 10/8/17. 35 Coy	3 57.						
				A.R. 902 13/10/17. 36 Coy	3 57.						
				A.R. 1004 30/10/17 ✓	3 57.						
Dec				Can C.C.				15			
				D.N. 13899. A.R. 109 9/6/17. C.F.C. Fce	3 57						
				D.N. A.R. 515 24/8/17 36 Coy	3 57						
" 1918	P. Pay	34 10							119 85		
		67 10			28 55			30			
Jan	✓	34 10		Can. A.P.				15			
				A.R. 1125 16/11/17 36 Coy	3 57.						
				" 1283 25/11/17 ✓	12 49						
				" 1457 27/12/17 ✓	7 14				115 75		
		34 10			23 20			15			
Feby.	P Pay	30 80		Can A.F.				15.			
✓				A.R. 1750 21/1/18 36 Coy	3 57						
✓				" 441 28/1/18 G.F.C.	9 73						
✓				" " " "	87 60				30 65		
✓		34 80			100 90			15			
Mch	✓	34 10		Can. A.P.				15			
✓				✓ 2719 15.3 Nos P	7 14						
		34 10			7 14			15			

Forwarded

1918

MONTH	PARTICULARS	CR. 1	CR. 2
March	Brought forward	34 10	
		34 10	

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 16/4/18

ASH PAYMENTS 2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
6 93			150 -	1 10	26059	8491				
			15.		15 -	10291 ✓				
6 93			165 -	1 10	27559					

ULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER- SEP. RED. ALLOT PAY ENS.
	34 10			7 14			15	~~30 65~~	
	34 10			7 14			15	~~867~~ 4261	NIL.

CANADIAN
GNED PAY AUDITED

AUDIT CLERK