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

160th D. S. Battalion, C. E. F.

Triplicate

ATTESTATION PAPER.

No. 652077

Folio. 14

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Irwin.
1a. What are your Christian names?	St Clair
1b. What is your present address?	Lucknow. Ont.
2. In what Town, Township or Parish, and in what Country were you born?	Ashfield Township. Canada. Ont.
3. What is the name of your next-of kin?	Thomas Irwin
4. What is the address of your next-of-kin?	Lucknow. Ont
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	September 11th 1895
6. What is your Trade or Calling?	Farmer
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? 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, St Clair Irwin, 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.

St. Clair Irwin (Signature of Recruit)

Date March 27th 1916. J D Bakes (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, St Clair Irwin, 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.

St. Clair Irwin (Signature of Recruit)

Date March 27th 1916. J D Bakes (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 Lucknow Ont. this 27th day of March 1916

R Graham (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of St Clair Irwin on Enlistment.

Apparent Age 20 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 8½ ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion Fair

Eyes Brown

Hair Fair

Religious denominations
- Church of England
- Presbyterian
- Methodist Yes
- 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).

Vaccinated left arm, one mark.
Scar on right hand one inch long palmar surface near wrist runs upward and to inner side.

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 27th 1916.

Place Lieut Ont

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.

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

(Signature of Officer)

Date March 27 1916. Lt-Col.

REGIMENTAL DOCUMENTS

NAME Irwin. St. Clair (Pte.) REGT. NO. 652077 UNIT 160th Bn. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				02076	
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
1	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	MEDICAL EXAMINATION (M.F.W. 129)					
1	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
	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	A.F.W. 3997					
4	F.C.D. 3					
1	M.F.W. 67					
1	Cards Songs					
1	Misc.					
1	Pass					
1	Award					
1	Identity Card					

W 2589
100M-11-18
1772 30-1927

"J" 2 CARD NO.

SURNAME. Irwin

CHRISTIAN NAMES Lt. Clair

REGL. NO. 65 2077 RANK Pte.

UNIT 160th.

FORMER CORPS Nil

SSDis 23-5-19
Demob FOLL.
Auth OC 153. 4.6-
2 DD. 19

Bn.

NEXT OF KIN.

NAMES IN FULL Irwin, Thomas

RELATIONSHIP TO SOLDIER Father

ADDRESS Lucknow. Ont

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada, Ashfield. Ont. DATE Sept. 11, 1895

PLACE OF ATTESTATION Lucknow, Ont. DATE Mar. 27 1916

PTo 22-5-19 331/67 Pte

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE yes WIDOWER

TRADE OR CALLING Farmer RELIGION Methodist

DESCRIPTION.

APPARENT AGE 20 YEARS 6 MONTHS

HEIGHT 5' FEET 8½ INCHES

CHEST MEASUREMENT 36 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Brown HAIR Fair.

DISTINGUISHING MARKS Vaccinated left arm one mark. Scar on r. hand 1" long palmar surface near wrist runs upward

MEDICAL EXAMINATION. PLACE Lucknow, Ont. DATE Mar 27, 1916

No. 652077 RANK Pte. NAME Irwin St. Claire

T. O. S. 7/3/16 (W.O. 75) of 28/3/16 UNIT 160th. Battalion

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
Mar 27	Apr. 30	—
May		✓
June		✓
July		M.
Aug.		✓
Sept.		✓
Oct.		M.

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
OCT 17 1916

Hng

Number 65-2077 Rank Pte

Surname IRWIN

Christian Name St Clair

Units C.M.G. Bde Theatre of War France

Date of Service 18-8-18

Remarks

Latest Address G.P.O
Lucknow

Roll No. B. Page 135-9 Ont.

200m.-2-21.M.

DESP MAY 29 1922
REGN. NO 46/17973

Original 652077

War Service Badge Class "A" No.

MEDICAL HISTORY SHEET.

Surname Irwin Christian Name H. Clair 14

Examined { on 21st day of March 1916
at Luckn Ont.

Approved by A A Fotheringham
Rank Capt M.O.

Birthplace { City or Town Ashfield P
County Huron Ont

Apparent age 20 years

Trade or occupation Farm Hand

Height 5 Feet 8½ Inches.

Weight 160 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left. X
Number one

When Vaccinated last when a boy

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection eyes - a little short sighted and Spine 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.
June 14/16	Pos	A A Fotheringham M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
16/2/18		Gonat
22/4/16		A A Fotheringham M.O.
30/4/16		A A Fotheringham M.O.
26/5/16	Tab	A A Fotheringham M.O.
24/8/17	4	Typs. w. Lond Ins.

Enlisted on 21st day of March 1916 at Luckn Ont

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	168th Res Bn			
Transferred to	C.E.F. 4th Res Bn	652077		FEB 23 1918

C. M. G. POOL, O/S

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London Ont	4-X-16	Med Board	Fit 2/Lieut Capt Ame.
Vitly Survey	19-2-19	Def Vis.	A J H Turnley Capt

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 Fraser Christian Name St Clair

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.
London		4	7	16	10	7	16	G. Measles	7	Recovery Sgd	J E McCowie

War Service Badge
Class "A" No.

G 14

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date 17-4 1919.

Reg No. 652077 Rank. Pte Name. Irwin Sec

Unit 2nd Bat. M.G.

	WITHOUT GLASSES.		WITH GLASSES. (As per prescription below)		
			SPH.	CYL.	AXIS.
Visual acuity Rt.	6/24	with			6/12
Visual acuity Lt.	6/24	with			6/12
Category recommended is	A				
Glasses not ordered.					
Original disease or injury.	Myopic astigmatism				
Date of origin.	Childhood				
Place of origin.	Congenital.				
Cause.					
Present Disability.					
Remarks.					

on M 7B 27

CONDITION WAS ..... PRESENT PREVIOUS TO ENLISTMENT AND HAS.....

BEEN CAUSED BY SERVICE HAS ..... BEEN AGGRAVATED BY SERVICE

D. A. Macneil
Captain. R.A.M.C.
Ear, Nose and Throat Specialist.
Witley Camp, Surrey.

EARLY TREATMENT REPORT, FOR ONE WEEK ENDING WEDNESDAY MORNING APRIL 24th. AND ENDING TUESDAY NIGHT APRIL 30th.1918 IN ACCORDANCE WITH A.D.M.S. LETTER 35-2-0 APRIL 23rd.1918.

	No. reporting for early Treatment (Early notification	No. of those who used Early Treatment Packages	No. who did not use Early Treatment	EXPOSED IN		
				London	Local	Provincial
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						

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

Occupational Group No.....

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

Service Badge No. Class "A"

NAME OF SOLDIER (Block Letters) IRWIN, St CLAIR

REGIMENT 2nd Bn CMGC RANK Pte No. 652077

Date of Examination in England 14/2/19. | 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 31
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada
- (b) In England yes.
- (c) In France

Signature of Dental Officer N.S. Lutherford Capt.

W.S.B. class "A"

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

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 160th O. S. Battalion, C. E. F.

Regimental No. 652077 Rank Pte Name ~~Irwin~~ St. Clair IRWIN

Enlisted (a) 27-3-16 Terms of Service (a) "D. F. W. Duration of War." Service reckons from (a) 27-3-16

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) (Farmer)

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked - Canada	Halifax	17/10/16	
		Arrived - England	Liverpool	28/10/16	
23-2-18	160th Bn	R.O.D. on transfer to 4th Can Reserve Bn	Witley	23/2/18	D.O. part 2 # 28 R B Halstead CAPTAIN, ADJUTANT, FOR O.C. 160th CANADIAN INFANTRY BATTALION
26-2-18.	O.C. 4th Can.Res.Bn.	T.O.S. 4th Can.Res.Bn.	Bramshott	24-2-18.	Pt.11 Order 48.
29-3-18.	do.	S.O.S. to Can. M. D. Depot,	do.	29-3-18.	Pt.11 Order 75.

W. Barlow .....Lieut.
A/Adjt., for O.C. 4th Can.Res.Bn.

CANADIAN RECORDS, LONDON. CERTIFIED CORRECT 23 AUG. 1918

3/3/18

Com. C.M.G.D. Taken on Strength, Seaford 29/3/18 Auth. Depot Order Pt. II No. 90

26-8-18

Com. C.M.G.D. Transferred to CMG Pool 8 Areas SEAFORD. 16-8-18 Depot Order Pt. II No. 226 Lieut. A/Adjutant, C.M.G. Depot.

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

P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213 Army Form A. 36, or other official documents.
Date	From whom received				
19-8-18	C.G.R.D.	Arrived in France and to CMG Corps (CMGR Pool)		19/8/18	Pte 077 R & R 730
31/8/18	C.G.R.C.	D.O.D. C.M.G.R. Pool on Posting to 2nd Bn. C.M.G.C.	Fld.	30/8/18	R & R 1508 P.A.D.O. 83/1918
31.8.18	C.G.R.C.	S.O.S. 2nd Bn. C.M.G.C. from C.M.G. Pool		31.8.18	Pte Dis. No. 91-18
7.9.18	Unit	joined unit in Field		1.9.18	B213

Proceeded to England

S.O.S. ON PROCEEDING TO CANADA.
PART II 44 "H" WING, O.O.O.

G. J. Skelton
Lieut.
for Lt. Col., A.A.G.,
Canadian Section

16519 R Grant Lt

MAY 14 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO 1919 PART II P. 155

MAY 25 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II P. 155

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

To be made out in duplicate. War Service Badge Class "A" No. .....

Duplicate 14

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 ..... 160th Os B'n C.E.F.

(2) Regimental Number ..... # 652077

(3) Full Name of Soldier ..... IRWIN, ST. CLAIR

(4) Place of Birth ..... ASHFIELD TWP. BRUCE COUNTY ONTARIO

(5) Are you married, or not ? ..... NO

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

(b) Present Postal Address .....

(7) Are you a widower ? ..... NIL

(8) Have you any children ? ..... NIL

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

Also their names and ages ..... NIL

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?..... YES .....

If so, state name and address ..... ROBERT THOMAS IRWIN LUCKNOW .....

(10) Is your Mother alive ?..... YES .....

If so, state name and address..... MARY CINTHA IRWIN LUCKNOW .....

.....

(11) If your Mother is a widow..... NIL .....

Are you her sole support, or not ?..... NIL .....

(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.

NIL

.....

(15) Are you insured ?..... Nil ~~NIL~~ .....

If so, in what Company ?..... NIL .....

Have you made arrangements for payment of your Insurance premium.....

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

C. Mac Lt.Col.

Officer Commanding.

Date..... MAY30th 1916.

160th Os. B'n. C.E.F.

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No.

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 652077 (Rank) Private

Name (in full) St. Clair Irwin enlisted in

the 160th Battn

CANADIAN EXPEDITIONARY FORCE at Lucknow on the 27th

day of March 1916

HE served in 2nd Bn CMGC 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 23

Height 5' 9"

Complexion Fair

Eyes Grey

Hair Ginger

St C. Irwin

Signature of Soldier.

Marks or Scars Scar 1" palm of rt. hand

Geo Russell

Issuing Officer.

For

O.C. No. 2 District Depot.

Rank

Date of ~~Discharge~~

No. 2 DISTRICT DEPOT

MAY 25 1919

TORONTO

Date MAY 25 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.

R—122
8,401—50,000—21-10-16.

J.P.

Rank | Name IRWIN, St.Clair | Reg'l No. 652077.

Unit 160th Bn. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Lucknow. 27th March. 1916. | Place of Birth Ashfield. Tp. Ont. Canada.

Name and Address, Next-of-Kin Thomas Irwin. Lucknow. Ont. | Relationship Father.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

10619

N/E. R.B. No. 11-9

File R.L.

Category OR CAN

Discharge, Date and Place | Reason | Character

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.
		ARRIVED IN ENGLAND "S.S. ETAGAMA 28-10-16			
23.2.18	160 Bn	S.O.S to 4th Res Bn	Witley	23.2.18	Pt II 28, 4th Res. 48d 26 2/18
29.3.18	4th Res	S.O.S, TO C.M.G.D,	BSHOTT	29.3.18	PTli 75 & C.M.G.D. #90 9/31-3-18
20-8-18	CMGD	SoS to CMG pool	Seaford	18-8-18	pto 22 CMG p 77-28-8-18
11-9-18	CMG p	SoS 2 Bn CMG Bp	Fleet	30-8-18	pto 83 & 2 MG C 91-13-9-18
17-4-19	2nd 13n. C.M.GC.	Proc. to Eng.	Le Havre	12-4-19	Pt. II Q 32
		Sailed S.S. I - 40 d 14.5.19.			
18-5-19	H Wing CCC	SOS. CMGC proceeding to Canada	Witley	14-5-19	— 44
20-4-19	do.	ToS from 2nd Bn. Camb.	"	"	13-4-19 — 29

CHECKED 2 AUG. 1918 103

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.					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Thos. Irwin (Assignee)

Name of Soldier Irwin St C Pte

652077 — 160 Bn — Pte

L. L. Job 5470—Req. 6888.

$920.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			OCT 1 1916
May				
June				
July				
Aug.				
Sept.				
Oct.		W26737	20	
Nov.		M29494	20	
Dec.		X32779	20	
Jan.	1917	237715	20	
Feb.		Q44315	20	
March		N51716	20	20 Le
April		J2775	20	20 Le
May		J9120	20	
June		M16239	20	Mc
July		J23072	20	Bn
Aug.		S30561	20	
Sept.		H36826	20	L
Oct.		R42419	20	
Nov.		O50014	20	
Dec.		P56297	20	
Jan.	1918		300	
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.				

L. L. Job 4503.—M. & D. 6832.

Pte T. C. Irwin

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Thomas Irwin

Address Lucknow Ont

Rate 20.00 OCT 1 1916

By Whom Assigned Irwin St 6

Regtl. No. 652077

Rank Pte

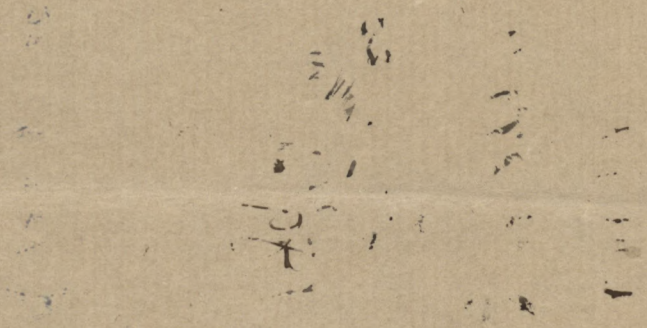
Corps 160 Bn D

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 5 ACCOUNT

O.K.
Boatlist



P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-10-16	EFFECTIVE DATE:-
AMOUNT:- $20.00	AMOUNT:-

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

Thomas Irwin (Father)	
Lucknow Ont.	

NAME:- IRWIN, H. Clair St.

NUMBER:- 652077

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- 160th Bath

DATE ACCOUNT FIRST OPENED:- 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
90	29/3/18	25/4/18	C & G D

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
21/3/19	3134	fr Bel.	3.65				
3/4/19	50	-	3.73				
17/4/19	1023	4666.	73.00				
			80.38				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Disch. Can. 15/19 - K.Y250 - B'Shott & B'Shott. 18/4/19. M & D 2. 4652.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31 March	Bal Fwd								23 54		
ap.	P. P.	33 -		C a P.				20			
				aR 168 - 13/4/18 C M & D	4 87						
				" 462 - 29/4/18 C M & D.	4 87				25 82		
		33			9 74			20			
May	P. P.	34 10		C a P.				20			
				aR 587 - 11/5/18 C M & D	9 73						
				" 1015 - 29/5/18 ✓	4 87				25 32		
		34 10			14 60			20			
June	Pte's Pay	33		a P.				20			
				aR 1439 13/6/18 C M & D	4 87						
				" 2062 27/6/18 "	4 87				28 58		
		33			9 74			20			
July	Pte's Pay.	34 10		a P.				20			
				aR 2469 12/7/18 C M & D	9 73						
				" 2861 26/7/18 "	4 87				28 08		
		34 10			14 60			20			
Aug.	"	34 10		C a P.				20			
				aR 3117 14/8/18 "	9 73						
				" 3045 7/8/18 "	4 87				27 58		
		34 10			14 60			20			
Sept.	"	33 -		a P.				20	40 58		
		33 -						20			
Oct.	"	34 10		a P.				20			
				aR. 1264 2 M & D Bn. 15-10-18	7 46						
				~~" 1131 " 26-10-18~~ not paid							
					7 46			20	47 22		

NUMBER 652077 RANK NAME Irwin H.C.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									47.22		
Nov.	P P	33 -		to a P				20 -			
Dec	" "	34 10		AR 1863 - 26/11/18 - 2 MGBW.	16 79						
Jan/19	" "	34 10		B. A P				20 -			
				Cap				20 -			
		101 20			16 79			60 -	41.63		
Feby	" "	30 80		AR 2145 27/12/18 - 2 MGBW	4.79						
Mar	" "	34 10		Cap.				20 -			
				" 2505 - 26/1/19 " "	3.93						
				Cap				20 -			
				" 2640 - 10/2/19 "	3 93						
				" 2804 24/2/19 "	3 93						
				" 3022 - 1/3/19 "	3 65						
		64 90			22 63			40 -	43.90		
Apl	" "	33 -		Cap				20 -			
				3139 - 26 M/B 21/3/19	3 65						
				30 — 3/4/19	3 65						
				1023 H Wing 18/4/19	73 -						
				3555 — 5/5/19	9 73			Endorsed			
		33 -			90 03			20	3 13		

S.O.S 14.5.19. Sl 55.

1

P. 559.
MARRIED OR SINGLE S

PLACE OF BIRTH Ashfield Tp Huron Co Ont

NAME AND ADDRESS OF NEXT OF KIN Thomas Irwin
Lucknow Ont

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 652077 RANK Private NAME Irwin H. Clair

IF IN PERMT. CORPS } WHAT UNIT } UNIT 160th Bn

TRANSFERRED TO | DATE | AUTHORITY

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Lucknow Ont

DATE OF ATTESTATION 27/3/16

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-10-16

PAYABLE TO Thomas Irwin Lucknow Ont RELATIONSHIP Father

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.

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Nov 30/16	30	1.00	30		30	10	3							9 10	9 10															9 10				Acct Pay Paid by A.P. Branch for ref and recovered on Oct Pay list Canada
Dec 31/16	31	1.00	31		31	10	3 10								33	4	2111	75	30/11/16					9 73	4 86			20		34 59	7 51		700	51	Balance from Canada
1917 Jan	31	1.00	31		31	10	3 10								34 10				14/3	26/12/16					4 87			20		24 87	16 74		1674		
															34 10				233	31/1/17					9 73			20		29 73	21 11		2000	1 11	
Feb	28	1.10	30	80											30 80				319	28/2/17				4 87	7 30			20		32 17	19 74		1974		
			132	00										9 10	141 10				421	26/3/17				14 60	26 73					121 36					
Mch	31	1.10	34	10											34 10				369	16/3/17					4 87			20		37 20	19 24		Nil	1924	
Apl	30		33												33													20		20	32 24				
May	31		34	10											34 10	34	18/1/17							4 87				20		32 17	34 17				
June	30		33												33	78	30/4/17							7 30				20		34 60	32 57				
July	31		34	10											34 10	123	16/5/17							4 87				20		20	46 67				
Aug	31		34	10											34 10	166	31/5/17							9 73				20		32 17	48 60				
Sept	30		33	-											33 -	23	17/6/17							7 30				20		49 20	32 40				
																30	30/6/17							4 87				20		32 17	48 60				
																38	19/7/17	582	31/8/17					7 30	7 30			20		49 20	32 40				
																46	31/7/17	573	14/8/17					7 30	7 30			20		49 20	32 40				

652077 Pt Irwin H. C.

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER'D PAY	SER ALLOT. ENS.																							
Sept	Bal Fwd	~~32 10~~																												22 10				
Oct	31 dy PC Pay @ 1/-	3H 10							Bal C/F							20																		
									AR 658	160	Bn	17/9		730																					
									9/1780	160	Bn	20/9		H87																3H 33				
		3H 10												12.7		20																		
Nov	30	PC P.	33 -													20																		
									AR 870	160	Bn	31/10		- H87																					
									AR 80H		do	16/10		730																					
									AR 938		do	16/11		730																					
														19 47																				
Dec 1918	31		3H 10						Bal C/F					19H7		20	H196																	
Jan.		PC	3H 10						do							20																		
									AR 1043	160	Bn	5/12		H87																				1606	
									✓ 1005	✓	✓	30/11		484																			3447	
														974																			3659	
									✓ 1111	✓	✓	17/12		943																				
		3H 10												19H7		20																		
Feb	28	P. P	30 80													20																		
									1174	9/1/18	160	Bn		(6)	730																				
									1234	28/1	"			(7)	730																				
															1460																				
									1449	17/2	"			(14)	730																				
		30 80													2190	20																		
March	31		34 10													20																		
									1999	20/3	4 Rs				1460																				
									1771	28/3	-			(33)	243																				
		34 10													1703	20																		

Original

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE 19/4/19

1. (a) Unit 2nd Bn C.M.G.C. (b) Regimental No. 65-2077 (c) Rank Pte

(d) Surname IRWIN (e) Christian name St. Clair

(f) Home address Lucknow Ont.

(g) Next of Kin Thos. Irwin (h) Relationship Father

(i) Address of Next of Kin Lucknow

2. Age last birthday 23 Date of birth 11/2/95

3. Enlistment, or Appointment (if an Officer) (a) Place Lucknow Ont (b) Date 27/3/16

4. Personal description:

(a) Height 5'4" 9 (b) Weight 170 lbs Est (stripped) (c) Complexion fair

(d) Colour of hair grey (e) Colour of eyes Grey (f) Identification marks, Scars, etc. Scar 1" long palm of R Hand.

5. Former trade or occupation Farmer.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	23.

	Periods	
	From	To
Canada	27-3-16	17-10-16
England	17-10-16	19-08-18
France or other theatres of War	19-8-18	to date

7. Original disease, or injury MIXED ASTIGMATISM.

(a) Date of origin Childhood (b) Place of origin Canada

(c) Cause (Unknown) Congenital

M. F. B. 227.

400M.—11-18.

1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Defective Eyesight (Mixed Astigmatism)

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Vision	Without Glasses	With Glasses
R.	6/24	6/12
L.	6/24	6/12

Category recommended is "A"

Specialist report dated 17-4-19.
Signed F.A. MacNeil. Capt. CAMC.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... No ... Cardio-Vascular System... No ... (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System... No ... (Albumen and Sugar will be excluded.)

Special Senses... No ... Respiratory System... No ... Integumentary System... No ...

Disturbances of Mentality... No ... Digestive System... No ... Muscular System... No ...

Osseous and Joint Systems... No ... Any other general condition... No ...

10. (a) History (of the condition referred to in Section 9 (a).)

Has always had poor eyesight

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

4-7-16 German Measles. Recovery

(*c*) (Here give a description of wounds, scars and deformities.

nil.

11.—(*a*) Did the disabling condition have its origin before enlistment? (a) Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(b) No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) no (b) no

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

~~See specialists Report~~ Nil W.P.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No

(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations

Wilburholmes Capt case

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned St Blair Irwin have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

St Blair Irwin Pte Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes ~~or No~~.)
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(Yes or No.)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes ~~or No~~.)

Yes A. 10. A.

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is ~~recommended that the invalid be discharged.~~ (When not for discharge add special recommendation.)

R. T. C. Auth adj. M. 9183 9/11/18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

W. Gay Eccleston Capt. *President.*

PLACE Witley Camp
DATE 19-4-19

J. H. Fraser Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....*President.*

PLACE.....

DATE..... } Members

APPROVED BY
for *Assistant Director of Medical Services.*
DATE 22-4-19

APPROVED BY
Director-General of Medical Services.
DATE.....

HEADQUARTERS A. D. M. S. 22 APR. 1919 File CANADIAN TROOPS, ENGLAND

War Service Class A/198286

D.A. "I"

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Occupational Group No. 1.

1. No. 652077

2. Rank. Private

3. Name. ERWIN St Clair

4. Unit. 2nd BATTN. CANADIAN MACHINE GUN CORPS

5. Date of Discharge MAY 25 1919 Place TORONTO, ONT.

6. Reason for Discharge Demobilization

7. Authority. No. 2. D.D., Part II, D.O. No. 155

8. Proposed Residence after Discharge G.P.O. Lucknow 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.?

St. C. Irwin
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place TORONTO, ONT.

Date MAY 25 1919

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. 59)
   (Enclosed in special envelope (200M)).
9. Copy of Discharge Certificate (M.F.W. 59a).
10. Dispersal Certificate (C.D. 8).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). 4 Dup
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 11

Date 10 MAY 1919

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

636

Date of Assignment

Oct 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20

PARTICULARS OF SEPARATION ALLOWANCE

No. 652077

Rank pte Promoted Reverted Discharge

Soldier's Name St. C. Lewis

Battalion 160 Bn D

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Thomas Irwin

Address Lucknow Ont

Change of Address

1

2

3

4

9348 - S - 19

	Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
	Dec 31			300	300		
1918	Jan.	E56883		20	20	P	
	Feb.	73319	T.	20	20	V.	
	March	97485	I	20	20	V	
	April	11835	J.	20	20	V.	
	May	7661	F.	20	20	V.	
	June	17759	C.	20	20	✓	
	July	33995	U.	20	20	V.	
	Aug.	33080	F	20	20	V.	
	Sept.	I 41669		20	20	V.	
	Oct	J54008		20	20		
	Nov	E50565		20	20		
	Dec.	K64228		20	20		
1919	Jan	F74229		20	20		
	Feb	81888	6	20	20	-	
	Mar	82777	G	20	20	-	
	Apl	3385	7	20	20	-	
	May	6835	U.	20	20	J	
				640	640		

AUDITED.

31-5-19 A/c Closed

Ret'd per Minnekahda

Dated 23-5-19 1917 30-5-19

Cl[illegible] MD#2 WRO 1124/74

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-33-1141
L. L. 22320—M. & D. 7683

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7983.

"MINNEKAHDA" 25-5-19

DISPERSAL "I"

AUDITOR | PAYMASTER

M. OR S. S.

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

REGT. No. 652077 RANK Pte. NAME (IN FULL) IRWIN (BLOCK LETTERS SURNAME FIRST) STG. 2.271.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

Nil.

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. C.M.G.S. — IF IN P.F. WHAT UNIT — Molsons Bank Lucknow Ont

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 27/3/16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 20.00 — DATE EFFECTIVE — Closed by Ottawa 31.5.19.

PAYABLE TO Thomas Irwin, — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Lucknow, Ontario.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Toronto — DATE 25-5-19 — REASON Demob. — AUTHORITY D.O. 155 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							6	52	6	52																							6	52	Bal. Exp. C.M.G.S.
30.4.19 to 1.5.19	2	1.10	31	00														Endorsed on M.P.R.O. 973																1.5.19. 29.5.19 - Pay
					35	00																												Clothing Allce.
					70	00																	20	00										1st Pay $ 20.00
																4	87	5	00														Apr. May 1918.
																																	Boat Fare Expenses.
																				L.O. 68970		10	82										
							13	69	0																					14	34	2			
	W.S.G. S.A.																											W.S.G. S.A.						AMOUNT DUE GOVERNMENT
																												70	00					W.S.G. pd. as above.
183 days			420	00			420	00								May 25												4	40					Overcredited 4 days Pd. & Demb.
																June 23	703819			65	60	Can	70											F.W.P.
																July 18	1007285 a.R	91		70														1st W.S.G. Paid by #2 D.D.
																Aug 14	1019	345		70		AR	112											
																Sept 18	1412	837		Can 141		70												
																Oct 21	14220			Can 168		70	-											W.S.G. PAID IN FULL
							420	-															345	60				74	40		420	-		

CAPTAIN

OFFICER COMMANDING PAY AND SERVICE DUTIES

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