

Card
814
26.6.16

DUPLICATE

928.205
No. ~~630.203~~

ATTESTATION PAPER.

Folio. 8

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Jardine*
- 1a. What are your Christian names?..... *Frank Russell*
- 1b. What is your present address?..... *Warriston, Ont. Canada*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Warriston, Wm. Township, Canada*
- 3. What is the name of your next-of-kin?..... *Mary Jardine*
- 4. What is the address of your next-of-kin?..... *Warriston, Ont.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *July 7 1895*
- 6. What is your Trade or Calling?..... *Student*
- 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?..... *Yes*
- 10. Have you ever served in any Military Force?.. *3 years 30th Batt*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Frank R. Jardine*, 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.

Frank R. Jardine (Signature of Recruit)

Date *Had Dec 3* 1915. *Oliver Nichol* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Frank R. Jardine*, 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.

Frank R. Jardine (Signature of Recruit)

Date *Dec 3* 1915. *Oliver Nichol* (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 *Hampton* this *3rd* day of *December* 1915.

L. Brisbane J.P. (Signature of Justice)

Description of Frank Russell Jardine on Enlistment.

Apparent Age 20 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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.)

Height 5 ft 11 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 2 1/2 ins.

Complexion Fair

Eyes Gray

Hair Brown

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

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 Dec 3rd 1915

Place Harriston

S. M. Henry
 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.

Frank Russell Jardine. 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.

J. J. Craig Lt-Colonel.
(Signature of Officer)

Date December 3rd, 1915.

00153rd Bn. C.E.F.

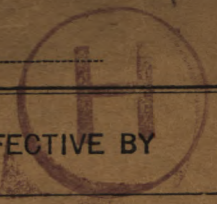
REGIMENTAL DOCUMENTS

NAME **JARDINE, FRANK RUSSELL** (A/c)

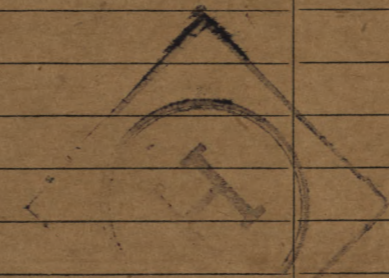
REGT. NO. **928205**

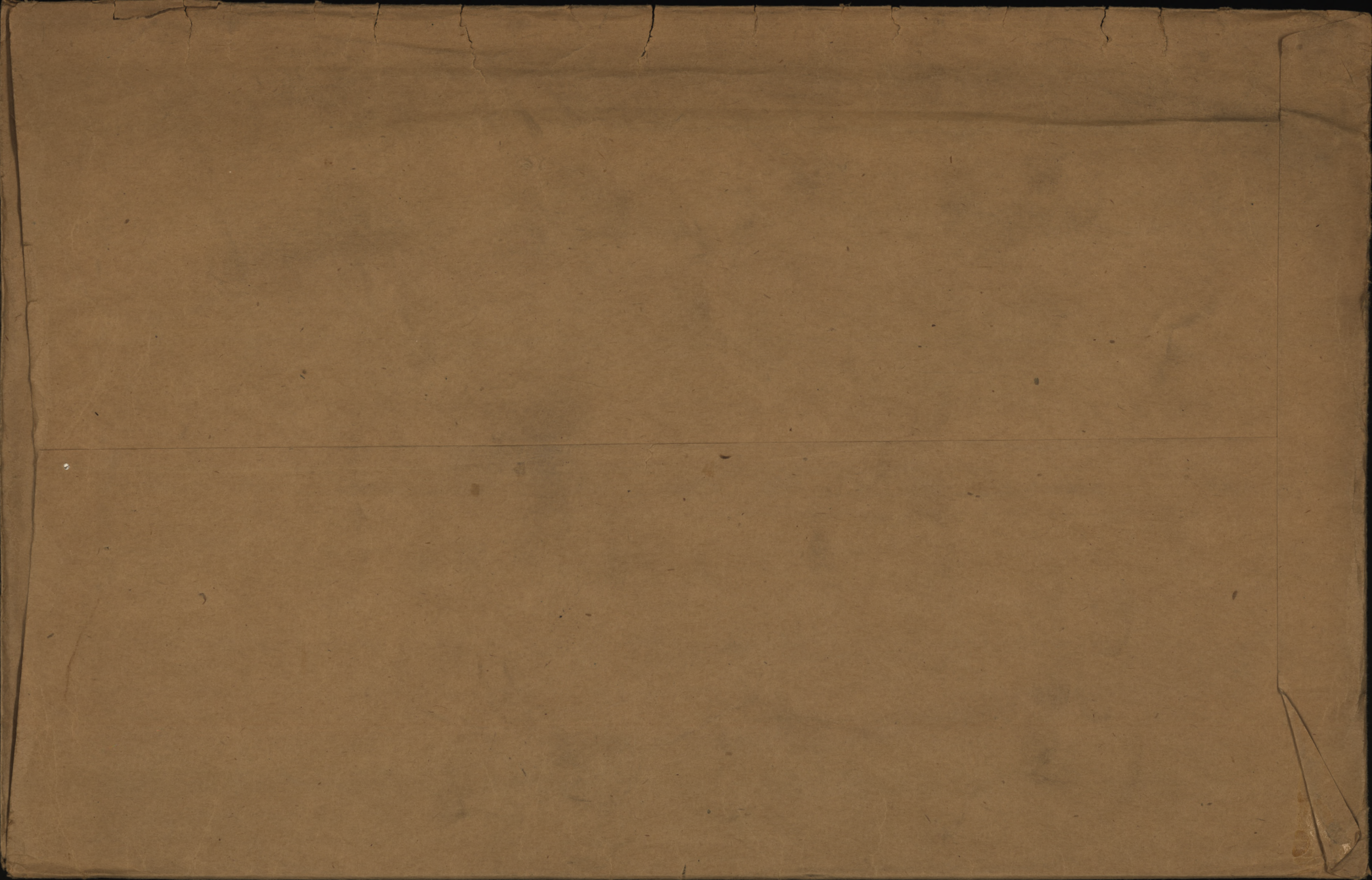
UNIT **153rd Bn.**

H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 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)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
32 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</i>
1 MEDICAL EXAMINATION (M.F.W. 129)				03171	
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 M.F.W. 192					15-22
1 <i>Law Card</i>					18-22
1 1149					29 22
1 M.F.W. 67					
1 A.F. 1237 1A 122					
1 pay card					2





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..... 153rd. Battalion C.E.D.

(2) Regimental Number..... 928.205

(3)* Full Name of Soldier..... Frank Russell Jardine

(4) Place of Birth..... Harriston Ont.

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

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

(b) Present Postal Address.....

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

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

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

Also their names and ages..... X

(9) Is your Father alive?..... **yes**.....

If so, state name and address **D.F. Jardine, Harriston Ont.**.....

(10) Is your Mother alive?..... **yes**.....

If so, state name and address..... **Mrs. D.F. Jardine**.....

..... **Harriston Ont.**.....

(11) If your Mother is a widow..... **X**.....

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.

..... **X**.....

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

..... **X**.....

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

..... **X**.....

(15) Are you insured?..... **yes**.....

If so, in what Company?..... **Great West Insurance Co.**.....

Have you made arrangements for payment of your Insurance premium..... **No**.....

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

W. J. [Signature] Major
O. C. 153rd Battalion, O. C.

Date..... **28/5/16**.....

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

TO:
À:

DATE .. 2. JUNE. 1971.....

NAME .. JARDINE FRANK R. Service No. CPC No.
NOM .. JARDINE FRANK R. Matricule N° .. 928205..... CCP N° .. 220812.....
WVA No.
AAC N°

Information Received from:

STMO LO. DIST

Information reçue de:

Date of Death

Date du Décès 11MAY. 1971.....

Place

Endroit .. WESTMINSTER. HOSP....


Distribution: WSR-DASG

VI - ASS

~~DOXEDK~~

HO - BC

Pour le chef,


for Chief, Central Registry Division.

Dépôt central des dossiers.



2 JUL 1941

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Army Form B. 103.

(Sheet No. 2)

Regimental Number... 928205

Casualty Form - Active Service.
18th BATTALION, C.E.F.

Regiment or Corps.....
Rank... *Pte* Surname... **JARDINE** Christian Name... *Frank Russell*
Religion..... Age on Enlistment..... years..... months.....
Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....
Date of promotion to present rank..... Date of appointment to lance rank.....
Extended { } Re-engaged { } Qualification (b).....
or Corps Trade and rate.....
Occupation..... Signature of Officer.....

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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
3-4-18	C.C.R.C.	Arr at Can. Corps Reinf. Camp		3.4.18	Nom Roll
20-4-18	18 Bn	Joined 18th Can Bn	In the Fld	16.4.18	AF.B.213
19-9-18	6 C.F. Amb.	In influenza	Adm. 6 C.F. Amb.	19-9-18	A.36 (Ext. K.1379)
4-10-18	26 Gen.	do	Adm. 26 Gen	4-10-18	W.3034 (Ext. K.564)
6-10-18	A.T. Stud	Invalided to England, sick.		6-10-18	W.3083
	Antwerp	Posted to Western Ontario Regt.			(Can Sect. No 6184)
		Depot, WITLEY.			Pt II Ord. 101, 14/10/18.
		<i>Whogau</i>	Major		for Lt.-Col., A. A. G.
					Canadian Section, G. H. O. 3rd Echelon B.E.F.

(1) 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.

(2) Signaller, Shoeing-Smith, &c.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
27/1/18	WORD	TDS from 18 Bu	Witley	7.10.18	#40259
4.1.19		ceases to be reached on proceeding to 11th Coy			D.O. No. 6 of 7. 1919
7-1-19	O.C. 4th Res.	T.O.S. from WORD.	Witley	7-1-19	DO#5
13-1-18	do	By Command Kimmel	Witley	12-1-18	Pl. 2. D.O. no. 10.
13-1-19		Park pending despatch to Canada.		12-1-19	
12/1/19-4.	d Res	P.O.S. M.D. / Conclung	Rhye	12/1/19	
		Embarked for Canada 24/1/19			
		For O.C. M.D. / thing			
29.1.19	Sailed from				
		Liverpool			
29/1/19	Taken on strength No. 1 District Depot	London			

[Handwritten signature]
 FOR LT. COL. W/O RECORDS, C.O.M.E.
 LT. COL. W/O RECORDS, C.O.M.E.

[Handwritten signature]
 Canadian Command Depot,
 Assistant

DISCHARGED

LIEUT. & ASST. ADJT.
 FOR O. C. 4TH CANADIAN RESERVE BATTALION.

Discharge Section, No. 1 D.D.

ADJUTANT H.Q.
 CAPT. [Handwritten signature]
 for O.C. NO. 1 DISTRICT DEPOT

(Sheet No. 1)

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 153rd Battalion, C. E. F.

Regimental No. 928205 Rank Private Name Frank Russell Jardine
C. E. F.

Enlisted (a) 2-12-15 Terms of Service (a) C.E.F. Nazwan Service reckons from (a) 3-12-15

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) B.F.P. 13.4.15 Student

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

		Embarked - Canada Halifax	28.4.17	N. M. L. Olympic
		Disembarked Liverpool	7.5.17	

		Entered Segregation Camp Bramshott	7.5.17	Pro A. Collins Capt & Camp Adjt Segregation Camp Bramshott
--	--	------------------------------------	--------	--

2-6-17	35th. Res.	Taken on Strength as an Bramshott.	7-5-17	Part 11 D.O.
15.8.16	35th Res	Returned to Bramshott	15.8.16	Part 154.6 No. 35

25th Reserve Battalion

OVER

(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, Shoing 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				
2-6-17	25th Res.	Taken on strength as an A/Corporal. Reverts to permanent grade of Pte.	Bramshott	7-5-17	Part II Do 15-17 ✓
		15.2.18 25th Res struck off strength to 4th Can Res Battalians	Bramshott	15.2.18	Pt 2 O.C. No 30. <i>W. Macdon</i> Lieutenant. A/Adj. Lt. 25th Reserve Batt. lichen. ✓
15-2-18	O.C. 4th Res. Bn.	Taken on strength 4th.	Bramshott	15-2-18	Pt. 2. Order No. 30. ✓
29-3-18	O.C. 4th Res. Bn.	Having proceeded overseas to 18th Battn. is S.O.S. 4th Res. Battn.	Bramshott	28-3-18	Part 2 Order No. 75. <i>Job</i> <i>J. E. Kelly</i> Lieut. A/Adj. 4th Canadian Res. Battalion. ✓
29-3-18	2 Can I.B. Depot	Arr from 4 Can Res Bn Eng & T.O.S. of 18 Can Bn	2 Can IBD ETAPLES	29.3.18	Nom Roll Pt II Ord 27 d-5.4.18 also No 38 d-30.4.18

CERTIFIED CORRECT.
 24 APR 1918
 CAN. RECORDS, LONDON.

OVER

A 20-11-18

L-C ORIGINAL 76 928205

ORIGINAL MEDICAL HISTORY SHEET.

Surname Frank Russell Jardine Christian Name Jardine

Examined { on 3rd day of December 1915
 at Harriston, Ont
 Birthplace { City or Town Town
 County Wellington
 Apparent age 20 years
 Trade or occupation Student
 Height Five Feet 11 Inches.
 Weight About 150 Lbs.
 Chest measurement { Minimum 35 inches.
 Maximum expansion 37 1/2 inches.
 Physical development Hardy good
 Small-Pox Marks None visible

Approved by AR Perry
 Rank Capt MC M.O

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		<u>3 OCT 1918</u>
		M.O
		M.O
		M.O
		M.O
		M.O
		M.O

Vaccination Marks { Arm None Right None Left None
 Number None
 When Vaccinated last Says he was vaccinated 12/13/17
 (a) Marks indicating congenital peculiarities or previous disease None

Date	Result	VACCINATIONS.
<u>2/3/16</u>	<u>OK</u>	<u>AR Perry Capt</u> M.O
<u>8.6.17</u>	<u>W.R.S</u>	M.O
<u>2 15.6.17</u>	<u>W.R.S</u>	M.O

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>26/1/16</u>	<u>Good</u>	<u>AR Perry Capt</u> M.O
<u>2/2/16</u>	<u>"</u>	<u>AR Perry Capt</u> M.O
<u>9/2/16</u>	<u>"</u>	<u>AR Perry Capt</u> M.O

Enlisted on 3rd day of Dec. 1915 at Harriston

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>153rd. Battn.</u>	<u>928.205</u>		<u>3/12/15</u>
Transferred to..	<u>C.E.F.</u>			<u>- 7. MAY 1917</u>
	<u>25th RESERVE BATTALION C.E.F.</u>			
	<u>18th Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>St Thomas Ont</u>	<u>Feb 21/17</u>	<u>Med Board found</u>	<u>fit D. Allison Capt MC Pres. med board</u>

CANADIAN

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.

REV 20 20 20 20

Surname Jardine Christian Name Frank Russell

STATION.	Date of Arrival at the Station.	DATES OF						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.	Sign- ture of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
WHIPPS CROSS WAR HOSPITAL, LEYTONSTONE, Convalescent Hospital, Woodcote Park, Epsom.		7	10	18	21	10	18	P. U. O.	15	General audited improved. Transferred Epsom	Shroderick Capt R.A.M.C.
		21	10	18	18	12	18	P. U. O.	58	Feels somewhat weak pulse 92. G. b. good. Feels fit. Discharged in Category D I.	M. J. White Major R.A.M.C.

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. 928205 Rank Pte. Surname JARDIN
(Given name in full)

..... Frank Russell

Unit or Corps No. 1 Dist. Depot Birthplace ... Harriston, Ontario

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

1. GENERAL DESCRIPTION:

Physique GOOD Weight. 147 ... lbs. Height. 5 .. ft. 10³ in. Colour of Eyes Grey

Nutrition GOOD

Pulse 72

Condition of arteries... GOOD

Vision Rt. 20/20 Left. 20/20

Hearing (conversational voice) Rt. 21 .. ft.

Left 21 .. ft.

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

Tattoo of horseshoe,
initials and good luck,
on left forearm.

Opinion as to general health and physical condition "A" I I

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..... YES 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.

Was returned from France September 19th, 1918 with Pyrexia of Unknown Origin, to England. Fully recovered.

No disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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...*London*... (Canada)

Date ...*26-2-19*..... Signed ...*J. J. Statts*...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 ...*J. K. Jardine*.....

(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]

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	928025	Pte	Jardine	F
		Unit.	Age.	Service.
7. 10. 18	18	Canadians	21	3 1/2
Station and Date.	Disease			
WHIPPS CROSS WAR HOSPITAL, 21-10-18 LEYTONSTONE.	Fuo.			
	General condition much improved.			
	D. Brodwell Capt R.M.M.			

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.



War Service Badge

Class **A** No. 245037 Issued

Proceedings on Discharge.

This space to be for numbers

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

No.	928205
Rank	PRIVATE
Surname	JARDINE
Christian Name	FRANK RUSSELL
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	L53RD. BATTALION C.O.M.F.
Date of Discharge	MAR 1 1919 2039 28/2/19
Place of Discharge	LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age.....23..... years..... months.	
Height.....5..... feet.....11..... inches.	
Complexion FAIR	
Eyes GREY	TATTOO OF HORSESHOE INITIALS
Hair BROWN	AND GOOD LUCK ON LEFT FOREARM.
Trade STUDENT	
Intended place of residence } (To be given as fully as practicable.)	80 VICTOR AVENUE TORONTO ONTARIO.

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

ON DEMOBILIZATION

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

100M.—1-17.

H. Q. 1772-39-113.

(OVER)

2 mk: 11-4-19

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

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

(Place) **LONDON, ONT** *J. R. Jardine* (Signature of Soldier.)

(Date) **MAR 1 1919** *[Signature]* (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) **LONDON, ONT.**

(Date) **MAR 1 1919**

(Signature) *[Signature]*

for O. C. Discharge Section, No. 1 D. I.

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.)

L. R. Jardine *Yours*

<p>Military Form B. 232 Attestation Paper</p>	<p>Military Form B. 203 Reg. Conduct Sheet</p>
<p>B. 218 Proceedings on Discharge</p>	<p>B. 203 Conduct Sheet Squadron Battery Company</p>
<p>(a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event such having been prepared)</p>	<p>Copies of Convictions by C. P. in MS. Med. Hist. Sheet Military Form B. 313 Medical Report for Invalids Statement of Man's Account on Transfer and Last Pay Certificate D. 877</p>

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 herein.

List of Discharge Documents.

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

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.

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

10. *Statement of Soldier.*

Service and my discharge on the date to which the Period of my Service is completed.

11. *Confirmation of Discharge.*

The discharge of the above-named man is hereby confirmed.

(Signature)

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 928205 (Rank) PRIVATE

Name (in full) JARDINE, Frank, Russell enlisted in
the 153RD. BATTALION C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at HARRISTON ONTARIO on the THIRD

day of DECEMBER 19 25.

HE served in FRANCE (WITH THE 18TH. BATTALION)

and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age 23 YEARS
Height 5' 11"
Complexion FAIR
Eyes GREY
Hair BROWN

Marks or Scars

TATTOO OF HORSESHOEN
INITIALS AND GOOD LUCK ON
LEFT FOREARM.

Signature of Soldier

DISCHARGE SECTION
MAR 1 1919
No. 1 District Depot

Date of Discharge

Issuing Officer

CAPTAIN

O. C. Discharge Section, No. 1. D. D.

Appointment

Signed at LONDON, ONT. this FIRST day of MARCH 19 19.

in Military District No. (ONE)

File Reference No. 1. D. 30-7-415.
1. D. 10-7-147.

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.

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

LAST PAY CERTIFICATE

ORIGINAL

1 Pm 10 Ja 41
 Regt. No. 928205 Rank *nte* Name *Jardine Frank Russell*
 Corps *18 Bn* who was *new*
 *on *1-3-19* to

The following is a statement of the account of the above named
 from *1-2-19* to *1-3-19*

Bal Dr from mon. of from L.P.C.	11 28	Bal. Cr. from mon. of from L.P.C.	
ASSIGNED PAY: <i>25 66 ✓</i>	50	Regt. Pay <i>29</i> dys. @ \$ <i>100</i>	<i>29 00</i>
SEPARATION ALLOWANCE:		F'ld. All. <i>29</i> dys. @ \$ <i>10</i>	<i>2 90</i>
OTHER CHARGES:		SEPARATION ALLOWANCE:	
PAYMENTS: <i>2567 ✓</i>	70 32	OTHER CREDITS:	
Bal. Credit (to be pd.)		Clothing Allowance	<i>35 00 ✓</i>
<i>Overseas P.M.P.</i>	<i>82 10</i>	Subsistence, <i>8 2/19 to 26 2/19</i>	<i>15 20 ✓</i>
		Bal. Dr. (to be deducted)	
		(from soldier \$)	
		(from Dependent \$)	
			<i>82 10</i>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ <i>Nil</i> per month has been <i>Nil</i> to	at \$ <i>17</i> per month has been <i>paid to 1-3-19</i> by <i>the Unit</i>	Subscribed \$ <i>Nil</i> Pd. by other Unit \$ <i>Nil</i> Pd. by this Unit \$ <i>Nil</i>

Dependent or Beneficiary: *Mrs Mary Jardine*
 Address: *80 Victoria Ave Toronto Ont*

REMARKS: *Do 59 No 1-3-19 memo*

Date of Enlistment *3-12-15*
 If married and if Separation Allowance card submitted *No No*

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

Date: *1-3-19*
 London, Ontario.

 Captain.
 Paymaster No. 1 District Depot.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. Rank Name

Corps who was*

On 191....., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 191....., to 191....., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances } No.....			Regt'l Pay..... days at \$..... c.....		
by } No.....			Field Allow. days at \$..... c.....		
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allice. No.....			Other Allowances*		
Other charges			Other Credits*.....		
Payment on transfer or discharge No.....			Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....			Total.....		

* Give particulars.

A monthly stoppage of \$.....(†) has.....(‡) been paid on account of A
 { Pay for the month of 191..... }
 { and Sep'n Allice. for month of 191..... } (to) Assignee.....
 (Address)

(†) 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
- (2) if married and if a Separation Allowance Card has been submitted.....
- (3) cause of discharge..... authority.....
- (4) authority for transfer

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

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

Date.....

Place.....

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

*und
slam*

*Pla - a/cpt.
U*

Number 928205- Rank

Surname JARDINE

Christian Name Frank Russell

Units 18th Bn Can. Div. Theatre of War France

Date of Service 28-3-18

Remarks

Latest Address 80 Victoria ave
Toronto

Roll No. B Page 15392 out-

200m.-2-21.M.

DESP AUG 3 1922

REGN. NO. *GA 30413*

SURNAME.

Jardine

CHRISTIAN NAMES

Frank Russell

REGL. No. 928205

RANK

~~pte.~~ Cpl.

UNIT

~~153rd.~~

#180

Bn.

FORMER CORPS

3 yrs. 30th Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Jardine, Mrs. Mary

RELATIONSHIP

ADDR

80 Victor Ave.

Toronto Ont.

Bara. P. 28/5/18

COUNTRY OF BIRTH

Canada, Harriston, Ont.

DATE

July 7th 1895,

PLACE OF ATTESTATION

Harriston, Ont.

DATE

Dec. 3rd. 1915

1/8 29/4/17. 810/9

1/6. 5/2/19. 263/13. Pl. I

CARD NO.

S.O.S. Div 1-3-18

Amob auth 0059

FOLL

28-2-19. #182

From Halifax per SS "Olympic" ²⁹30/4/17.

MARRIED

SINGLE

Yes,

WIDOWER

TRADE OR CALLING

Student

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

20

YEARS

5.

MONTHS

HEIGHT

5-

FEET

11

INCHES

CHEST MEASUREMENT

37 $\frac{1}{2}$

INCHES

EXPANSION

2 $\frac{1}{2}$

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Brown

DISTINGUISHING MARKS

not stated,

MEDICAL EXAMINATION.

PLACE

Harriston, Ant.

DATE

Dec. 3rd. 1915.

Present Address:— Harriston, Ant.

REG. No. 928205 NAME Jardine J.R.
(SURNAME FIRST)

RANK. Cpl. CORPS 153 Batt.

AGE 21. SERVICE 9/12

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 22.8.16

DISEASE Gonorrhoea.

DISCHARGE 15.9.16

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

NAME

Jardine, J.

RANK AND UNIT

Pte.

NEXT OF KIN

REGT. NO.

928205

R.
W.O. Regt.

NATURE OF CASUALTY

CABLE

No.

DATE

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 323 ¹	#6 Can. Fld. Amb.	19-9-18	Influenza
A 336-	#23 Cas. Cl. Station	2-10-18	"
A 339.	#26. Gen. H. Staples	4-10-18	"
B 35-0 ¹¹¹	Gen. Mil, Colechester	7. 10. 18	"
B 35-0 ¹²¹	Mil. Con., Wincote P. Epsom	22. 10. 18	"
B 394 ²	" "	19-12-18	" Disch

Frank Russell

Name JARDINE

Rank PTE

Reg. No. 928205

Unit 18 BN

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
19 9. 6	C & A.	Influenza		11323		37000
2-10.	23rd Col. Str.	do.		11336		37658
4. 10	26th H. Baptes	do		11339		4635-14
7. 10	Gen. W. A. Colebrook	-		11350		30085
22. 10	M. C. H. Epsom	-		11350		29822
17. 12	Wise	-		11394		552
22/12/18	5/18/12/18 to	30/12/18	Report			W. H. W. W. W. W.

No. 630203 RANK Pte.
 928205 Jan. pay list.

NAME Jardine J. R.

T. O. S. 3/12/15
 Dec. pay list.

UNIT 153rd. Battalion C. E. F.

M. D. I.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM 1915	TO 1915		PARTICULARS	AUTHORITY
Dec. 3 1916	Dec. 31 1916	n.		
Jan. 1.	Jan. 31.	n.		
Feb. 1.	Feb. 29	n.	School of Instruction Ghelph 15/2/16 Prom. Prov. des/Cpl.	(D.O. 43) of 15/2/16
Mar. 1	Mar. 31	n.		
Apr.		n.		
May		✓		
June		✓		
July		✓	Prom. Prov. C. pl.	D.O. 191 of 19-7-16.
Aug.		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		

(over)

1917	1917	
Jan 1	Jan. 31	✓
Feb.		✓
Mar.		✓
Apr.		✓

Name JARDINE, Frank Russell Rank Pte. Regtl. No. 928205

Fyle Depot IDD 10-J-147

Original unit 153rd Bn. Present unit 18th Bn. M. or S. Age 23 Religion Pres Ref. H.Q. 1-D-30-J-415

Port, ship and date of arrival Halifax Baltic 5-2-19

Next of kin Mary Jardine, (Mother), Harriston, Ont.

Address on leave.....

Address on discharge 80 Victor Ave., Toronto, Ont.

Transportation issued No Date..... Character on discharge.....

Previous occupation Student Date and place of enlistment Dec. 3rd, 1915, Harriston, Ont.

Diagnosis..... Date of Medical Boards.....

Date.	Remarks.	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>29-1-19</u>	<u>No. 1 D.D.</u>	
<u>8-2-19</u>	<u>Posted to Cas. Coy. and granted fur. with subs. to</u>	
<u>26-2-19</u>		<u>50</u>

Date.

Remarks

Pt. 2 Order No.

1-3-19

Discharged from H. M. S. On Demobilization. (P.D.P.)

59

Surname

Christian Name or Names

Reg. No.

JARDINE.

F.R.

928205.

Rank
Pte.

Unit
W.O. 18.

Cas. List.

24-9-18.A323

6. C.F. Amb.

19-9-18.

Influ'za^a

9-10-18 @ 336

73 C.P. Sts. 7-10-18

12-10-18 A339

26 Gen. Staples

4-10-18

29-10-18 B350

Colchester Gen M.

7-10-18

" " 1/2

Woodcote Pk Epsom

22-10-18

20-12-18 D 39+²

Dick

17-12-18

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London.

Cas. List.

Rank _____ Name **JARDINE, Frank Russell** Reg'l No. **928205**
 Unit **153Bn to ~~1st~~ ^{WEST} Ont Regt** If in perm. Corps, What Unit? _____ Married or Single **Single**
 Place and Date of Enlistment **Harriston Dec 3rd 1915.** Place of Birth **Twp Minto, Ont.**
 Name and Address, Next-of-Kin **Mary Jardine**

Harriston Ont Canada - Relationship **Mother.**

Assigned Pay Monthly \$ _____ Payable to _____

Relationship _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Discharge, Date and Place _____ Reason _____ Character _____

H. W. & V., Ld.—9546-16.

N/E. R.B. No. **6225**
 File R.L. **6206**
CAN. OR
 Category _____
dl

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents. ✓
Date.	From whom received.				
	<i>6</i>	ARRIVED IN ENGLAND 7 5 17 SS OLYMPIC.			
2-6-17	25 RES.	TOS. FROM Canada	B'shott	7-5-17	PT. II, 164
"	"	<i>Arrives as Atty. Corporal</i>	"	"	"
"	"	<i>Reverts to Private</i>	"	"	"
15/2-18	25 Res	S.O.S. TO 4. ResBN B'shott	B'shott	15.2.18	DO, 3S&4 Res DO39
29.3.18	4th Res	Posted TO 18th. BN. O/S	B'SHOTT	28.3.18	PT II 75&18th EN 27d/5/18
14.10.18	18 Bn	SOS to WORD	field	6-10-18	" 101
2-11-18	H.O.R.D.	L.O.S. from 18th Bn	Hitley Pte	7-10-18	PT II 0259
23-12-18	"	On com. 1st C.L.D.	"	18-12-18	" 302
7.1.19	4 Res	off bou to me and TOS from WORD	"	7-1-19	5 & WORD 749.1.19

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.				
13.1.19	4 Res.	on board to K Park	Witley Pa	12.1.19	2010
8.2.19	"	Ceases on form K. Park via S.O.S. to C.E.F. (Canada)	"	29.1.19	33.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.

50m.—6-16.

H. Q. 1772-39-S18.

SEPARATION ALLOWANCE

Name *M^{rs} Mary Jardine*

Name of Soldier *Jardine J.R.*

Address *Harriston*

Regtl. No. *928205*

Ant Rank *Det Cpl*

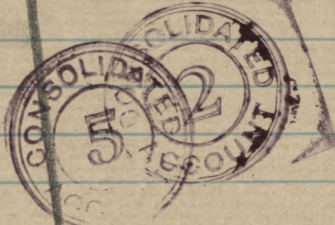
Corps *153 Battr*

Relation to Soldier *Wife 1900*
wife, child or mother

To what Corps belonging }
when called out }

MAY 1- 1917

PAYMENTS

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

25
28

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.
(Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier

*Jardine J.R.**Cpl 928205-**153 Bath*

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>1700</i>	<i>MAY 1- 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>B 13084</i>	<i>17</i>	
June		<i>F 17504</i>	<i>17</i>	<i>s</i>
July		<i>M 26728</i>	<i>17</i>	<i>cu</i>
Aug.		<i>V 28671</i>	<i>17</i>	
Sept.		<i>K 36682</i>	<i>17</i>	<i>cu</i>
Oct.		<i>V 41435</i>	<i>17</i>	
Nov.		<i>R 49553</i>	<i>17</i>	
Dec.		<i>S 55960</i>	<i>17</i>	
Jan.	1918			<i>136</i>
Feb.				
March				
April				
May				
June				
July				

W.A.S.

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.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

J

May 1/17

OVERSEAS CONTINGENTS

952

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

17			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

55804
EPL

No. 928205
 Rank Epl. Promoted Reverted Discharge
 Soldier's Name F. R. Jardine
 Battalion 153 Battn.
 Beneficiary
 Relationship
 Address

Name Mrs. Mary Jardine
 Address Harrison, Ont.
 Change of Address
 1 80 Victor Ave Toronto Ont. 27/8
 2
 3
 4

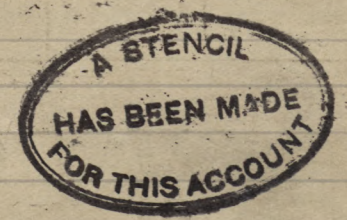
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31			136	136	
1919					
Jan	019288		17	17	OK
Feb	74817		17	17	✓
Mar	98507		17	17	✓
Apr	7879		17	17	✓
May	8728		17	17	✓
June	018785		17	17	✓
July	78482		17	17	✓
Aug	34159		17	17	✓
Sept	42778		17	17	✓
Oct	55124		17	17	✓
Nov	51677		17	17	
Dec	164994		17	17	
1919					
Jan	75240		17	17	
Feb	77005		17	17	
			374	374	

Balance 27/8

M. F. W. 128
4004-6-17-1772-89-141
L. L. 23320-M. & D. 7693.

A/c Closed 28-2-19
 Ret'd per Baltic
 Date 6/2/19 M.F.W. 187 11/2/19
 Clerk SBS

MRO 61448 Destroy 11/2/19



2575

10-Ja-41

80

AUDITOR *JRM* PAYMASTER *M*

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

REGT. No. 928205

RANK *Pt*

NAME (IN FULL) *Pt JARDINE Frank Russell*

M. OR S.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F. <i>18th Bn</i>	IF IN P. F. WHAT UNIT?	DATE	AUTHORITY		
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY		
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION <i>3-12-15</i>	TRANSFERRED TO	DATE	AUTHORITY		
TO WHOM PAID	RELATIONSHIP				ASSIGNED PAY, \$ <i>14.00</i>	DATE EFFECTIVE <i>28-2-19</i>				
ADDRESS					PAYABLE TO <i>Mrs. Mary Jardine</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS			
					ADDRESS <i>80 Victoria Avenue Toronto Ont</i>					
					STOP PAYMENT FORM RENDERED, DATE	EFFECTIVE				
					DISCHARGED	PLACE	DATE	REASON	AUTHORITY	IF ENTITLED TO POST DISCHARGE PAY
						<i>London</i>	<i>1919</i>	<i>Dem</i>	<i>2029</i>	<i>Yes</i>

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS	
		AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		
Balance from previous account																			
<i>31-1-19</i>					<i>7532</i>														<i>Adon Boat</i>
<i>Feb 1-19</i>	<i>3</i>	<i>29.110</i>		<i>35.00</i>	<i>8210</i>				<i>22566</i>					<i>973</i>	<i>8660</i>			<i>Yes</i>	
				<i>1520</i>					<i>50</i>					<i>487</i>	<i>1128</i>			<i>Pos 29'19</i>	
														<i>5</i>				<i>Sub 8'19 to 26'19</i>	
														<i>50</i>				<i>W Mortuary</i>	
WAR SERVICE GRATUITY																			
<i>183 days</i>					<i>420</i>				<i>70</i>						<i>70</i>			<i>#3064</i>	
					<i>350</i>				<i>70</i>									<i>1/4/19 - 46687</i>	
									<i>70</i>									<i>15/19 - 95891</i>	
									<i>70</i>									<i>11/19 86985</i>	
									<i>70</i>									<i>3-7-19 101043</i>	
									<i>70</i>									<i>118899 18/8/19</i>	
					<i>420</i>				<i>420</i>						<i>420</i>			<i>F. J. Ginn Capt</i>	

