

ATTESTATION PAPER.

No. *204900*

Original

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... *Jansen.*
- 1a. What are your Christian names?..... *Robert.*
- 1b. What is your present address?..... *Asquith, Sask.*
2. In what Town, Township or Parish, and in what Country were you born?..... *Copenhagen, Denmark.*
3. What is the name of your next-of kin?..... *Jens Christian Jensen.*
4. What is the address of your next-of-kin?..... *Asquith, Sask. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Father.*
5. What is the date of your birth?..... *Aug 1st 1898.*
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?..... *No.*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *Yes.*
12. Are you willing to be attested to serve in the } *Yes.*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Jansen.*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Robert Jansen..... (Signature of Recruit)

Date *Aug 4th* 191 *6.* *W. H. James*..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Jansen.*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Robert Jansen..... (Signature of Recruit)

Date *Aug 4th* 191 *6.* *W. H. James*..... (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 *Saskatoon m* this *4th* day of *Aug* 191 *6.*

M. Howell..... (Signature of Justice)

Commissioner of Oaths for the Province of
Saskatchewan. My Commission expires
Dec 31st.

Description of Robert Jensen on Enlistment.

Apparent Age 18 years 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 6 ft. 1 ins.

Chest measurement { Girth when fully expanded 39 ins.
 Range of expansion 4 1/2 ins.

Complexion Fresh.

Eyes Blue.

Hair Lk Brown.

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist.....
 Roman Catholic.....
 Jewish.....
 Other denominations Lutheran.
 (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-Sea Expeditionary Force.

Date Aug 4th 191 6

Place Saskatoon.

[Handwritten Signature]
 Capt. *[Handwritten]*
 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:—

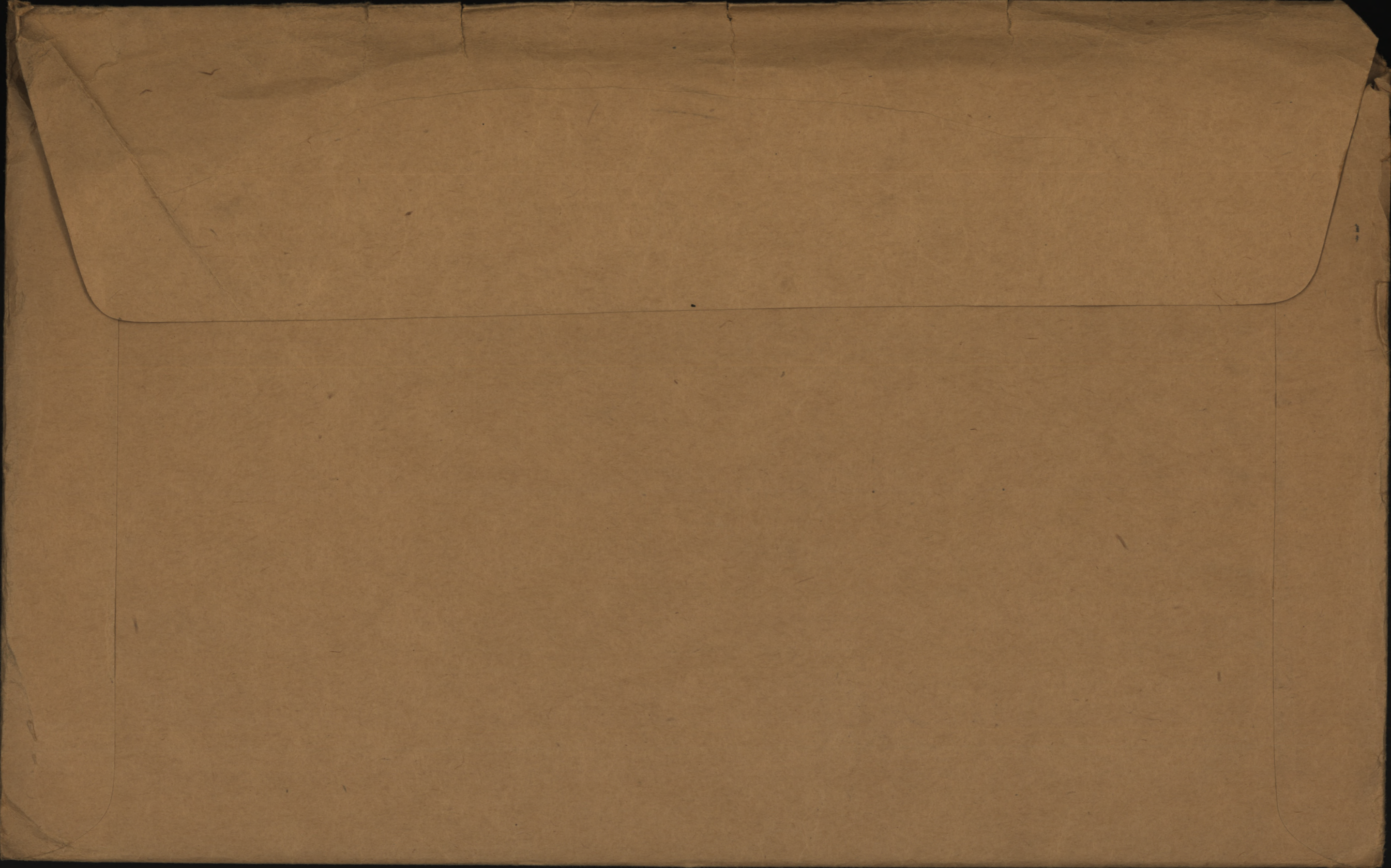
CERTIFICATE OF OFFICER COMMANDING UNIT.

Robert Jensen

..... 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.

[Handwritten Signature]
 (Signature of Officer)

Date Aug 4th 191 6



Surname
Jensen.
Rank
Pfc.

Christian Name or Names
R.

Reg. No.

204.900

Unit
(96 Batt.) Co.
47th Bty

Troop Batty.

Hospital
Moore Barracks Shorncliffe

Date of Admission

17-10-16

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

Mearls

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Dis 6-11-16.

R.F. Bone. Killed - in - Action. 28-3-17.

DISPOSITION

Date

cf 18-11-16 - 15

cf 10-4-17. A181.

REMARKS

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

MP

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

649-J-3523.

204900, Pte. Robert Jensen, C.E.F.

44th Bn

M

Med. & Dec. (father) J.C. Jensen,
R.R. No. 1,
Asquith, Sask.

P. & S. (father) As above.

Serial No 774496

Mem. Cross (mother) Mrs. Anna C. Jensen,
Address as above.

Scroll Desp. 29.1.21 Reqn. No 2-15209

Plaque Desp. 24.1.21 Reqn. No. 1334

38368

Not Eligible for 14-15 Star

E " " " " " " " " " " " "

V.M.G.
13 W.M.G.

JAS.

M

636008

DEC 11 1920

879

AD
RS

P
X

Number 204900 Rank Ple-

Surname JENSEN

Christian Name Robert

Units 47th Bn Can Inf Theatre of War France

Date of Service 28-11-16

Remarks (H) ~~J. C. Jensen,~~

Latest Address ~~P.P. #1~~

Asquith, Sask

Roll No. B. Page 13203.

200m-2-21.M.

DESP. AUG 26 1922

REGN. No. 3570

REGT'L No 204900

NAME

Jensen Robert

H. Q. FILE No. 649-

RANK AND CORPS

Pvt (From 96th Bn) 44th Bn.

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.	DATE
M 1355	4-4-14
A. F. B20900a	Rouen 3-4-17.

Killed in action March 28th/14

Killed in action March 28th/17

Recd. 15-5-17.

OK

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
No 15	Moore B'ks Shorncliffe	17-10-16	measles
" 15	Discharged	6-11-16	"
A 187	Rept. from Base	28-3-17	Killed in action

649-2-2623.

CARD NO.

V
3
D

SURNAME. *Jensen*

CHRISTIAN NAMES *Robert*

FOLL.

REGL. NO. *204 900*

RANK *Pte*

UNIT *96th*

ran

FORMER CORPS *nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Jensen Jens Christian*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Asquith Sask.*

COUNTRY OF BIRTH *Denmark* Copenhagen

DATE *Aug 1st 1898*

PLACE OF ATTESTATION *Saskatoon Sask.*

DATE *Aug 4th 1916*

*1826-9-16. 560
9*

Quilston Halifax 26-9-16pu SS *Laconia*

MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING *Farmer*

RELIGION *Lutheran*

DESCRIPTION.

APPARENT AGE

18

YEARS

MONTHS

HEIGHT

6

FEET

1

INCHES

CHEST MEASUREMENT *39*

INCHES

EXPANSION *4 1/2*

INCHES

COMPLEXION *Fresh*

EYES *Blue*

HAIR *Dark Brown*

DISTINGUISHING MARKS *not-stated.*

MEDICAL EXAMINATION.

PLACE *Saskatoon Sask* DATE *Aug 4th 1916.*

Present Address Asquith Sask.

ADMITTING CARD.

Regt. No. 204900 A. & D. No. 2 391
Rank PLe
Name Jensen R
Corps 92 Bn
Religion Lutheran Age 18
M. H. Rec'd M. H. Requested M. H. Ret'd
Disease Measles
Admitted 17. 18. 16
Discharged Discharged to duty NOV 7 1918
Place in Hospital Holmestone Isolation
Transferred
Results

REMARKS:

MEDICAL HISTORY SHEET.	Orig. recd. from...../.../191 .
	Dup. recd. from...../.../191 .
	Orig. sent to...../.../191 .
	Dup. sent to...../.../191 .
	Received from Registrar this ^{Orig.} _{Dup.}/.../191 .
 Ward

No. 204900 RANK

PL

NAME

Jensen, R.

T.O.S. 4-8-16. UNIT

96th Battalion (Canadian Highlanders)

10-8-16.

M. D. 10

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID FROM

PAID TO

SIG. OR REC'T

1916 Aug. 4
1916 Aug 31.
Sept.

✓
✓

UNIT SAILED

SEP 26 1916



6 yrs OK
ORIGINAL.

MEDICAL HISTORY SHEET.

Surname Jansen Christian Name Robert.

Examined { on 4th day of Aug 1916
 { at Saskatoon.

Birthplace { City or Town Copenhagen,
 { County Denmark.

Apparent age 18

Trade or occupation Farmer.

Height 6 Feet 1 Inches.

Weight 180 Lbs.

Chest measurement { Minimum 34 1/2 inches.

 { Maximum expansion 41 1/2 inches.

Physical development good

Small-Pox Marks no

Vaccination Marks { Arm Right Left.
 { Number

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease no

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

Approved by Comd. J. J. Smith
Med. Officer
of Saskatoon
Rank Capt. Amc. 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.
<u>Aug 11/16</u>	<u>Plus.</u>	<u>Wae</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Aug 4/16</u>	<u>+</u>	<u>Wae</u>
<u>Dec 18/16</u>	<u>OK</u>	<u>Wae</u>
<u>Dec 18/16</u>	<u>OK</u>	<u>Wae</u>
		M.O.
		M.O.
		M.O.

Enlisted on 4th day of August 1916 at Saskatoon Sask

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>9th Bat</u>	<u>204900</u>		<u>4th August 1916</u>
Transferred to	<u>47th Ba</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

7-391

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	204900	Pte	Jensen	Robert
Year	Unit.		Age.	Service.
1916	C Company 92 nd Batt		18 yrs	2/12 ^{ths}
Station and Date.	Disease			
	Measles			
MOORE BARRACKS. CAMP 10.6 OCT 14 th " 18 th	Colonel Smith noted. Saline 3x mane Sol Boracic for eyes & mouth wash Mist A 3 T. 4 ply			
20 th 22 th	Mist Quidi Co 3 T. Tds To get up p.c			
Discharged to Duty 6/11/16				

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.
(23205) Wt. W 4234-M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11. P.T.O.

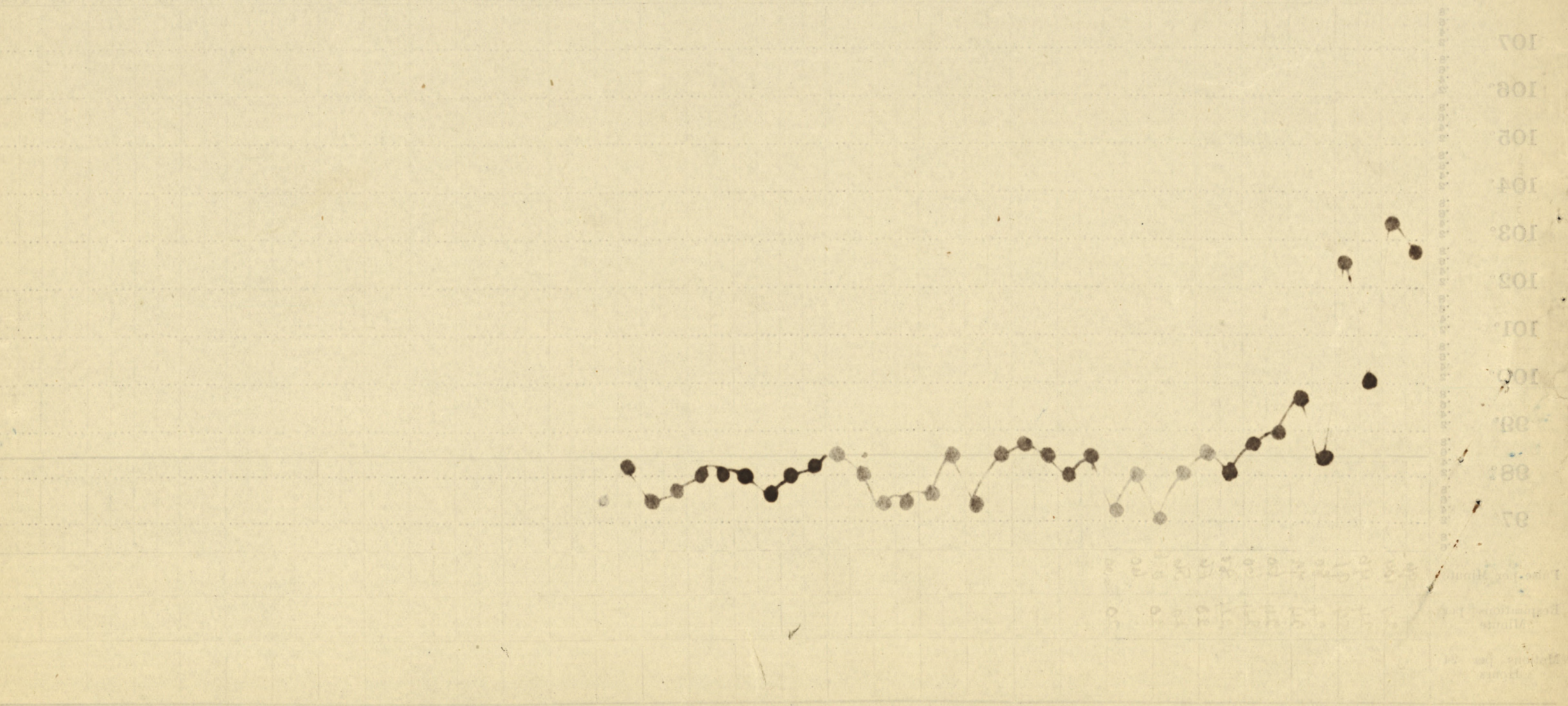
Station
and Date.

CLINICAL CHART.

Campbell, J. W.

History: ...
Date of admission: ...
Date of discharge: ...
Physician: ...

Temperature: ...
Pulse: ...
Respiration: ...
Blood Pressure: ...



Physician: ...
Nurse: ...

FORM OF WILL.

I, Robert Jensen (Name in full)
Regimental Number 2914900 serving in 96th Cps. Batt. C.E.F.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Jens Christian Jensen
Asquith
Saskatchewan } Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Jens Christian Jensen
Asquith
Saskatchewan } Name and Address
of person or
persons to receive
personal estate*
(See note).

**IMPORTANT
NOTE**

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 13th day of Sept A. D. 1916

Robert Jensen Signature of Soldier.

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

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

Signature of First Witness

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

THE TWO
WITNESSES
MUST
SIGN HERE

FORM OF WILL

I, John Doe, of the County of Alameda and State of California, do hereby certify that I am of legal age and sound mind and declare that to be my last will.

I bequeath all my real estate unto

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

John Doe, Jr., 123 Main St., San Francisco, Cal.

absolutely, and my personal estate I bequeath to

Name and Address of person or persons to receive personal estate.

John Doe, Jr., 123 Main St., San Francisco, Cal.

A. D. 1919

Witness my hand and seal of office this 1st day of January 1919.

IMPORTANT NOTE
This will is not valid unless signed by the testator and witnessed by two or more persons in the presence of the testator.

Signature of testator

All persons named herein as witnesses must be present at the time of the execution of this will.

This will is not valid unless signed by the testator and witnessed by two or more persons in the presence of the testator.

Signature of Testator

Address of Testator

Occupation of Testator

Signature of Second Witness

Address of Witness

Occupation of Witness

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

Yep

M. F. W. 547 (A. F. B. 193.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

86TH. OVERSEAS BATTALION (CANADIAN HIGHLANDERS)

Unit, Regiment or Corps

Regimental No. 204900. Rank Private, Name Robert Jensen

Enlisted (a) 4/8/16 Terms of Service (a) C.E.F. dof war Service reckons from (a) 4/8/16

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

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

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				

10-10-16 OC 96 ^{OC 96} Embarked Halifax 27-9-16 } SS Laconia
Arrived Liverpool 6-10-16 }
Transferred to 92nd Batt. E Sandling 8-10-16 } Pt II O 279

20-10-16 92 Bn OC Taken on Strength 92nd E Sandling 8-10-16 } Bu. 9-266
24-10-16 Admitted 1700 Bks Hosp. "Measles" 17-10-16 Bu 9-265

27-11-16 Transf. to 47th Bn France E Sandling 27/11/16 Bu 9-305

Blusholm
LIEUT.

28-11-16 Le BD Landed in France Havre 28-11-16 8th HIGHLANDERS) C.E.F.,
3-12-16 oc 47th Taken on strength Field 28-11-16 pt. 262 of 3-12-16
1-12-16 Le BD Left to join unit Field 1-12-16 N.
16-12-16 Unit Joined unit Field 3-12-16 B213 OCS 82 of 26-12-16

CERTIFIED CORRECT.
2 DEC 1916
CAN. RECORDS, LONDON.

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

204900 Pte Jensen Robert

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				
20.1.17.	Of 47 1st	To Lewis in command	FIELD	14.1.17.	H 213. Dec 103 of 30.1.17.
24.2.17	"	Retd from Command.	"	14.2.17	" " 1st. of 3.4.17.
28.3.17.	Of 47 1st	KILLED IN ACTION	FIELD.	28.3.17.	KI. 16-528. Dec 131. of 3.4.17. PE II 00 43 of 3.4.17.
					<p><i>Robert Jensen</i></p> <p>Lieut In Major 0009 Canadian Legion</p>

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.—7-16
 1772—39—819.

Sheet No. 2. *J. L. Jensen*
 (Assignee)

L. L. Job 5470—Req. 6888

PAYMENTS.

Name of Soldier *Jensen, R.*

204900 Ft. Cav. Highls. 96 Batt.

635

Month.	Year.	Cheque No.	Amt.
April	1916		
May			
June			
July			
Aug.			
Sept.			
Oct.		<i>W 25826</i>	<i>20</i>
Nov.		<i>229429</i>	<i>20</i>
Dec.		<i>K 36505</i>	<i>20</i>
Jan.	1917	<i>X 37353</i>	<i>20</i>
Feb.		<i>X 44025</i>	<i>20</i>
March		<i>U 46547</i>	<i>20</i>
April		<i>0 2566</i>	<i>20</i>
May			
June			
July			
Aug.			
Sept.			
Oct.			
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

2000

OCT 1 - 1916

\$ 140.00

\$ 120.00

C. Fx & P F w/ paper 18/4/17

20-h.

20 w. Acct Closed Cas

02566 can. 18/4/17 w/p.

Cheque 02566 gone forward.

18-4-17. GMB

F. X. Rend. Date..... By.....
 E.F.X. " Date *2-10-17* By *M. S. Galt*

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

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

634

To Whom

Address

Rate

*Jens L. Jensen,
Asquith,
Saskatoon,
Sask.*

2000

OCT 1 - 1916

By Whom Assigned

Regtl. No.

Rank

Corps

Jensen, J.

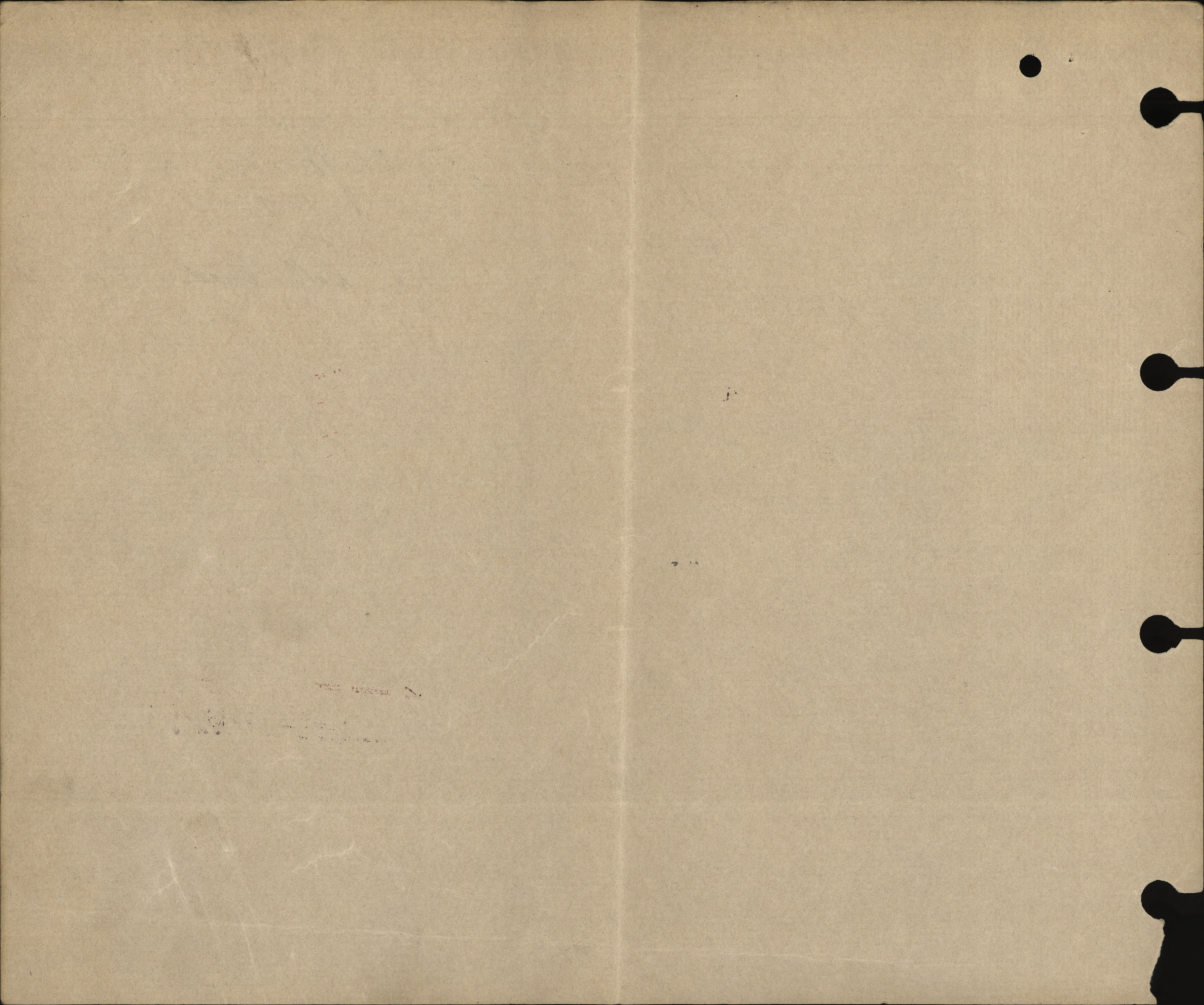
204900.

Private.

96th Battn, Canadian Highlanders

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Stop Payment 1st May 1917. 3M/4/17 Lab 11/5/17</i></p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Pensions Notified DATE <i>18/4/17</i></p> <p>Killed in Action DATE <i>28/3/17</i></p> <p><i>C 2678/4/17 W Hayes</i></p> </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>F. X. Rend. Date By</p> <p>E.F.X. " Date <i>2-70-17</i> By <i>Smith</i></p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



CHS

Rank

Name

JENSEN Robert

Reg'l No.

204900

Unit 96th. Bn.

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Saskatoon Aug. 4th. 1916.

Place of Birth Copenhagen. Denmark

Name and Address, Next-of-Kin Jens Christian Jensen

Asquith. Sask. Canada

Relationship Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

File No. 25-J. 493.
N/E R. B 2776

Discharge, Date and Place

Reason

Character *K. in A.*

*mt 20
H. 12. 20
JAS.*



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.				
		Arrived in England S.S. Laconia		6-10-16	
10.10.16	96th. Bn	SOS to 92nd Bn.	E. Sandling	8-10-16	D. O. 279
20.10.16	92nd Bn	TOS from 96th Bn.	E. Sandling	8-10-16	D. O. 266
18.11.16	96th Bn.	Adm. more Blos. Hosp.	Shoncliffe	17.10.16	C.L. 15 D.O. 265 (92nd Bn) <i>Peasles</i>
18.11.16	✓	Diack " " "	✓	6.11.16	C.L. 15 D.O. 285 (92nd Bn) <i>ggf</i>
28.11.16	92nd Bn.	S.O.S. to 47th Bn of S.	E. Sandling	27.11.16	D.O. 305
3.12.16	47th Bn	Taken on strength 47th Bn	"Field	28.11.16	PTD. O. 262.
10-4-17	"	Killed in Action	"	28-3-17	B. O. A. 181.
3-4-17	"	Killed in Action	"	28-3-17	Pt. II. O. 45.

ASB-113 CHECKED
1 DEC 1916

P. 559.

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Copenhagen, Denmark

NAME AND ADDRESS OF NEXT OF KIN

*Jens. S. Jensen,
Asquith Park.*

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
Killed in Action

EFFECTIVE DATE

28/3/17

Boa

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

Mil

*Admitted
28/3/17*

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLL			
	NO. OF DAYS	RATE	AMOUNT \$ C.	NO. OF DAYS	RATE	AMOUNT \$ C.	NO. OF DAYS	RATE	AMOUNT \$ C.				1 No.	1 DATE	2 No.	2 DATE
<i>Oct 1-6</i>	<i>6</i>	<i>1</i>	<i>6 -</i>	<i>6</i>	<i>10</i>	<i>- 60</i>					<i>14 00</i>	<i>6 60</i>				
<i>Nov 7-31</i>	<i>25</i>	<i>1</i>	<i>25 -</i>	<i>25</i>	<i>10</i>	<i>2 50</i>						<i>27 50</i>	<i>654</i>	<i>14/10</i>		
<i>Nov 1-30</i>	<i>30</i>		<i>30 -</i>	<i>30</i>		<i>3 -</i>						<i>33 -</i>	<i>769</i>	<i>9/1/16</i>		
<i>Dec 1-15</i>	<i>15</i>		<i>15 -</i>	<i>15</i>		<i>1 50</i>						<i>16 50</i>	<i>865</i>	<i>30/11</i>		
<i>16-31</i>	<i>16</i>		<i>16 -</i>	<i>16</i>		<i>1 60</i>						<i>17 60</i>	<i>465</i>	<i>1/12</i>		
<i>1917</i>			<i>9 20</i>			<i>9 20</i>										
<i>Jan 1-31</i>	<i>31</i>	<i>1 00</i>	<i>34 10</i>									<i>34 10</i>	<i>565</i>	<i>1/1/17</i>		
<i>1-28/2</i>	<i>28</i>		<i>30 80</i>									<i>30 80</i>	<i>499</i>	<i>15/12</i>		
<i>Mar 31</i>	<i>31</i>		<i>34 10</i>									<i>34 10</i>	<i>654</i>	<i>15/1</i>		
<i>Apr</i>																
<i>May</i>																
<i>June</i>																
			<i>200 20</i>									<i>3 30</i>	<i>3 30</i>	<i>905</i>		
			<i>200 20</i>									<i>17 20</i>	<i>217 50</i>	<i>760</i>	<i>21/2</i>	<i>828 10/3</i>
												<i>17 20</i>	<i>219 50</i>			

Checked *Abdelglish*

Statement of
AUG 28 1917
Account rendered

*Can A.P. 1/10/16 to 30/4/17. (140 00)
In agreement with Ottawa slip
H Q 593-1-12 D. 18.4.17.*

PROMOTIONS, &c.

EFFECTIVE DATE: 28/3/17
 AUTHORITY: Bo45 3/4/17

REG'L. No. 204900 RANK: Pte. NAME: Jensen Robert, UNIT: 96th TRANSFERRED TO: 92nd DATE: 7/10/16 AUTHORITY: [Redacted]

IF IN PERMT. CORPS }
 WHAT UNIT } PERMANENT FORCE ALLOWANCES: TRANSFERRED TO: 47th Par DATE: 16-12-16 AUTHORITY: B20305 28/11

PLACE OF ATTESTATION: Asquith Barr. TRANSFERRED TO: 13 JUL 1917 DATE: 1/4/17 AUTHORITY: Bo45 3/4/17

DATE OF ATTESTATION: 1/8/16 TRANSFERRED TO: Non eff. Par DATE: 1/4/17 AUTHORITY: Do

ASSIGNED PAY MONTHLY \$ 20⁰⁰ DATE EFFECTIVE: 1/10/16

PAYABLE TO: Jens B. Jensen, Asquith, Barr. RELATIONSHIP: Father

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 14/4/17 EFFECTIVE: 1st May 1917 REASON: Held in Action 28/3/17 Bo45 3/4/17

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



HOSPITAL, &c.

NAME OF HOSPITAL

ACQUITTANCE ROLLS

2		3		4	
No.	DATE	No.	DATE	No.	DATE
654	14/10				
769	9/1/16				
903	828 10/3				

1	CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	2	3	4	6				CREDIT	DEBIT			
	Balances from Canada							14 -				
					20 -		20 -		60			
							487		23 23			
							1946		39 46			
					20				16 77			
					20	36	2279		10 48			47 th Par Bo4005 20/11/16 (360) B20305 28/11 2 nd to 47 th Par
							1134		16 74		16 74	
							261	220				4 th day 2 days pay D.O. 17 26/1/17
					20	272	3015		20 69		20 69	" " and to pay 2/2 credit of equipment. D.O. 16 25/1/17
					20		2174		29 75			
					20	261	3046		33 39			
					20	330	2330		10 09			Debit 3 days @ 1 st 28/3/17 Bo45 3/4/17
									10 09			Held in Action 28/3/17 Bo45 3/4/17
									13 39			before 28/3/17. 3/3/17
					140	858	20411		13 39			Master pay 2 nd 1/4/17 Bo45 3/4/17
					140	858	20411					

PAY BOOK CHECKED.
 Date: 8 Nov 17
 By: [Signature]
 N.E. BRANCH

at 2000

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			

		140	8 58	204 11	13 39				
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ance transferred to N. E. Branch

13 39

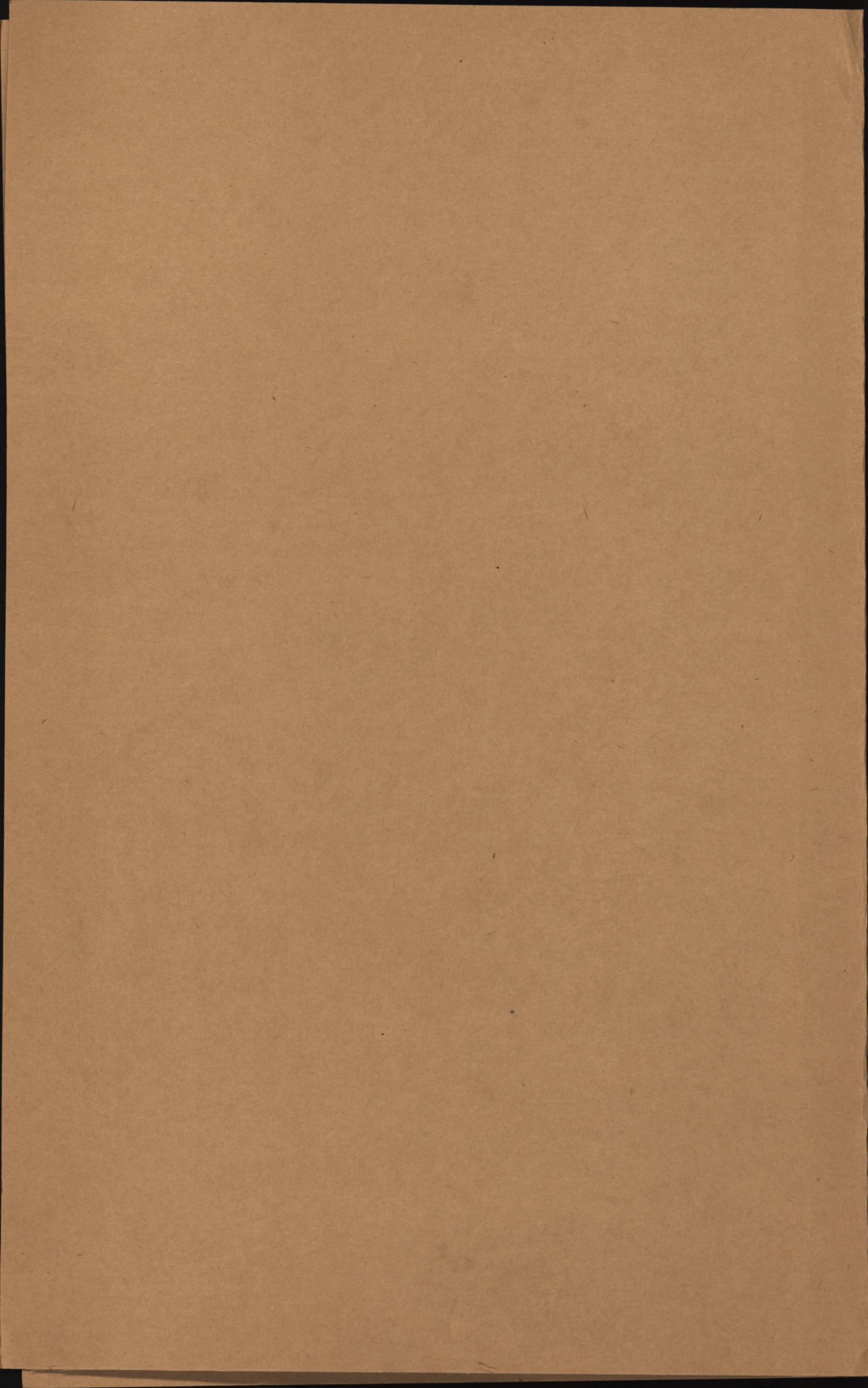
13 39

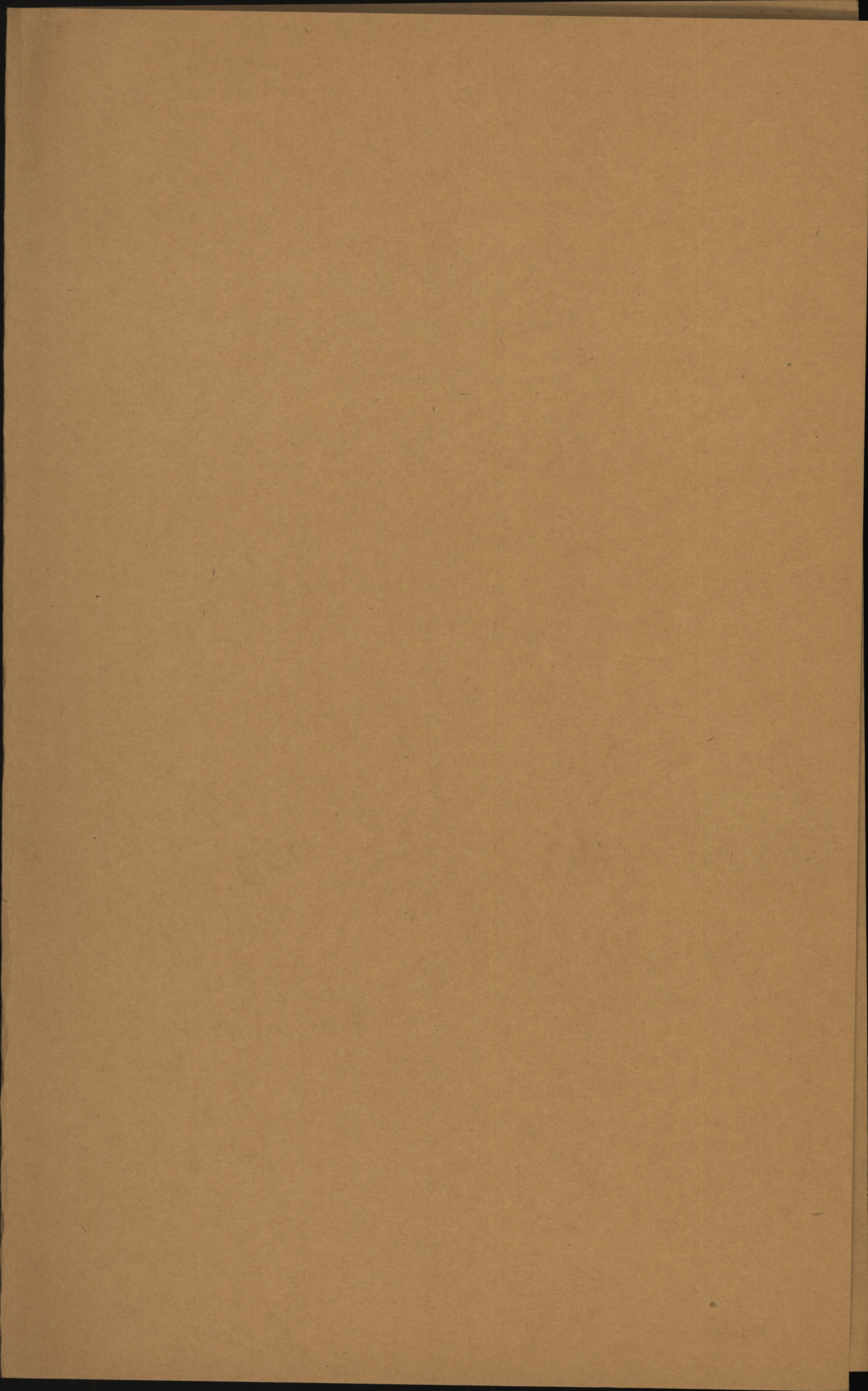
CHECKED
C. J. Smith

Left N.E.D. 1.5.17.
 Dr 13.39. To Ottawa
 for settlement
 5/9/17. voucher # 203.

204900

JENSEN - Robert





204900

J17