

Original

ATTESTATION PAPER.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 718792

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname? *Kines*
- 1a. What are your Christian names? *Alvin Thomas*
- 1b. What is your present address? *Roblin, Manitoba*
2. In what Town, Township or Parish, and in what Country were you born? *Neepawa, Manitoba*
3. What is the name of your next-of-kin? *Mrs. John H. Kines*
4. What is the address of your next-of-kin? *Roblin, Manitoba,*
- 4a. What is the relationship of your next-of-kin? *Father, Canada*
5. What is the date of your birth? *April 12th 1893.*
6. What is your Trade or Calling? *Teacher.*
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? *Yes 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.*

28-11-1
16-3
12
6
5

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Alvin J. Kines*, 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.

Date *March 9* 191*6*. *Wilson R. Nelson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Alvin J. Kines*, 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.

Date *Mar. 9* 191*6*. *Wilson R. Nelson* (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 *Neepawa* this *9th* day of *March* 191*6*.

J. J. Jones (Signature of Justice)

Description of Alvin Thomas Kries on Enlistment.

Apparent Age 23 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 7 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes grey

Hair dark

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

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

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

Small scar on left cheek bone.

Methodist

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 11th 1916

Place Robb's Barracks

H. Hall
E. Grant M.D.
 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.

Alvin Thomas Kries 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.

107TH
 OVERSEAS BATTALION C. E. F.
 Date MAR 14 1916
 ORDERLY ROOM

G. L. Campbell (Signature of Officer)

Date 1916

O. C. 107th Overseas Batt. C. E. F.

REGIMENTAL DOCUMENTS

718792

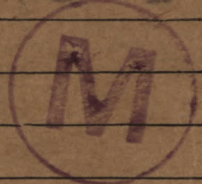
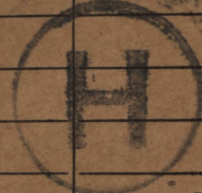
9/2/19
af

NAME KINES ALVIN THOMAS

REGT. NO. Lieut.

UNIT 107th Bn. H. Q. FILE NO.

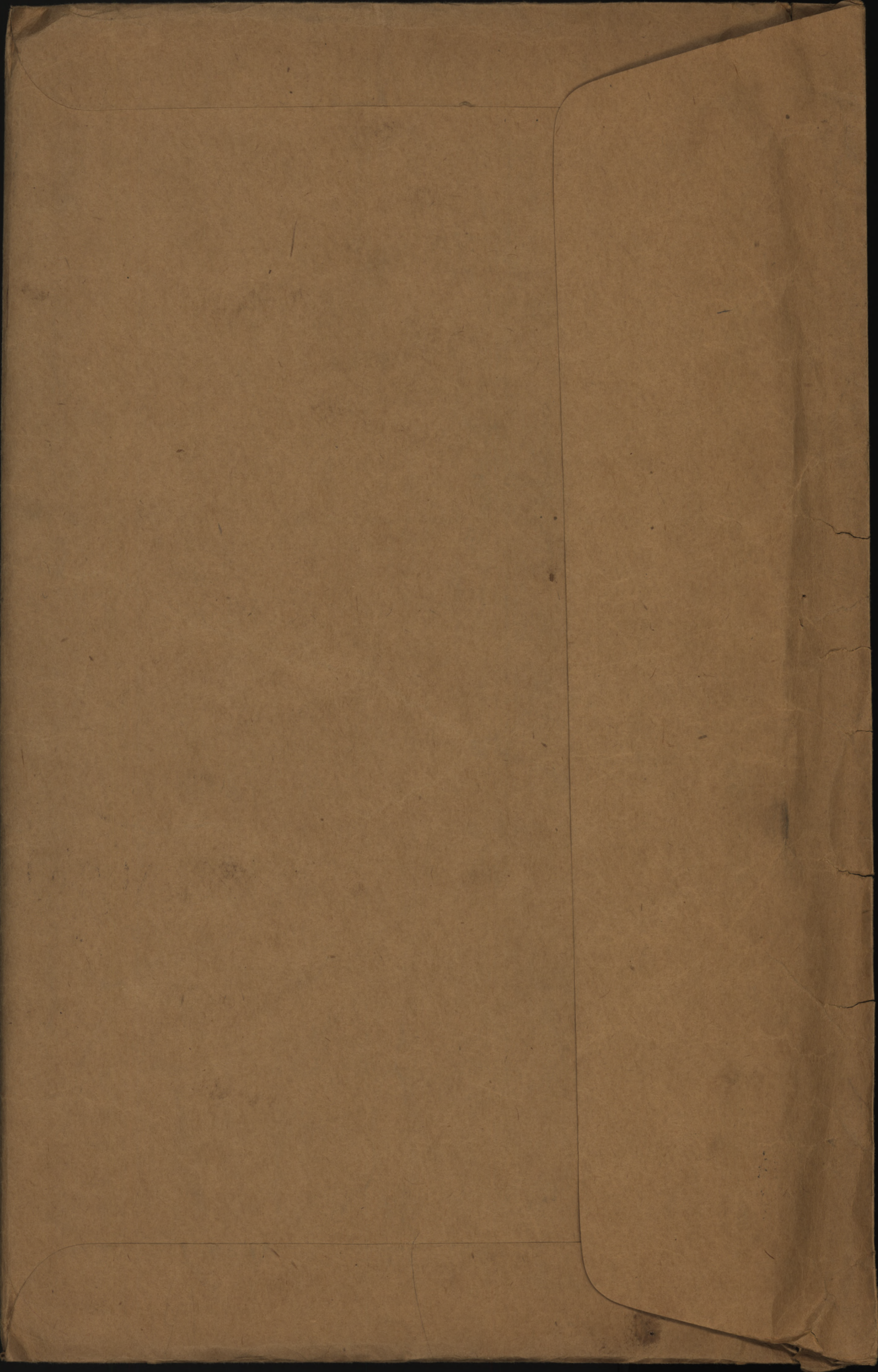
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		Res.	10/2/18	Res-028 (MOC)	DEATH
3 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		Realt	2-8-1908		Category
TRAINING HISTORY SHEET (M.F.W. 113)				08668	
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)		Cent 3-11-17			
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)		R23-12-19			
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)		(M)			DISCHARGE
2 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)			20-10-20		
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3 Disp. Cert. s.					
1 m.g.w. 67.					
3 misc.					
1 m.g.w. 2591					
9 Pay cards					
					1
					2-29
					2-29



PUBLIC ARCHIVE

40 7085

Ref. S. S. Mauretania 28/6/19.



Number Rank *LIEUT*

Surname, *KINES*

Christian Names, *ALVIN THOMAS*

Unit Theatre of War *FRANCE*

Dates of Service *18.9.16* *28/11/16* *28/6/19*

Remarks

Latest Address *P.O.*

Roblin, Man

Roll No. *B Page 2638*

G.A. 2387 *Reps* APR 25 1879

SURNAME.

Hines

"M. 96"
Canada #30389. (9.11.17)

M. 10

CARD NO.

CHRISTIAN NAMES

Alvin Thomas

REGL. NO.

~~*718792*~~

RANK

~~*Pte*~~ *Cpl. Lieut* *1st. Ho 10-7-19*
demob. Do 1919 10-7-19
10.10.19

UNIT

107th

FORMER CORPS

Ntd

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hines, John. H.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Problin. Man.

COUNTRY OF BIRTH

Canada, Neepawa. Man.

DATE

Apr. 12th. 1893.

PLACE OF ATTESTATION

Winnipeg

DATE

Mar 9th. 1916.

Sailed from Halifax 18-9-16



see S of Oleswick 341
R/C 3-7-1936 4 Lieut 11

L L 94504. M. & D. 6512.

auth for Pro Lieut 00340
6-12-12. Man Dept Depot.

M. F. W. 22. 259M. - 216. H. Q. 1772-30-339.

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Teacher.

RELIGION

Methodist-

DESCRIPTION.

APPARENT AGE

23

YEARS

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Dark.

DISTINGUISHING MARKS

Small scar on left cheek. Bone.

MEDICAL EXAMINATION.

PLACE

Winnipeg

DATE

Mar 11th 1916.

Present Address - Roblin, Man.

No. 718792 RANK

Plt

NAME

Kenis, A. J.
Kines, A. J. (April pay list)

T. O. S. 9-3-16

UNIT

107th Battalion

D.O. 13-14-3-16

M. D. 10

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1916	1916			
Mar 9	Mar 31	✓	Shown as Cpl. 19-3-16.	May. pay list.
April.		✓		
May.		✓		
June.		✓		
July.		✓		
Aug.		✓		
Sept.		n.		

UNIT SAILED

SEP 18 1916



No. 718792 RANK *Plt.*

NAME *Kenes A. T.*

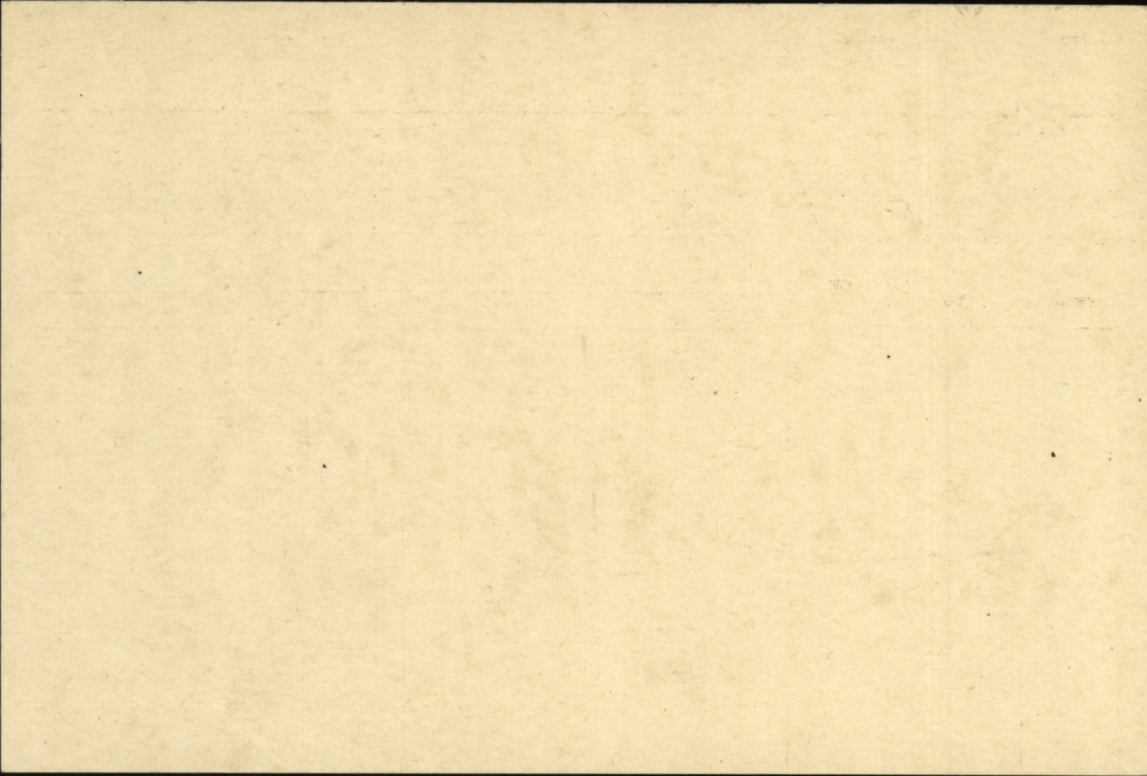
T. O. S.

UNIT

107th Battalion

M. D. *10*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
			<i>see</i> <i>Kenes A. T.</i>	



FORM OF WILL.

I, Alvin Thomas Gines (Name in full)

Regimental Number 718 792 serving in 107

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

I bequeath all my real estate unto my mother

Mrs John H. Gines
Roblin, Manitoba

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

absolutely, and my personal estate I bequeath to my mother

Mrs John H. Gines
Roblin, Manitoba

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 1st day of Sept A. D. 1916

Alvin Thomas Gines 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 L. Harold Foster

Address of Witness 107th Battalion Camp Hughes Man

Occupation of Witness Soldier

THE TWO WITNESSES MUST SIGN HERE

Signature of Second Witness P. Percford Bennett

Address of Witness 107th Battalion Camp Hughes Man

Occupation of Witness Soldier

FORM OF WILL

I, _____ of the County of _____ and Province of _____ do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate and personal effects to _____ of the County of _____ and Province of _____

and my personal estate I bequeath to _____ of the County of _____ and Province of _____

IN WITNESS WHEREOF I have hereunto set my hand and seal this _____ day of _____ 19____.

IMPORTANT NOTE
This must be signed and sealed by the testator.

Witnessed and acknowledged by the testator as and for his last Will in his presence and in the presence of the undersigned who in the presence of his testator and in the presence of one or more other persons hereunto subscribed as witnesses.

Signature of first witness _____
Address of witness _____

Signature of second witness _____
Address of witness _____

Signature of witness _____
Address of witness _____

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) KINES, A.T.
 REGIMENT 16th Batt RANK lieut. No. _____
 Date of Examination in England 23/6/19 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 one - 15
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____

HAS HE EVER REFUSED DENTAL TREATMENT? _____

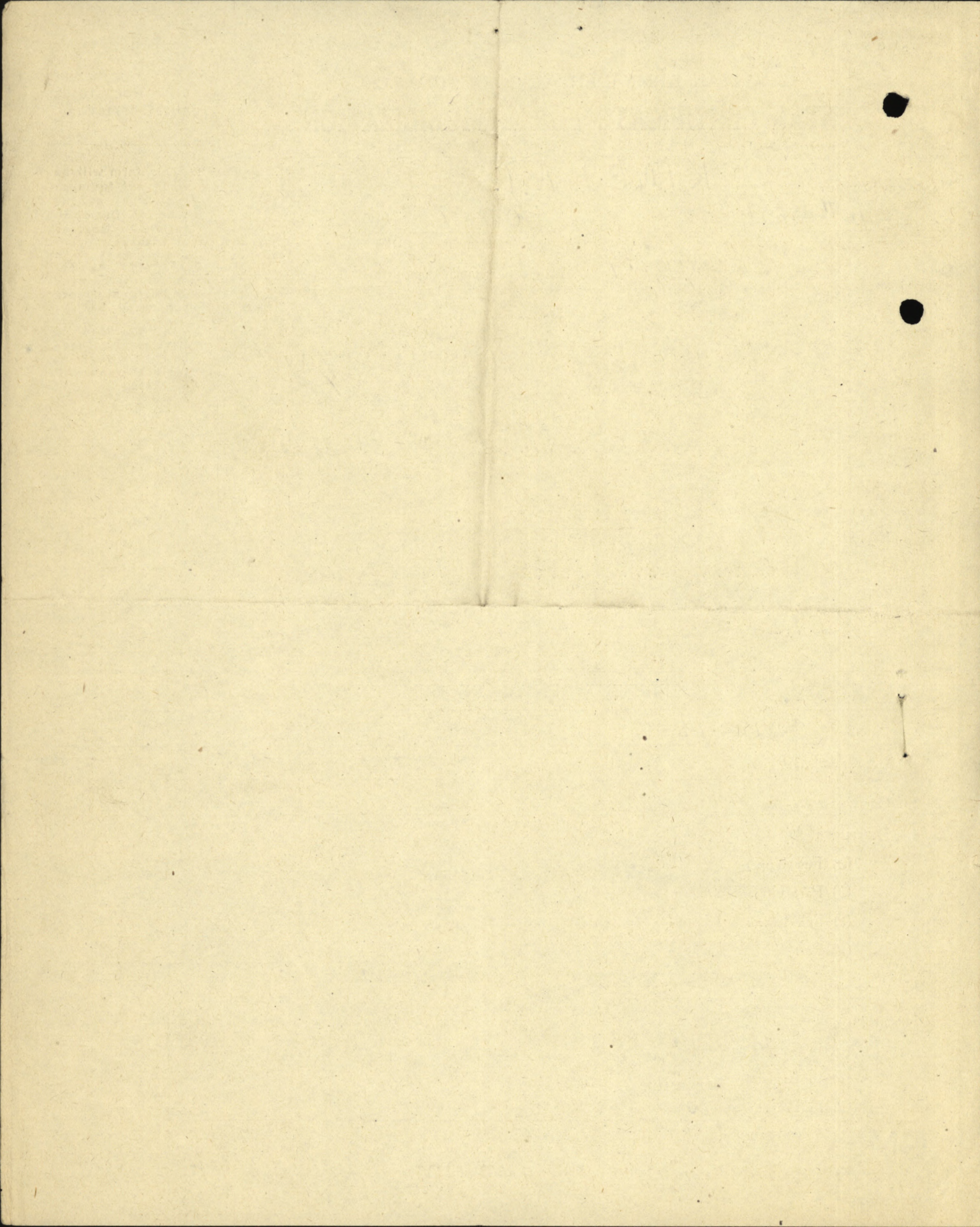
HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

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

KINMEL PARK,
NORTH WALES

Signature of Dental Officer

H.B. Fundley Capt.



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. _____ Rank Lieut. Surname Kings
(Given name in full)
Alvin Thomas
 Unit or Corps 16th Batta Birthplace Wexford, Man.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 140 lbs. Height 5-8 $\frac{1}{2}$ in. Colour of Eyes Brown
 Nutrition Good
 Pulse 74
 Condition of arteries normal
 Vision Rt. 6/6 Left 6/6
 Hearing (conversational voice) Rt. _____ ft.
 Left normal ft.

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

nil

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

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary System no Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System no
 Disturbance of mentality no Muscular System no Digestive System no
 Osseous and Joint System no Any other general condition..... no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

RESERVED

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Kumel Park (Overseas)

Date June 23/19

Signed D. F. Harrison Capt 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 A. H. Jones Lt.

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

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

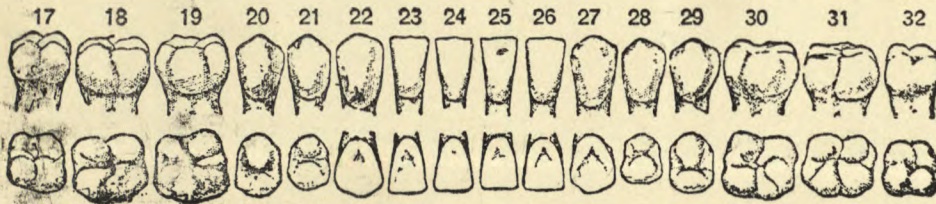
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) KINES, A.T.

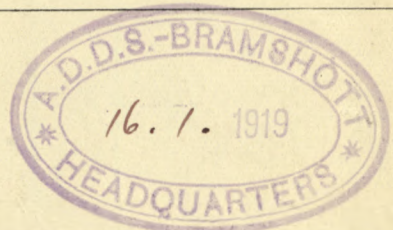
REGIMENT Q.R.D. RANK Lieut No. _____

Date of Examination in England 16-1-19. Date of Examination in France _____



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 15.
- 2. EXTRACTIONS 18.
- 3. CROWNS _____
- 4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper _____
 - (c) Full Lower _____
 - (d) Part Lower _____



HAS HE EVER REFUSED DENTAL TREATMENT? No.

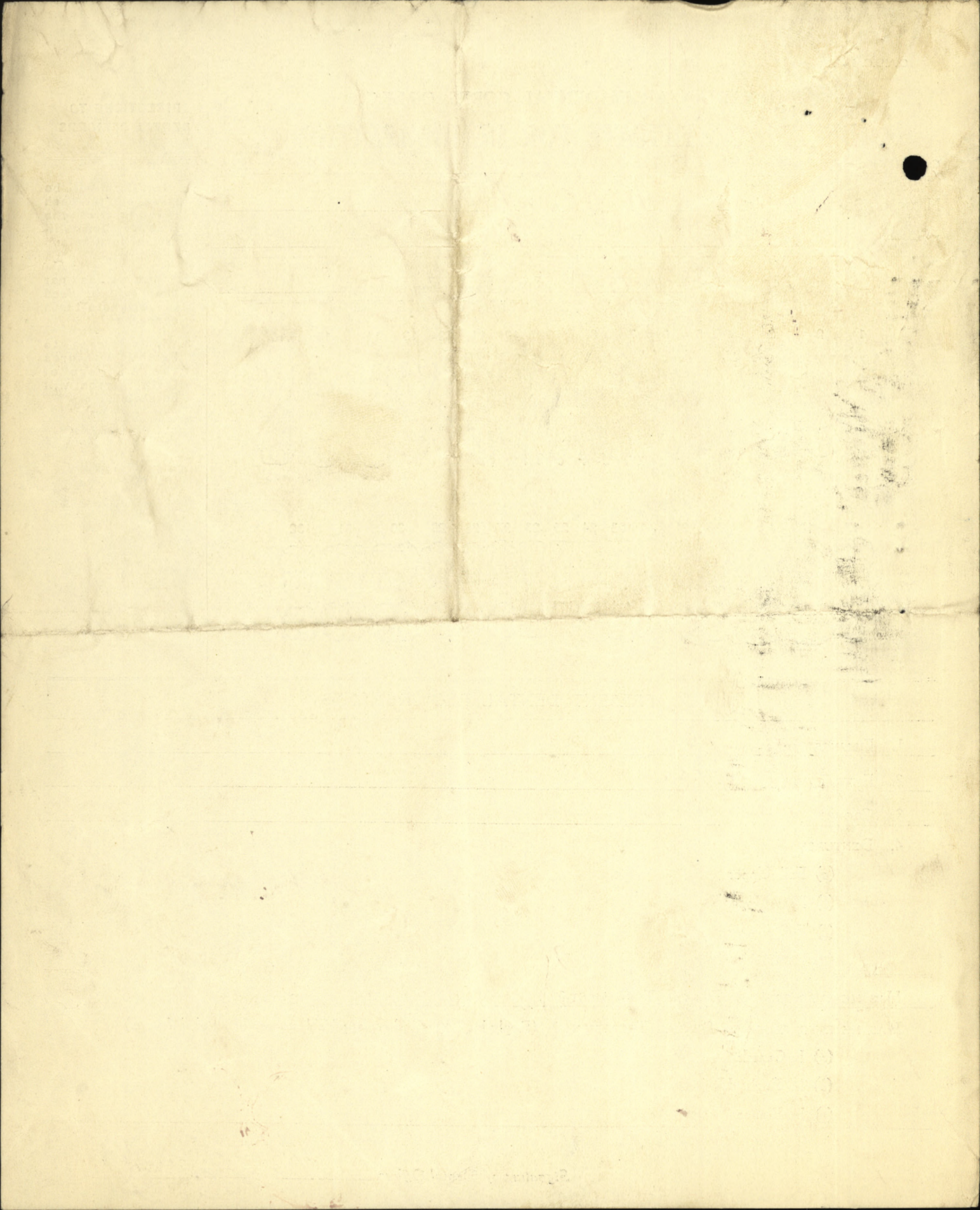
HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

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

Signature of Dental Officer A.R. [Signature]
Lieut

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.



SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

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

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	(Signature of
(18) Demobilizer (f)	(Date)	Posting Officer)
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

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

Army Form B, 103 (II.) to be gummed on here if required.
Nothing to be written in this margin.

W1889-PP1150 IM 5/18 G.W.P.Co (34/00)

Lieut A. J. Kines (M.M.)

Report		(B)	(C)	(D)	(E)	(F)
Date	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
18.1.19	M.D.10 Rlypl C. King		Attached for Conductors duties 18.1.19	M.D.20	no 7 d. 18.1.19	
26.1.19	do		attached M.D.10 being Rlypl for permanent duties 26.1.19	do	no 26 d 27.1.19	
	do		S.O.S. on 7/1 Com Sailing of Canada. HMT MAURETANIA SAILING 94 SAILED SCOTON 23-3-19			
9-7-19	M.H.Q. Ottawa	T.O.S. C.E.F. in Canada on General Demobilization		M.D. No 10 26/6/19		C.E.F. No. 207-19
23-7-19	M.H.Q. Ottawa	S.O.S. C.E.F. in Canada on General Demobilization		M.D. No. 10 10-7-19		C.E.F. No. 2088-19

M.H.Q. No. 10 M.D. 10
FOR D.O. No. 10 M.D. 10
CORPS HEADQUARTERS WING

Lieut. & ADJUT.
CORPS HEADQUARTERS WING

M.H.Q. No. 10 M.D. 10
CORPS HEADQUARTERS WING

Nothing to be written in this margin.

W. Hunter, Capt
for Director Personal Services

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

P.K. 10-35

S.S.

ISSUED TO OFFICERS AND NURSING SISTERS

This is to Certify that (Rank).....**Lieutenant**

(Name in full).....**Alvin Thomas KILBS (MM)**

Enlisted in.....**the 107th Battalion**.....(**#718792 Private**)

CANADIAN EXPEDITIONARY FORCE, on the.....**ninth**

day of.....**March**.....191.....**6** AND WAS APPOINTED to COMMISSIONED RANK

in.....**the 23rd Reserve Battalion**

CANADIAN EXPEDITIONARY FORCE on the.....**twenty-second**.....day

of.....**November**.....191.....**8**

He SERVED in CANADA,.....**BELEN and FRANCE with the 107th Batta.,**

.....**16th Batta., Manitoba Regimental Batta., 23rd Reserve Battalion.**

and was STRUCK OFF THE STRENGTH on the.....**fourth**.....day

of.....**July**.....191.....**9** by reason of.....**General Demobilisation**

Dated at Ottawa, this.....**seventeenth**.....day

of.....**December**.....191.....**9**

awarded Military Medal, L.C.#30389, 19-11-17.

.....**Lt. Col.**.....
for Director of Personal Services.

CANADIAN EXPEDITIONARY FORCE

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

I hereby certify that (Name) _____
 (Rank or Rate) _____
 (Service No.) _____
 CANADIAN EXPEDITIONARY FORCE, on the _____
 day of _____ 191____
 AND WAS APPOINTED to COMMISSIONED BARRACKMASTER
 CANADIAN EXPEDITIONARY FORCE on the _____
 day of _____ 191____
 HE SERVED IN CANADA _____
 AND WAS STRUCK OFF THE STRENGTH OF THE FORCE _____
 day of _____ 191____
 DATED at Ottawa _____
 day of _____ 191____

 (Signature of Officer in Charge)

DUPLICATE.
MEDICAL HISTORY SHEET.

Surname Kines KINES Christian Name Alorn Thomas

Examined { on 14 day of March 1916
 at Winnipeg
 Birthplace { City or Town Neefawa Rank Capt M.O.
 County Man

Apparent age 23
 Trade or occupation Teacher
 Height 5 Feet 7 1/2 Inches. M.O.
 Weight 135 Lbs. M.O.
 Chest measurement { Minimum 32 inches. M.O.
 Maximum expansion 3 inches. M.O.
 Physical development Fair M.O.
 Small-Pox Marks None M.O.

Vaccination Marks { Arm Right Left
 Number None
 When Vaccinated last ✓ M.O.
 (a) Marks indicating congenital peculiarities of None M.O.
 previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection
None
 9

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.	M.O.
4/7/16	+	<u>Hub amon</u>	M.O.
9/6/16	R	<u>Hub amon</u>	M.O.
20/6/16	R		M.O.
4/7/16	R		M.O.

Enlisted on 14 day of March 1916 at Winnipeg

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>107th Overseas Battalion</u>	<u>718792</u>	<u>Good</u>	<u>March 14/16</u>
Transferred to		<u>Lieut-</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Kinnear Park</u>	<u>June 23/14</u>	<u>nil A.</u>	<u>St. Lichborne Camp</u>

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.

Surname **KINES.**Christian Names **Alvin, Thomas.**Rank **Cpl. 718792. (MM)**

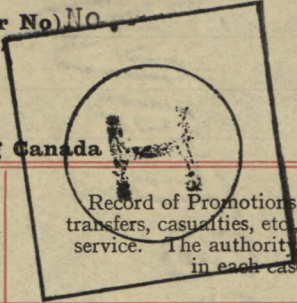
Name and Address of Next-of-Kin

Promotion **Lieut.****Mr. John H. Kines. (Father)**Unit **Que. Regt.****Roblin, Manitoba, Canada.**Place of birth **Neepawa, Manitoba.**Married (Yes or No) **NO.**

Appointments

Date of leaving Canada

Date and Cause of Resignation

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					
		<div data-bbox="617 351 913 655" style="border: 2px solid black; padding: 5px; display: inline-block;">  </div> <p>To be T/Lieut. Que. Regt.</p> <p>T.O.S. of 23rd Res Bn.</p> <p>S.O.S. on posting to Q.R.D.</p> <p>on command to C.C. Camp Rhyl</p> <p>SOS on transfer to Q.R.I)</p> <p>SOS to C.E. 7 in Canada</p> <p>Sailed to Canada</p>			<p style="text-align: right;">LG 31066 d/14-12-18</p>	
28.11.18	23 Res Bn				25.11.18.	
17.1.19	do				22.11.18	Amended by Pt 10 of Pt 10 of 332
3 6 19	Q.R.D)				17.1.19	Pt 11. O. 14.
30 5 19	23 Res				31 5 19	Pt 127
6.7.19	Q.R.I)				30 5 19	Pt 130
					28 6 19	Pt 155
					28 6 19	SL 94

19648

CHS

Rank

bpl

Name

KINES Alvin Thomas

Reg'l No.

718792

R-122

Unit

107th. Bn.

If in perm. Corps,
What Unit? }Married or Single SinglePlace and Date of Enlistment Winnipeg. Mar. 9th. 1916.Place of Birth Neepawa, Manitoba.Name and Address, Next-of-Kin Mr. John H. KinesRoblin, Manitoba. CanadaRelationship Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Left C 18/9/16

Reason

Character

H. W. & V., Ltd.—7165-16.

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 "OLYMPIC" 25-9-16					
29/9/16	O.C. 107 th Bn.	App ^{td} of Corp?	Witley Camp	18/9/16	Pt 11 DO 226
28/11/16	✓	Reverts to ranks at own request	Witley Camp	28/11/16	Pt 11 DO 280 for proceeding overseas with draft
28/11/16	✓	S.O.Son transfer to 16 th Bn	Witley Camp	28/11/16	Pt 11 DO 280.
7. 12. 16,	16th Bn	Taken on Strength,	Field.	29. 11. 16	Pt, 2, O- #90.
3. 10. 17	"	Promoted Corporal.	Pte Field.	21. 8. 17	Pt 98
12-1-18.	"	Awarded the Military Medal	"	"	3.
19. 5. 18	M.R.D	7. D. Sep 16 th Bn (Pending O.T.C.) awarded M.C.A.S.C. for P.R. & C.R. 3 rd C.C.D. for Pay	Widford	18. 5. 18	139

A.F.B. 103 CHECKED
5 DEC. 1916
W.Z.R.

718792 Rines a-T

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.				
21-5-18	M.R.D.	On Comm to 1 st Res 13 th (pending O.T.C.)	Stord	Cpl 20-5-18	P150/41
27-5-18	16 th Res	Transf to England via to Cpl Field obtaining Comm posted to M.R.D.		16-5-18	P150 52
4-9-18	M.R.D.	Ceases on Comm to 1st Res On Comm to O.T.S. Beschill pending	Cpl Seaford	31-8-18	P11247
16-10-18	---	App ^{td} of Sg. with pay	---	31-8-18	---289
17-12-18	"	S.O.S. C.T.S. Beschill on appts to Comm in C.S. 4. + posted 23 rd Res Bn	" "	12-11-18	DO. 340 of 6-12-18

Casualty Form - Active Service.

Regiment or Corps *16th Battalion*
 Rank *Private* Surname *Thies* Christian Name *Alvin Thomas*
 Religion Age on Enlistment years months
 Enlisted (a) *9.3.16* Terms of Service (a) *four years* Service reckons from (a) *9.3.16*
 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 *W. Brown Esq*

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				
			Embarked ...		
			Disembarked ...		
<i>20.5.18</i>	<i>M. R. D.</i>	<i>Lt. Capt. Coy.</i>	<i>Seaford.</i>	<i>18.5.18</i>	<i>P. 250. 140.</i>
<i>21.5.18.</i>	<i>"</i>	<i>Com. 1st Res. Bn. (pend. O.S.C.)</i>		<i>20.5.18</i>	<i>" " 141</i>
			<i>W. Brown Esq</i> Commanding.		
			Manitoba Regimental Depot.		
<i>21.5.18</i>	<i>1st Res Bn</i>	<i>Attached from M.R.D</i>	<i>Seaford</i>	<i>20/5/18</i>	<i>M 200 121.</i>
<i>24.6.18</i>	<i>"</i>	<i>ceases to be attached for Q.R. on proceeding to base course to S of M. Muskett</i>	<i>Seaford</i>	<i>24/6/18</i>	<i>M 200. 151</i>

(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) Signaller, Sholing-Smith, & Co.

18492. Kines. A.T.

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				
8/7/18	1 st Res Bn	Having returned from B.S. of M. Mykchett is re-attached to this Unit.	Seaford	6/7/18	M 2 W.O. 163.
2.9.18	1 st Res Bn.	ceases to be attached on reporting to V.J.C. Bushill	Seaford	31.8.18	P.I. 211.
16-10-18.	do.	Appointed A/Sgt. with pay grant (L.R.O. 4756 d/9-10-18) effect 3/11/18	do.	28/10/18	Captain, Adjutant, 1st Canadian Reserve Battalion.
4.9.18	In. K. B.	ceases 1 st Res + (on command 6.7.18, Bushill) pending O.T. to	Seaford	31.8.18	P.I. D.O. 247
6-12-18	—	cease above + S.O.S. appointed Commission in C.C. F. + Posted to 23 rd Res Bramshott	—	22/11/18	— — 340
28.11.18	28 rd CAN.	TAKEN ON STRENGTH	do	20/11/18	D.2 H.O. 332
24-1-19	RES. BN 23 rd Can R.S. Bn.	Having proceeded to Canada is transferred from the O.H.F.C. to the C.C.F.I. Canada.	Bramshott	24-1-19	I
					AUTH AG. 1a/8-1-155 d 4/1/19.
					23 rd Canadian Reserve Battalion

418792 Rte. Kees I. Co.

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				
C. B. D.		ARRIVED C. B. D. 29.11.16	FRANCE		N. R. D. _____ PART II ORDERS No. 90 D 412.16.
C. B. D.		LEFT C. B. D. FOR	<u>quiet</u>		N. R. D. 1.12.16.
O. C. BN		ARRIVED 16 BN. FIELD	27/1/16	B. 213 D	8/12/16
8.9.17	octbr	to Can. Corps School.		2.9.17	B 213
22.9.17		Rejoined Unit		19.9.17	
22.9.17		Promoted Corporal		21.8.17	Pt II O. 98 3/17
22 DEC 1917		GRANTED 14 DAYS LEAVE.		18 DEC 1917	Pt. II No 132d. 17..... No 30389 Pt. II O.
19.11.17	L. G.	Awarded the military medal.		3.1.18	2913 3/1918
5.1.18	octbr	Rejoined from leave		16.5.18	B 213 Can Corps mb. 7-7-87 294
18.5.18	octbr	Transferred to England with a view to obtaining a Commission to man. S. S. Seaford.		16.5.18	Posted No. 28227/2 Pt II O. 57/1918
		<i>John Howard</i>			
1918	M RD	J.O.S. ex 16 th B ⁿ	Ford	18 5 18	PT 10139 Lt Lt Landy LIEUT: FOR LT: COL: I/C RECORDS. C.O.M.F.

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..... **107th Overseas Battalion C.E.F.**

(2) Regimental Number **718792**

(3) Full Name of Soldier..... **Kings, Alvin Thomas**

(4) Place of Birth..... **Neepawa, Man,**

(5) Are you married, or not? **Not**

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

(b) Present Postal Address..... **X**

(7) Are you a widower? **X**

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

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

Also their names and ages..... **X**

(9) Is your Father alive? Yes..... John H Kines, Roblin, Man
If so, state name and address

(10) Is your Mother alive?..... Yes
If so, state name and address..... Eva Kines, Roblin, Man

(11) If your Mother is a widow.....
Are you her sole support, or not?..... 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?..... North America Life
Have you made arrangements for payment of your Insurance premium..... Yes
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....
107TH OVERSEAS BATTALION C. E. F.
JUN 10 1916
ORDERLY ROOM

[Signature]
.....
Officer Commanding.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-316

To Whom *Mrs. C. Kines,*
 Address *Roblin, Man.*
Roblin

By Whom Assigned *Kines, A.T.*

Regtl. No. *718792*

Rank *Cpl.*

Corps *107th Bn.*

Rate *20.⁰⁰* **SEP 1916**

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				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2. Mrs. E. Kiew
 (Assignee)

L. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier Kiew, A. J.

718792

Cpl.

107 ch. Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20. ⁰⁰
				SEP 1916
April	1916			
May				
June				
July				
Aug.				
Sept.		S 20156	20	
Oct.		L 21694	20	
Nov.		S 28543	20	
Dec.		F 33056	20	
Jan.	1917	K 40205	20	
Feb.		N 45473	20	
March		R 49451	20	20 P.
April		C 2896	20	20. Ch.
May		G 2959	20	
June		M 17847	20	S
July		Ch 2528	20	Ch
Aug.		M 32739	20	
Sept.		D 32498	20	S
Oct.		N 42574	20	
Nov.		P 49373	20	
Dec.		H 54694	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

AD

low

BPP

320 - OK 506

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.				

Rank Name Reg'l No.
 Unit If in perm. Corps, }
 What Unit? } Married or Single
 Place and Date of Enlistment Place of Birth
 Name and Address, Next-of-Kin

Relationship
 Assigned Pay Monthly \$ Payable to
 Relationship

Separation Allowance Payable to
 Relationship

Discharge, Date and Place Reason Character

Date		PAY		Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate			Amount	No.						
Formerly No. 718792 Cpl.																
Lieut. 23.11.18 D.G. 468a 2.12.18																
T.D. 1.9.16-30.11.18 @ \$20. \$540. ✓																
Paid in Canada. *																
Assignment as at 1st December 1918.																
Kines Lieut. Alvin Thomas 23rd Res. Battn. \$20.00																
Mrs. E. Kines (Mother) Roblin, Man.																

RECEIVED TO CANADA
 L.P.C. TO N.E. LEDGER
 31-7-19

RETURNED TO CANADA
 L.P.C. TO 31-7-19
 TRANSFER TO N.E. LEDGER

Assignment as at
April 1st, 1918

Pringle I.F. No out. mil. Hosp. 35
was K.W. Pringle
17 Park Rd
Toronto

Date	From	To	No. of Days	Rate	Amount	Field Allowance	Other Credits	Total Credits	Voucher No.	Date	Payments	Cash	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
------	------	----	-------------	------	--------	-----------------	---------------	---------------	-------------	------	----------	------	--------------	---------------	--------------	---------	---------------------------

ASSIGNED PAY **ENGLAND OR CANADA.** SEPARATION ALLOWANCE **ENGLAND OR CANADA.** 330
 NAME: **KINES Alvin Thomas**
 EFFECTIVE DATE: **1. 9. 16** EFFECTIVE DATE: **1. 9. 16** NUMBER: **718 792**
 AMOUNT: **#2000** AMOUNT: **-** PARTICULARS OF RANK OR APPOINTMENT

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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Mrs Eva Kines</i>		<i>B. 98</i>	<i>3 10 17</i>	<i>21. 8. 17</i>
<i>Roblin</i>		<i>" 289</i>	<i>16 18 MRP</i>	<i>31. 8. 18</i>
<i>Man.</i>				
<i>Mother</i>				

UNIT AND TRANSFERS
 ORIGINAL UNIT: **107 Bn**
 DATE ACCOUNT FIRST OPENED: **1. 10. 16**

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'O	UNIT TRANSFERRED TO
			<i>116 Bn</i>
	<i>18-5-18</i>	<i>19. 6. 18</i>	<i>M.R.D.</i>
<i>N. 506</i>	<i>1. 9. 18</i>	<i>20. 7. 18</i>	<i>18 Bn</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>3/11/18</i>	<i>3382</i>	<i>C.S.</i>	<i>21. 4. 87</i>				
<i>14/11/18</i>	<i>3477</i>	<i>-</i>	<i>26. 29. 20</i>				
			<i>34. 07</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: **Discharged to Comm & M.S. P.M. Train 20/11/18**

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>March</i>	<i>Bul Ind.</i>								<i>21</i>	<i>nil</i>	
<i>April</i>	<i>b.P.</i>	<i>36.00</i>		<i>b.A.P.</i>				<i>20</i>			
				<i>AR 78. 16 Bn. 18/4/18.</i>	<i>5.35</i>						
		<i>36 -</i>		<i>✓ 18. ✓ 11/4/18.</i>	<i>5.35</i>			<i>20</i>	<i>26.30</i>		<i>✓</i>
					<i>10.70</i>						
<i>May</i>	<i>b.P.</i>	<i>37.20</i>		<i>c.A.P.</i>				<i>20 -</i>			
				<i>AR 156. 16 Bn 8/5/18</i>	<i>5.35</i>						
				<i>✓ 216 ✓ 1/5.</i>	<i>5.35</i>						
		<i>37.20</i>		<i>B.N. AR 922 1st Pen. 21.5.18</i>	<i>9.73</i>						
				<i>✓ - 980 ✓ 28.5.18</i>	<i>24.33</i>			<i>20</i>	<i>31.26</i>		<i>Pass</i>
					<i>44.76</i>						
<i>June</i>	<i>b.P.</i>	<i>36 -</i>		<i>b.a.p</i>				<i>20</i>			
				<i>DN 1403. 12.6.18 1 Res.</i>	<i>4.87</i>						
				<i>" 1661 24.6.18 "</i>	<i>9.73</i>				<i>- 14</i>		
		<i>36 -</i>			<i>14.60</i>			<i>20</i>			
<i>July</i>	<i>b.P.</i>	<i>37.20</i>		<i>b.a.p</i>				<i>20</i>			
				<i>AR 2271. 20.7.18. 1 Res.</i>	<i>9.73</i>						<i>24.818</i>
				<i>DN 2516. 30.7.18 1 "</i>	<i>9.73</i>				<i>2.12</i>		<i>2</i>
		<i>37.20</i>			<i>19.46</i>			<i>20</i>			
<i>Aug</i>	<i>b.P.</i>	<i>37.20</i>		<i>b.a.p</i>				<i>20</i>			
				<i>DN 2030 28.8.18 1 Res.</i>	<i>4.87</i>						
				<i>DN AR 2663 16/8/18. BERO</i>	<i>9.73</i>				<i>48</i>		
		<i>37.20</i>			<i>14.60</i>			<i>20</i>			
<i>Sept</i>	<i>✓</i>	<i>36 -</i>		<i>c.a.p.</i>				<i>20</i>			
				<i>AR 2420 22/9. C.S.S.</i>	<i>9.73</i>						
				<i>" 2202 7/9 "</i>	<i>2.43</i>				<i>4.32</i>		
		<i>36 -</i>			<i>12.16</i>			<i>20</i>			

NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
			Oct.									432		
				Adj tra 289. 16 1/2% w/sgt. 31/8/18 2/10	27 20		apc				20			
					18 60		at 3017. 6 J.B. 6/10							
							" 3234 " 20/10					25 26		
					58 80						20			
			Nov	Dr 16 to 22/11/18.	33		car.				20	48 26		
							at 3387 C.D.S 2/11	4 84						
							" 3478 " 14/11	29 20				14 19		
					33			34 0			20			
			Feb				Dr 8432. APLC Bal.	14 19						
								14 19						

A 3 M. FORM REN ^{1/1/18} ~~1/1/18~~ ^{2/1/18} ~~2/1/18~~
 DISCHARGED TO ^{Comm} ~~Comm~~ ^{23/11/18} ~~23/11/18~~
 PAY BOOK VERIFIED ^{26/11/18} ~~26/11/18~~
 Cr BAL ^{14 19} ~~14 19~~ ^{26/11/18} ~~26/11/18~~
 AUTH. ^{PM Min} ~~PM Min~~ ^{20/11/18} ~~20/11/18~~

ASSIGNED PAY.

UNIT.

NAME OF

RATE OF P. AND A.

RANK.

DATE

AUTHORITY

NAME. 718792. Cpl.

9-K 538 11⁰⁰ P.C.

Beneficiary

Address

Amount.

Separation Allowance issued. Yes or No.....

C. T. A.

23rd Res

Pay \$ 2⁰⁰

F.A. 1⁰⁰

Messing 1⁰⁰

\$ 4⁰⁰

Lieut.

23rd 8.

D.G. 468. 2¹² 78.

L. 164 B.P. 16119.

Name Kines (M.M.)

Initials Alvin Thomas

Bank Lloyds Bank

7 Millbank.

Out Allow 22⁴⁹

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
1918								
Oct 19	Soud V. G. 47 ¹⁸ £ 1-19-6 List 12 Oct G. 47 ¹⁸ 2697			9 61		8. 9 61		
Nov 18	13 th 18. V. gas L. 158. Nov 9/-			2 19		11 80		
20	Outfit allowance		150 -					
	Bank			138 20				
Dec 9	Ord In R 13 th 18 V. gas £ 1-12-6 List 65 Dec 7 ⁰ 1058			7 91				
11	P. & A. @ Lieut's rates 23 rd 78-30 th 78. Mess fr 23 rd 78. V. 16119.		32 -					
11	ter Bal. Pay 11, 22 nd 78.		14 19.					
11	Bank			38 28				
12	Acq R 3666 6 th 18 21 st 18 List 86 Dec £ 10 16 2000 A			48 67				
12	Pay R		124					
12	A.P. Can				20			
14	Bank			55 33				
1919	Rations 22-30 th 18 less 2 dyp Rs 87							
Jan	Pay R.		124.					
	A.P. Canada.				20			
17	Am on 40 R. Bank 1500v			104				
23	Rations 1-31 st 18 less 8 dyp Rs 92							
	Bank.							
Feb	Pay R.		112			112		
March	Pay R.		124.			1236		
8	A.P. Can				20			
	Inclosed on 1 st 18.				20			
13	A.P. 23 Res. 21 st 19 List 45 mch £ 15. V. 567.			87 60		108 40		
24	Bank 18384			108 40				
25	Rations 1-16 th 19 less 8 dyp Rs 99							
apl	Pay R.		120					
	A.P. Can.				20			
24	Bank 1068			100				

9/7
Transf fr Fed. 9 to Fed 18. 1879
Retd. to Canada
L.P.C. to 31st 19 (B. Scott)
V. 164 B.P. 16119
V. 164 B.P. 16119
x £ 1-11-7
Dep't as usual w
Dec 27th 18 for ad. per. L. 10

111

ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF

RATE OF P. AND A.

DATE AUTHORITY

Beneficiary

Address

Amount. \$ 20

Separation Allowance issued. Yes or No.....

23 Res.

Pay 2
F.A. 1
Messing 1/4

Lieut.

Name Kines
Initials Alvin J.
Bank Floyds
Millbank

Canada

DATE

PARTICULARS

CK. NO.

CR.

DR.

ASSIGNED
PAY PAID IN
CANADA

BALANCE

SPECIAL AUTHORITIES
To be initialed by P.M. in every case.

INITIALS

Br. Toward

Apr 10 Draw allca. 26³/₄ 19.

May Pay R

A.P. Can

19 Draw allca 30⁴/₄ 19 - 15¹/₄ 19

22

Bank

June 13 Draw allca. 20 - 21⁵/₄ 19

16

Pay R

A.P. Can

73

Bank

24 Adv. Bal July 1st 19.

Bank

July

Pay R

A.P. Can

~~0~~

477

124

20

2203

104

3287

3381

120

20

100

104

104

124

20

1-2-6 5⁴⁸

1-6-0 6³³

1-7-0 6⁵⁷

1-7-0 6⁵⁷

RETURNED TO CANADA
L.P.C. TO 31st 19 K.P.R.
TRANSFER TO N.E. LEDGER

Impd to 12 p 18

14/8/19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

K

2549

Sept 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>20</i>			
-----------	--	--	--

*10th A 13th A
K 06*

PARTICULARS OF SEPARATION ALLOWANCE

No. *718792*
 Rank *Cpl* Promoted Reverted Discharge
 Soldier's Name *A J Kines*
 Battalion *107th Btn*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs E Kines*
 Address *Robin, Man*
 Change of Address
 1
 2
 3
 4

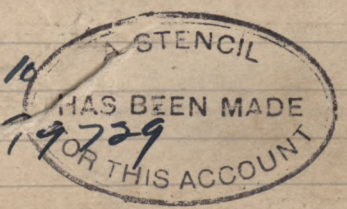
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec 31</i>			<i>320</i>	<i>320</i>	<i>✓</i>
<i>Jan</i>	<i>R 68606</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>O 73786</i>		<i>20</i>	<i>20 00</i>	<i>✓</i>
<i>Mar</i>	<i>K 93100</i>		<i>20</i>	<i>20 00</i>	<i>✓</i>
<i>April</i>	<i>K 10612</i>		<i>20</i>	<i>20 00</i>	<i>✓</i>
<i>May</i>	<i>J 18534</i>		<i>20</i>	<i>20 00</i>	<i>✓</i>
<i>June</i>	<i>F 16492</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>R 34129</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Aug</i>	<i>H 39431</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Sept</i>	<i>K 42014</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Oct</i>	<i>N 53044</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Nov</i>	<i>E 57649</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Dec</i>	<i>O 62198</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>1919</i>					
<i>Jan</i>	<i>K 73365</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Feb</i>	<i>G 81969</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>March</i>	<i>G 88214</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>Apr</i>	<i>H 2674</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>May</i>	<i>W 6113</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>June</i>	<i>A 11496</i>		<i>20</i>	<i>20</i>	<i>✓</i>
<i>July</i>	<i>Q 13032</i>		<i>20</i>	<i>20</i>	<i>✓</i>
			<i>700</i>	<i>700</i>	

10071-912


not

M. F. W. 128
4004-6-17-172-38-141
L. L. 2320-M. & D. 7403.

A/c Closed *31-7-19*
 Ret'd per *Mametaria*
 Linc. *4-7-19* M.F.W. 187 *17-7-19 - m 15# 16*
AUDITED



50


**PROCEEDINGS OF AN OFFICER OR NURSING SISTER
 STRUCK OFF STRENGTH
 OF THE
 CANADIAN EXPEDITIONARY FORCE**

1. RANK Lieut.

2. NAME Kines Alvin Thomas

3. UNIT

4. DATE STRUCK OFF STRENGTH

PLACE

5. REASON

SOS 10-7-19 RD 2088-19



17.2.22

6. AUTHORITY

7. PROPOSED RESIDENCE

This folder should contain the following documents:

1. Declaration Paper, M. F. W. 51, or Attestation Paper, M. F. W. 23.
2. Casualty Form, A. F. B. 103 or M. F. W. 54.
3. Medical History Sheet, M. F. B. 313 or A. F. B. 178.
4. Proceedings of Medical Boards, A. F. A. 179 or M. F. B. 227.
5. Medical Report M. F. W. 129.
6. Dental History Sheet, M. F. B. 465.
7. Last Pay Certificate, M. F. W. 44.
8. Certificate as to Missing Documents.

Serial Kines Alvin Thomas

HMT MAURETANIA
 SAILING 21
 24 FEB 1919

PROCEEDINGS OF AN OFFICER OR NURSING SISTER
STRUCK OFF STRENGTH
OF THE
CANADIAN EXPEDITIONARY FORCE

(M)
(H)

UNIT: [Illegible]

