

ATTESTATION PAPER.

No. *1286937*

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Kirby
- 1a. What are your Christian names?..... John Henry Kirby
- 1b. What is your present address?..... 4802 McLeod Trail, Calgary
- 2. In what Town, Township or Parish, and in what Country were you born?..... Calgary Southern, Norfolk, England
- 3. What is the name of your next-of kin?..... Sarah Kirby
- 4. What is the address of your next-of-kin?..... 4802 McLeod Trail Calgary Alta
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... September 16th. 1871
- 6. What is your Trade or Calling?..... Painter
- 7. Are you married?..... Yes.
- 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?..... City of London 7th. Volunteer Battn. Fusilers (21 Years)
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.
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No.
- 14. If so, what was the nature of the disability? .. n.a.
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. No.
- 16. If so, what was the reason? .. n.a.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Henry Kirby, 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 August 27th. 191 5 *Joseph H Kirby* (Signature of Recruit)
D Raymond (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Henry Kirby, 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 27th. August 191 5 *Joseph H Kirby* (Signature of Recruit)
D Raymond (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 Calgary this 27 day of Dec 191 8.
G. J. Dams (Signature of Justice)

DUPLICATE

Description of Kirby, Jos. A. on Enlistment.

Apparent Age 48 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 5 ft 3 ins.

Chest measurement { Girth when fully expanded..... 35 ins.
Range of expansion..... 2 ins.

Complexion Med

None

Eyes Brown

Hair Grey

Religious denominations. { Church of England..... X
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*.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....191 .

Place.....
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.

.....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. Davis Lieut..... (Signature of Officer)
O. I/c No. 13 C.A.S.C., Service Co'y

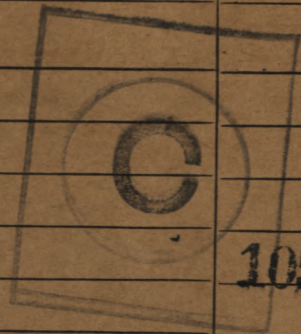
Date.....JAN 28 1919.....191 .

REGIMENTAL DOCUMENTS

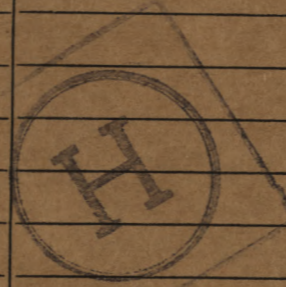
NAME KIRBY JOSEPH HENRY REGT. NO. 1286937 UNIT 13th Cavalry FILE NO. _____

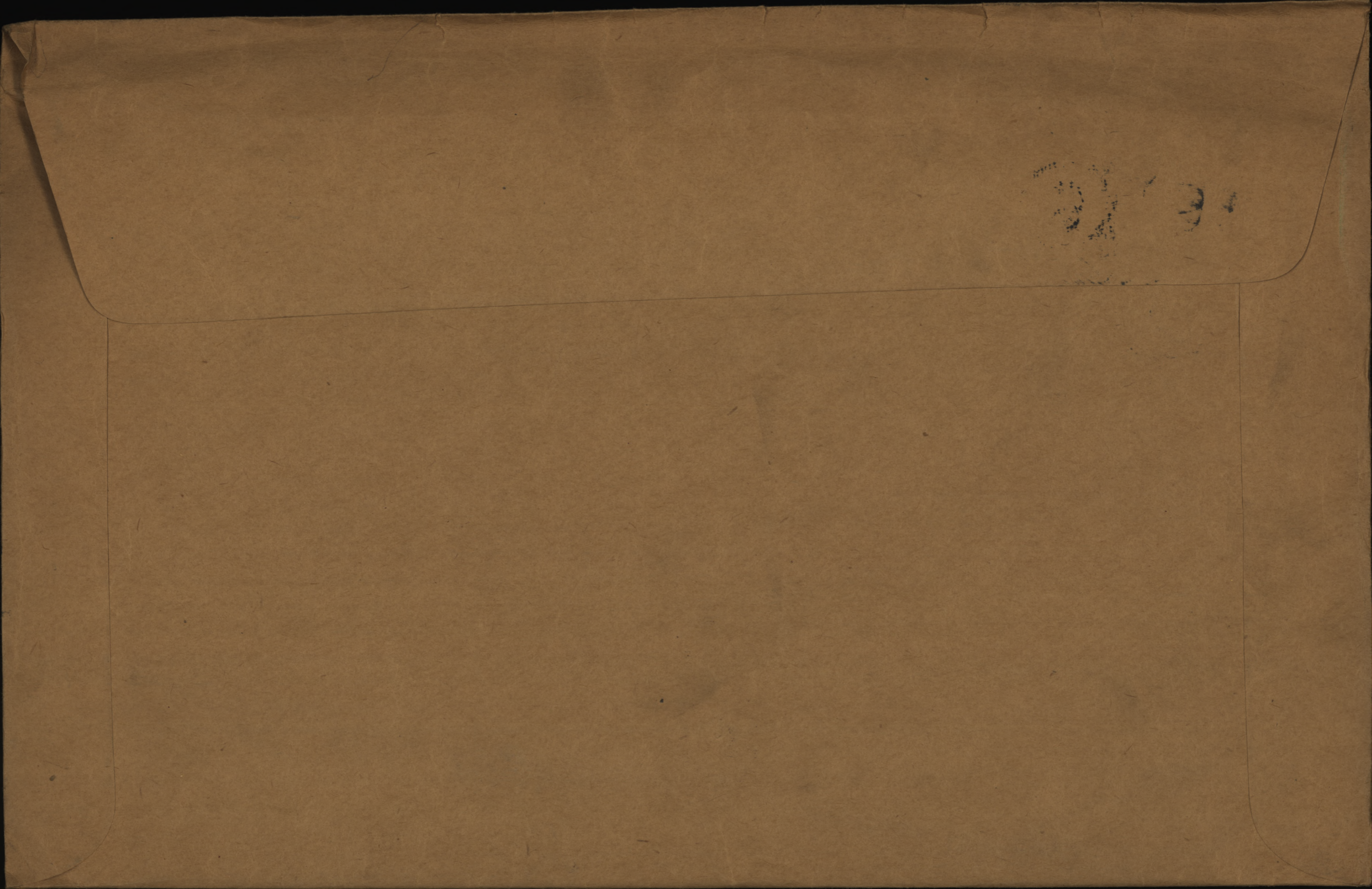
13.11.19
ms

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob</i>
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)					
<i>1 m 2 w 4</i>					



10568





Surname *Kirby* H. Q.
Christian names *Joseph Henry* M. D. No. *13*
Regtl. No. *12086937* Rank *Plt* T. O. S. *June 22 1918*
Unit *C. A. S. C.* D. O. Pt. II. *163 of 1-12-18*
S. O. S. *31-10-19* 19.....
Reason *Demot*
Auth. *DD 297 to 304 Oct 24/31-1919*
13-6056 Service Coy.

Next of kin *Kirby Mrs. Sarah* Relationship *Wife*
Address *4802 Ingleod Trail* Also notify:
Calgary, Alta.

BORN—Place *England, Southern* Date *Sept. 16th 1871*
ATTESTED—Place *Calgary, Alta.* Date *Dec. 20th 1918*
O/S..... R/C.....



NAME

Kirby, John Henry Pte.

REGIMENTAL NO.

1286937

RANK

ENLISTED AT

Caegary acta.

PROMOTIONS, &c.
AND DATE

DATE

August 27th 1915

IF SERVED PREVIOUSLY, STATE UNIT, &c.

City of London, 7th Battalion
 Fusiliers (21 years)

MARRIED, WIDOWER, OR SINGLE

married

NEXT OF KIN

Sarah Kirby

RELATIONSHIP

Wife

ADDRESS OF

4802 McLeod Trail, Caegary acta.

ASSIGNMENT OF PAY \$

C.

TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &c.

NATURE <small>E.G. ABSENCE, PROMOTION, &c.</small>	PART II. D. O.		REMARKS <small>IF IN HOSPITAL, NOTE NAME, &c.</small>
	No.	DATE	
On command Military Garage.	11.	11-12-19.	
Discharged Demobilization	304	31/10/19	<div style="text-align: right;"> <i>Lawrence</i> _____ Lieut. No. 13 C.A.S.C., Service Co'y </div>

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. 1286937 Rank Pte Surname Kirby
 (Given name in full) Joseph Henry
 Unit or Corps C.F.C. Birthplace Sutcliffe, Norfolk, England

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

1. GENERAL DESCRIPTION:

Physique Good Weight 150 lbs. Height 5 ft. 5 in. Colour of Eyes Brown
 Nutrition Good
 Pulse 80
 Condition of arteries Fair trace (S7)
 Vision Rt. no Left no
 Hearing (conversational voice) Rt. 25 ft.
 Left 25 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
old Scar forehead
old scar Rt chin
Amputation both arms
old sulphuric acid burn

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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)

Date Signed M.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

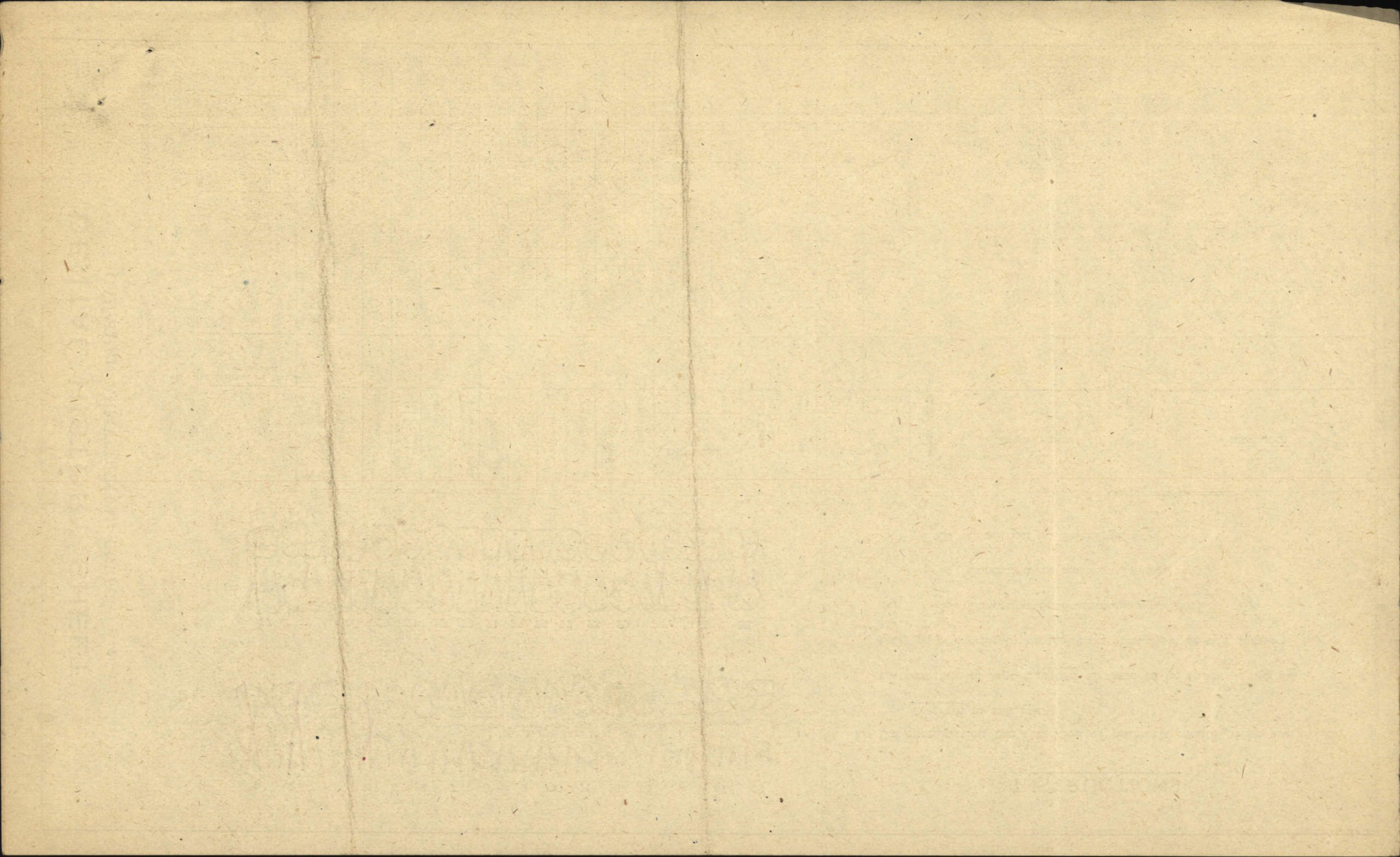
Date Signed M.O.

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.)



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 1206957 (Rank) Private

Name (in full) JOSEPH HIRBY enlisted in
the 15th. C.A.S.C. Service Coy.
CANADIAN EXPEDITIONARY FORCE at Calgary, Alta. on the 27th.
day of August 1919

HE served in CANADA
and is now discharged from the service by reason of Remobilization

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

Age 35 years
5 ft. 5 ins.
Height Medium
Complexion Brown
Eyes Grey
Hair Dark Wavy

Marks or Scars

Signature of Soldier

Issuing Officer

Major/Col.

Date of Discharge October 31st. 1919.

O.C., 15th. C.A.S.C. Service Coy.

Appointment

Signed at Calgary this 12 day of October 31st. 1919.

in Military District No. _____

File Reference No. _____

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

On demobilization the
particulars called for on
the back of this cer-
tificate will not be com-
pleted.

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname KIRBY Christian name Joseph Henry
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule } _____
3. Consecutive number on schedule of men reporting for service (if he appears on it) } _____
4. Address (including street and number, if any) } 59th. Ave., & 2ns. Street West Calgary, Alta.,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th day of November 1918, by the undersigned medical board sitting at CALGARY Alberta.,

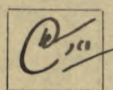
5. Age as stated 48 Years 2 Months. 6. Apparent age 48 Years
7. Height 5 Feet 3 Inches. 8. Weight 129 Pounds.
9. Chest measurement { Minimum 33 Ins. 10. Complexion Medium { Eyes Brown
Maximum 35 Ins. { Hair Grey
11. Physical development Skin { Good Fair Poor 12. Smallpox marks None
13. Number of vaccination marks { Right arm X 14. When vaccinated last 1918
Left arm 3
15. Distinctive marks and marks indicating congenital peculiarities or previous disease none

16. Slight defects but not sufficient to cause rejection no

The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C.E.F. Regulations for medical examinations, and he is placed in Category



Vision R. D. Normal
L. D. Normal
Hearing RT. Normal
LFT. Normal

A. C. Robinson President, CAPTAIN C. A. M. C.

Ar Shore Member. CAPTAIN C. A. M. C. Member.

Date	Result	Anti-Typhoid Inoculations, Etc.	Date	Result	Vaccinations
					M.O.
					M.O.
					M.O.

Joined 27th day of August 1918 at Calgary

Corps	Reg'tl Number	Habits	Date
<u>13th C.A.S.C.</u>	<u>1286937</u>	<u>Good</u>	<u>27-8-15</u>
Joined on enlistment			
Transferred to	<u>Service Coy.</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station	Date	Disease	Result

N.B.—This sheet is 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.

Signature of Man Joseph Henry Kirby

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 13th C.A.S.C. Service Coy.

Regimental No. 1286937 Rank Pte. Name J.H. Kirby

Enlisted (a) 27-8-15 Terms of Service (a) Duration of War Service reckons from (a) 27-8-15

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) Painter

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				
		Transferred from the 14th Coy C.A.S.C. Service Coy to the 13th C.A.S.C. Service Coy. Auth RO 795.	Balgary.	1-12-18	D.O. Part II #163 Sec 1st, 1918.
		Discharged Demobilization.	Balgary	31/10/19	D.O. Part II #304 d/y 31-10-19.

J. H. Kirby
Lieut.
No. 13 C.A.S.C., Service Coy

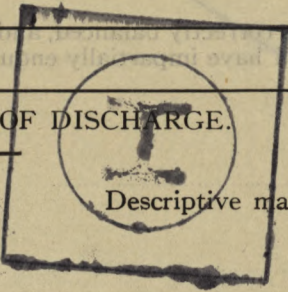
(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				

This space to be for numbers.

Proceedings on Discharge.

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

No.	1286937
Rank	Private
Surname	KIRBY
Christian name	Joseph
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	13th.C.A.S.C. Service Coy.
Date of discharge	October 31st. 1919.
Place of discharge	Calgary, Alta.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....49.....years.....months.	 <p>Descriptive marks</p>
Height.....5.....feet.....3.....inches.	
Complexion.....Medium	
Eyes.....Brown	
Hair.....Grey	
Trade.....	
Intended place of residence (To be given as fully as practicable.)	4802 Nefer Trail
2. The above-named man is discharged in consequence of	
Demobilization R.O. 1420-c	
Authority for discharge.....D.O. Part 11 #304 of 31/10/19.	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
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.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

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

8. Certificate to be signed by the Soldier on Discharge

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

(Place) Calgary, Alta. J. H. Wiley (Signature of Soldier.)

(Date) October 31st. 1919. G. Blinnie (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to..... (the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

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

(Place) Calgary, Alta. Alcumphree Lieut. Col.

(Date) October 31st. 1919. O.C., 13th. C.A.S.G. Service Coy.

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.)

None

H. J. King

<p>Attestation Paper Particulars of Receipt Proceedings on Discharge</p>	<p>Medical Form B-251 B-252 W-123 in MS Medical Form B-313 W-34 B-325 B-405 W-44 W-394 W-43</p>
<p>Attestation (b) Attestation (c) Medical History sheet</p>	<p>Key Conduct Sheet Squadron Battery Company Field Contact Sheet Copies of Conditions by C. P. Med-Hist Sheet Casualty Form Medical Report for Invalids Dental History Sheet Last Pay Certificate Duplicate Discharge Certificate Form of Will Only if discharged "Medically unfit" Only if man has not been overseas</p>
<p>Documents not accompanying this form should be crossed out</p>	
<p>I hereby certify that the following documents are unobtainable</p>	
<p>_____ Officer Commanding</p>	
<p>_____ Soldier</p>	

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="text-align: center;">(a) Proceedings on Discharge</p> <p style="text-align: center;">(b) Attestation.</p> <p style="text-align: center;">(c) Medical History Sheet.</p>
--	--

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

*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.*

M. OR S. *Married*

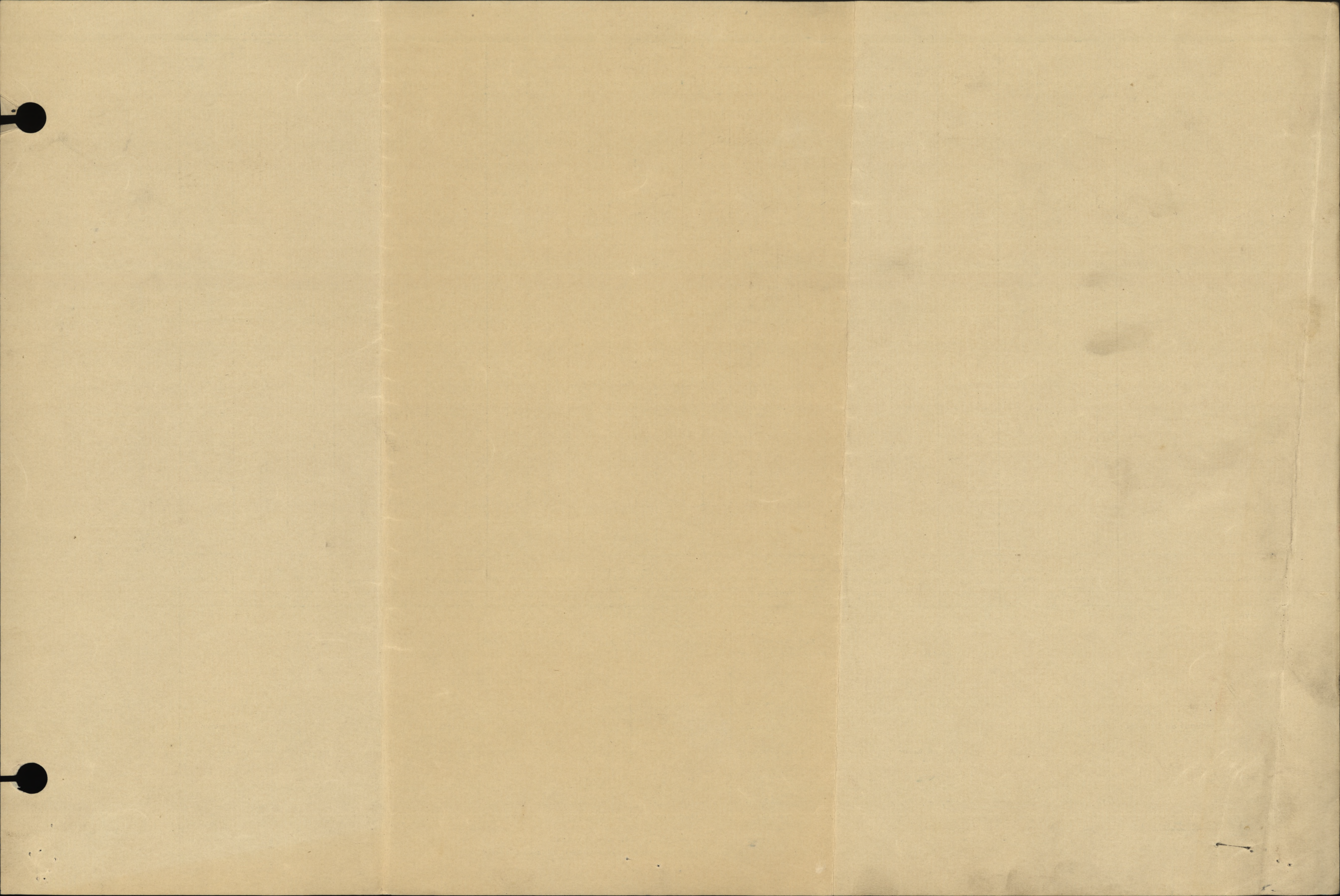
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *1286937* RANK *PTE.* NAME (IN FULL) *KIRBY, J. H.*

NEXT OF KIN <i>Mrs. J. Kirby</i> ADDRESS <i>Box 294, Calgary</i>	RELATIONSHIP <i>Wife</i>	PARTICULARS <i>Subsistence</i>	EFFECTIVE DATE 	AUTHORITY <i>D.O. 140</i>	ORIGINAL UNIT C.E.F. <i>13 CASC Semicolon</i>	IF IN P.F. WHAT UNIT? 	(BLOCK LETTERS SURNAME FIRST)			
IS SEPARATION ALLOWANCE PAID? <i>Yes.</i>	DATE EFFECTIVE 				PLACE OF ATTESTATION 	TRANSFERRED TO 	DATE 	AUTHORITY 		
TO WHOM PAID 	RELATIONSHIP 				DATE OF ATTESTATION <i>27/8/15</i>	TRANSFERRED TO 	DATE 	AUTHORITY 		
ADDRESS <i>As Above.</i>					ASSIGNED PAY \$ <i>15.00</i>	DATE EFFECTIVE 				
					PAYABLE TO <i>Mrs. J. Kirby</i> ADDRESS <i>Box 294, Calgary</i>	RELATIONSHIP <i>Wife</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS 			
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE 	EFFECTIVE 				
					DISCHARGED 	PLACE <i>Calgary</i>	DATE <i>21/10/19</i>	REASON <i>Demob.</i>	AUTHORITY <i>D.O. 304</i>	IF ENTITLED TO POST DISCHARGE PAY

Certified opening entries on this Ledger Sheet
have been audited by *[Signature]*
Date *1.11.19*

MONTH	NO. OF DAYS	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL 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				
		\$	C.	\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
1919																									
October	31	1 ¹⁰																							# S.A. & A.P. AR-18-17/10/19
																									Arctic Clothing Allowance 55 ^{xx}
																									Certified that all payments due on 9/2 will have been completed.
																									<i>[Signature]</i> Capt.



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

REGT. No. *1286937* RANK *Pte* NAME (IN FULL) *KIRBY J.H.*

M. OR S. *S.*

NEXT OF KIN <i>Mrs S. Kirby</i> ADDRESS <i>4804 McLeod Trail Calgary</i>	RELATIONSHIP <i>wife</i>	PARTICULARS <i>Subsistence</i>	EFFECTIVE DATE 	AUTHORITY <i>9040</i>	ORIGINAL UNIT C.E.F. <i>No. 13 C.A.S.C.</i>	IF IN P.F. WHAT UNIT? 	(BLOCK LETTERS SURNAME FIRST)			
IS SEPARATION ALLOWANCE PAID? <i>Yes</i>	DATE EFFECTIVE 	Certified opening entries on this Ledger Sheet have been audited by <i>[Signature]</i> Date: <i>30.4.19</i>			PLACE OF ATTESTATION <i>SERVICE CO. CALGARY, ALTA.</i>	TRANSFERRED TO 	DATE 	AUTHORITY 		
TO WHOM PAID <i>Mrs S. Kirby</i> ADDRESS <i>4804 McLeod Trail Calgary Box 294 Calgary</i>	RELATIONSHIP <i>wife</i>	DATE EFFECTIVE 	AUTHORITY 	PAYABLE TO <i>Mrs S. Kirby</i> ADDRESS <i>4804 McLeod Trail, Calgary Box 294 Calgary</i>	RELATIONSHIP <i>wife</i>	ANY CHANGE IN ASSIGNEE OR ADDRESS				
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE				EFFECTIVE 	DISCHARGED 	PLACE 	DATE 	REASON 	AUTHORITY 	IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.			OTHER CREDITS	SA	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS				
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT		\$	C.	\$	C.
1919																							
March P.T.																							
April	30	1 ¹⁰	33 00	24 00	30 00	87 00	1	12/19	3	24/19	20 00	22 00	45 00							Subsistence 1-30/19 da-ar. ar 2. 19.19			
MAY	31	1 ¹⁰	34 10	24 80	30 00	88 90	4	15/19	6	28/19	20 00	23 90	45 00							da-ar. ar 5 20/19			
JU	30	1 ¹⁰	33 00	24 00	30 00	87 00	7	12/19	9	27/19	20 00	22 00	45 00							da-ar. ar 8 20/19			
July	31	1 ¹⁰	34 10	24 80	30 00	88 90	10	15/19	11	30/19	20 00	23 90	45 00							da-ar. ar 11 19/19			
Aug	31	1 ¹⁰	34 10	24 80	30 00	88 90	12	18/19	13	30/19	20 00	23 90	45 00							da-ar. ar 13 19/19			
Sept	30	1 ¹⁰	33 00	24 00	30 00	87 00	14	11/19	15	30/19	20 00	22 00	45 00							da-ar. ar 15 19/19			
			201 30	146 40	180 00	527 70					120 00	67 90	287 90										
				210 00	90 00	300 00							70 00	30 00							1. Payment W.S. Gratuity ar 16 19/19		
				210 00	90 00	300 00							70 00	30 00							cheque 1474.56/3368 4.11.19		
													70 00	30 00							1281332.833. 2.11.19.		
				210 00	90 00	300 00							210 00	90 00							Payments on This Account have been completed.		

[Signature] Lieut. Paymaster War Service Gratuity M. D. 19

