ATTESTATION PAPER.

No. 470014

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? ..... Ernest Shaw Marshall.
2. In what Town, Township or Parish, and in what Country were you born? ..... Arcadia, N.S.
3. What is the name of your next-of kin? ..... Adelaide A.M.Marshall. (Wife)
4. What is the address of your next-of-kin? ..... Port Maitland, N.S. Yarmouth County Canada
5. What is the date of your birth? ..... July 9th. 1892.
6. What is your Trade or Calling? ..... Farmer.
7. Are you married? ..... Yes.
8. Are you willing to be vaccinated or re-vaccinated? ..... 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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes.

Ernest Shaw Marshall (Signature of Man.)

E.H. [illegible] (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Ernest Shaw Marshall., do solemnly declare that the above answers made by me to the above questions 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.

Ernest Shaw Marshall (Signature of Recruit)

Date Sept. 9th. 191 .5. E.H. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Ernest Shaw Marshall., 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.

Ernest Shaw Marshall (Signature of Recruit)

Date Sept. 9th 191 5. E.H. [illegible] (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 Sussex, N.B. this 9th. day of Sept. 191 .5.

L.C. Tearey J.P. (Signature of Justice)

J. P. IN AND FOR THE COUNTY OF KINGS, N.B.

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[illegible] (Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of Ernest Shaw Marshall. on Enlistment.

Apparent Age 23 years 2 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 9 ins.

Chest measurement.
- Girth when fully expanded 36½ ins.
- Range of expansion 3½ ins.

Complexion Dark

Eyes Hazel

Hair Black.

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

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).

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 Sept. 9th. 1915.

Place Sussex, N.B.

H. Marsh
Capt. 64th
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.

Ernest Shaw Marshall. 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.

H. Flowers Lt Col (Signature of Officer)

O. C. 64th BATT. C. O. E. F.

Date Sept. 9th. 1915.

OTM 20-11-18

2

~~DISCHARGE~~ DOCUMENTS

R. O. No.....

H. Q. No.....

Name MARSHALL ERNEST SHAW

Regt. No. 470014 Rank Pte.

Corps 2nd Bn. (64th Bn.)

Died of wounds 3-5-17

C7893

M

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2 1

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet. ~~DENTAL~~ 3

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

A. F. B 122 —— 1

Copy Will —— 1

Casualty Form Copy 7 of W-1

Medical Card Copy 7 of W-1

M7067-1

card-1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

Ind. Clo. 26/4/20.

5950

30-27
17-37
8-28
1

470014	MARShall	Ernest Shaw
I.D. number **No. d'identification**	**Surname** **Nom de famille**	**Given names** **Prénoms**

D of W 03/05/17

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu Box 5950

"CONTENTS CONFIDENTIAL"
"CONTENU CONFIDENTIEL"

ARC – 1048 (86/06)

FORM D.M.S. 1300.
8137—50m—28/2/17.

Surname	Christian Name or Names	Reg. No.
Marshall	E.S.	470014

Rank	Unit	Co.	Troop	Batty.
Pte	2nd Bn			

Hospital — Date of Admission

Transferred ~~30xx&Cxx5xxxx~~ 30.C.C.Stat. Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis G.S.W. Abdomen & Head

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of wds.3-5-17

DISPOSITION — Date

C.L.IO-5-17 A653 REMARKS

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

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

MARSHALL, Pte. E.S., #470014, 2nd Bn. 649-M-17289.

Not eligible for 14/15 Star.

8868

MEDALS & DECORATIONS. (Widow) Mrs. A. M. Marshall,
Port Maitland,
Yarmouth Co., N.S.

JUN 7 1920
Scroll Desp. Reqn. No 246072

DEC 21 1920
Plaque Desp. Reqn. No PA478

PLAQUES & SCROLLS. (Widow) Mrs. A. M. Marshall,
Address as above.

(Ser. # 762515)

MEMORIAL CROSSES. (Widow) Mrs. A. M. Marshall,
Address as above.

&

(Mother) Mrs. J. W. Marshall,
Yarmouth,
N.S.

Desp MAY 29 1920 XII/C 9331.

Desp MAY 29 1920 XII/C 9314

M. & W. 342

a-7-E
Fin-D

Number. 470014 Rank Pte.

Surname. MARSHALL

Christian Name. Ernest Shaw

Unit. 2nd Bn. Can. Inf. Theatre of war. France.

Date of Service. 6-7-16 D

Remarks. Widow

Latest Address Mrs. A. M. Marshall
Port Maitland
Yarmouth Co. N.S.

Roll No. B. Page 246

Ep44966

NAME Marshall. Ernest Shaw. D (649-M-17289)

RANK & No. Pte. 470014

CORPS 64th. Batt.

ENLISTMENT, PLACE Sussex. N.B. DATE Sept. 9th. 1915. M.

FORMER CORPS nil.

COUNTRY OF BIRTH Canada. Arcadia. N.S.

NEXT OF KIN Marshall. Mrs. A.M. "Wife." Yarmouth County.

ADDRESS OF NEXT OF KIN Port Maitland. N.S.

DISCHARGE, PLACE DATE

Sailed from Halifax Per. S.S. Adriatic 21-12-16

L. L. 85779—M. & D.—6011.

M. F. W. 22. 100 m.—9-15.

H. Q. 1772 39 839.

REMARKS:

REGT'L. NO. 470014

NAME Marshall. Ernest. Shaw.

H. Q. FILE No. 649

RANK AND CORPS Pte 2nd Bn (Form. 6th Bn.)

FOLLOWS No.

FOLLOWS

CABLE NO.	CABLE DATE	C.	NATURE OF CASUALTY
M. 4097	10-5-17		Died of wounds 30. Cas. Cl. Station May 3rd 1917 (G.S.W. Abdomen, Head.) V
Army Form B 209a Rolled	12-5-17		Died of wounds, rec'd in action, 30 Cas. Clear. Stat'n. 3-5-17. Recd 31-7-17.

L. L. 18950—M. & D. 7789

M. F. W. 42—30M.—4-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A. 653	No 30 Cas. Cl. Stat:	3-5-17	G. S. W. Abdomen & Head. Died of Wounds.

No. 470014 RANK Pte. NAME Marshall Ernest S.

T. O. S. 1-9-15 UNIT 64th Battalion
D. O. 25 of 14-9-15

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T
1915	1915	
Sep. 1	Sep. 30	✓
Oct.		✓
Nov.		✓
Dec.		✓
1916		
Jan.		✓
Feb.		✓
Mar.		✓

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
MAR 31 1916

FORM R. 149.
7106—250m—7/2/17.

Ernest Shaw

Name MARSHALL *Rank* - Pte. *Reg. No.* 470014

Unit 2nd. Battalion

Next of Kin CANADA

25-M-4879

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-5	No.30 C.C.S. DIED OF WOUNDS		GSW. Abdomen & Head	A653	M4097	10 9-5

John

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Dvg

A Coy

MEDICAL HISTORY SHEET.

Surname Marshall *Christian Name* Ernest S.

Examined { on 9th day of September 1915
at Sussex NB

Birthplace { City or Town Arcadia
County N. Scotia

Apparent age 23 yrs 2 mos.

Trade or occupation Farmer

Height 5 Feet 9 Inches.

Weight ____ Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36½ inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right. Left. —
Number 1

When Vaccinated last 1907

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

Approved by J Starrathers

Rank Capt. 64th M.O.

Date	Fit or Unfit	Examined for Re-engagement,	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
16/9/15		J.S.	M.O.
26/9/15		J.S.	M.O.
			M.O.

Enlisted on 1st *day of* September *1915 at* Sussex NB

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	64th. Bn.	470014		
Transferred to..	2nd Bde, C.F.A.			

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.

M. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname Marshall Christian Name E J

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

HALIFAX. Division 6 Coy

Name of Soldier G. L. Marshall

Regiment 64th Co. A.D. Rank ... No. 447001

DATE 1916	No.	Fillings: Amal.	Fillings: Phosp.	Fillings: G. Per.	Fillings: Cement	Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2° 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
March 1	2.3.5.	2			1										A.H.C.	Partial Lower plate required

M.F.B. 465
100m.—1-16
1772-39-950

O/C Dental Surgical
O. i/c. C. A. D. SURGERY.
HALIFAX, N. S.
MAR. 23. 1916

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

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(1) Name of Overseas Unit which Soldier joins.....

64th Batt., C. E. F.

(2) Regimental Number 470014

(3) Full Name of Soldier Ernest Shaw Marshall "A" Company

(4) Place of Birth Arcadia, Yar Co., N. S.

(5) Are you married, or not ? Yes

(6) If married, state,
(a) Full name of your wife Mrs. Adeline McHenry Marshall

Port Maitland, Yar. Co., N. S.

(b) Present Postal Address.....

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

(8) Have you any children ? No.

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

Also their names and ages.....

M. F. W. 67
200M.—2-16
1772-39-954

(SEE OTHER SIDE.)

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

If so, state name and address ..... John W. Marshall, Port Maitland, N.S.

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

If so, state name and address..... Mrs. Bertha Marshall .....

..... Port Maitland, N. S. .....

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

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

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(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.

.....

.....

.....

(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.

.....

(15) Are you insured ?..... Yes. .....

If so, in what Company ?..... North American Life $1,000.
Canada Life 1,000.

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.

G R Maxwell Major
..... Officer Commanding.

Date..... Feb. 29th, 1916.

L. L. Job 95618—M. & D. 6555.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
15m.—3-16.
H. Q. 1772-39-819.

Mrs wife.

To Whom Adeline Marshall.

Address Port Maitland.
Yarmouth Co.
N. S.

Rate ~~$ 24 00~~ 20 00 1st May P.C. 973. 25/5/16 W.J.E.M.

APR 1 • 1916

By Whom Assigned Marshall. E. S.

Regtl. No. 4700014.

Rank Pte.

Corps 64th Batt.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Pensions Notified Date 28-5-17
Sept.				~~Killed in action~~ / Died of Wounds / ~~Missing~~ Date 3-5-17
Oct.				C. L. (1) 11-5-17. Clerk J. H. Dotson
Nov.				Date Noted 28th May 1917
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

1 1/2 D
28
2 1/2
30
3

Register No. D. M. 1

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 11893-E-6

Regt'l No. 470014 Name Ernest Shaw (Christian Name) Marshall (Surname)

Unit 2nd Btn. Rank Pte. Date of enlistment

Date of casualty 3. 5. 1917. B.P.C. File No. 1261

Was service performed overseas ? Yes.

DEPENDENT

Name Mrs. Adeline McHenry Marshall Relationship Widow

Address Yarmouth County
Port Maitland
N. S.

Amount of Special Pension Bonus $ 80. Abstracted by A. Quinn

Eligible for Gratuity $ 180.00

Less amount of Special Pension Bonus paid $ 80.00

Less Debit Balance of S. A. or A.P. $

Total deductions $ 80.00

Balance due $ 100.00

Cheque No. G. 18900 26 Date issued 7-7-20 Ern

Clerk J. E. LeCourt.

REMARKS :

Audited by
L. Heath
Date 7-7-40

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 53961—M. & D. 9721

	Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
		Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks.

R—122

C.T. Rank Name MARSHALL Ernest Shaw Reg'l No. 470014

Unit 64th BATTALION If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Sussex.N.B.9th Sept.1915 Place of Birth Arcadia. N.S.

Name and Address, Next-of-Kin Adeline M.Marshall,

Port Maitland,N.S. Yarmouth County,Canada. Relationship Wife

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No 2798
File R.L 25-M-4879
Category Dof Ds.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England.	S.S. Adriatic	9-4-16	
14.7.16	OC 2nd	T.O.S. 2nd Bn	France	6.7.16	Pte II-28
10.5.17	"	Died of Wounds.	"	7.5.17	L/Cpl A653 GSW Abdomen & Head
11-5-17	"	Died of Wounds	"	3-5-17	Pte II O# 49

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
15m.—3-16.
H. Q. 1772-39-819.

L. L. Job 95618—M. & D. 6555.

Sheet No. 2. Adeline Marshall wife

Name of Soldier Marshall E. S. 4700114 64th. Batln.

Month.	Year.	Cheque No.	Amt.	Remarks.
			24 00	20.00 per May
April	1916	W 2073	24	
May		X 6619	20	
June		A 6022	20	
July		12784	20	
Aug.		13188	20	
Sept.		17749	20	
Oct.		22482	20	
Nov.		27594	20	$284.00 to 31-5-17. C.F.X. 28-5-17 Y.H.Osborn.
Dec.		31654	20	
Jan.	1917	A 42118	20	
Feb.		A 47013	20	
March		B 50462	20	20 bo Assignee Dependent
April		O 3658	20	20 B. Acct. to remain open until
May		O 10066	20	20 R pension granted Y.H.Osborn 28-5-17
June		V 16516	20	S
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

W.B

Pension Granted 1/7/17

B.P.C. to Recover $

Clerk [illegible] Date 13/6/17

Corrected 304 B.K. 8/7

~~E.F.X. Remd. Date~~ Total ~~By~~

E.F.X. " 7/12/17 By W.O.L.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

L. L. Job 8-095—M. & D. 5353.

1/9/15

MILITIA AND DEFENCE

60 163

M. F. W. 11.
10m—9-15.
H. Q. 1772 - 39-818.

SEPARATION ALLOWANCE

Name Adeline Marshall

Address Port Maitland
~~Yarmouth~~ ~~York~~ Co.
N. S.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Marshall C. S.

Regtl. No.

Rank Pte.

Corps 64th Bn. C. E. F.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		M7176	20	20
Oct.		M7327	20 —	20
Nov.		M11136	20 —	20
Dec.		E24629	20	20
Jan.	1916	0 17192	20	20
Feb.		E28603	20	20
March		732351	20	20

ACCOUNT CLOSED
DATE..... PER... W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Adeline Marshall Wife Name of Soldier Marshall E. S.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	03771	20	20	
May		06457	20	20	
June		B4313	20	20	
July		H1707	20	20	
Aug.		G13125	20	20	
Sept.		G16879	20	20	
Oct.		G19508	20	20	
Nov.		E22623	20	20	
Dec.		E26058	20	20	
Jan.	1917	M28103	20	20	
Feb.		M31865	20	20	
March		M35091	20	20	
April		N1907	20	20	
May		N5243	20	20	
June		N.8537	20	20	
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Pension Granted 1/7/17
B.P.C. to Recover $ Nil
Clerk W. T. Date 13/6/17

Pensions Notified DATE 22-5-17

Killed in Action DATE 3-5-17
6 L.I. 11-5-17 M. Judd

ACCOUNT CLOSED
DATE PER W

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

MARRIED OR SINGLE M

PLACE OF BIRTH Arcadia, N. S

NAME AND ADDRESS OF NEXT OF KIN Adeline M. Marshall
Port Maitland, N. S

RELATIONSHIP OF NEXT OF KIN Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Died of Wounds	3/5/17.	62a/653 10/5/17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 470014 RANK Pte. NAME Marshall, Ernest Shaw

IF IN PERMT. CORPS WHAT UNIT — UNIT 64th Bn — TRANSFERRED TO 2nd Bn Date 9/7/16 Authority DA-1 5f 5/7/16

PERMANENT FORCE ALLOWANCES — TRANSFERRED TO Pay'll K. Date 1-6-17. Authority 62a/653 10/5/17

PLACE OF ATTESTATION Sussex, NB — TRANSFERRED TO — Date — Authority

DATE OF ATTESTATION 9-9-15 — TRANSFERRED TO — Date — Authority

30 JUN 1917

SEP 27 1917 CANADIAN CONTINGENTS

ASSIGNED PAY MONTHLY $ ~~1.00 20~~ DATE EFFECTIVE 1/5/16.

PAYABLE TO Adeline Marshall Port Maitland. Yarmouth. Co. N. S. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE June 1-1917. REASON Died of Wounds 62a/653 10/5/17. 25.5.17

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

1 JUN 1917

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on A.H. Card Index ... Ltr.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by C. L. Smith

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1916														7 10	7 10									Balance from Canada							7 10				Brought forward
Apr 1-30	30	1-	30		30	10	3									33	6 17/4	61 29/4						243	243			24 -			2886	11 24			
May 1-31	31	"	31		31	"	3 10									34 10	110 13/5	163 29/5						487	487			20			2974	15 60			
June 1-30	30		30		30		3									33		211 10/6							243			20			2243	26 17			
Checked [illegible] July 1-10	10		10		10		1									11	248 28/6							487				20			2487	12 30			
July 11/31	~~21~~		~~21~~		~~21~~		~~3~~ 2 10									~~34 10~~ 33 10																35 40			
Aug 1-31	31		31		31		3 10									34 10												20			20	49 50			
1/9	30/9		30		30		3									33			058	4785 27/7						436		20							
																			BB 15 BH	4556 13/7 1419 9/8						436 349									
~~10~~	~~31/10~~	~~31~~		~~31~~		~~3 10~~										~~34 10~~			18mt BH	6 278						175					33 96	48 54			
1/10	31/10	31		31		3 10										34 10	1323 29/9	1357 16/10 ~~1357~~		67 11/9	18mt BH			349	262	262		20			28 73	53 91			
Nov 1-30	30		30		30		3									33	1435 3/11							523				20			2523	61 68	- -		
Dec 1-31	31		31		31		3 10									34 10	1480 31/1	1493 4/12						697	697			20			33 94	61 84	- -		
1917			~~28~~ 7 50				~~28~~ 7 50																												
			302 50											7 10	309 60									2786	1932	1658		184 00			2147 76				

Statement of OCT 5 1917 Account rendered

A.P. Correct with C.P.O.

47014. Pte Marshall, Ernest Shaw.

DATE	PAY: No. of Days	PAY: Rate	PAY: Amount $	PAY: Amount c.	FIELD ALLOWANCE: No. of Days	FIELD ALLOWANCE: Rate	FIELD ALLOWANCE: Amount $	FIELD ALLOWANCE: Amount c.	WORKING OR SPECIAL PAY: No. of Days	WORKING OR SPECIAL PAY: Rate	WORKING OR SPECIAL PAY: Amount $	WORKING OR SPECIAL PAY: Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1: No.	1: Date	2: No.	2: Date	3: No.	3: Date	4: No.	4: Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE: Credit	BALANCE: Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917			30	250										710	30960								2786	1932	1658		18400		24776	6184				
Jan 31	31	110	34	10											34 10	1532	30/2	1602	9/1				361	361			20		2527	To 72				
Feb 28	28	100/10	30	80											30 80	1697	3/2						362				20		2574	7677	—	—		
Mar 31	31	100/10	34	10											34 10	1773	26/2	1892	23/3				262	261			20		2785	8453				
Apr	30	.	33												33	1786	6/3							262			20		2085	9553				
May	31	.	34	10											34 10	117	13/4						262				20		2611	10362				
																85	27/4						213											
																201	29/4						87											
June	✓		✓												✓								Balance transferred to N. E. Branch.						✓	10362				
N.E.	Sept 17		468	66										92	92								4444	2716	1658		284		37218	10444				
																							10444						10444	— 0 —				

Nov 1

Died wounds 3.5.17
D.A. of B's. 10.5.17

CHECKED
R.C. Booth

Cr 92 "C" J.E. Sch 1077 - 5/3 3/4 V 18/6

Cr 10444 To Att. for Sept
7/6 28 - 22/33 - 3/12/17.

14431 Gut 23-11-17 M. 649-1758

No.470014 Pte.Ernest S.Marshall

Will extracted by Capt.R.Malcolm Hope
Paymaster 64th.Battalion. CEF

— 20 — A

Perforated sheet for Will from Pay Book of Reg.

No. 470014

Name Ernest S Marshall

Unit 64th Bn C.E.F.

Military Will.

In the event of my death, I give the whole of my property and effects to my wife, Mrs. Adeline M.H. Marshall, Port Maitland, Yarmouth Co, Nova Scotia, Canada.

Signature Pte, Ernest S. Marshall

Rank and Regt. Pte, 64th Bat. C.E.F

Date April 26th 1916

ESTATES BRANCH
NOV 6 1917
MILITIA DEPT.

16017

No. 47001A Pte. Ernest S. Marshall

Will erected by Capt. R. Malcolm Hope
Paymaster 64th. Battalion. CEF

ESTATES BRANCH
NOV 6 1917
MILITIA DEPT

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-929.

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Unit, Regiment or Corps 64th "OVERSEAS" BATTN. C.E.F.

Regimental No. 470014. Rank Private. Name MARSHALL, Ernest Shaw.
C. E. F.

Enlisted (a) 9/9/15 Terms of Service (a) Duration of War Service reckons from (a) 9-9-15

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)

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Halifax, N. S.		31/3/16	
		Debarked Liverpool, Eng.		9/4/16	
		Trans to 2nd Battn 10th Bde		5/7/16	
		a/c Rogers Lt. for Capt. ADJUTANT 64th "OVERSEAS" BATTN. C.E.F.			
14-7-16	A.A.G.	Taken on strength 2nd Batt	C.B.D.	6-7-16	Part 11 No 28
4-8-16	C.B.D.	Left with 1st Entrenching Battalion.	On route	4-8-16	N.Roll D.C.S. 341 d/ 8-8-16.
13-9-16	1st Ent Bn	Left to Join Unit	Field	13-9-16	Nom Roll
17-9-16	O.C.Unit	Joined Unit	Field	17-9-16	B 213 367
3.5.17.	30CCS	Died of Wounds Received in Action	30CCS	3-5-17	(Cas. Rept No 4461/1 Ref A.A.G. Canada K J 16/5112. Pt II Ord 494 11-5-17

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

[P.T.O.

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

Chas L Maxwell Lieut.
for Major A.A.G.