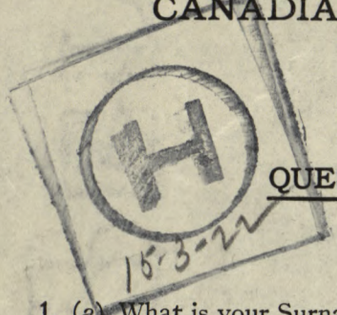
Unit 114th Bn. C.E.F. Rank Lieut Name James David Moses.

OFFICERS' DECLARATION PAPER ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE



QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (a) What is your Surname? Moses
   (b) What are your Christian Names? James David
2. (a) Where were you born? (State place and country) Brant County, Canada
   (b) What is your present address? Hagersville, Ont. Can.
3. What is the date of your birth? June 16th yr 1891
4. What is (a) the name of your next-of-kin? Nelson Moses
   (b) the address of your next-of-kin? Hagersville. Ont. Can.
   (c) the relationship of your next-of-kin? Father
5. What is your profession or occupation? School Teaching
6. What is your religion? Anglican
7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
8. To what Unit of the Active Militia do you belong? 114th "Brocks Rangers" C.E.F.
9. State particulars of any former Military Service
10. Are you willing to serve in the
    CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

James David Moses (Signature of Officer.)

Taken on strength (place) Ohsweken

(date) Feb 9th 1916

A. T. Thompson Lt Col
(Signature of Commanding Officer.)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date 22 of May 1916

Place Wikwemikong Ont

C. A. Thresh
Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

REGIMENTAL DOCUMENTS

NAME MOSES JAMES. DAVID REGT. NO. Lieut UNIT 114th Bn H.Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	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)					Missing believed dead
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	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)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	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)				35696	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)					
1	M. F. W. 69					
	Pay					
	Warrant					
2	Wills					2
	Payroll					1-16
						1-16
	M.T.					
	A.M. 80580				480163	

W 2589
100M-11-18
1772 39-1377

C. A. H. 18

SURNAME. Moses.

CHRISTIAN NAMES James Lloyd

REGL. No. RANK Lieut.

UNIT ~~114th~~ Man Regt. Depr. att. R.A.S.C. Op. 266. 6/11/18.

FORMER CORPS Nil.

CARD NO. X

FOLL.

~~Bnd.~~

NEXT OF KIN.

NAMES IN FULL Moses. Nelson.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Hagersville Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Brant Co, Ont. DATE June 10th. 1891.

PLACE OF ATTESTATION DATE

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-335.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Teaching RELIGION Anglican.

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Nakwemikong Ont. DATE May 22nd 1916.

Present Address - Hagersville Ont.

NAME Moses. James David

REGT'L. No.

H. Q. FILE No. 649

RANK AND CORPS Lieut. 4th Royal air Service (Form 114th (Bn) Manitoba Regt

FOLLOWS No.

FOLLOWS

CABLE NO.	DATE	NATURE OF CASUALTY
O.T. 2661 (1-1) W. 80. (1-1)	6-4-18.	Repd Missing April 1st 1918. ✓
Auth Miss sect 13-19 27/1221.	22-2-19.	Pres. Dead. 1-4-18

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
949 1.	Rept. from Base	1-4-18	missing

No. 739179 RANK Lieut. NAME Moses. James D.

T. O. S. UNIT 114th. Battalion.

M. D. 2.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Feb 9	1916 Feb. 29	✓		
Mar.		✓		
Apr.		✓		
May		✓		
June		✓		
July.		✓		
Aug.		✓		
Sept.		✓		
Oct.		✓		
			Appt. Prov. Lieut. 9-2-16.	D. O. 86. 28. 3-16.

These meds. will be adm. by Air Min. Act. 332-37-41

Number ..... Rank Lieut

Surname MOSES.

Christian Name James. David.

Units ..... Theatre of War France

Date of Service 31-10-16. 4-1-18 1-4-18

Remarks Seconded to R.A.F. 3-9-17 L.G. 30861 dated 24.8.18. Air force, roll #2 page 45 M.R. Can. 252361 / 20/S.7 of 10/7/20

Latest Address .....

Roll No. B Pag 22466

200m.-2-21.M.

D

Form R. 149.

AFB 104-93.

Name MOSES James David. *Rank* LIEUT. *Reg. No.* 9M-2014

Unit MRD att. RAF.

Next of Kin Canada Man Regt'l Depot attached R.A.F.

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1-4	Reported Base (KT 115) MISSING.			944	1/80 B266	8/1/18.
	Now for official purposes presumed to have died on or since. 1-4-18			1221		

Form R. 149.

Name *Rank* *Reg. No.*

Unit

Next of Kin

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

MOSES, James David - Lieut. 107th Battn. 1586

Not eligible for 1914-15 star.

MEDALS & DECORATIONS — Nelson Moses, Esq., (Father) Hagersville, Ont.

PLAQUE & SCROLL — Father, as above. FEB 21 1921 Scroll Desp. Reqn No. 2.22177

(Serial no. 783208.)

Plague Desp. DEC 16 1921 Reqn No. B20944

CROSS OF SACRIFICE — to one entitled.

Surname. Christian Name.

MOSES J. D

Rank. Unit.

Lieut. M.R.D. att R.A.F.

Date of admission.

Hospital.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Reported from Base MISSING:- 1-4-18.
Now for Official purposes presumed to have DIED on or since:-1-4:18.

Diagnosis

Later diagnosis. .....

.....

.....

6-4-18. 949. .....
22-2-19 1221.

Disposition. Date.

....

C.L. ..... Remarks.
C.L. .....
C.L. .....
C.L. .....
C.L. .....
C.L. .....

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

D. M. S. 1347.

Surname | Christian Name | Reg. No.

Rank | Unit

MEDICAL BOARD held at | Date | Serial No.

(1)

Other Medical Boards at | Date | Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

PENSIONS & CLAIMS BOARD held at | Date.....

Disposition

Remarks

Indicate by a P.T.O. if continued on other side.

H. W. & V., Ld.—7025-16.

Army Form B. 103. Temporary Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps... MANITOBA REGT.

Rank Lieut. Surname... MOSES Christian Name... J. D.

W.114 Bn. CEF

Religion..... Age on Enlistment.....years.....months

Enlisted (a) 22.5.16 Terms of Service (a)..... Service reckons from (a).....

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended {.....} Re-engaged {.....} Qualification (b)..... .....

{.....} {.....} or Corps Trade and rate.....

Occupation..... .....Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &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 ...			
22.1.18.	R.T.O. Leeton	Taken on Can. Records List			16-21454
	3rd Echelon	on arrival in France for	57 Sqdn		Pt II 10
		duty with R.F.C.	Field	4.1.18	
21.3.17	57 Sqdn.	To England on Temp. Duty		5.3.18.	B213
25.3.18.	do	Returned from England	"	15.3.18.	B213.
16.4.18.	do	Reported Missing		1.4.18	B213.
2.4.18.	G.O.C. R.A.F.	do do and is		1.4.18.	L.G.
		Struck off Can. Record		Pt II 35.	19.4.18.
		List accordingly.		Pt II 36	22.4.18

(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) Sig. a.ler, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (S8[illegible]) Wt. [illegible] Forms B/[illegible] 1807. P.T.O.

Chas R Maxwell Capt. D.A.A.G.

Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

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				

R. 150

E.T. Surname MOSES / Christian Names James David. /

Rank Lieut /

Promotion

Name and Address of Next-of-Kin Father. /
Nelson Moses. /
Hagersville. Ontario. Canada. /

107 Bn 8-5-17
1-6-17
1-7-17

Unit 114th Battn /

Place of birth Brant Co., Canada /

Married (Yes or No)

Appointments

R.A.F.

Date of leaving Canada 31.10.16 14/ 18.11.16

Report

Date and Cause of Resignation

Date	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
19-11-16.	OC CTD.	Attached 35 Bn		11-11-16	DO 5998. Pte 6277.
4-1-17.	4 RBn	Att 4 Res Bn		4-1-17	Pte 01
22-1-17.	107th Bn.	T.O.S. on Trans from 4th Res. Bn.		18-1-17.	Pte II ord 22.
~~21.5.17~~	~~GLO~~	~~Trans & posted to Man Reg Depot~~		~~21/5/17~~	~~attends~~ cancelled by GLO. 768
14-9-17	107 Bn.	Attchd as Observer on probation for duty with R7C.		3/9/17	Pte II O. 80
24-9-17	107 Bn	Det to Man Reg Depot on proc to England for 1 mth's course as Observer in R7C		4-9-17	Pte II 0/83
15-12-17	MRDep.	T.O.S. on return from 107 Bn & dets to R7C. for one mths course as Observer		5-9-17	Pte II O. 281
14-1-18	107 Bn	S.O.S. & Estab. absent from Unit 4 mos. now posted to Man Reg Depot. Staffs		3-1-18	Pte II O. 3
28-1-18	Can Rec List	T.O.S. on arrival in France for duty with R7C		4-1-18	Pte II O. 10
6-4-18	ams.	Reported from Base Missing		1-4-18	Pte II O/36 - Lt. 949
22-4-18	CRL	Reported Missing & S & S		1/4/18	Pte II O/36
11.5.18	W.O	Flying offrs (Observers) 20.3.18 with seniority from 3-1-18			Lon Gaz. 30619

1020

PTO

A.F.B. 103. 1-MAR.1917

A.F.B. 103. 15 OCT.1917

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				
24.8.18	W.O	Seconded for duty with RAF		3.9.17	Lon Gaz 30861
22.2.19	A.M.S.	Previously reported Missing now for Official purposes presumed to have Died on or since		1.4.18	CL1221 (97B/104-93 Cclabs 2-3-19)

254

Army Form W. 3212. (In books of 100.)

Regtl. No., Rank and Name Moses, Jas D. Lieut Corps Manitoba Regt R.F.A. 107 Bde Can.

Disease Vincent's Angina Hospital Westcliff

To Officer i/c Laboratory. Ward 66

Please carry out an examination of the accompanying specimen of Smear

with special regard to Vincent's Angina

Date 19/10/17 Major Calhoun

O. i/c Ward.

LABORATORY REPORT.

Organisms of Vincents Angina found.
Also Staphylococci in large numbers.
Smears from back of lower incisors
and back of last left molar.
(Cultures taken)
which were negative.

26/10/17
Smear for Vincents Angina.
negative.

Date of Examination 19/10/17 W A Smith, Capt

O. i/c Laboratory.

W 12965—6740 200,000 11/15 H W V (M 875) Forms/W. 3212/1
1439—480 200,000 5/16

Army Form W. 3212. (Revised)

Regtl. No., Rank and Name _____ Corps _____

Depot _____ Hospital _____

To Officer i/c Laboratory _____ Ward _____

Please carry out an examination of the accompanying specimen of _____

with special regard to _____

Date _____

O. i/c Ward.

LABORATORY REPORT.

Date of Examination _____

O. i/c Laboratory.

DUPLICATE

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

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins.....114th Overseas Bn.

(2) Regimental Number .....Lieutenant.

(3) Full Name of Soldier.....MOSES James David.

(4) Place of Birth.....Six Nations Reserve. Haldimand Co. Ontario.

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

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

(b) Present Postal Address.....—

(7) Are you a widower ? .....—

(8) Have you any children ?.....—

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 ?.....Yes.....

If so, state name and address ...Nelson Moses. Hagersville. Ont.....

(10) Is your Mother alive ?.....No.....

If so, state name and address.....—.....

.....

(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.

....No.....

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

If so, in what Company ?...Northern Life Ins. Co. ltd.....

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.

J. P. Bowles ..... Major
for O. C. 114th O. S. Batt'n, C. E. F.
(BROCK'S RANGERS)
Officer Commanding.

Date.....Oct. 3rd 1916.....

FORM OF WILL.

I, James David Moses. (Name in full)
Regimental Number Limit serving in 114th O. S. Bn.
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 father

Nelson Moses
Hagersville, Ont.

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

absolutely, and my personal estate I bequeath to my father

Nelson Moses
Hagersville, Ont.

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 3rd day of October A. D. 1916.

James D. Moses 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness [illegible]
Address of Witness R. R. No. 8. Creemore, Ont.
Occupation of Witness Bank clerk.
Signature of Second Witness [illegible]
Address of Witness York Ont
Occupation of Witness Postal Clerk

M. F. W. 82
300M-5-16.
1772-39-983.

FORM OF WILL

I, James David Moses. (Name in full)

Regimental Number Lieut. serving in 114th O.S. Bn.

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

I ~~devise~~ bequeath all my real estate unto My Father.

Nelson Moses.
Hagersville, Ont.

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

absolutely, and my personal estate I bequeath to My Father.

Nelson Moses.
Hagersville, Ont.

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 3rd day of October A.D. 191 6

James D. Moses. 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness C. Carmichael.

Address of Witness R.R. No. 2. Creemore, Ont.

Occupation of Witness Bank Clerk.

Signature of Second Witness C. J. Martindale.

Address of Witness York, Ont.

Occupation of Witness Postal Clerk.

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL

ORIGINAL

MEDICAL HISTORY SHEET

ORIGINAL

Surname Moses Christian Name James David

Examined { on 9th day of May 1916
at Wilkweemahonag Ont

Approved by Capt Thrush
Rank Capt M.O.

Birthplace { City or Town
County Brant Ont

Apparent age 26

Trade or occupation School-Teacher

Height 5 feet 7 Inches

Weight 165 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 37 inches

Physical development Good

Small-pox Marks 0

Vaccination Marks { Arm Right X Left X
Number 2 - 1

When Vaccinated last 2 yrs ago

(a) Marks indicating congential peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
30/9/16	+	Capt Thrush M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
4/8/16	X	Capt Thrush M.O.
12/8/16	X	Capt Thrush M.O.
18/8/16	X	Capt Thrush M.O.

Enlisted on 9th day of February 1916 at Otterew

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	114th Bn. C.E.F.	Lieut		9/2/16.
Transferred to	107th Bn			

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Moses Christian Name James David

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

Forms
I. 1237
10

WEST CLIFF CANADIAN EYE AND EAR HOSPITAL FOLKESTONE.

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
8/6	—	Lieut	Moore	Wm. Alex. David

Year.	Unit.	Age.	Service.
1917	R.F.C. (10th Bn.) Manitoba Byt	26	20/12 7/12

Station and Date.

Disease Ulcerated Angina

18-10-17

Has ulcerated condition with hyperaemic mucous membs. at back of lower molars. Will Capt Smith kindly make smear for Vincents Angina.

20-10-17 Formalin applied to ulcers.

Will Capt. Honsinger kindly make application of Acid. Phenic to gums J.C.S.

20/10/17 Swabbed c Iodine, Emetine Hydrochlor. Lysol 10 m to ℥j.

22-10-17 — ulcerated cond. much cleaner.

22/10/17 Repeated treatment of 20/10/17.

Entire by Honsinger

26-10-17 — Recommend for discharge and two weeks leave to continue treatment. The condition now being practically cured.

J.C.S.

Boarded. 26/10/17

Discharged 29/10/17

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

(8065.) W 2445–1448. 250M. 5/15. J. T. & S., Ltd.

P.T.O.

Station and Date.	

P—15.

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY: 114th Bn.

RANK. Pte. | DATE ~~DATE~~ Mess | AUTHORITY: 11-11-16 From Canada D.O. #5891 6.12.D. d/14-11-16.

NAME. Name Moses. Initials J.D. Bank of Montreal

Beneficiary

Address

Amount. $

Separation Allowance issued. Yes or No.

DATE 1916	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case	INITIALS
Nov 30	P. A now mess 11-30-16 Bank			98		98		
Dec 11	Pay Dec R.		111 60					
	P. A now mess 11-30-16		98					
16	Bank			111 60		—		
1917 Jan 22	Pay Jan R		111 60					
24	Bank	19286		111 60		—		
Feb 20	Pay Feb R		100 80					
21	Bank	21930		100 80		—		
Mar 19	Pay: March: R:		111 60					
24	Bank	24836		111 60		—		
			533 60	533 60				

UNIT

NAME

DATE OF APPOINT

ASSIGNED PAY:—

MARRIED (YES OR

MONTHLY AMOUNT

NEXT OF KIN:—

TO WHOM PAYABLE

DATE NON-EFFECT

AND CA

BANK IN WHICH PAY & ALLOWANCES DEPOSITED

PERIOD		No. of Days	Regtl. Rate	PAY					Rate of Field Allowance	ALLOWANCES					TO
From	To			Amount of Regimental	Command	Adjutant	Cr. from Prev. Account	TOTAL PAY		Amount of Field Allowance	P. F. Allowance	Messing	Subsistence	TOTAL	ALL

SUNDRY PAYMENTS

DATE		CHEQUE NO.	PARTICULARS

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT. NAME OF | DATE | AUTHORITY

114th Bn
4th Res Bn
107th Bn

Pay $2.50 per.
Y.all .60
Mess 1.00

RANK. | DATE | AUTHORITY

Lieut
R.F.C.

19/9/17. Certif. O/C. R.F.C. Hythe 9-M-1956 dt 11/9/17

NAME. 5/10/18

Name MOSES
Initials J. D
Bank of Montreal.

Beneficiary
Address

Amount. $
Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917			533 60	533 60				
Apr 24	Pay Apr. (R) Bank	3010	108	108				
May 18	Pay May (R)		111 60					
" 25	Bank	6049		111 60				
June 19	Pay June (R)		108					
" 27	Bank	9012		108				
July	Pay July (R)		111 60			61 111 60		
25	Bank	13071		111 60				
Aug 16	Pay (R)		111 60					
25	Bank	17861		111 60				
Sept 15.	Sept Pay. (R)		108					
" 21	Bank	21725		108 -				
Oct 12.	Oct. Pay. (R)		111 60					
" 20	Bank.			111 60				
Nov. 2.	Flying Pay @ 50 p.d. fr 19/9/17 - 31/10/17. 113 days @ auth. cert. fr O/C R.F.C. Hythe No. 114227		21 50.				Trans from L. 20 to L. 5 - 2-11-17 Q	
" 2	" "	Bank	26683	21 50.				
16	Pay Nov. (R)		123					
22	Bank	30733		123				
Dec 10	Pay & Dec		127 10					
14	Bank	35096		127 10				
28	Allot Jany Pay a	£10-0-0. Bank	34881	48 67		48 67		
Jany 8	Allot Jany Pay a	£10-0-0 Bank	34990	48 67		97 34		
21	Pay R. Jany		127 10					
	Bank		39459	29 76				
Feb 15	Feb Pay R		114 80					
20	Bank		40995	114 80				
			1817 50	1817 58				

FORM P. 15.
5986—25M—19/1/17

ASSIGNED PAY.

UNIT.

	NAME OF	DATE	AUTHORITY
Beneficiary	107th Bn K.K.C.		Rate $2.50 p.d. Fall .60 Mess 1.00
Address			
Amount. $			
Separation Allowance issued. Yes or No.....			

RANK.

	DATE	AUTHORITY
Lieut		

NAME.

Name Moses.
Initials J. D.
Bank of Montreal.

DATE 1918	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
	Brot Forwards							
Mch 19	March Pay R		127 10					
23	Bank	42616		127 10		D		
				1 12				

FORM P. 15. H.W.V.Ld.—3717-18.
12519—16M—1-3-18

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. | DATE | AUTHORITY | NAME. 5/19/18

Beneficiary — 167th Bty. att R F C — Fly Pay .50 — Pay 2 / — F.A. .60 — Messing 1/4.10 — Lieut — Flying Officer Observer. — 20 3/18 — LG 5667 24/11/5/18.

Address — 19 7/17

Amount. $

Separation Allowance issued. Yes or No..... Missing 1 4/18 L.L. 9+9 d/6 4/18

Name Moses. Initials J. D. Bank of Montreal

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	Presumed to have died on or since 1/4/18 6K. 1229 d/20 7/19					£ s		
Apl 20	April Pay R		123			123	Tsft. to N.E. Ledger	
May	Diff Lt + Flying Pay & Flying Off rate 20 3/18 - 30 4/18	V3249	7980			20280		
June 1919	Binoculars + Case. List 108. V61423.			4502		15778	16/4/18 Make no deposits &c	
May 21	Cr Bal trans to Ctt List 44 May V6 5546			15778			Tsfrd. from L5-L28 6/5/18.	
							Sof % rendered 19 11/18.	
							Cr Bal £157.78 Dist form to Acty Rch 21 4/19.	

FORM P. 15.
12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. | UNIT. NAME OF | RATE OF P. AND A. | RANK. DATE | AUTHORITY | NAME.

Beneficiary
Address
Amount. $
Separation Allowance issued. Yes or No.....

Pay
F.A.
Messing

Name
Initials
Bank

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS