

7 M. D. First Depot Battalion New Brunswick Regiment

Regtl. No. 3255937

1st DEPOT BATTALION, N. B. REGIMENT

PARTICULARS OF RECRUIT Original  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....)

- 1. Surname... **McDermott**
- 2. Christian name... **Gregory Francis**
- 3. Present address... **250 Sydney St., St. John, N.B.**
- 4. Military Service Act letter and number... **377105 FR 3255937**
- 5. Date of birth... **June 22/1892**
- 6. Place of birth... **St. John, N.B.**  
(town, township or county and country)
- 7. Married, widower or single... **Single**
- 8. Religion... **R.C.**
- 9. Trade or calling... **Butcher**
- 10. Name of next-of-kin... **Mrs. Jennie Miller**
- 11. Relationship of next-of-kin... **250 Sydney St., St. John, N.B.**
- 12. Address of next-of-kin... **Sister**
- 13. Whether at present a member of the Active Militia... **No**
- 14. Particulars of previous military or naval service, if any... **Nil**
- 15. Medical Examination under Military Service Act:—  
(a) Place... **St. John, N.B.** (b) Date... **Oct. 31/17** (c) Category... **A2**

DECLARATION OF RECRUIT

I, **Gregory Francis McDermott**, do solemnly declare that the above particulars refer to me, and are true.

*Gregory Francis McDermott* (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age... **25** yrs. **4** mths.  
 Height... **5** ft. **3** ins.  
 Chest measurement } fully expanded... **36** ins.  
                           } range of expansion... **3** ins.  
 Complexion... **Medium**  
 Eyes... **Grey**  
 Hair... **Black**

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

O. C. *[Signature]* Depot Btln.  
O. C. 1st. Depot Battalion  
New Brunswick Regiment... Regt.

Place... **St. John, N.B.** Date... **Jan. 21/18**



PARTICULARS OF RECRUIT  
 DRAUGHT UNDER MILITARY SERVICE ACT 1917

Class

1. Name of the recruit  
 2. Christian name  
 3. Usual address  
 4. Usual occupation (not trade and number of years engaged in it)  
 5. Date of birth  
 6. Place of birth  
 7. Usual place of abode  
 8. Usual place of employment  
 9. Trade or profession  
 10. Name of the employer  
 11. Date of enlistment  
 12. Number of years of service  
 13. Whether present a member of the Royal Air Force  
 14. Particulars of previous military or naval service  
 15. State of enlistment under Military Service Act  
 16. Place of enlistment (for the use of the Army)

DECLARATION OF RECRUIT

I, the above named recruit, do hereby declare that the above particulars refer to me and are true.

Signature of recruit

DESCRIPTION OF CALLING BY

Trade or profession	Usual place of employment	Usual place of abode	Usual occupation



REGIMENTAL DOCUMENTS

*bpl.*

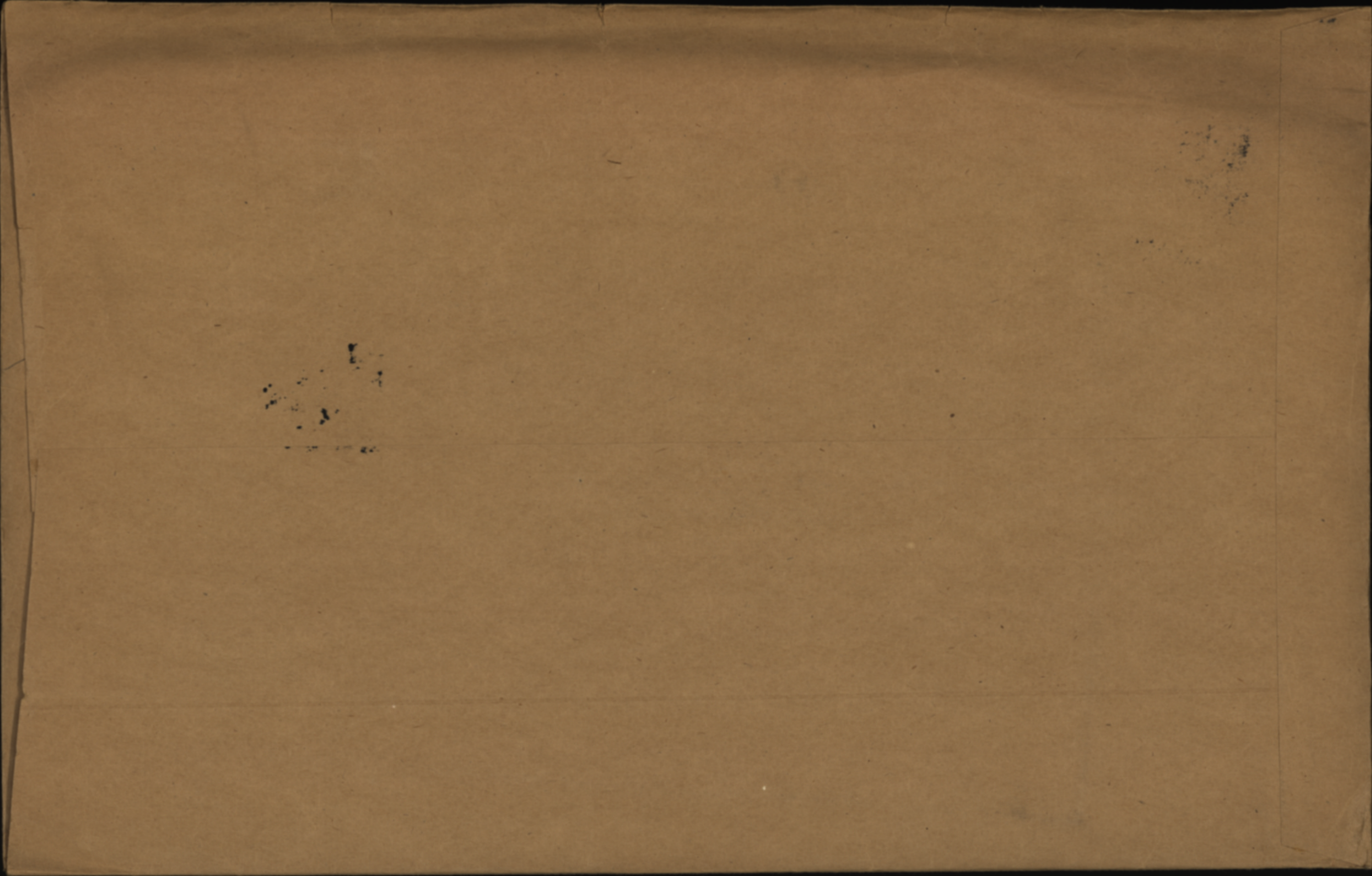
NAME McDERMOTT GREGORY FRANCIS REGT. NO. 325-5937 UNIT 7th Bn *Co. G, R.* H. Q. FILE NO. \_\_\_\_\_



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)	<i>2-4-19-JR</i>	<i>(Large blue scribble)</i>			<del>DEATH</del>
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 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)					
1 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
3 DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1 MEDICAL EXAMINATION (M.F.W. 129)					<i>Demol.</i>
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)				67075	<del>DESERTION</del>
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>M.F.W. 71</i>					
1 <i>Index</i>					









# Dental Examination on Discharge

File No.....

Rank Cpl. Name McDermott G. F. Regt. No. 3255938

Date of enlistment 21-1-18 Service, where Canada

If any dental treatment in army, where Canada

Discharge examination at St. John N. B. Date 25-2-19

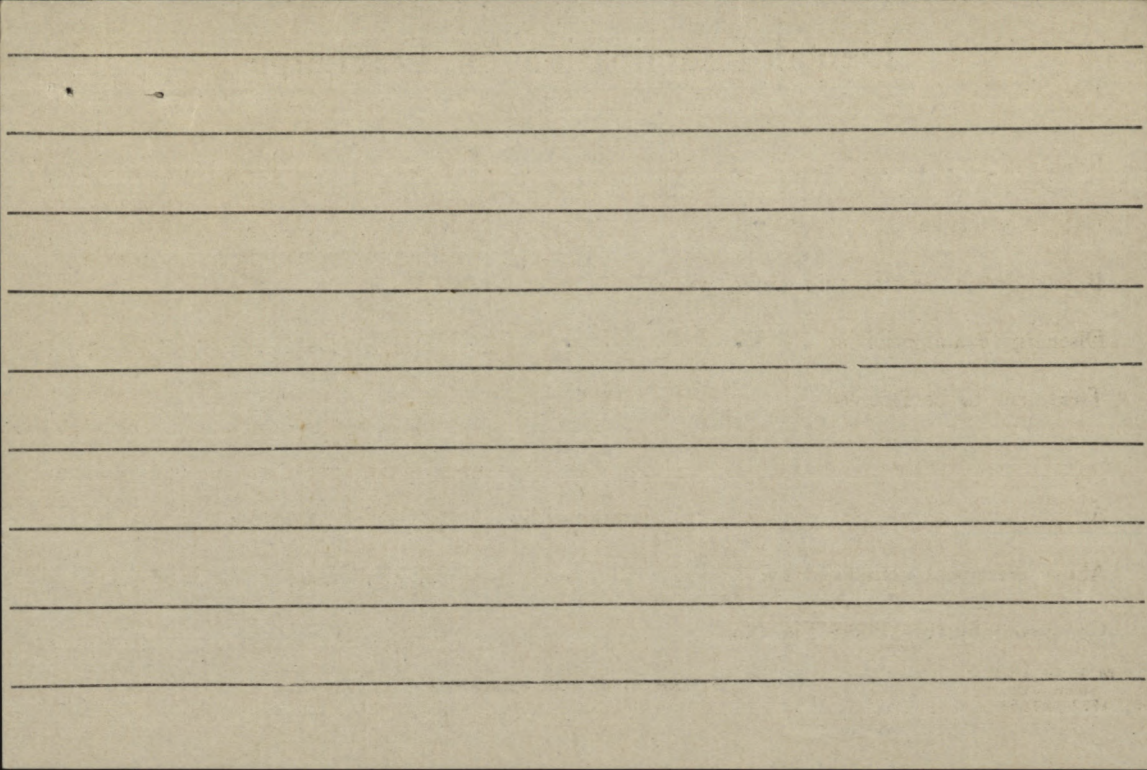
Treatment to be received Completed

At ..... Examined by A. H. LeBlanc Lieut

Above treatment completed by ..... Date .....

Completed History Sheet File No.....







ay

NAME *McDermott, Gregory F.*

REGIMENTAL NO. *3255937* RANK *capt*

ENLISTED AT *St John N.B.* PROMOTIONS, &c. AND DATE

*6/1-8-18 DO II 221-4*

DATE *21-1-18*

IF SERVED PREVIOUSLY, STATE UNIT. &c. *nil*

MARRIED, WIDOWER, OR SINGLE *Single*

NEXT OF KIN RELATIONSHIP

ADDRESS OF *St John N.B.*

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT *not*

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR



## CASUALTIES, &amp;C.

NATURE E.G. ABSENCE, PROMOTION, &C.	PART II. D. O.		REMARKS IF IN HOSPITAL, NOTE NAME, &C.
	NO.	DATE	
<i>S.O.S.</i>	<i># 57.</i>	<i>26-2-19.</i>	<i>Demobilization.</i>



Surname *McDermott* H. Q. ....  
Christian names *Gregory Francis* M. D. No. ....  
Regtl. No. *32559B* Rank *Pte* T. O. S. *Jan. 2/1918*  
Unit *M.B. Regt, 1st. Depo. Bn.* D. O. Pt. II *19* of *19-1-18*  
S. O. S. *Dec. 12/12/1918.*  
Reason *Demot.*  
Auth *Pt. II DO. 5-7 (2 P.)*  
*7 G.G.P.*

Next of kin *Miller Mrs Jennie* Relationship *Sister*  
Address *250 Sydney St;* Also notify: .....  
*St. John;*  
*M.B.*

BORN—Place *Canada, St. John N.B.* Date *June 22nd, 1892*  
ATTESTED—Place *St. John, N.B.* Date *Jan. 21st, 1918.*  
O/S ..... R/C .....



10

10



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 Vermeil Christian name Gregory James M. Vermeil

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 317105

3. Consecutive number on schedule of men reporting for service (if he appears on it) 250 Sydney St. St. John N.B.

4. Address (including street and number, if any) 250 Sydney St. St. John N.B.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 31 day of October 1917, by the undersigned medical board sitting at 25

5. Age as stated 5 Years 4 Months. 6. Apparent age 140 Years + Months

7. Height 5 Feet 3 Inches. 8. Weight 140 Pounds.

9. Chest measurement { Minimum 33 Ins. Maximum 36 Ins. 10. Complexion Med { Eyes Gray Hair Black

11. Physical development Good { Good Fair Poor 12. Smallpox marks nil

13. Number of vaccination marks { Right arm 1 Left arm 2 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease nil

16. Slight defects but not sufficient to cause rejection nil

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

A2

Eyes RA 20/30 LA 20/30

John M. Cunningham President. John M. Vermeil Member. John M. Vermeil Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
22-1-18	WA	Reddick	22-1-18	WR	M.O.
			30-1-18	WR	M.O.
			4-2-18	WR	M.O.

Joined 21 day of January 1918 at St. John, N.B.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	Ist Depot Bn	3,255,937		21/1/18
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
St John NB.	Nov. 2/18		cat A2 WA Reddick
St John N.B.	25/1/19	nil	

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 Gregory James M. Vermeil







# 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. 3255937 Rank Corp. Surname McDERMOTT  
(Given name in full)  
Gregory F.  
 Unit or Corps 74 C. Y. R. Birthplace St. John N. B.

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

**1. GENERAL DESCRIPTION:**

Physique good Weight 139 lbs. Height 5 ft. 4 in. Colour of Eyes grey  
 Nutrition good  
 Pulse good  
 Condition of arteries good  
 Vision Rt. D 22 Left D 30  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 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.**

nil.



**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 *G. J. McDermott* .....

(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.)

This space is reserved for the use of the Medical Board in connection with Section 3, overleaf, only.

[OVER]



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

M. F. W. 54. (A. F. B. 103.)

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st., Depot Bn., N. B. Regt.,

Regimental No. 3255.937 Rank Pte. Name McDermott, George Francis  
C. E. F.

Enlisted (a) 20/1/18. Terms of Service (a) Duration of War Service reckons from (a) 21/1/18.

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) Butcher

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				
		<p><i>7<sup>th</sup> CGR. S.D. by reason of                      Remobilization, 26-2-19</i></p>			<p><i>R.D. 1420 Para 1                      sub sec 6 d-12-12-18.                      R.D. #57, Part 2,                      d-26-2-19.</i></p>
		<p><i>R. J. Dean                      Adjutant 7<sup>th</sup> Det C. I. Regt.</i></p>			

(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.



# Casualty Form - Active Service.

Report		Récord 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				

M. P. W. 521 (A) F. B. 1951.  
 3304-9-18  
 H. O. 118-30-8-60

(a) In the case of a man who has reported for or enlisted into Section D, Army Reserve, participants of such engagement or enlistment will be added.  
 (b) A signature, showing birth, etc., and also special qualifications in technical Corps duties.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. **3295937** (Rank) **Corpora l**

Name (in full) **Gr egor y Fra nco is McDERMOTT** enlisted in  
the **1st Depo t Battalion. New Brunawick Regiment**

CANADIAN EXPEDITIONARY FORCE at **St Joh n N.B.** on the **21st**  
day of **Ja nuary** **19**

HE served in **C A N A D A**

and is now discharged from the service by reason of **DEMOBILIZATION**

Auth Routine Order **1430 Pa r.l.e.e.C. d/ 12-12-18**

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

Age **26 Ye ars & 8 Months**

Height **5 Feet & 3 Inches**

Complexion **Med ium**

Eyes **Gr ey**

Hair **Blac k**

Marks or Scars.....

*S. F. McDermott*  
Signature of Soldier

*Fred Weardenum*  
Issuing Officer

Date of Discharge **Februa ry 2 6th 1919**

**Lieutenant Colonel**  
Rank  
**Comma nding 7th Bn. C.G.R.**  
Appointment

Signed at **St Joh n N.B.** this **26th** day of **February** **19**

in Military District No. **SEVEN**

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 certificate will not be completed.



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.	3255937
Rank	Corporal
Surname	McDERMOTT
Christian name	Gregory Francis
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	7th Battalion. Ca n.Garr.Regt.
Date of discharge	Februa ry 25 <sup>th</sup> 1919
Place of discharge	St John N. B.

## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive marks
Age..... 26 .....years..... 8 .....months.	
Height..... 5 .....feet..... 3 .....inches.	
Complexion <b>Med ium</b>	
Eyes <b>Grey</b>	
Hair <b>Black</b>	
Trade <b>Butcher</b>	
Intended place of residence (To be given as fully as practicable.)	
<i>250 Sydney St St John N B</i>	

## 2. The above-named man is discharged in consequence of

**DEMOBILIZATION**

Authority for discharge **Routine Order 1420 Par. 1.s.s.C.**

**d/ 12-12-18**

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)..... St John N. B. G. F. Mc Dermott (Signature of Soldier.)

(Date)..... February 26<sup>th</sup> 1919 [Signature] (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)..... St John N. B.

(Signature)..... [Signature]

(Date)..... February 25<sup>th</sup> 1919



**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.)

**List of Discharge Documents**

**I HAVE NO RESERVATIONS TO MAKE**

*G. J. McDermott*

Minor Form W. 13

W. 133

H. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of:

**Record of Service.**

**Ca na d a from 21- 1- 18 to 25 -2-19**

Company Commanding

Y.B.—In the case of a man discharged by purchase, the date and number of deposit receipts with amount of sum is to be noted below.



## 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="padding-left: 40px;">(a) Proceedings on Discharge</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(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.*



# DENTAL HISTORY SHEET

M.F.B. 465,  
50M.-2-18,  
1772-98-950.

CANADIAN ARMY DENTAL CORPS

DISTRICT **7**

NAME OF SOLDIER  
**C. Coyle**

REGIMENT  
**1st Depot Bn**

RANK  
**1st Lt**

Signature  
**W. R. Wickes**

No. **3255937**



## Office Copy INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoza	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS	
											U	L	P			Gold	Porcelain					
1918										6									Examined By			
March 7		7 5.19.20 18.19.20 30								2.3.24 17.29 32									W. R. Wickes	7	Oper. 32 Exam. 16	
Oct 15/31										1/16									Litt Red Lieut	7	Completed	
Feb 25/19																						Examined for discharge Completed
																						Completed

*W. R. Wickes* Lieut.

*G. F. McDevitt*



INSTRUCTIONS

1. On examination the condition of patient's teeth to be written on sheet in the left hand.
2. On last line of report report of case to be made in the left hand.
3. Only such entries to be made in this part as will show:
  - a. Condition of teeth.
  - b. Condition of pulp.
  - c. Condition of periodontium.

1. On examination the condition of patient's teeth to be written on sheet in the left hand.

2. On last line of report report of case to be made in the left hand.

THE DENTAL HISTORICAL SOCIETY

CHICAGO, ILL. DENTAL CO. INC.



M. OR S. *Single*

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

REGT. No. *325593* RANK *Pvt*

AUDITOR *[Signature]* PAYMASTER *[Signature]*  
*Copple* 250 Sydney St. St John. N.B.  
 NAME (IN FULL) **McDERMOTT, GREGORY FRANCIS**  
 (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?
ADDRESS					1st Depot, <i>MB</i>	TRANSFERRED TO
					PLACE OF ATTESTATION <i>St John N.B.</i>	DATE
					DATE OF ATTESTATION <i>2-1-18</i>	TRANSFERRED TO <i>gler</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$	DATE EFFECTIVE
TO WHOM PAID	RELATIONSHIP				PAYABLE TO	RELATIONSHIP
ADDRESS					ADDRESS	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

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS	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
July	26	1.20	31.20	75									140.45	70		75	<i>July 26/2/1918</i>	
			300.35	75													<i>Further credit L.P.C. 3.50</i>	
				70													<b>WAR SERVICE GRATUITY.</b>	
				70													<i>9.54. S.A.</i>	
				70													<i>9.54. S.A. Soldier Dependent</i>	
				70													<i>Now effective</i>	
				70														



