

**ATTESTATION PAPER.**  
**125th. OVERSEAS BATTALION C.E.F.**  
**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

1. What is your name?..... **Samuel McFadden**
2. In what Town, Township or Parish, and in what Country were you born?..... **Larne, Ireland**
3. What is the name of your next-of kin?..... **Mr. Wm. McFadden Father**
4. What is the address of your next-of-kin?..... **27 Herbert Ave., Larne, Ireland**
5. What is the date of your birth?..... **May 25th 1888 1897**
6. What is your Trade or Calling?..... **Farm Hand**
7. Are you married?..... **No**
8. Are you willing to be vaccinated or re-vaccinated?..... **& Inoculated** *Sh. H.* **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 } **yes**  
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

*Samuel McFadden* (Signature of Man.)  
*Samuel McFadden* (Signature of Witness.)

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, **Samuel McFadden**, 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.

*Samuel McFadden* (Signature of Recruit)  
*Samuel McFadden* (Signature of Witness)

Date **November 26th** 191**5**.

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, **Samuel McFadden**, 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.

*Samuel McFadden* (Signature of Recruit)  
*Samuel McFadden* (Signature of Witness)

Date **November 26th** 191**6**.

**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 **Brantford** this **26th** day of **November** 191**5**.

*Robinson* (Signature of Justice)

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

*N. J. Keen* **Captain** (Approving Officer)  
*W. B. Bluff*  
*at Col*



DAVID 170

Description of SAMUEL MCFADDEN on Enlistment.

Apparent Age 22 years 6 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 1/4 ins.

Chest measurement. { Girth when fully expanded 37 ins.  
Range of expansion 4 ins.

Complexion Fair

Eyes Grey

Hair Brown

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

*None*

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 November 26th 191 5.

Place Brantford

*G. H. Hanne*  
*lieut*  
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.

Samuel McFadden 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.

*W. J. Henderson*  
Captain (Signature of Officer)

Date November 26th 191 5.

*W. B. Cutcliffe*  
*li, Col*



REGIMENTAL DOCUMENTS

NAME

McLADDEN

SAMUEL

REGT. NO.

172240

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DIED of Wounds

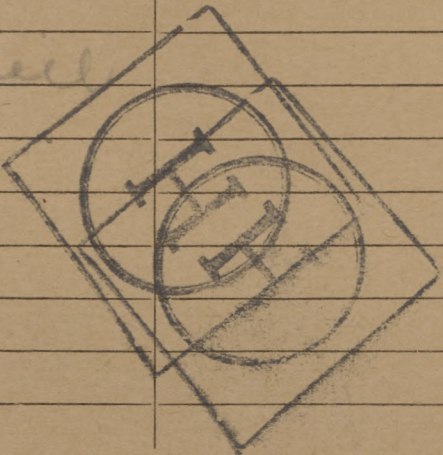
DISCHARGE

Category -

DESERTION

13590

31-3  
19-3  
31-3  
1



1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

21 will (copy)

1 card

1 card

1 Informal will

1 Informal will

1 Informal will

1 Informal will

1 Informal will

1 Informal will

1 Informal will

1 Informal will

1 Informal will

1 Informal will



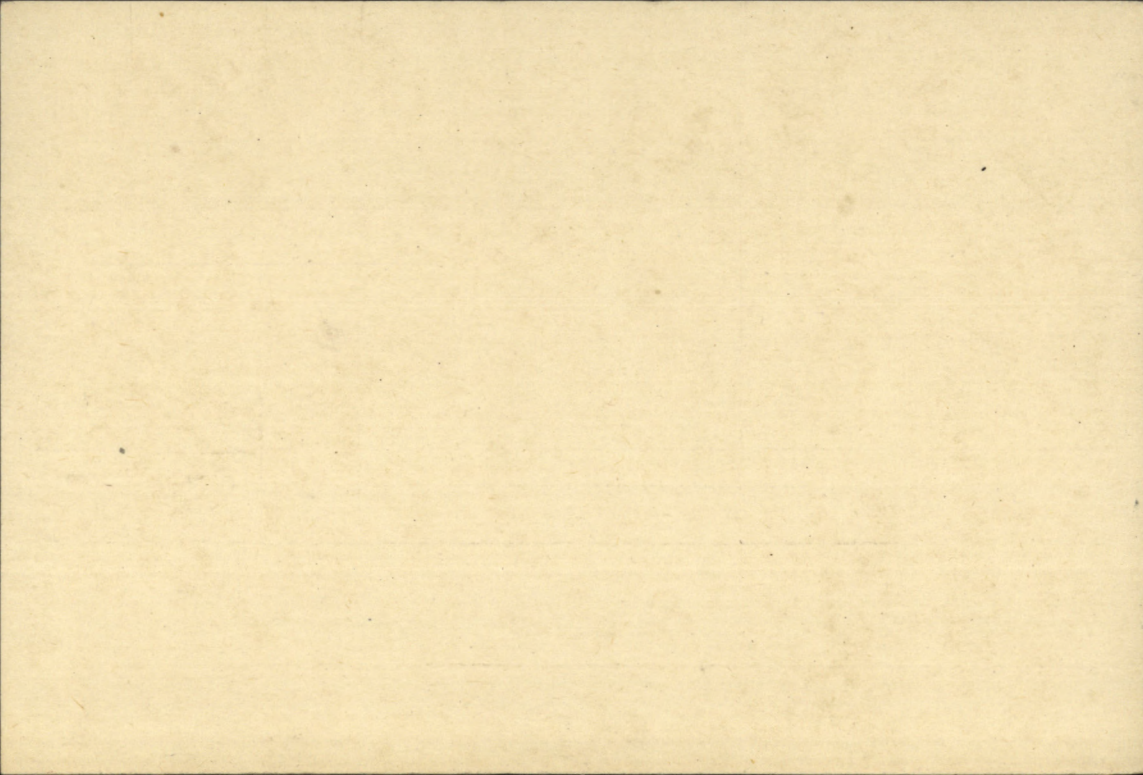




No. 772240 RANK *Pte*NAME *Mc Fadden, Sam*T. O. S. 2. 12. 15 UNIT *125th Battalion. C.E.F.*  
*(No. #1 of 7. 12. 15)*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>	✓		
<i>Dec. 2</i>	<i>Dec. 31</i>	✓		
<i>1916</i>	<i>1916</i>	✓		
<i>Jan.</i>		✓		
<i>Feb.</i>		✓		
<i>Mar.</i>		✓		
<i>Apr.</i>		✓		
<i>May</i>		✓		
<i>June</i>		✓		
<i>July</i>		✓		
<i>Aug.</i>		✓		
			UNIT SAILED	
			AUG 7 1916	







*Next of Kin* Mr. Wm. McFadden, 27 Herbert Avenue, LARNE.

[illegible]



[illegible]



✓  
McFadden, S. ✓ Pte. ✓ 772240 ✓ 1st Bn. ✓ 649-M-17154

Medals &  
Decorations, (Father) Wm. McFadden, Esq.,  
27 Herbert Ave.,  
Larne. Ireland.

P. & S. (Father) Same as above.

(Serial no. 757943.)  
Memorial  
Cross.

(Nil)

Scron Desp. 7-12-76 Reqn. No. 232495

Plague Des. SEP 6 1921 Reqn. No. P5486



21. 2



NAME

m<sup>c</sup>adden, Samuel.

RANK &amp; No.

Pte

CORPS

125th

ENLISTMENT, PLACE

Brantford, Ont.

DATE

Nov. 26th, 1915.

FORMER CORPS

nil.

COUNTRY OF BIRTH

Ireland, Larne, Co. Antrim.

NEXT OF KIN

m<sup>c</sup>adden, William. (Father)

ADDRESS OF NEXT OF KIN

27 Herbert Ave., Larne, Co. Antrim,  
Ire.

DISCHARGE, PLACE

DATE

L. L. 85779—M. &amp; D.—6011.

7/8/16  $\frac{498}{12}$ Per S S  
Scandinavian

M. F. W. 22. 100 m.—9.15.

H. Q. 1772 39 839.

(649-M-17154)

D

772240

Batt.



MARRIED

SINGLE *Yes.*

WIDOWER

TRADE OR CALLING

*Farm Hand.*

RELIGION

*Church of England.*

DESCRIPTION.

APPARENT AGE

*22* YEARS

*6* MONTHS

HEIGHT

*5* FEET

*3 1/4* INCHES

CHEST MEASUREMENT

*37* INCHES

EXPANSION

*4* INCHES

COMPLEXION *Fair.*

EYES

*Grey*

HAIR

*Brown*

DISTINGUISHING MARKS

*nil.*

MEDICAL EXAMINATION.

PLACE

*Brantford, Ont.*

DATE

*Nov. 26th, 1915.*

REMARKS:



REGT'L NO 772240

H. Q. FILE NO. 649-

NAME *Mc. Fadden Samuel*RANK AND CORPS *Pte 1st Bn. (form 125-H Bn)*

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

No.	DATE	NATURE OF CASUALTY
<i>m 2465</i>	<i>22-4-17</i>	<i>Died of wounds April 4<sup>th</sup> 1917 ✓</i>
<i>A. F. B 2090a</i>	<i>13-4-17</i>	<i>Died of wounds received in action</i>
	<i>4-4-17</i>	<i>(Rec'd 15-6-17)</i>



LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 602	bleed of wounds	4-4-17	not stated
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E.M.H.

Number

772240

Rank

Pte

Surname

McFADDEN

Christian Name

Samuel

Units

1st Bn

Can Inf

Theatre of War

France

Date of Service

11/10/16

Remarks

Father

Latest Address

Mr. Wm. McFadden

27 Herbert Ave

Roll No.

"B" Page 6578

Larne, Ireland



GA 46481 L. J. P. R.

OCT 10 1921



Surname

Christian Name or Names

Reg. No.

Rank **McFadden**

Unit **S.**

Co.

Troop **772240**  
Batty.

**Pte**  
Hospital

**1st Bn**

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

**Died of Wds.4-4-17**

DISPOSITION

Date

**C.I.21-4-17 A602**

REMARKS

**A.M.D. 2 DEPT.**

**Bch. of D.G.M.S. Q.M.F.C. London**



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



J.P.

Rank

Name

MC FADDEN, Samuel

Reg'l No.

772240.

Unit 125th Bn.

If in perm. Corps, }  
What Unit?

Married or Single Single.

Place and Date of Enlistment Brantford. 26th Nov. 1915.

Place of Birth

Larne  
Ireland.

Name and Address, Next-of-Kin Mr. Wm. McFadden.

27 Herbert Ave. Larne Ireland.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 1121.  
File R.L. 25-M-4307  
Category Do W.

Discharge, Date and Place

Reason

Character

H. W. &amp; V., Ltd.—7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received				
13. 4. 17		Arrived in England	Bishett	18 AUG. 1916	S.S. Scandinavian
21- 10. 16	125Bn.	Tfd to 1st. Bn. O. Seas		10.10.16	Pt 2D0240
21- 10. 16	Ist. Bn	Taken on Strength	Field.	11. 10. 16	Pt, 110453 J.W.C.
13. 4. 17		Died of Wounds, received in action		4. 4. 17	110453
21- 4- 17		Died of Wounds.		4-4-17	GLA. 602



[illegible]







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				



ORIGINAL

ORIGINAL

772240

MEDICAL HISTORY SHEET.

125th. OVERSEAS BATTALION C.F.F.

Surname McFadden

Christian Name Samuel

Examined { on 26th day of November 191 5  
at BRANTFORD, Ont

Birthplace { City or Town Ireland  
County Autrim

Apparent age 22

Trade or occupation Farmer

Height 5 Feet 3 1/4 Inches.

Weight 120 Lbs.

Chest measurement { Minimum 33 inches.  
Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm xxx Left.  
Number 2

When Vaccinated last In Infancy

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by

J. M. Hanna  
Rank lieut M.O.

Date Fit or Unit EXAMINED FOR RE-ENGAGEMENT,

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date Result VACCINATIONS.

23/3/16 J. M. Hanna M.O.

M.O.

M.O.

Date Result ANTI-TYPHOID INOCULATIONS, ETC.

3/3/16 J. M. Hanna M.O.

11/3/16 J. M. Hanna M.O.

20/3/16 J. M. Hanna M.O.

T.A.B. 11/9/16

Enlisted on 2nd day of December

191 5 at Brantford, Ont

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>38th</u> <u>Dufferin Rifles</u>	<u>38th</u>	<u>Temperate</u>	<u>2 Dec/15</u>
Transferred to.....	<u>125th</u> <u>As. Bn.</u> <u>1st Bn</u>	<u>125</u> <u>772240</u>		<u>2 Dec/15.</u>

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.



Christian Name.

Christian Name.

[illegible]



UNITED STATES-REGISTRY  
REC'D  
8 JUN 1977  
E. F.

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

**HIMSELF**

**\*N.B.—Personal  
except real estate.**

**Signed and ac**

ESTATES BRANCH  
OCT 4 1919  
MILITIA DEPT.







Register No. *Dmc 935*

WAR SERVICE GRATUITY

TO

A.P. File No. *12325-13*

DEPENDENTS OF DECEASED SOLDIERS

Reg'tl No. *772240* Name *Samuel Mc Gadden*  
(Christian Name) (Surname)

Unit *125th Bn* Rank *Lt* Date of enlistment

Date of casualty *4-5-1917* B.P.C. File No. *82219*

Was service performed overseas? *yes*

DEPENDENT

Name *Mr William Mc Gadden* Relationship *Father*

Address *27 Herbert Terrace*  
*Larne, Co Antrim*  
*Ireland*

Amount of Special Pension Bonus *nil* Abstracted by *J. O. Maher*

Eligible for Gratuity \$ *✓*

Less amount of Special Pension Bonus paid \$

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

Total deductions \$

Balance due \$ *✓*

Cheque No. Date issued

REMARKS *Ineligible as no SA*  
*was paid*

Clerk *J. O. Miller*

Audited by

Date

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

*"Noted" 10/8/20*  
*Dy 17*



Three months pay and allowances after discharge.

Surname

Christian Name

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates :—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

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

Remarks:



# MILITIA AND DEFENCE ASSIGNED PAY.

To whom *William M. Fadden*  
Address *27 Herbert Ave*  
*Larne Antrim Ireland.*

By whom assigned *M. Fadden Samuel.*

Regtl. No. *772240.*

Rank *Pte.*

Corps, &c. *125<sup>th</sup> Bn.*

Rate *AP. 20<sup>00</sup>.*

Date to commence *1/8/17.*

*Now Pay 2 L. Deceased.*

*Father. Application sent 4-5-17*

## PAYMENTS.

*N.*

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				<i>S. of W. 4/4/17 C.L.A. 602 2/4/17</i> <i>1<sup>st</sup> Batt.</i>  <i>Next of Kin</i> <i>Same as assignee</i>
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				<i>B.P.C. advised re AP. 9/8/17.</i> <i>Pension not entertained</i>
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					



*A82345 } 60.*

*Paid in full to 31/7/17.*  
*May & June payments included in this cheque.*



# ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov					
Dec.					
Jan.	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan	1919				
Feb.					
Mar.					



36658

# MILITIA AND DEFENCE ASSIGNED PAY.

Ref. No. 29362

To whom William McFadden, (Father)

By whom assigned McFadden, Samuel

Address 27, Herbert Avenue,

Regtl. No. 772240

Larne City,

Rank Pte.

Antrim, Ireland.

Corps, &amp;c. 125th Battn.

Rate £ 20.00

Date to Commence 1st Oct. 1916

## PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.		441819	20.	X	
Nov.	40.00	239650	20	X	
Dec.		284491	20	X	
Jan.	1917	323476	20	X	
Feb.		311644	20	X	
Mar.		411984	20	X	
April			120 -		
May					
June					
July					
Aug.					



120 - Sarah checked & found correct 23/1/17  
M. Regan Rysst.



# ASSIGNED PAY.

By whom assigned *Mc Fadden. S.*

Regtl. No. *772240.*

*Pte.*

*125<sup>th</sup> Battr.*

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					



P. 559.  
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

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	11-4-17	Ca. 602 21/4

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

REG'L. NO. 772240 RANK Private

NAME

M. Fadden, Samuel

IF IN PERM. CORPS  
WHAT UNIT

UNIT 125<sup>th</sup> Bn

TRANSFERRED TO

1st Bn

DATE 10/10/16

AUTHORITY 7420240

PERMANENT FORCE ALLOWANCES

25 JUL 1917

TRANSFERRED TO

Dep L.

DATE 1-5-17

AUTHORITY 61a602 21/4/17

PLACE OF ATTESTATION

Brantford Canada

TRANSFERRED TO

N. 2137

DATE 1-5-17

AUTHORITY

DATE OF ATTESTATION

Nov 26 15

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 20<sup>00</sup>

DATE EFFECTIVE

October 1<sup>st</sup> 1916

C. 2. 24. Returned 16/9/16 Effective 1/10/16 P.N.

PAYABLE TO

William Fadden 27 Herbert Ave. Large City, Ontario, Ireland

RELATIONSHIP

Father

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

25-4-17

EFFECTIVE

1-8-17

REASON

Died of Wounds 11/4/17 Ca. 602 21/4

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

Entered on N.E. Card Index. 11/4/17

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by J. J. J. J. J.

A305 read 31/7/17. CI

SRAP checked & found correct 22/3/17 M. Regan Payst.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
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Statement of  
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Amount rendered

No Canadian A.P. in agreement with Ottawa Sep HQ 593-1-12-7/10/5/17.



Pte McFadden S.