

TRIPPLICATE

ATTESTATION PAPER.

No. 195475

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? .. McMaster
- 1a. What are your Christian names? ... John Howard John
- 1b. What is your present address? ... Norwood Ontario Canada.
- 2. In what Town, Township or Parish, and in what Country were you born? ... Norwood Ontario Canada.
- 3. What is the name of your next-of-kin? ... Mariah McMaster.
- 4. What is the address of your next-of-kin? ... Norwood Ontario Canada.
- 4a. What is the relationship of your next-of-kin? ... Mother
- 5. What is the date of your birth? ... Feb'y 2, 1891
- 6. What is your Trade or Calling? ... Laborer
- 7. Are you married? ... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? ... Yes
- 9. Do you now belong to the Active Militia? ... No
- 10. Have you ever served in any Military Force? ... 2yrs 40th Regt.
- 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? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, .. John Howard McMaster, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Howard John McMaster (Signature of Recruit)

Date .. December 17 .. 1915

J. H. Cashwood (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, .. John Howard McMaster, 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.

Howard John McMaster (Signature of Recruit)

Date .. December 17 .. 1915

J. H. Cashwood (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 .. P.borough .. this day of January .. 1916

J. Peape (Signature of Justice)
Notary Public

Description of McMaster John Howard John on Enlistment.

Apparent Age... 24 years... 10 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... 4 ins.

Chest measurement. { Girth when fully expanded... 38 ins.
 Range of expansion... 3 ins.

Complexion... Dark

Eyes... Blue

Hair... Dark Brown

Religious denominations

- Church of England.....
- Presbyterian.....
- Methodist... Yes.....
- Baptist or Congregationalist.....
- Roman Catholic.....
- Jewish.....
- Other Denominations.....
 (Denomination to be stated)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date... December 17 191 5

Place... PETERBOROUGH, Ont.

J. H. Eastwood
Major S. J. Reys
 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 tested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Howard John McMaster... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. J. Johnson (Signature of Officer)

Date... December 17 191 5

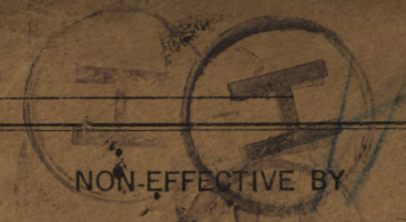
REGIMENTAL DOCUMENTS

NAME *Pte McMASTER, HOWARD, JOHN*

REGT. NO. *195475*

UNIT *52nd Bn*

H. Q. FILE NO.



8

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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

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

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

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

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

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

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

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)

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. 322G)

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

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1 C.A. 99
1 C.A. 100

103 100 1-3-21

Doc 4-3-21

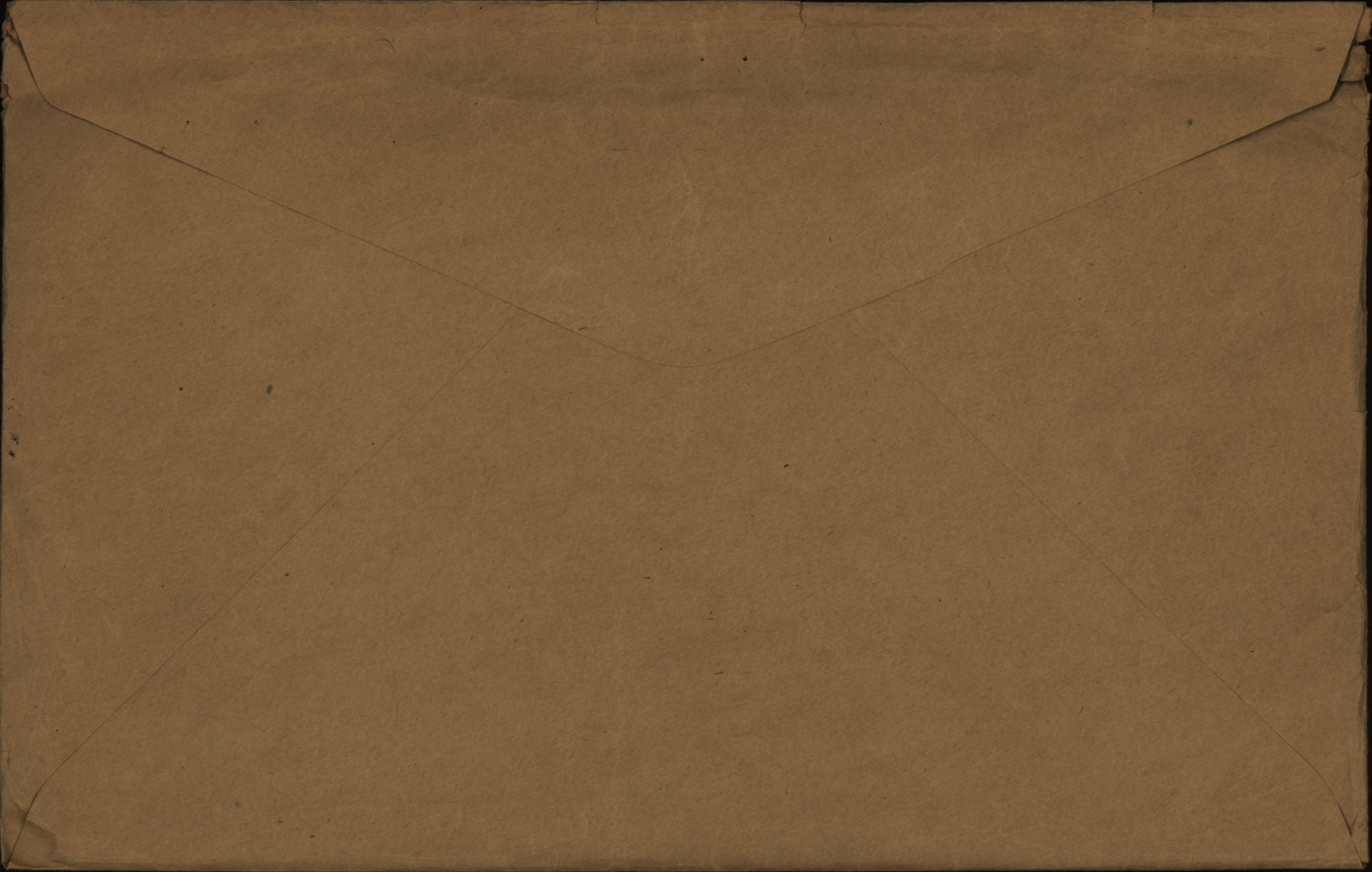
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PUBLIC ARCHIVES
RECORDS CENTER

686369

6-17
17-17
26-18
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195475

B

MEDICAL HISTORY SHEET.

ORIGINAL

ORIGINAL

Surname McMaster

Christian Name Howard John

Examined { on 17 day of December 1915
at Peterboro, Ontario.

Approved by

J. H. Eastwood

Birthplace { City or Town Norwood
County Peterboro

Rank Major 1st Regt M.O.

Apparent age

Trade or occupation Laborer

Height 5 Feet 4 Inches

Weight 145 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left.
Number None

When Vaccinated last

(a) Marks indicating congenital 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.
<u>May 18/16</u>		<i>J. H. Eastwood</i> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Mar 14/16 P</u>		<i>J. H. Eastwood</i> M.O.
<u>Mar 27/16 P</u>		<i>J. H. Eastwood</i> M.O.
		M.O.

Enlisted on 17th day of December 1915 at Peterborough.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>195475</u>		
Transferred to.....	<u>52nd Bn</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.

SURNAME
McMaster.

CHRISTIAN NAME OR NAMES
H. J.

REG. NO.
195475.

RANK Pte.
UNIT Man
Co. 52.
TROOP
BATTY.

HOSPITAL 10 Can. Fd Amb.
DATE OF ADMISSION 22-11-17.

- 1. 51 Gen. Etaples
~~61st Gen. Hospital~~
HOSP 24-11-17
- 2. 8 C F Amb.
HOSP 4-7-18
- 3. 6 Stat Trench.
11 Sta H. Rouen
HOSP 7.7.18
- 4. 73 Gen. Trouville
HOSP 11.7.18
13-7-18
22.7.18

DIAGNOSIS
1. V.D.G. Ho
Influenza.

- 1.
- 2.
- 3.

Dis: 23-1-18
Dis. to B. Dep. 1.9.18. DATE

DISPOSITION
CL 29-11-17. A75-1.

REMARKS

5.12.17 @ 80.2
 30-1-18 a/126-2.
 7-18 a/266(C)
 17-7-18 a 267 (C)
 19-7-18 a 260 (C)
 30.7.18 a 278-1
 2. 8. 18 a 281.
 11.9.18 a 316.9.

A.M.D. 2 Dept.

Beh. of D. G. M. S. O. M. F. G. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1. 14. Genl. hep. Trouille. 28. 7. 18.

2.

3.

4.

5.

6.

7.

No. 198475 RANK *pte*
 195475 *Mar. pay list*

NAME *McMaster H. J.*

T.O.S. 17-12-15-

UNIT *93rd Battalion*

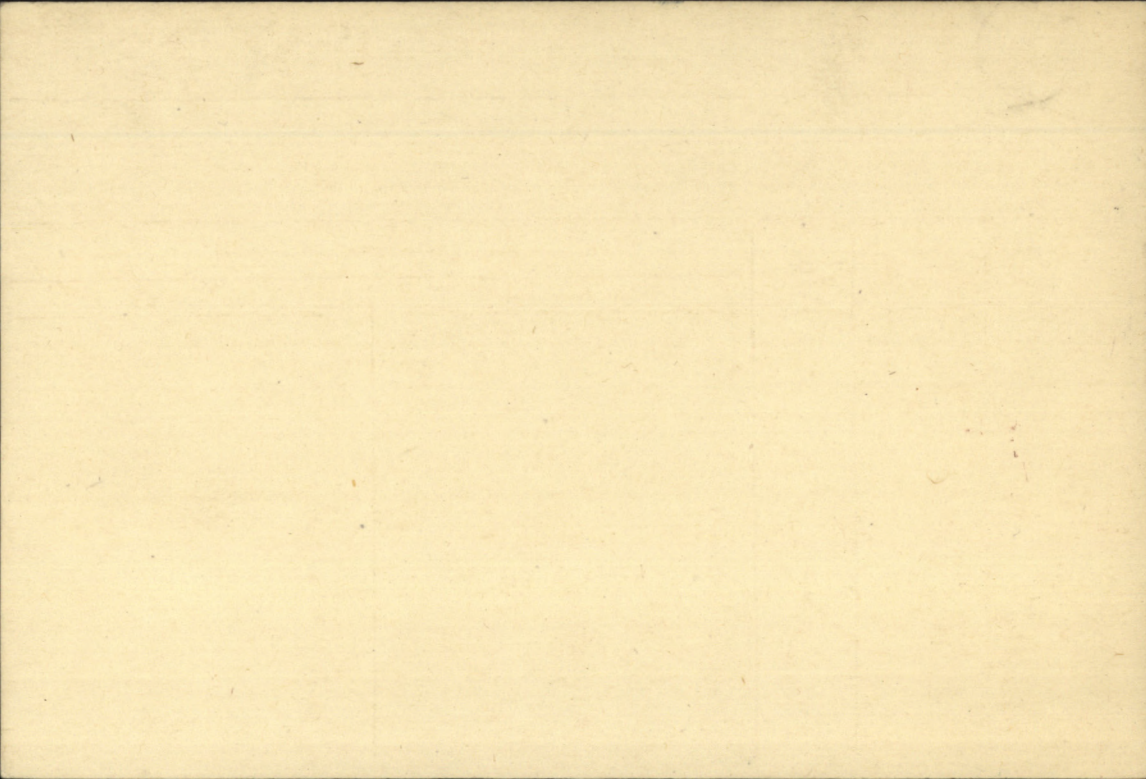
D.O.# 45-20-12-15-

M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915- Dec. 11 1916</i>	<i>1915- Dec. 31 1916</i>	<i>✓</i>		
<i>Jan.</i>		<i>✓</i>	<i>a.w.l. forfeit 2 days pay</i>	<i>D.O.# 18-20-1-16.</i>
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>	<i>a.w.l. forfeits 2 days pay 11-3-16 Fined \$6</i>	<i>D.O.# 53-1-3-16 D.O.# 64-14-3-16</i>
<i>April</i>		<i>✓</i>	<i>a.w.l. 4 days, 168 hrs. det. forfeits 4 days pay Fined \$6</i>	<i>D.O. 100 of 26-4-16. D.O. 93 of 17-4-16.</i>
<i>May</i>		<i>✓</i>		<i>D.O. 136 of 6-6-16.</i>
<i>June</i>		<i>✓</i>	<i>Fined \$6</i>	
<i>July 1</i>	<i>July 15</i>	<i>✓</i>		
<i>July 16</i>	<i>July 31</i>	<i>✓</i>		

UNIT SAILED

JUL 15 1916



NAME

M.M. 2931512720/8/19
3.8.0.8.29
No. 300 3-19. 5.20. 9/1/1919
19-8475
Batt
McMaster, Howard John

RANK & No.

Pte.

CORPS

~~93rd~~

3 L.L.

ENLISTMENT, PLACE

Norwood

DATE

Jan. 6th 1916

FORMER CORPS

40th Regt.

COUNTRY OF BIRTH

Canada, Norwood Ont.

NEXT OF KIN

McMaster, Mrs Mariah, (mother.)

ADDRESS OF NEXT OF KIN

Norwood. Ont.

DISCHARGE, PLACE

DATE

Sailed from Halifax per S.S. Cypress of Britain

Pte. R/C. 24-3-19. 290/61

M. F. W. 22. 100 m.-9-15.

L. L. 85779-M. & D.-6011.

475
15-7-16 13.

H. Q. 1772-39-839.

REMARKS:

11/11/11



NAME

McMaster H. J.

RANK AND CORPS

Pte. 5-213rdBn

REG'T'L No.

195475

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 75-1.	10 Can Fld Amb	22-11-17	V. H. G.
A 80-2	#51 Gen. Etaples	24-11-17	V. H. G.
A 126	Disch " " "	23-1-18	" " "
A 266 ⁽¹⁾	8 Can. Fld. Amb	7-7-18	Influenza.
A 267 ⁽²⁾	6 Stat. Evreux	11-7-18	"
A 269-2	11 Stat. Rouen.	13-7-18	Influenza.
A 278-1	73 lgn. Trouville	22-7-18.	"
A 281-2	14 Conv. Dep. Trouville	28-7-18	"
A 316-9	Disch. to B. D. Etaples	1-9-18.	"

Manitola Reg.

E. M. H. d

195475

Rank

Plc ~~13~~

Number

Surname M. MASTER

M.M.

Christian Name Howard John

Units 527th Can Inf Theatre of War France

Date of Service 5/10/16

Remarks West St. Toronto Ont

Latest Address ~~Howwood P.O.~~

Ont

Roll No B. Page 6709.

Port, ship, and date of arrival

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____ Remarks _____

RES. CO. 24151
REGN. NO. 96424

*—Name will be given in full; surname first.

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..... **93rd. O.S.Bn. C. E. F.**
 **Peterborough, Ont. Can.**

(2) Regimental Number **195475**

(3) Full Name of Soldier..... **McMaster, Howard John**

(4) Place of Birth..... **Norwood, Ont. Can.**

(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.....

(9) Is your Father alive?..... **No**

If so, state name and address

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

If so, state name and address **Maria McMaster**

Norwood, P.O. Ont.

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

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

(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.

\$ 20.00 (only one capable)

(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.

Mother

(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.

Yes

(15) Are you insured?..... **No**

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

T. J. Johnston
Officer Commanding.

Date..... **May 18th., '16.**

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

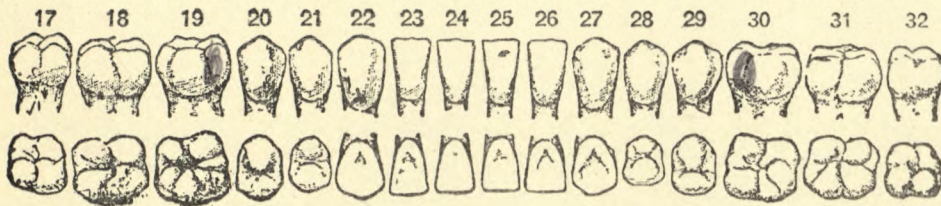
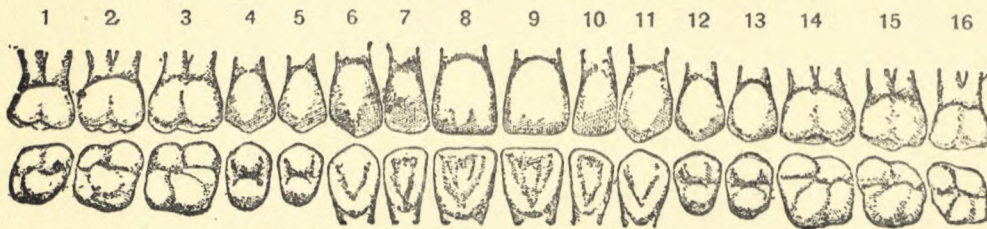
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) McMASTER, H. J.

REGIMENT 52nd Bath RANK Pte No. 195475

Date of Examination in England _____ Date of Examination in France 6/4/19



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 30, 19.

2. EXTRACTIONS _____

3. CROWNS _____

4. DENTURES

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT ? _____

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada _____
- (b) In England - YES
- (c) In France _____

Signature of Dental Officer _____

A handwritten signature in cursive script, likely belonging to the dental officer, written over a horizontal line.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge *A*
Class "A" No. *91532*

THIS IS TO CERTIFY that No. *195475* (Rank) *Pte*
 Name (in full) *McMASTER* *Howard John* enlisted in
 the *93rd Battalion*
 CANADIAN EXPEDITIONARY FORCE at *Peterborough* on the *17th*
 day of *December* 19*15*.
 HE served in *52nd Battalion* *MAN REGT*
 and is now discharged from the service by reason of
 Demobilization.
 Medical Unfitness.

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

Age <i>29</i>	Marks or Scars
Height <i>5' 4"</i>	<i>NIL.</i>
Complexion <i>Dark</i>	
Eyes <i>Blue</i>	
Hair <i>St. Brown</i>	

H. J. McMaster
Signature of Soldier

J. J. Money Capt.
Issuing Officer

Date of Discharge

MAR 29 1919
Dispersal Station "E"
Military District No. 3

Rank

Date _____ 19____

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

War Service Badge
Class "A" No.

THIS IS TO CERTIFY that No. _____ (Rank) _____

Name (in full) _____

enlisted in _____

the _____

CANADIAN EXPEDITIONARY FORCE at _____

on the _____

He served in _____

and is now discharged from the service by reason of _____

Demobilization
Medical Unfitness

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

Age _____

Height _____

Complexion _____

Build _____

Hair _____

Signature of Soldier _____

Signature of Discharge Officer _____

Rank _____

Date _____

Date _____

NOTE: A duplicate of this Certificate will be issued, any person finding same is requested to forward it in so stamped envelope to the Secretary, Military Council, Ottawa, Canada.

M. F. 1001
REVISED 1918
M. F. 1002

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

M. F. W. 54. (A. F. B. 10a.)

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 93rd Bn.

Regimental No. 195475 Rank Pte Name McMaster, Howard John

C. E. F.

Enlisted (a) 17-12-15 Terms of Service (a) DofW Service reckons from (a) 17-12-15

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		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				
14-4-19	52 nd Bn	Leave to be att to A. Wing c.c.c. 3 rd Divl Pool & S.O. 8 17-3-19 on proceeding to Canada			a.o. 2 Lieut for DofR.
5-9-19	5-2-19	Awarded m.m/auth L.G. 31512 d/20-8-19			a.o. 15 Lieut for DofR.

1) 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.

Fill in with blue ink - Pen and Ink

Casualty Form - Active Service

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 quo'ed in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

War Service Papers
Class "A" No.

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 93rd Battalion C.E.F.

Regimental No. 195475

Rank Plt

Name Howard John McMaster

Enlisted (a) Dec. 17th 15. Terms of Service (a) 21. of W.

Service reckons from (a) Dec. 17th 1915.

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) Labourer.

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				

Embarked Halifax. 15.7.16
Disembarked Liverpool. 28.7.16

Transferred to 52nd Bn. France 4/11/16

D.O. Pt II. # 252.
JEAN MURD CAPT.
ADJUTANT, 93rd D.S. BATTN. C.E.F.

CERTIFIED CORRECT
 20 OCT. 1916
 CAN. RECORDS, LONDON.

10.10.16 O.C. 52nd Landed on Shore 52nd Field

5.10.16 Lt. H. H. C. Warner
for Colonel i/c Records, C.E.F.

O.C. C. B. D.

Landed in France. Taken on strength 52nd Cdn. Bn. 5.10.16 Nom. Roll d/5.10.16 Pt II D.O. d/10.

— do. —

Left for Unit. 15 " Nom. Roll d/15 "

O.C. 52nd Bn.

Arrived Unit for duty 20 " E. 213 d/ 21 "

3.2.17 "

Reqs. for steps 210 3.2.17 B213

3.11.17 "

14 days leave 210 3.11.17 " Pt 101 14/11/17

(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.

195475 Pte McMaster N.J.

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				
24.11.17	52 B.	Rept from leave	Dev.	24.11.17	B213
22.11.17	10 CSA.	Gonorrhoea	as 10 CSA. to 8 "	22.11.17	B1801
28.11.17	58 CCB	"	ad. week ending	24.11.17	403965
22.11.17	58 CCB	"	ad 58 CCB 22.11.17	23.11.17	B8217
24.11.17	51 Gen.	V.D.G.	ad 51 Gen.	24.11.17	6809
29.12.17	"	Sentenced to 7 days F.P.M. 24/12/17 for when on active service - out of bounds on pathway leading to sick officers quarters			B2069 12 3/18
23.1.18	51 Gen.	V.D.G.	to duty	22.12.17	221
24.1.18	36 B.D.	20 S. I.	Staples	23.1.18	NR
23.1.18	51 Gen.	After Dev. acco. his placed under stoppage of pay at the rate of 50 cents per diem while in Dep. 24.11.17 to 23/1/18. (61 days)			Ad 01643. CCB 637 No 9 30/1/18
29.1.18	36 B.D.	To tele camp	Dev.	29.1.18	NR
"	tele B.	Joined	"	"	"
4.2.18	"	To unit	"	4.2.18	" 108
9.2.18	52 B.	Rept unit	"	"	B213
8.7.18	8 CSA.	Inferenza	ad 8 CSA	7.7.18	9939
12.7.18	"	"	to CCB	11.7.18	91584
11.7.18	6 Sty.	"	ad 6 Sty	11.7.18	91584
12.7.18	"	"	to Base	12.7.18	91651
12.7.18	11 Sty.	"	ad 11 Sty.	13.7.18	91651
22.7.18	"	"	to Trille Road	22.7.18	93586
"	73 Gen.	"	ad 73 Gen.	"	93732
28.7.18	"	"	14 Condepot.	28.7.18	95293
28.7.18	14 Condep.	"	14 Condepot	28.7.18	96001
31.8.18	CBBD	J.O.S.	A. CBBD	31.8.18	NR/432
4.9.18	"	To 6 B.C.	Old	4.9.18	NR/D1372
4.9.18	care	Arrived	"	4.9.18	NR/A 15649
6.9.18	"	To unit	"	6.9.18	NR/D 1539
7.9.18	52 B.	Joined unit	"	6.9.18	B213

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. 195475 Rank pt 6 Surname McMaster
(Given name in full)

Unit or Corps 52nd Batt Birthplace Howard John
Newport, Brit.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 147 lbs. Height 5 ft. 6 in. Colour of Eyes Blue
 Nutrition Good Exhausted
 Pulse Regular
 Condition of arteries Soft
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
none

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 yes Cardio-Vascular System no
 Special Senses no Integumentary System no Respiratory System yes
 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.

Gonorrhoea 22-11-1917 - no apparent symptoms
Influenza 9-2-1918 fully recovered.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bombay (Overseas)

Date 14/2/29

Signed [Signature] 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 H. J. McMaster

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

Signed M.O.

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

Signature

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

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

JL

[OVER]

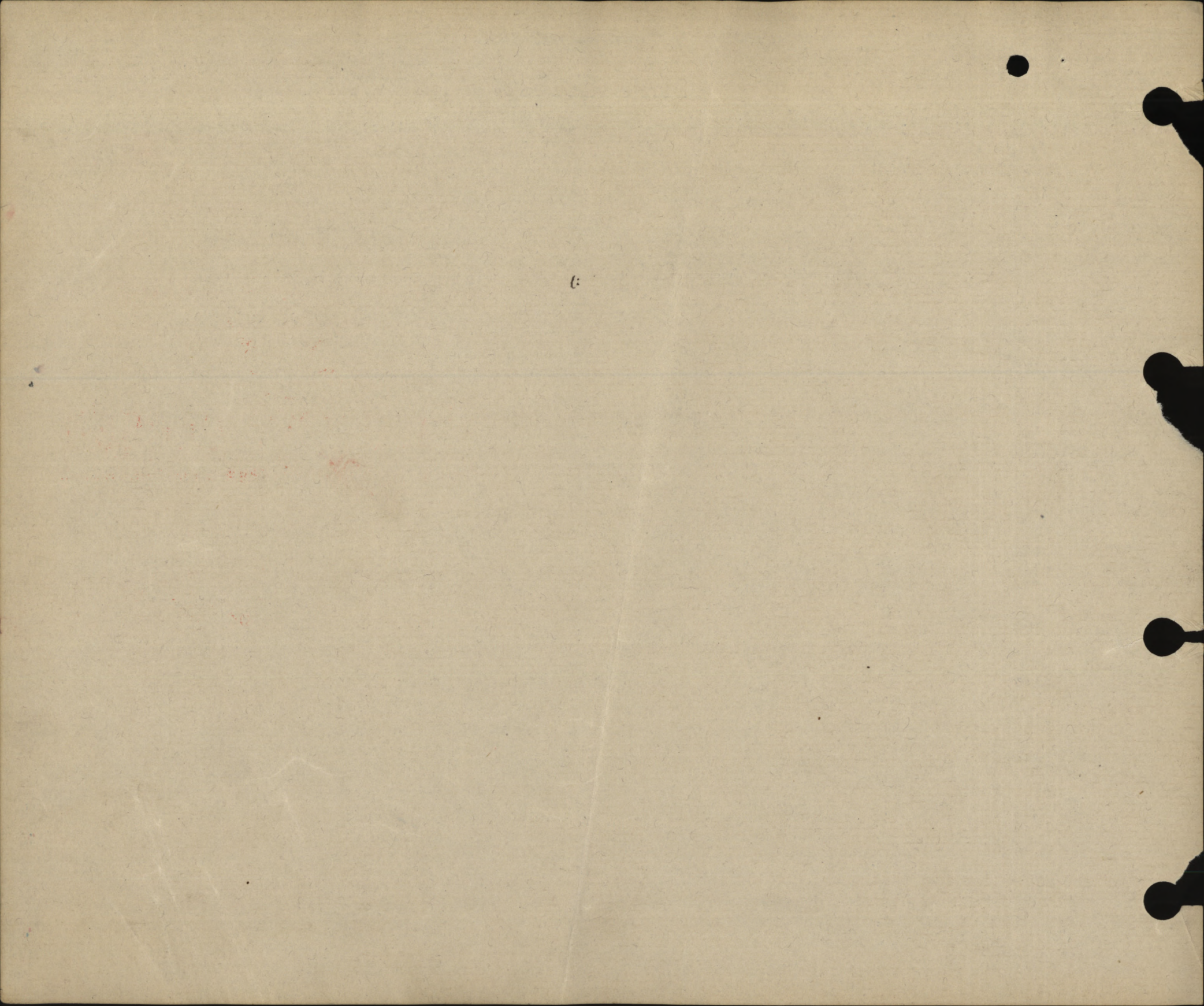
Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
5-9-19	52 nd Bn	Awarded M.M. (Auth L. G. 31512 d/20-8-19)			A.O. 15
Sailing List 41 Miss Area H (3)					

SEPARATION ALLOWANCE

Name Mr. Maria McMasterName of Soldier McMaster, Howard J.Address Howwood,
OntRegtl. No. 198475 (195475)Rank PLCCorps 93rd Batta^yRelation to Soldier } Widowed
wife, child or mother } MotherTo what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Account closed owing to Benf decess. may 31, 1916.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				ACCOUNT CLOSED DATE <u>JUL 8 - 1916</u> PER <u>W</u>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Mr. Maria Mc Master Mother.

Name of Soldier

*Mc Master, Howard J.
Plt*

L. L. Job 310.—Req. 6574.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May		0 5139	60	60	
June			X	X	Account to Closed.
July					P. M. L. 7/6/16.
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

ACCOUNT CLOSED

DATE JUL 8 - 1916 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.				

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Miss Mable McMaster* By Whom Assigned *McMaster H. J.*
 Address *1 Stewart St -* Regtl. No. *195475*
Peterboro Ont - Rank *Pfc*
 Rate *18⁰⁰ Nov 1/16.* Corps *93. Bu*

2 m - 17/10/16 m & 19/12/16.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



M 3034

11 20

11 20

11 20

11 20

14
18
112
14
252

14

ASSIGNED PAY

Sheet No. 2.
(Assignee)

Miss Mable McMaster

OVERSEAS CONTINGENTS

Name of Soldier

*McMaster H. J.
93 Bn*

PAYMENTS.

*195475. P6
#1800 Nov 1/16.*

L. L. Job 5470—Req. 6338.

Month.	Year.	Cheque No.	Am't.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>M 36241</i>	<i>36</i>	
Jan.	1917	<i>H 40612</i>	<i>18</i>	
Feb.		<i>Ch K 45893</i>	<i>18</i>	
March		<i>F 50844</i>	<i>18</i>	<i>18 ch</i>
April		<i>Z 3060</i>	<i>18</i>	<i>18 W.</i>
May		<i>Z 9837</i>	<i>18</i>	<i>18 Du</i>
June		<i>F 16142</i>	<i>18</i>	<i>D</i>
July		<i>L 25717</i>	<i>18</i>	<i>Ch</i>
Aug.		<i>gm 33766</i>	<i>18</i>	
Sept.		<i>K 37594</i>	<i>18</i>	<i>b</i>
Oct.		<i>R 43488</i>	<i>18</i>	
Nov.		<i>P 50250</i>	<i>18</i>	
Dec.		<i>J 66638</i>	<i>18</i>	
Jan.	1918			
Feb.			<i>353</i>	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

* Strike out whichever inapplicable.

ASSIGNED PAY: ENGLAND OR CANADA.	SEPARATION ALLOWANCE: ENGLAND OR CANADA.
EFFECTIVE DATE: 1-11-1916. 1/7/18	EFFECTIVE DATE: -
AMOUNT: 18. 15. m3	AMOUNT: -

NAME: **McMASTER, Howard John.**
 NUMBER: **195475.**

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Mrs Mabel McMASTER.
1 Stewart Str.
Peterboro.
Ont. Can.*

Sister

MRS. MABEL VARTY
GENERAL DELIVERY
PETERBORO. ONTARIO.

SISTER

Stopped 1/3/19

Credit note for 9.00 applied for to cover a p. July Aug & Sept. Amount 3.00 per month

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.
		156

UNIT AND TRANSFERS			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SFO.	UNIT TRANSFERRED TO
			93rd Bn.
			DATE ACCOUNT FIRST OPENED: 1-8-16.
			52nd Bn.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
4/6		52	17				
4/6			X				
2/19	538	Field	9 33 X				
14/10	110	B' Shott	24 33				
			3366				

*br Note to August 9.00
A.P. July Aug Sept
Ledger Bal 16 65
L.P. to Bal Debit 8.01*

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	-	-	10

PARTICULARS OF RENDERING NON-EFFECTIVE: *Dis to Ban 28/2/19 N.P.H. & 3171 Wing & 52 Bn B'Shott M.D.3*

MONTH 1918.	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March 31	Bal. fwd.								5 35		
April	concurrent chg. 3P. 12. 22/17 23/17 24/17 25/17 26/17 27/17 28/17 29/17 30/17 1/18 2/18 3/18 4/18 5/18 6/18 7/18 8/18 9/18 10/18 11/18 12/18 13/18 14/18 15/18 16/18 17/18 18/18 19/18 20/18 21/18 22/18 23/18 24/18 25/18 26/18 27/18 28/18 29/18 30/18	420		Cap				18			
	P.P.	33		2/22. 52Bn 7.4.18	4 46						
				63. " 25.4.18	3 57				16 52		
					8 03			18			
May	P.P.	34 10		Cap				18			
				2/11. 52Bn 4/5	3 57						
				138 ✓ 16/5	7 14				21 91		
					10 71			18			
June	P.P.	33		Cap				18			
				206 ✓ 3/6	3 57						
				53 ✓ 18/6	4 46				28 88		
					8 03			18			
July	P.P.	34 10		Cap				18			
					3 57						
				272 ✓ 3/7					41 41		
					3 57			18			
Aug	P.P.	34 10		Cap				18			
				1700 65 Bn 3/9	7 14						
				11991 OSB. 5/8	1 78				48 59		
					8 92			18			
Sept	P.P.	33		Cap				18			
				1358 C.C.H. Det. 7/9	3 57						
				1214 9 Bn 15/9	3 57						
				3953 OSB. 14 C. Det. 15/8	1 78						
				1275 9 Bn 21/9	3 57						
				572 OSB 26/9	1 78				49 32		
					14 27			18			

49 32 % agreed

NUMBER

195145

RANK

Pte

NAME

McMASTER

9

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
									114 32		
Oct	P.P.	34 10		b. a P.				15	83 22		
				AR 1689 4/10	3 43						
				✓ 1991 10/10	3 43				60 96		
		24 10			7 46			15	162 65		
Nov.	P.P.	33		cat. Nov + Dec				15	16 52		
Dec	✓	34 10		dk 2117. 2/11/18.	52 80						
Jan	✓	34 10		✓ 2455 10/11	9 33						
				✓ 3291 1/12	4 46						
				b. a P.				15	96 64		
		101 20			20 52			15	12 44		
Feb	✓	30 80		AR 3936 24/12	9 33				110 79		
				✓ 1193 4/1	3 43						
				✓ 4502-13/1/18	5 60						
				✓ 20/5335-24/1/19	82 73						
				b. a P.	95 49			15	16 65		
				✓ 110 14/2	EWing CCC 24 33						
				✓ 5138 3/2	qBde 9 33						
		30 80		✓ 1026 8/3 E m LPC	EWing CCC 120 14				26 44		
		30 80			120 14			15	130 18		
				SOS to Ban 7/3/19 SL 41 M R D							

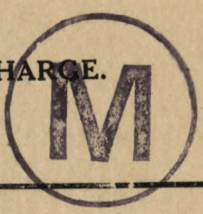
33.66
16.65
17.01

24 33
9 33


H
K MD 3
#21 O.G.

War Service Badge A
Class "A" No. 91532

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

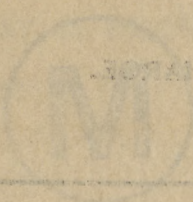


1-4-35

1. No.	195 475	
2. Rank.	Private	
3. Name.	MC MASTER Edward John	
4. Unit.	52nd Battalion	
5. Date of Discharge	29-3-19	Place Kingston Oak
6. Reason for Discharge	Demobilization	
DEMobilIZATION		
7. Authority.	R.O. 1420.	
8. Proposed Residence after Discharge	Moxwood - Ont	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. <u>B39</u></p> <p style="text-align: center;"><i>H. J. Mc Master</i></p> <p style="text-align: right;">Signature of Soldier.</p>		
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....</p> <p>Date.....</p> <p style="text-align: center;">  </p> <p style="text-align: right;"> <i>J. J. Money</i>... Captain Signature..... for O. C. Dispersal Area Station H (O. C. Discharging Unit.) </p>		

Released 20 Feb - 1939.
649-M-48635

E. R. J.



1945

Private

Mr. MASTER

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

1st Lt.

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby certify that the above named man is hereby confirmed.

Signature of Soldier

CONFIRMATION

The signature of the above named man is hereby confirmed.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129)
5. Dental History Sheet (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Particulars of Discharge (M.F.B. 218a).
8. Last Pay Certificate (M.F.W. 39)
9. Certificate of Discharge (M.F.W. 39a).
10. Discharge Certificate (C.D. 3).
11. Final Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851), and Dup
13. Particulars of Discharge (64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Duplicate Documents.

Group..... *B.*

Checked by No..... *3*

..... *Chinnay*

Date..... *15/3/19*

Department of Veterans Affairs
Ottawa, Ont.

MAY 30 1969

Howwood Ontario
May 27, 1969.

Dear Sir: -

I am writing in regards, to my uncles Regimental numbers, and their medals as they have become lost and I would like to have them if possible they were in the I st. World War.

Names - Howard John
McMaster 93rd Battalion
transferred to 52nd.

William Henry McMaster
all of Howwood. (Railroad Troop



I think.)

I would like to have this if possible for to put on a Tomb stone

Thanking you very much I would ^{like} to hear as soon as possible

Yours truly -

Thomas The Master
59 Peterbow St.
Howwood, Ont.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

M

9715

Nov 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

18	15 ⁰⁰		
----	------------------	--	--

1-7-19

PARTICULARS OF SEPARATION ALLOWANCE

No. 1954731
 Rank Pte Promoted Reverted Discharge
 Soldier's Name H. J. Mc Master
 Battalion 93rd Batten
 Beneficiary
 Relationship Sister
 Address

PARTICULARS OF ASSIGNMENT

Name Miss Mabel Mc Master
 Address Stewart St, Peterboro
 Change of Address Ont.
 1 Mrs Mabel Varty,
 2 Gen. Del. Peterboro, Ont.
 3
 4

57-10M 30

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS	
1917					<i>File 12495-H-1</i>	
Dec	—		252	252		
Jan 1918	G 62156		18	18		
Feb	E 67474		18	18		
Mar	m 93866		18	18		
April	F 2455		18	18		
May	P 14704		18	18		
June	J 26979		18	18		
Nov.	N 1924		75	75		<i>a 2 m on file. A.P. re-opened from date susp. 1-7-18-at 15-M.R.O 75-114 Sp. ch for 75 to adj from 1-7-18 to 30-11-18-mailed 28/18 Act suspended in R.O 2nd 27/6/18 Assignee married pending reply to cable of transfer.</i>
Dec	Y 61298		15	15		
Jan	V 71161		15	15		
Feb	T 77004		15	15		
Mar	K 8227		15	15		
Apr			15	15		
			<u>495⁰⁰</u>	<u>495⁰⁰</u>		

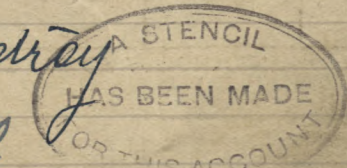
cto 9344

adj. notes

M. F. W. 128
400M-6-17-1772-89-141
L. L. 22320-M. & D. 7483.

A/c Closed 31-3-19
 Ret'd per. Olympic
 Date 31-3-19 M.F.W 191
 Clerk H. O. Smith

M.R.O. 73300 to Destiny
 31-3-19
H.S.



Casualty Form - Active Service.

Regiment or Corps 52 Can Bn
 Rank Pte Surname McMaster Christian Name N. J.
 Religion Age on Enlistment years months
 Enlisted (a) 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...			
<u>28/8/18</u>	<u>14 CDep</u>	<u>Influenza</u>	<u>to Base</u>	<u>28/8/18</u>	<u>N/3750</u>
<u>18.1.19</u>	<u>52 Bn</u>	<u>14 days leave</u>	<u>UK</u>	<u>15/1/19</u>	<u>B213 M 5/19</u>
	<u>O.C. Cdn Coy</u>	<u>M. R. Seaford</u>	<u>N/R.</u>		
	<u>Cand. Coy.</u>	<u>Proceeded to England</u>	<u>Pt. 2.</u>	<u>15.8/19</u>	
	<u>Le Havre</u>	<u>Ed Hewett</u>	<u>10.2.19</u>		
					<u>Lieut. for Lt. Col A.</u> <u>Can. Sect. C.H.S.</u>
<u>30.9</u>	<u>OMFC</u>	<u>to CEF</u>			
	<u>D. Spiney's order</u>	<u>Lieut.-Col.</u>		<u># 20</u>	<u>15-3-18</u>
	<u>O.C. 52nd Canadian Infantry Battalion.</u>				

(2) In the case of a man who has re-engaged for, or enlisted in Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (6) Signaller, Shoeing-Smith, &c.

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

M. OR S. _____ REGT. No. *195475* RANK *Pte.* NAME (IN FULL) *McMASTER* *Howard John*
 NEXT OF KIN _____ RELATIONSHIP _____ ORIGINAL UNIT C.E.F. *93rd Can Inf Bn* IF IN P.F. WHAT UNIT? _____
 ADDRESS _____ PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 IS SEPARATION ALLOWANCE PAID? *No.* DATE EFFECTIVE *17-12-15* ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1-11-16*
 TO WHOM PAID _____ RELATIONSHIP _____ PAYABLE TO *Mrs Mabel Party suite* RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 ADDRESS _____ ADDRESS *Gen. Del. Peterboro, Ontario*
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED _____ PLACE *Kingston* DATE *29-3-19* REASON *Demot.* AUTHORITY _____ IF ENTITLED TO POST DISCHARGE PAY _____

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MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	PAY	CHARGES	CHARGES	DEBITS	DEBIT	CREDIT	C.	C.	C.		
			\$	C.	\$	C.	\$	C.	\$	C.	\$	C.										\$	
March	31	1.10	34.10	35.00	70.00	139.10				4.87	973	500	9649	1500			8.01	8.01	8.01			Returned per Olympic Board Engr. P. Pay 2 days out place clothing allowance Board Money Advances Lump Sum Pay 2 days out place	

