TRIPLICATE 931179

ATTESTATION PAPER.

No.

No. 2 CONSTRUCTION, B'n. C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Palmer
1a. What are your Christian names?	Timothy
1b. What is your present address?	Shelburne, N.S.
2. In what Town, Township or Parish, and in what Country were you born?	Shelburne, N.S.
3. What is the name of your next-of kin?	Louisa Palmer
4. What is the address of your next-of-kin?	Shelburne, N.S.
4a. What is the relationship of your next-of-kin?	Mother (widow)
5. What is the date of your birth?	October 30th 1895
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? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

19
58
2

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Timothy Palmer, 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.

Timothy Palmer (Signature of Recruit)

Date August 14th 1916. Capt. F.W. Muckleright (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Timothy Palmer, 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.

Timothy Palmer (Signature of Recruit)

Date August 1916. John Lambert (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 Halifax this 17 day of Aug. 1916.

[illegible] (Signature of Justice)

M. F. W. 23.
600M.—2-16.
H. Q. 1772-39 841.

A Justice of the peace in and for the City & County of Halifax, N. S.

Description of Palmer Timothy on Enlistment.

Apparent Age 21 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height	5	5 ft. 11 ins.
Chest measurement. Girth when fully expanded		38 3/4 ins.
Chest measurement. Range of expansion	2	ins.

Complexion Dark

Eyes Dark

Hair Dark

Religious denominations

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

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

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date August 17 1916.

Place Shelburne

S W Burns 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.

Timothy Palmer 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.

D H Sutherland (Signature of Officer)

Date SEP 13 1916 191 .

REGIMENTAL DOCUMENTS

am. 26-3-19

Pte NAME Palmer, Timothy REGT. NO. 931179 UNIT Int Con 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)		M			DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					DISCHARGE
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					Category
	DENTAL HISTORY SHEET (M.F.B. 465)					Demob.
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
1	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)					DESERTION
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
1	LAST PAY CERTIFICATE (M.F.W. 44)				1563	
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	A.F.W. 3997					
1	M.F.W. 192					
1	D.M.S. 1375					27-12
1	C.A.M.C. 5009A					27-12
1	DSO2					
	Pay					
					481271	

PUBLIC ARCHIVES RECORDS CENTRE

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

No. 931179 RANK Pte NAME Palmer Timothy

T. O. S. 14-8-16
D.O. 15. 23-8-16

UNIT No 2 Construction Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Aug 14	Aug 31	M.		
	Sept.	"		
	Oct.	M.		
	Nov.	J		
	Dec.	J		
1917	Jan 1917	J	Forf. 2 days pay A.W.L.	D.O.I. 1-1-17
	Feb.	"		
	Mar.	"		

SURNAME. Palmer

CARD NO. 6

CHRISTIAN NAMES Timothy

S.O.S. Dw (Demob) 28-2-19 6

FOLL.

Doc M 7B 218

REGL. NO. 931179 RANK Pte.

ALCO D.O. 490 of 18/2/18 # 6 DD

UNIT No. 2 Construction Bn.

FORMER CORPS nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Palmer, Mrs. Louisa

RELATIONSHIP TO SOLDIER Mother

ADDRESS Shelburne, N.S.

COUNTRY OF BIRTH Canada Shelburne, N.S. DATE Oct. 30th 1896

PLACE OF ATTESTATION Halifax, N.S. DATE Aug. 17th 1916

O/S 28-3-17

R/C 25-1-19 25-8 120 Pte

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Halifax per SS. "Southland" 28/3/17.

MARRIED SINGLE Yes, WIDOWER

TRADE OR CALLING Laborer RELIGION Church of England.

DESCRIPTION.

APPARENT AGE 20 YEARS ——— MONTHS

HEIGHT 5' FEET 11 INCHES

CHEST MEASUREMENT 38 3/4 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Black HAIR Black.

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATION. PLACE Shelburne, N.S. DATE Aug. 14th 1916

Present Address:— Shelburne, N.S.

Number 931179

Rank Spr.

Surname PALMER

Christian Name Timothy

Units C.O.R.C.C.

Theatre of War France

Date of Service 17/5/17

Remarks

Latest Address Shelburne, N.S.

Roll No. B Page 7634

Next of kin

Address on leave

Address on discharge

Transportation issued Yes / No Date

Character on discharge

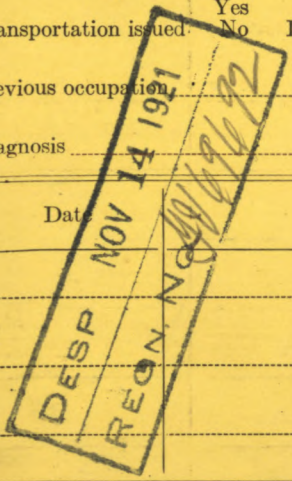
Previous occupation

Date and place of enlistment

Diagnosis

Date of Medical Boards

Date	Remarks



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

*Name Palmer Timothy Rank Pte Regtl. No. 931179

Fyle Depot 74-P-143

Original unit 2 R. Con Present unit #6 D.D. M. or S. Age 20 Religion Cofc Ref. H.Q.

Port, ship and date of arrival Halifax, N.S. "Aquitania" 25/1/19

Next of kin Mother Louisa Palmer

Address on leave Shelburne, N.S.

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Labourer Date and place of enlistment Halifax, N.S. 17/4/16

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
31.1.19	T.O.S. from 18.1.19 Posted Casy Co	31
28.2.19	DISCHARGED at Halifax, N.S.	49

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

DEPARTMENT OF VETERANS AFFAIRS

Dept. of Veterans Affairs
FEB 27 1964
Referred to
Charged to

Ottawa Ont.

To [redacted] Copy for H.O. file

Date Feb 26/64

Attention of

NAME FARMER, Timothy SERVICE NUMBER 931179 CEF C.P.C. No. 233903 W.V.A. No. NAVY ARMY X R.C.A.F.

The DEPARTMENT has received information from

S.T.M.O. DVA. February 24, 1964 London, Ontario Tele Memo.

(State authority and source of information of death)

regarding the death of the above mentioned veteran.

Particulars are as follows:

Date of Death February 22, 1964.
Cause of Death
Place of Death Westminster Hospital London, Ontario.

Name and Address of next of kin (if known)

Copies to: W.S.R.
V. I.
~~PAY~~
~~D.O.~~
H.O.

Destroy form if advice of death already received.

E.C. Richards
for
Chief, Central Registry

DVA 24

PALMER T.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 931179 (Rank) Private

Name (in full) Timothy Palmer, enlisted in

the No. 2 Constr. Battalion

CANADIAN EXPEDITIONARY FORCE at Halifax N.S. on the 14th

day of August 1916

HE served in France

and is now discharged from the service by reason of Demobilization

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

Age 23 years 4 mos.

Height 5 feet 11 inches

Complexion Dark

Eyes Black

Hair Dark

Marks or Scars

Scar Left Leg.

T. Palmer
Signature of Soldier

C. W. MacAlroney CAPTAIN.
Issuing Officer
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.

Rank

Appointment

Date of Discharge 28th February 1919

Signed at Halifax N.S. this 18th day of February 1919

in Military District No. Six.

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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.

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

Awd W.S.

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~~ No 2 Construction Batt

Regimental No. 931179 Rank pte Name Timothy Palmer

Enlisted (a) 14-8-16 Terms of Service (a) period of war +6 months Service reckons from (a) 14-8-16

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)

CERTIFIED CORRECT. 6 JUN. 1917 CAN. RECORDS, LONDON. MAY 1917

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada	Halifax N.S	25/3/17	
		Disembarked England	Liverpool	7/4/17	
	OC 2 Const Bn	Proceeded overseas	Seaford		Pte P.O # [illegible]
				MAY 17	H. B. Maclean Capt. Adjutant, No. 2 Construction Batt'n, C.E.F.
		Landed fm France 17-5-17 N.R.			
21/5/17	OC	Forfeits 5 days pay for Making away with Iron Rations	Fld.	21/5/17	B2069 Pte 20 119 25/7/17
6.6.17	OC.	Refusing to obey an order 5 days F.P. No1.	Fld	31/5/17.	B2069. Pte 20 122. 4/8/17
5/1/18	OC.	attd 1 Dist C.T.C.		30/12/17	B213
7-9-18	OC 38 Coy	Granted 14 days leave	Uk.	3-9-18	A2 3 days 20-9-18
28-9-18	OC	Rejoins from leave	Fwd.	19-9-18	B213

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213. Army Form A. 36, or other official documents.
Date	From whom received				
11 12/18	MAG	Trans to Eng & posted to N.S. Reg. Depot Bramshott		14 12/18	MR 3424
					C A Hewett Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
17.12.18.	N.S.R.D	T.O.S and attd 2nd C.C.D. for Quarters & Rations	B'shott	14.12.18	D.O. 305
	N.S.R.D	ON COMMAND TO C.D.D. Kimmel Pk Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27.12.18
		H. M. T. "AQUITANIA" EMBKD. LVP'L ... N. 13. 1919 DEBKD. HALIFAX. N. S. JAN, 24. 1919			C A Knight LIEUT, OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
18.1.19	O'seas. T/O/S.	No. 6 D.D. Hlfx.	Cary Co.	25.1.19	DO 31.
					A M Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT.
28.2.19.	DISCHARGED at Halifax, N. S	D.O. 49.	for		R J Chestnut LIEUT O C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

Form R 122.
2353—100M—9-1-16

LTR

Rank Name PALMER, Timothy Reg'l No. 931179

Unit No.2. Const. Bn. If in perm. Corps, What Unit? 6 Married or Single Single.

Place and Date of Enlistment Halifax, N.S. August 14th, 1916 Place of Birth Shelburne. N.S.

Name and Address, Next-of-Kin Louisa Palmer.

Shelburne, N.S. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

N/E. R.B. No. 6826
File R.L.
Category OR CAN

A.F.B. 103 CHECKED 30 MAY 1917

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Arrived in		England. S.S. Southland		7.4.17.	A.W.W.W.
14.6.17	2nd CCCo	Arrd in France	Field	17.5.17	Pt-II 115A
16.12.18	NSRD	TOS from 2" CCC	pte B'shoth	14.12.18	DO 305 & 71 of 19.12.18 2" CCC.
27.12.18	NSRD	O/ch C.D.D. Rhyl	" "	27.12.18	D.O. 313
3.2.19	NSRD	Ceases on Cmd Rhyl & SOS. to C.E.F. Canada	" Ripon	18.1.19	- 25

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.					

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. 931179 Rank Pte Surname Palmer
(Give name in full)
Timothy
Unit or Corps D.A. #6 Birthplace Shelburne N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 151 lbs. Height 5 ft. 11 in. Colour of Eyes black

Nutrition Good

Pulse 66

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
Scar L leg.

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.

Shelburne N.S.

(If space is insufficient, continue on back of form.)

[OVER]

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. Halifax..(Canada)

Date ..... Feb. 14/19. Signed J. W. McKay 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 J. Palmer

(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.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

C.A.D.C. 5009 A

CANADIAN ARMY DENTAL CORPS, O.M.F.C. M.D.6

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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.

NAME OF SOLDIER (Block Letters) PALMER. T.

REGIMENT 2 Construction RANK Pte No. 931179

Date of Examination in England 16/1/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 15 31, 12, 13
2. EXTRACTIONS 14, 23
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 No
- (*c*) In France

CANADIAN ARMY DENTAL CORPS ORDERLY ROOM JAN 1919 KINMEL PARK CAMP, RHYL

Signature of Dental Officer W. Kennedy Lieut

D.M.S. 1375.

Colonel

Medical Examination upon leaving the Service

of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank Pte Name Palmer Surname Limerick

Unit or Corps 17th Reserve (If a soldier) Regtl. No. 931079

Born at Shelburne. Nova Scotia on, date 30th Oct. 1890

Signature (for identification) Limerick Palmer

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. no

Weight 160 lbs.

Height 5 ft. 10 ins.

2. **NUTRITION AND DIATHESIS?** Good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?**

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 66 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?** no

Urinalysis—s.g.? 1020 Reaction? acc Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE** or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. no

11. Opinion as to the health and physical condition of the one examined? Good

Examined at Kinmel Park Signed [illegible] M.O.

Date 16-1-19 Signed [illegible] M.O.

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

MD6 ORIGINAL 931179

MEDICAL HISTORY SHEET

Surname Palmer Christian Name Timothy

Examined on 23rd day of Aug 1916 at Shelburne

Birthplace City or Town County
County Shel - N

Apparent age 20

Trade or occupation Labour

Height 5 feet 11 Inches

Weight 151 lbs.

Chest measurement Minimum 34 inches
Maximum expansion 3 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left
Number

When Vaccinated last None

(a) Marks indicating congential peculiarities or previous disease

None

(b) Slight defects but not sufficient to cause rejection

None

Approved by D Murray

Rank Lt a mic M.O.

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
18/3/17	L&GR	Dave Murray M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
25/10/16	L&GR	H.V. Kent Major Amb M.O.
1/11/16	L&GR	H.V. Kent Major Amb M.O.
8/11/16	L&GR	H.V. Kent Major Amb M.O.

Enlisted on 14 day of August 1916 at Shelburne N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment No. 2 CONSTRUCTION, Bn. C.E.F.		931179		14/8/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Kinmel Pk	16 1 19	An	Wrapping

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 Palmer Christian Name Timothy

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				

M.F.W. 44.
1133 (D.P. 250M-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 931149 Rank Pte Name Palmer T. (Surname first)

Unit 2 Cons Bn who was* Discharged

On 28-2-19 191....., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 28-2-19 191... the inclusive date of transfer or discharge.

	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month L.P.C.	39	50		
Regimental Pay 49 days at $ 1 c			49	
Field Allowance 49 days at $ c 10			4	90
Separation Allowance				
Clothing Allowance			35	
Post Discharge Pay ck 16633	70			
*Other Credits Subs			11	20
Advances A.W. 10 ct 16632 50 60	60	60		
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on transfer or on discharge, cheque No. Dr bal			70	
Total	170	10	170	10

*Give particulars.

A monthly stoppage of $ 15 ct (†) has ..... (‡) been paid on account of

Assigned Pay for the month of Jan 1919 and Separation Allce. for month of ..... 191.....

(to) Assignee Mrs L Palmer

(Address) Shelburne N.S.

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

Made by:

ON TRANSFER OF AN OFFICER. Checked:

Outfit Allowance of $..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment ..... married or single .....

(2) Separation Allowance, entitled or not No (3) Reason for discharge Demob

(4) Authority for discharge or transfer do 49

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 26-2-19

Place Halifax N.S.

[signature] CAPTAIN,
Paymaster.

PAYMASTER, NO. 6 DISTRICT DEPOT.

M.D. No. 6 No. 53

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT Dr.	AMOUNT Cr.	Signature of Officer Making Payment.

Duplicate

To be made out in duplicate.

H.Q. 54-21-28-53

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..... No 2 Construction Batt" C.E.F.

(2) Regimental Number 931179

(3) Full Name of Soldier..... Timothy Palmer

(4) Place of Birth..... Shelburne N.S.

(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.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? no

If so, state name and address

(10) Is your Mother alive? Yes.

If so, state name and address Mrs Louisa Palmer
Shelburne N.S.

(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

(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.

X

(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? X

Have you made arrangements for payment of your Insurance premium X

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

H. S. Davis capt
Officer Commanding.

Date 23 February 1917

for.

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom Mrs. Louisa Palmer

Address Shebbousne N. S.

Rate 15 00

By Whom Assigned Palmer Simothy

Regtl. No. 931179

Rank Pte

Corps No 2 const. Bn.

APR 1917

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				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

L. L. Job 5470—Req. 6888.

Sheet No. 2 Mrs Louisa Palmer
(Assignee)

Name of Soldier Palmer Timothy
No 931179 Pte No 2 Coast Bn

15 00

APR 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 5023	15	
May		B 10361	15	15 Bn
June		Z 19444	15	S
July		B 25802	15	Cu
Aug.		P 31406	15	
Sept.		R 38504	15	
Oct.		C 44904	15	
Nov.		O 51990	15	
Dec.		P 59470	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

P. 550

MARRIED OR SINGLE S

PLACE OF BIRTH Shelburn N.S.

NAME AND ADDRESS OF NEXT OF KIN Louisa Palmer
Shelburne N.S.

RELATIONSHIP OF NEXT OF KIN Mother.

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

ADMISSIONS TO HOSPITAL, &c.

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

	DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE
								Separation																
	Apr 1/30	30	1.10	33	00											33 00								
MAY	1-31	31	1.10	34	10											34 10	35 9	1/5 19/4						
June	1.30	30	"	33	00											33 00	63	14/5						
July	1.31	31	"	34	10											34 10								
Aug	1.31	31	"	34	10											34 10								
Sep	1.30	30	"	33	—											33 —								
				201	30											201 30								

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep	Bal	~~59 65~~ 80							59 65		
Oct	P.P.	34 10		AR 578. 27 8/17. 2 Consts Bn Att C F C	3 57		-	15			
				" 627 11 9/17 " " " "	3 57						
				" 467. 13 8/17 " " " "	3 57				68 04		
		34 10			10 71			15			

&c.

E | AUTHORITY

Reg'l No. 931179 Rank — Name Palmer Timothy

If in Permt. Corps What Unit } — Unit 2nd Can. Bn — Transferred to — Date — Authority

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation Halifax N.S. — Transferred to — Date — Authority

Date of Attestation Aug 14th 1916 — Transferred to — Date — Authority

Assigned Pay Monthly $ 15.00 — Date Effective 1.4.17.

Payable to Mrs. Louisa Palmer. Shelbourne. N.S. — Relationship Mother

&c.

Assigned Pay Monthly $ — Date Effective

E OF HOSPITAL

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (date) — Effective — Reason

Discharge Date and Place — Reason and Authority

Account Transferred to Non-Effective Branch (date)

Account Transferred to Officers' Pay Branch (date)

NCE ROLLS 3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
								A/S.							
												7 34			Bal from Bermuda.
								15 –	3 30	18 30	7 36			7 36	2 days pay. AWOL. D.O. 76. 30.3.17
				4 87				15		24 74	16 72			16 72	
				2 43				15.		17. 43	32 29			32 29	
								15 –	5 50	20 50	45 89			45 89	Forfeits. 5 ds pay 21-5-17 D.O. 119. 25-7-17.
66	30/5					3 56		15 –	5 50	24 06	55 93			55 93.	Stop 5 ds I.P.I. 31-5-17. D.O. 122. 7-8-17
133	12/6					3 57									
201	25/6					3 57									
276	12/7					3 57.		15 –		29 28	59 65				
298	25/7														
				12 11		17 84		90	14 30	134 31	59 65				

EFER- SEP.
RED. ALLCE.
PAY ENG.

Re 931179 Palmer. T 15 00

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE	CASH PAYMENTS 1	2	3
MONTH	PARTICULARS				CR. 1		CR. 2		PARTICULARS					DR. 1	DR. 2	DR 3	DR 4	BALANCE	DEFERRED PAY	SER ALLCE ENG.						
	Oct Bal																	68 04								
Nov	P.P.				33 -													15								
									AR.827. 28 9/17 e.f.c.					3 57												
									" 851. 12 10/17 "					3 57												
									" 973. 25 10/17 "					3 57												
DEC					34 10				" 1091. 10 11/17 "					3 57				15	9086							
					67 10									14 28				30								
JAN	1918	P.P.			34 10.													15								
									" 1260. 23 11/17 2 bonds. B2					12 49.												
									" 1433. 21 12/17 " "					7 14					9033							
					34 10									19 63	- -			- 15								
																		15								
FEB		"			30 80				Assigned Pay																	
									" 2034. 5 1/18 - 2 bonds att e.f.c.					3 57												
									" 2194. 21 1/18 " " "					3 57												
									" 2386. 2/1/18 #1 "					3 57												
					30 80									10 71				15	9542							
MAR	1918	"			34 10				assay									15								
									aR 2674. 20/2. #1 C.F.C.					3 57												
									" 2882. 7 3/18 " "					3 57												
									" 3078 19 3/18 "					3 57												
					34 10									10 71				15	10381							

CASH PAYMENTS			ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4				CREDIT	DEBIT			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* EN CA
EFFECTIVE DATE:-	1 APR 1917	EFFECTIVE DATE:-	
AMOUNT:-	15.00	AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAY WORD "SAME" ONLY TO BE WRITTEN IN

Mrs Louisa Palmer mother
Shelbourne NS

Stopt 1/1/19

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES W BY INSERTION OF DATE CHARGED IN RED IN

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY
9/12	6676		4			
9/12	3584		9			
			11.34			

PARTICULARS OF RENDERING NON-EFFECTIVE. Canada

1918 MONTH	PARTICULARS	CR 1	CR 2.	PAR
MAR	Bal Ford			
apl	C. & P. P. Pay	33 -		C.A.P.
				AR 128 6/4
				AR 310 20/4
		33		
May	P. P	34/10		C.A.P
				AR 505. 7/5
				7 33
		34/10		
Jun.	P. Pay	33 -		C.A.P.
				AR 920
				AR 1116
		33		
July	P Pay	34/10		Canad
				AR 1306
				AR 1515
		34/10		
Aug.	P.P.	34/10		Can
				AR 1710
				AR 1957
				AR 2056
		34/10		
Sep	PP	33		Can
				CP 31316
				AR 3715
				CP 33781
		33		

~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
	EFFECTIVE DATE:–	
	AMOUNT:–	

NAME:– PALMER Timothy

NUMBER:– 931179

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

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

mer mother

S

1/1/19

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Construction Bn

DATE ACCOUNT FIRST OPENED.– 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
LPC		1 3 19	Canada

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

Y	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
	4 66				
	9 93				
	11 39				

DAILY RATES OF PAY AND ALLOWANCES

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

NON-EFFECTIVE: Canada

LPC 32.80 ✓
Led 44.19 ✓

ARS	Cr 1	Cr 2.	PARTICULARS	Dr. 1	Dr 2.	Dr. 3.	Dr. 4.	BALANCE	DEFERRED	SEPARATION
								103 81		
	33 –		CaP				15 –			
			aR 128 6/4 CFCW 1	3 57						
			aR 310 20/4 –"–	3 57				114 67		
	33			7 14			15 –			
	34 10		CaP				15 =			
			aR 505 7/5 CFC1	2 68						
			7 33 22/5 –"–	4 46				126 63		
	34 10			7 14			15 –			
	33 –		CaP				15 –			
			aR 920 7/6 CFC1	3 57						
			aR 1116 22/6 ✓	3 57				137 49		
	33			7 14			15			
	34 10		CanaP				15			
			aR 1306 6/7 CFC1	3 57						
			aR 1515 22/7 ✓	3 57				149 45		
	34 10			7 14			15			
	34 10		Can aP				15			
			aR 1710 6/8 CFC1	3 57						
			aR 1957 22/8 ✓	3 57						
			aR 2056 31/8 ✓	3 57				157 84		
	34 10			10 71			15			
	33		CanaP				15			
			CP 31316 6/9 London	58 40						
			aR 3715 2/9 CFC1	97 33						
			CP 33781 14/9 London	4 87				15 24		
	33			160 66			15			

NUMBER 931149 RANK Pte NAME PALMER T

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR.
OCT	P.R.	34 10		A.P.			
				2691 4/10 CFC 4	3 13		
				2943 23/10 "	3 13		
		34 10			4 46		
Nov	"	33		A.P.			
Dec	"	34 10		3110 8/11 "	3 13		
				3314 25/11 "	13 06		
				A.P.			
				6676 10/12 CCRD	4 66		
				3584 18/12 XCo	9 13		
		64 10			31 18		
				133 10/1 E KRK	9 13		
				awd 168 hrs det 1/1/19. 20 11.			
				11/1/19 4 days. P868 21/1/19		4 40	
					9 73	7 70	

P868 will be endured for 770

NAME PALMER

PARTICULARS			Dr. 1		Dr. 2		Dr. 3.		Dr. 4.		BALANCE		DEFERRED		SEPARATION	
											15	24				
	a/c.															
1	4/10	C/FC 4	3	43					15		11	62				
3	23/10	"	3	43							26	88				
			4	46					15		93	98				
	a/c.								15		61	18				
	8/11	"	3	43												
4	23/11	"	13	06												
	a/c.								15		32	80	✓			
6	10/12	C/FCD	4	66												
4	18/12	FCo.	9	43							32	80				
			31	18					30							
	10/1	E KBK	9	43												
d 168 hrs dec 1/1/19. £0 11.																
19	4 days. 1868	31/1/19			4	40					15	37				
			9	33	7	70										

1868 will
be hundred
for 770

P.878. Extract D.O. No. 7 Unit:- NSRD Date:-

ARLINGLIST:-

Reg. No.	Rank	Name	
931179	PTE	PALMER. T. Canada	Not N.S.R. 60 Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. MD6 18 1 19

Acted on

Ledger Ck.

Dis

AUDITOR	PAYMASTER
CN	S

M. OR S.

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

REGT. No. 931149 RANK Pte. NAME (IN FULL) Palmer, G.

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.		D.O. 31

ORIGINAL UNIT C.E.F. 2nd Cons. — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.++ — DATE EFFECTIVE 31-1-19

PAYABLE TO Mrs L. Palmer — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~Shelburne~~ N.S.

not know at this address

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE Ft N.S. — DATE 28-2-19 — REASON Demob — AUTHORITY D049 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Dt Bal L.P.C.
1/1/19	49	1.19	53	90	11 35	20			100	10							QR 12/2/19 10	00			16632 50	19/2/19 60					39	50			100	10	~~HSC~~				Subs. DO 31 Clothing Allnce
																	16633 70																				Doc #6
																															70		70		~~HSC~~		War Gratuity
	153	Ays	350	00	11	00			350	00							149033				70	00					70	00							210	00	
									361	—											70	—													151	—	26.4.19 # 156429 Feb Obs. 37 Cr. 11.00
																					81	—													70	—	22.5.19 # 587954
																					70	—													Nil		20.6.19 # 600769
			350	00	11	00			361	00											291	00					70	00			361	00					

War Gratuity

Mch 26/19

Completed

Certified that all payments due on this acct. have been paid.

[signature] CAPT.

For Senior Officer Pay Services, M. D. 6

30M-11-18.—L.L. 50877-M. & D. 9553.

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		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

000414

Date of Assignment

Apr. 1917

RATE OF SEPARATION ALLOWANCE

P

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. 931179

Rank Pte. Promoted. Reverted Discharge

Soldier's Name Timothy Palmer

Battalion No 2 Const. Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs. Louisa Palmer

Address Shelbourne N. S.

Change of Address

1

2

3

4

1947 Date	Cheque No.		Amount S/A	Amount A/P	Total		014149-T-1 REMARKS
Dec. 31				135	135		
Jan 18	64026	H		15	15		
Feb 18	63199	E		15	15		
March	93759	P		15	15		
Apr	9369	P		15	15		
May	22819	S		15	15		
June	25111	O		15	15		
Jul	33819	K		15	15		
Aug	41297	O		15	15		
Sept	35134	E		15	15		
Oct	41871	C		15	15		
Nov	57011	G		15	15		
Dec	62294	G		15	15		
Jan 19	69475	a		15	15		
~~Feb~~				~~15~~	~~15~~		
				330	330		

M D 6

A/c Closed 31/1/19

Ret'd per Aquitania

Date 25/1/19 M F W 187 Rend

Clerk [illegible] 31/1/19

M R O SP 54263 OK 31/1/19 RW

Destroy rend.

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

A STENCIL HAS BEEN MADE ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

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PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

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Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400m—6-17—177-39-1141
L. L. 22320—M. & D. 7688.

War service badge
Class "A" # 76844
issued

This space to be for numbers.

Proceedings on Discharge.

28/8/37

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. 931179

Rank Private

Surname Palmer

Christian name Timothy

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No. 2. Constr. Battalion

Date of discharge 28th February 1919

Place of discharge Halifax M.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 4 months.
Height 5 feet 11 inches.
Complexion dark
Eyes Black
Hair dark
Trade Labourer
Intended place of residence (To be given as fully as practicable.) Shelburne M.S.

Descriptive marks

Scar Left Leg.

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

Demobilization

Authority for discharge

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

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.)

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

SD 17.6.64

13/1/51

E. R. Noted Index 21-3-19 SD

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.)

I wish to state that I am my mother's sole support and that she has not at any time been in receipt of separation allowance due her.

Pinnoly Johnes.

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) Halifax N.S. Timothy Palmer *(Signature of Soldier.)*

(Date) Feby 18th 1919 A. F. McLarren *(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.

(Date) ~~(Place)~~ 28/2/19

(Place) ~~(Date)~~ Halifax NS

(Signature) Damon LIEUT, COL. No. 6 DISTRICT DEPOT.

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form	B. 263
Squadron / Battery / Company Conduct Sheet,	"	B. 263a
or		
Field Conduct Sheet	"	W. 178
Copies of Convictions, by C. P.		in MS.
Med. Hist. Sheet,	Militia form	B. 313
Casualty Form	"	W. 54
Medical Report for Invalid§	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	W. 82

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
Particulars of Recruit	"	W. 133
Proceedings on Discharge	"	B. 218

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

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet.

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.