Board Yd. 28/8/16.

Duplicate

931014

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Parris.
1a. What are your Christian names? Joseph Alexander
1b. What is your present address? Mulgrave N.S.
2. In what Town, Township or Parish, and in what Country were you born? Mulgrave N.S.
3. What is the name of your next-of kin? Charles Parris.
4. What is the address of your next-of-kin? Mulgrave N.S.
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? March 21 1899.
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? —
10. Have you ever served in any Military Force? — 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 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Alexander Parris, 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.

Joseph Alexander Parris (Signature of Recruit)

Date JUL 25 1916 191 . H. Tomkinson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Alexander Parris, 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.

Joseph Alexander Parris (Signature of Recruit)

Date JUL 25 1916 191 . H. Tomkinson (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 NEW GLASGOW this 25 day of July 1916.

A. J. Corbett (Signature of Justice)

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

Description of Joseph Alexander Parris on Enlistment.

Apparent Age 18 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement.
- Girth when fully expanded 35 ins.
- Range of expansion 2 1/2 ins.

Complexion dark

Eyes dark

Hair dark

Religious denominations
- Church of England
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Roman Catholic yes
- 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 27 July 1916 D Munn

Place Pictou N.S. Lt A.M.C.

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.

Jos. Alexandra Parris 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)

AUG 10 1916

Date 191 .

AB 20-3-19

REGIMENTAL DOCUMENTS

Pte

NAME PARRIS, JOSEPH, ALEXANDER REGT. NO. 931014 UNIT Pte H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE
	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)				
2	LAST PAY CERTIFICATE (M.F.W. 44)			5	198
/	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				
	PARTICULARS OF CHARACTER (A.F.W. 3225)				
/	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)				
/	M & W 192)				
/	D. R. S. 1375				
/	C. A. D. C. 5W 9				
	1 R 122				

NON-EFFECTIVE BY
DEATH
Category
DISCHARGE
Category Demoby
DESERTION

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

7574

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins. No 9 Construction Batt. Pictou N. S.

(2) Regimental Number 931017

(3) Full Name of Soldier Joseph A. Parris

(4) Place of Birth Mulgrave N. S.

(5) Are you married, or not ? No

(6) If married, state,
(a) Full name of your wife No

(b) Present Postal Address ~~Mulgrave N. S.~~

(7) Are you a widower ? no

(8) Have you any children ? no

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772 39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes

If so, state name and address Charles Parris Mulgrave N.S.

(10) Is your Mother alive? yes

If so, state name and address Mrs Annie Parris
Mulgrave N.S.

(11) If your Mother is a widow no

Are you her sole support, or not? no

(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.

~~$15.00~~

(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.

Mrs Annie Parris
Mulgrave N.S.

(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.

~~Not yet.~~ No

(15) Are you insured? No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium No

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

C. W. Reis Capt
for *Officer Commanding.*

Date OCT 23 1916

No. 931017. RANK Pte. NAME Parris. Joseph. Alexander.

T. O. S. 24-7-16 UNIT No 2. Construction Battalion
D.O. 2. 28-7-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
July 24	July 31	H.		
Aug.		"		
Sept.		"		
Oct.		"		
Nov.		✓		
Dec.		✓		
1917 Jan	1917	✓		
Feb.		"	48 hrs. det.	D.O. 49. 26-2-17.
Mar.		"	72 " "	D.O. 67. 20.3.17

Cmd.
RS

Number 931017 Rank Pte

Surname PARRIS.

Christian Name Joseph Alexander

Units C.O.R.C.C. Theatre of War France.

Date of Service 17-5-17

Remarks c/o W. E. Parris Esq 4 Pleasant St.

Latest Address Port Mulgrave N.S.

Roll No. "B" Page 6997.

Next of kin

Address on leave

Address on discharge

Transportation issued: Yes No Date

Previous occupation

Diagnosis

Character on discharge

Date and place of enlistment

Date of Medical Boards

Date	Remarks

DESP. NOV 30 1921 REGN. No. 1114830

DESP. MAR 8 1922 REGN. No. 1114830

B.V. 1 Std. 6/1/22.

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

*Name Harris Joseph Rank Pte Regtl. No. 931017

Fyle Depot 74-52-416

Original unit 4 S.B.D. Present unit 4 C.D.D. M. or S. Age 18 Religion R.C. Ref. H.Q.

Port, ship and date of arrival Halifax N.S. "Empress of Britain" 27/1/19

Next of kin Father Charles Harris

Address on leave Port Bulgrave, Guysboro N.S.

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Labourer Date and place of enlistment New Glasgow 25-7-16

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
29.1.19	T.O.L. from 12.1.19 Posted Casy Ca.	D.R. 29.
12.2.19	DISCHARGED at Halifax, N. S D.O.	41

*—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

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 Annie Parris

Address Mulgrave
Guysboro. Co. N.S

Rate 15;

By Whom Assigned Parris Joseph A

Regtl. No. 931017

Rank Pte

Corps 2. Con Battn

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				

CONSOLIDATED 6 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Annie Parris
(Assignee)

I.. L. Job 5470—Req. 6888.

Name of Soldier Parris J. A
931017. Pte. 2. Can Bde Mtg

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			15. APR 1917
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 50031	15	
May		W 10661	15	15 Bn
June		T 18809 ~~C 16647~~	15 15	C 16647. Can
July		D 24591	15	Bn
Aug.		R 30702	15	
Sept.		T 38990	15	Bn
Oct.		U 45029	15	
Nov.		Q 50844	15	
Dec.		R 60659	15	
Jan.	1918			
Feb.			135	
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.				

DUPLICATE.
ORIGINAL

MEDICAL HISTORY SHEET

Surname Parris Christian Name Joseph Alexander

Examined { on 27th day of July 1916
at Picton.

Approved by D Murray
Rank Lt A.M.C. M.O.

Birthplace { City or Town Dalgrave
County Guysboro

Apparent age 18.

Trade or occupation Labourer

Height 5 feet 6 Inches

Weight 135. lbs.

Chest measurement { Minimum 32½ inches
Maximum expansion 35 inches

Physical development Good.

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number None.

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease none

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

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

Date	Result	Vaccinations
24/3/17		Dan'l Murray M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
18/10/16	2+3.R.	D Murray Lt M.O.
1/11/16	3+3.R.	D Murray Lt. M.O.
15/11/16	4+3.R.	G a Dunn M.O.

Enlisted on 24th day of July 1916 at New Glasgow.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	#2 Constr. Bn. C.E.F.	931017		
Transferred to No. 2 CONSTRUCTION, Bn. C.E.F.				24/7/16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

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

Surname Parnell Christian Name Joseph Alexander

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				

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

Awards

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. C.E.F.

Regimental No. 931017 Rank pte Name Joseph Alexander Parris

Enlisted (a) 25-7-16 Terms of Service (a) period of war C. E. F. & 6 months Service reckons from (a) 25-7-16

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. MAY 17 1917 17 JUN. 1917 CAN. RECORDS, LONDON.

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 from Canada	Halifax N.S.	26/3/17	
		Disembarked England	Liverpool	7/4/17	
	O.C. # 2 Can. Bn	Proceeded overseas	Seaford	MAY 17 1917	A 2 110 # N. P. MacLennan Captain. Adjutant, No. 2 Construction Battn. C.E.F.
			Landed fn France	17-5-17	N.R.
23.8.17	O.C.	5 Days F.P. #2, 2 days pay Rd. I. Disobedience to orders II out of bounds III AWOL 10 hrs 18/8/17 until 9 hrs 19/8/17	Fld	20.8.17	B 2069 P. 131 13/10/17
5/1/18	O.C. Unit	att'd to 1 Div't Gas Corps		30/12/17	B 213.
14.9.18	O.C. 43 Co	Granted 14 days leave	ark.	15-9-18	B 213 No 90. 5 Sep 1918
5.10.18	do	Return from leave	Fld	27.9.18	B 213

(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.	A.A.G.	Trans to Engr posted to W.S. Reg. Depot. Bramshott		14/12/18	K.R 344
					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	Bramshott	14.12.18.	D.O. 305
	N.S.R.D.	ON COMMAND TO C.D.D. Kinmel Park Rhyl	BRAMSHOTT		PART II D.O. N.S.R.D. 313 27/12/18
					C.A. Knight LIEUT. OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
12/1/19		S.O.S. O.M.F.C. on transfer to C.C.F. Discharge Canada Sailing No 4 R.M. Hammond Lieut. Kinmel Park			
12.1.19 Oseas.	T/O/S.	No. 6 D.D. Hfx.	Casy. Co.	22.1.19	D.O. 29 A.M. Ferguson Lieut ASST. ADJT. No. 6 DISTRICT DEPOT
12-2-19	DISCHARGED at Halifax, N. S		D.O. 41		J.P. Hughes LIEUT for C. RECORDS SECTION NO. 6 DISTRICT DEPOT

Form R 122.
2353—100M—9-1-16

LTR

Rank Name PARRIS, Joseph Alexander Reg'l No. 931017

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

Place and Date of Enlistment New Glasgow, July 25th, 1916. Place of Birth Mulgrave. N.S.

Name and Address, Next-of-Kin Charles Parris.
Mulgrave, N.S. Relationship Father.

Assigned Pay Monthly $ Payable to
Relationship

Separation Allowance $ Payable to
Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 6723
File R.L.
Category OR CAN

H. W. & V., Ld.—9546-16.

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.F.B. 103 CHECKED 30 MAY 17 A.W.W.O.
14.6.17	2nd C.C.Co.	Arrd in France	Field	17.5.17	Pte II 115 A
16-12-18	R.T.O.	T.O.S. from 2nd C.C. Coy	Pte	B.R.C.	14-12-18 + 30 5 + 7 1 d/ 19-12-18 2nd C.C. Coy
27.12.18	D.S.R.D.	o/c to C.D.D. Rhyl	"	"	27.12.18 D.O. 313
25.1.19	D.S.R.D.	Cease o/c Rhyl, for S.C.E.F. Canada.		Repat	12.1.19 – 18.
4.3.19	2nd C.C. Coy.	Sentenced to 10 days F.P. No 1. 26.11.18 for W.O.A.S. A.W.L. fr. 2.0.00 24.11.18 until 07.00 hrs. 26.11.18 7 1/2 days Pay under R.H.		Rouen	– 7.

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. 931017 Rank Pte Surname Parris
(Given name in full)
Joseph A.
Unit or Corps D.W. #6 Birthplace Mulgrave N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 141 lbs. Height 5 ft. 7 in. Colour of Eyes dark brown

Nutrition good

Pulse 76

Condition of arteries normal

Vision Rt. good Left good

Hearing (conversational voice) Rt. 15 ft.

Left 15 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
—

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.

Mulgrave, Guysboro Co, 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 7, 1919 Signed H O Blanchett 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 Joseph A. Lannin

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

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

[OVER]

M.F.W. 129.
1038 (D.P.) 500M-11-18.
1772-39-1142.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No 931017 Rank Pte Name Parris J A.

Corps N.S.R.D. who was* Discharged

On 12-2-19 191..., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191...,

to 12-2-19 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month L.P.C.	40	03	Balance Cr. from prev. month		
Advances by Cheques No. A.R. 69	10	—	Regt'l. Pay 43 days at $ 1 c. —	43	00
Assigned Pay and Sep'n Allce. No.			Field Allow. 43 days at $ c. 10	4	30
Other charges		05	Separation Allowances* (Monthly)		
Payment on transfer or discharge No. 14648	43	42	Other Allowances* Clothing Subs	35	—
Balance Cr. (to be paid by the new unit)			Other Credits*	11	20
			Bal. Dr. (to be deducted by new unit)		
Total	93	50	Total	93	50

*Give particulars.

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

{ Pay for the month of Jan 191 9 } (to) Assignee Mrs A. Parris
{ and Sep'n Allce. for month of 191... }

(Address) Mulgrave. Guys Co 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.

M.D. No. 6 No. 53

On Transfer of an Officer.

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

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted No

(3) cause of discharge Demob authority D.O. 41

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 10-2-19

Place Halifax N.S. W.W. Draycott Capt.

Paymaster No. 6 Dist. Depot Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

No. 6 DISTRICT DEPOT RECORDS OFFICE FEB 18 1919 HALIFAX, N. S.

D.M.S. 1375.

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 Ste. Name Parris Surname Joseph Alex

Unit or Corps 17 Reserve (If a soldier) Regtl. No. 93107

Born at Meigrave. Nova Scotia on, date March twenty first 1899

Signature (for identification) Parris Joseph.

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 142 lbs.

Height 5 ft. 9 ins.

no

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? 80 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?**

no

8. **GENITO-URINARY SYSTEM?**

Urinalysis—S.G.? 1010 / 6 Reaction? acid Albumen? nil Sugar? nil

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

Date 2 / — / 9

Signed [illegible] M.O.

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.*

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931017 (Rank) Private

Name (in full) Joseph Alexander Parris enlisted in

the 2nd Construction Bn

CANADIAN EXPEDITIONARY FORCE at New Glasgow N.S. on the 25th

day of July 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 21 years 7 months

Height 5 feet 7 inches

Complexion } Colored

Eyes }

Hair }

Marks or Scars Nil

J. A. Parris
Signature of Soldier

C W MacAlonay CAPTAIN.
Discharging Officer
O. C. DISCHARGE SECTION No. 6 DISTRICT DEPOT.
Rank

Appointment

Date of Discharge February 12, 1919

Signed at Halifax N.S. this 10th day of February 1919

in Military District No. 6

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 Mulgrave N.S

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.

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M. A. No. 6.

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) Parris . J. E. A

REGIMENT No. 2 Construction RANK Private No. 93/017

Date of Examination in England 31/12/18 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 18, 30
2. EXTRACTIONS 19,
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~~

(c) ~~In France~~

Signature of Dental Officer H W Reid Capt.

KINMEL PARK, NORTH WALES.

P. 550

MARRIED OR SINGLE S.

PLACE OF BIRTH Mulgrave N.S.

NAME AND ADDRESS OF NEXT OF KIN Charles Parris Mulgrave N.S.

RELATIONSHIP OF NEXT OF KIN Father.

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

REG'L NO. 931017 RANK NAME Parris Joseph Alexander.

IF IN PERMT. CORPS } WHAT UNIT UNIT 2nd Con. Bn, TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION New Glasgow. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION July 25-16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1.4.17.

PAYABLE TO Mrs Annie Parris, Mulgrave, Guysboro Co. N.S. RELATIONSHIP Mother

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

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)

Bal £2 short.

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	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
							Operation																									3 52				Back from Canada.
Apr 1/30	30	1/10	33	00										33 00														15 —	9 70	24 70	4 78			4 78	Sailed 2.00. for Bunkering D0,106
MAY 1.31	31	1/10	34	10										34 10	41 7/5 14 19/4												4 87 4 87	15		24 74	14 14			14 14	7 days pay AWOL. J 4.5.17
June 1.30	30	-	33	00										33 00	69 14/5												2 43	15		17 43	29 71			29 71	
July 1.31	31	-	34	10										34 10														15 -		15 -	48 81			48 81	
Aug "	"	"	34	10										34 10													3 57	15 —		18 57	64 34			64 34	
Sep 1.30	30	-	33	-										33 00													3 57 2 57	15 —		29 28	68 06				
			201	30										201 30													12 17	90 —	9 70	129 72	68 06	3 52			

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	LETTER SEP. REG. ALLOT. PAY ENG.
Sep	Bal	~~68 06~~							68 06	
Oct	P.P	34 10		Sta 5 do FP 2. 20 3/7 + 2 days pay RW D0.132. 13-10-17.		7 70	- 15			
				AR 627. 11 3/7 days Quarters allce 67C	3 57					
				467 13 3/7 " " " "	3 57					
		34 10			7 14	7 70	15		72 32	

Pte 931017. Paris. f. a 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	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MONTH	PARTICULARS			CR. 1	CR. 2	PARTICULARS								DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SER. ALLCE. ENG.															
	Oct Mar																	72 32																	
Nov	P.P.		33	-												15																			
						AR. 527. 28 9/17. C.F.C.								3	57																					
						- 851. 12 12/17 -								3	57																					
						.. 973. 25 10/17 -								3	57																					
DEC	" "		34	10		.. 1092. 10 11/17 -								3	57		15.	95 14																	
			67	10										14	28		30																	
JAN	1918 P.P.		34	10													15																	
						-1260. 23 11/17 2 Coombs -								12	49																					
						.1599 7. 5/18 - -								1	—																					
						.. 1437. 21 12/17 - -								7	14																					
			34	10										20	63		15	93 61																	
FEB	"		30	80		Assigned Pay											15																			
						.2034. 5/18. 2 Coombs. att C.F.C.								3	57																					
						.2194 21/18 - - -								3	57																					
						2386 5/2/18. #1 "								3	57																					
			30	80										10	71		15	98 70																	
																		93 90																	
MAR 1918	"		34	10		Asc Pay											15																			
						aR 2624 20/7 " "								3	57																					
						.. 2885 7 3/18 - -								3	57																					
						"3078. 19 3/18 " "								3	57																					
			34	10										10	71		15	107 09																	

P 820
12474—375M—13-2-18

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:-	1 APR 1917	EFFECTIVE DATE:-	
AMOUNT:-	15 00	AMOUNT:-	

NAME:- Parris Joseph Alexander

NUMBER:- 931017.

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 Annie Parris mother
Mulgrave Guysboro Co. NS

Nov 11/1/19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

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
L.P.C.		1/3/19	Canada

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
6/8/18	1210	Fwd 20 00	3 17				
9/12	6628		4 66 ✓				
11/12/18	3384		9 1/3 ✓				
			14 39				

New asPB. 56134 copied by CFC1. 10/8/18

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Canada 31/1/19 C.P.C. 24.54 - 7 38.96 AR 161 12/3/19 LPR

1918 MONTH	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Balford								107 09		
Apl	P. Pay	33 -		b.a-P.				15 -			
				aR 1286/4 C7C No 1	357						
				aR 310. 20/4 — " —	357				117 93		
		33 -			7 14			15 -			
May	P. Pay	34 10		b.a.p				15 =			
				aR 505. 7/5 C7C1	268						
				" 733. 22/5 " —	446				129 91		
		34 10			7 14			15 -			
June	P.P.	33 -		as Pay				15 -			
				aR 920 7/6 CFC 1	357						
				aR 1116 22/6 CFC 1	357				140 77		
		33			7 14			15			
July	PP	34 10		Can aP.				15			
				aR 1306 6/7 CFC 1 ✓	357						
				aR 1515 22/7 ✓ ✓	357				152 73		
		34 10			7 14			15			
Aug	PP	34 10		Can aP				15			
				aR 1710 6/8 6761	357						
				aR 1957 22/8 ✓	357				165 69 B.		
		34 10			7 14			15			
Sep	PP	33		Can aP.				15			
				aR 2211 6/9 CFC1	357						
				cP 34771 17/9 London	48 67						
				aR 2294 13/9 CFC1	1 78						
				aR 4325 13/9 LN	97 33						
				cP 368 HH 23/9 LN	24 33				701		
		33			175 68			15			

NUMBER 931014 RANK LCe NAME PARRIS J.A

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				a/c.					4 01		
OCT	" P/L.	34 10		a/c.				15	11 62		
				2691 4/10 CYC 7	3 43						
				2943 23/10 "	3 43				18 65		
		34 10			4 46			15	64 10		
Nov	"	33		a/c.				15	85 15		
Dec	"	34 10		3110 8/11 "	3 43				46 11		
				3314 25/11 "	13 06				38 96		
				a/c.				15	24 54		
				6678 10/12 CYBD	4 66						
				3584 18/12 XLO	9 43				24 54		
		64 10			31 18			30			
				139 10/1 E KP.	9 43				14 84		
					9 43						

Sick 17/1/19 DO 11 25/1/19

This space to be for numbers.

Proceedings on Discharge.

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

No. 931017

Rank Private

Surname Davis

Christian Name Joseph Alexander

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

Corps (Squadron, Battery or Company) 2nd Construction Bn

Date of Discharge February 13. 1919

Place of Discharge Halifax N.S

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	21 years 7 months.	
Height	5 feet 7 inches.	
Complexion	Colored	
Eyes		Nil
Hair		
Trade	Laborer	
Intended place of residence (To be given as fully as practicable.)	Dunlgrave Guysboro Co N.S	

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

Demobilization

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.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

Rec'd noted Indet 18/3/19 11-3-19 pm

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.

(Place) Halifax N.S J. a. Parris *(Signature of Soldier.)*

(Date) Halifax N.S Feb 10/19 *(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.

J. a. Parris *(Signature of Soldier.)*

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) Halifax N.S

(Date) 12-2-19

(Signature) D. McCallum LIEUT. COL.

No. 6 DISTRICT DEPOT.

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.)

Nil.

J. a. Parris

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.		
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.		
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		
*Only if discharged "Medically unfit."			

Attestation Paper,	Militia Form B. 235.
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 (in the event of such having been prepared.)

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.

AUDITOR | PAYMASTER

M. OR S.

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

931014

REGT. No. 919007 RANK Pte. NAME (IN FULL) Parris J. A. (BLOCK LETTERS SURNAME FIRST)

Dis

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
C.O.H.		2029

ORIGINAL UNIT C.E.F. N.S.R.D. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 DATE EFFECTIVE 31-1-19

PAYABLE TO Mrs A. Parris RELATIONSHIP

ADDRESS Mulgrave. Guy Co. N.S.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE H.M.C.S. DATE 12-2-19 REASON Demob AUTHORITY Do 41 IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT

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
																	A/R				146/43														#259
1/19	43	1.10	47	30	55	00			93	50							6.9	6/2/19			11/2/19						40	03							Dr. Bal. L.P.C.
					11	20											10				43	42			05						93	50	Nil			Clothing allce
																																			Less 20.27
																	Feb 12/20		50	15	70														
	153	Apr	350	00					350	00							Mar 15/20		146	67	70	00											210	00		Appn 10/19 #152537
																					70	—											70	—		J.S. 19 #583.0123
																											13	20								Clark 2 D.O. #7 d/ 24.3.19
																																				2 days pay P.M.6 P.84-9
																					56	80											Nil			9-6-19 #595466
																																				Completed.
			350	00					350	00											336	80					13	20			350	00				

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

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		REGIMENTAL 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

Date of Assignment

Apr 1 – 17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

P

001330

PARTICULARS OF SEPARATION ALLOWANCE

No. 931017

Rank Pte Promoted Reverted Discharge

Soldier's Name Joseph A. Parris

Battalion 2nd Const. Batt'n

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Annie Parris

Address Mulgrave, Guysboro Co, N.S.

Change of Address

1

2

3

4

14216 - J - 51.

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31	—		135	135	
Jan 18	H 64495		15	15	
Feb 15	J 73341		15	15	
mar	K 94573		15	15	✓
apr	L 10207		15	15	✓
May	M 13021		15	15	✓
June	O 25957		15	15	✓
July	P 27975		15	15	✓
Aug	Q 34767		15	15	✓
Sept	E 36065		15	15	
Oct	C 42822		15	15	✓
Nov	G 57956		15	15	✓
Dec	B 62953		15	15	✓
Jan	A 70368		15	15	✓
			330	330	

A/c Closed 31/1/19

M R 6. Ret'd per Emp. of Britain

Date 22/1/19 M Dec 187 Rent

Clerk Aug. 28/1/19

M R O Ltr 5:4228 Oct 24/19

Clerking und.

M. F. W. 128
400M.—6-17—1772-35-1141
L. L. 22220—M. & D. 7982.

A STENCIL HAS BEEN MADE FOR THIS 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

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

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