



(42nd) Regiment C. B. F. Smiths Falls, Ont.

454344  
"6"60  
No.  
Folio.  
**Original**

**59th B'n, C.E.F.**

**ATTESTATION PAPER**  
*Original*  
**CANADIAN OVER-SEAS EXPEDITIONARY FORCE**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**  
(ANSWERS)

1. What is your name?..... Harold Parker
2. In what Town, Township, or Parish, and in what Country were you born?..... Leeds Yorkshire, Eng.
3. What is the name of your next-of-kin?..... Sarah Ann Parker (mother)
4. What is the address of your next-of-kin?..... 444 Jones Ave Toronto, Ont. Canada
5. What is the date of your birth?..... Jan. 11th, 1892
6. What is your trade or calling?..... Teamster
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No Remount Roughriders (1 month)  
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

Enlisted June 9th/15.

Harold Parker (Signature of Man.)  
James Winnihan (Signature of Witness.)

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

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

Harold Parker (Signature of Recruit.)  
James Winnihan (Signature of Witness.)  
Date June 18th 1915

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

I, Harold Parker, 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.

Harold Parker (Signature of Recruit.)  
James Winnihan (Signature of Witness.)  
Date June 18th 1915

**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 Smiths Falls this 18th day of June 191 5

J. A. Lewis (Signature of Justice.)

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

[Signature] (Approving Officer.)  
M. J. Dawson Lt.-Col.

DESCRIPTION OF Harold Parker ON ENLISTMENT.

Apparent Age 23 years 6 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 4½ ins.

Chest measurement { Girth when fully expanded 36 ins.  
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Fair

None

Religious Denominations { Church of England EX  
 Presbyterian  
 Methodist  
 Baptist or Congregationalist  
 Other Protestants  
(Denomination to be stated.)  
 Roman Catholic  
 Jewish

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 June 18th 1915

Place Smiths Falls, Ont.

*E. Blom*  
 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

Harold Parker

..... 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.

*H. J. Dawson Lt. Col.* (Signature of Officer.)

Date JUL 3 1915

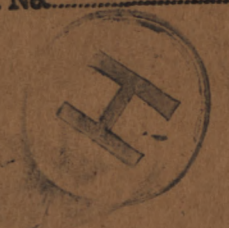
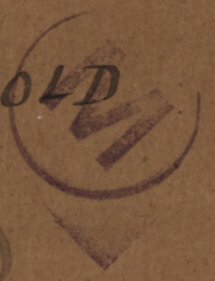
At 9-12-18

DISCHARGE DOCUMENTS

R. O. No. \_\_\_\_\_  
H. Q. No. \_\_\_\_\_

Name PARKER HAROLD  
Regt. No. 454344 Rank Plt.  
Corps 18<sup>th</sup> Bn (59<sup>th</sup> Bn)

*Rec'd 3-10-16*



4608

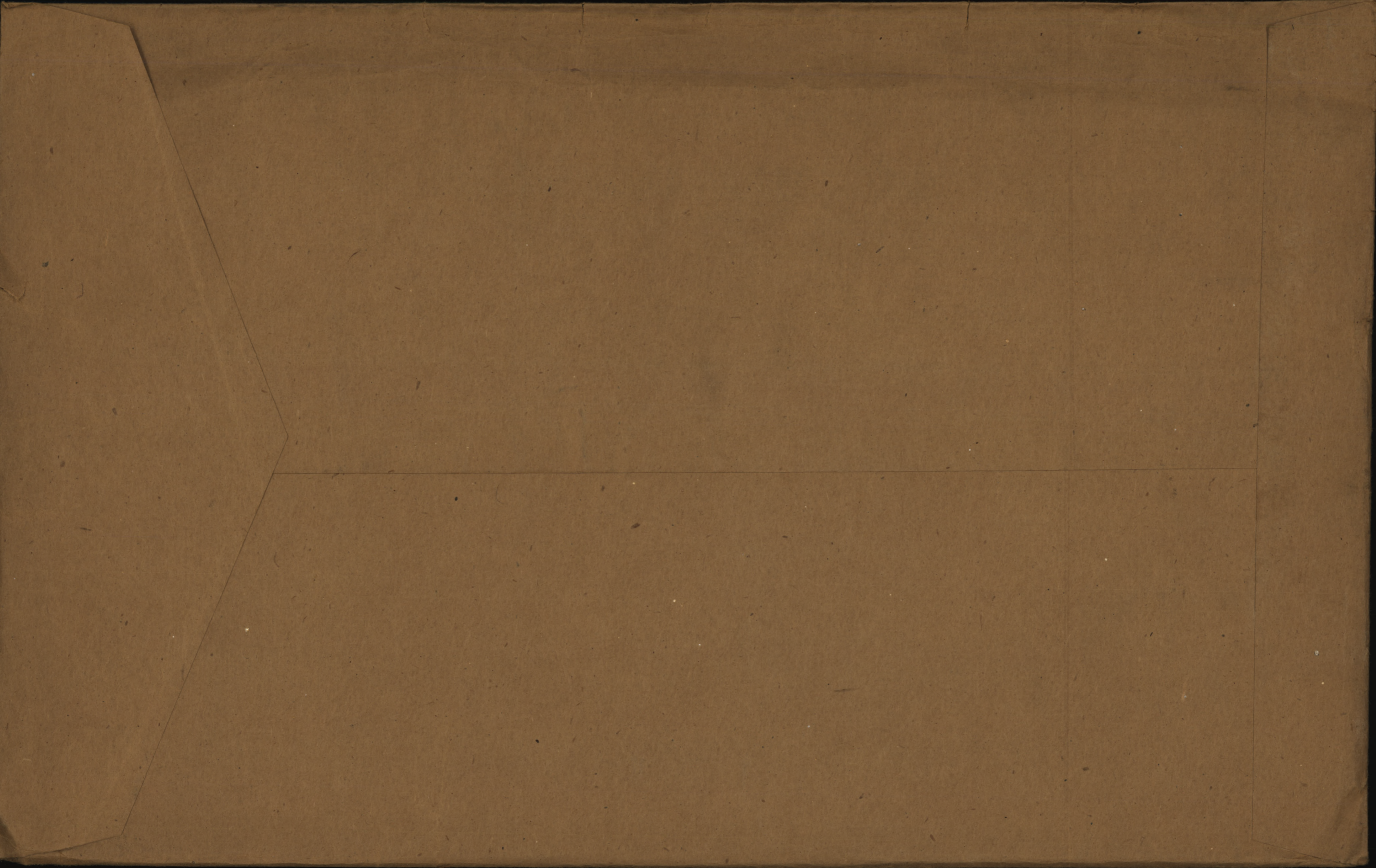
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

97B122 — 1  
1 card

*Has card  
- Paybook*



1  
29-12  
23-12  
2-12



REGT'L No

454344

H. Q. FILE No. 649-

NAME

Parker, Harold

RANK AND CORPS

Plt. 18th Ba. (Form 57d Ba)

FOLLOWS

No.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

03204

19-10-16

Killed in action Oct. 3rd/16 ✓

A. F. B.

2090a

Killed in action Oct. 3rd. 1916

Rouen

16-10-16

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A345

Rep. from Base

3-10-16

Killed in action

Name **PARKER, Harold** Rank Pte.

Reg. No.

Unit 18th Bn.

454344

Next of Kin Canada

R. 25. P. 1135

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916 3-10	Repd from Base	KILLED IN ACTION	A345	0 3204	20±10	

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List



SURNAME. *Parker, (649-P-3400)*

CHRISTIAN NAMES *Harold*

REGL. NO. *454344*

RANK *Corpl.*

UNIT *59th.*

*Batt.*

FORMER CORPS *Remount Roughriders.*

CARD NO.

FOLL

**D**

NEXT OF KIN.

NAMES IN FULL *Parker, Mrs. Sarah Ann*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *444 Jones Ave., Toronto, Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *England, Leeds, Yorkshire*

DATE *Jan. 11<sup>th</sup>. 1892.*

PLACE OF ATTESTATION *Smith's Falls*

DATE *June 18<sup>th</sup>. 1918.*

*Sailed from Halifax 1-4-16 per S.S. Olympic*

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Teamster*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*23* YEARS

*6* MONTHS

HEIGHT

*5* FEET

*4 1/2* INCHES

CHEST MEASUREMENT

*36* INCHES

EXPANSION

*2* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Fair*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Smith's Falls, Ont.*

DATE

*June 15<sup>th</sup> 1915.*

No. 454344 RANK

Pte

NAME

Parker Harold

U.S. Transferred from UNIT

42nd Inf 23-6-15

202223-6-15

59th Battalion

M. D. J

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

1915

1915

June 23

June 31

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

App prov cpl 22-9-15

2010228-9-15

UNIT SAILED

APR 21 1916



24  
B

L/Left  
B  
K

Number... 454344... Rank.....

Surname... PARKER.....

Christian Name... Harold.....

Units... 18<sup>th</sup> Bn. Can. Inf. Theatre of War, France

Date of Service... 8-6-16.....

Remarks... Mother

Latest Address... Mrs. Sarah A. Parker

444 Jones St.

Roll No. B Page 6846 Toronto Ont C.

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.

DESP: DEC 10 1921  
REGN: NO. 4043754

PARKER, Harold, (Pte) 454344

<sup>18</sup> 59th Bn.

649/P/3400

DEC 7 1920

Reqn. No. 23230

*not elig. for stars.*

SEP 29 1921

Reqn. No. PA13

Plaque Desp.

MEDALS AND DECORATIONS. (Mother)

Mrs. Sarah A. Parker  
444 Jones St.  
Toronto, Ont.

PLAQUES AND SCROLL.

(Mother)

Same as above.

*(Serial no 758072.)*

MEMORIAL CROSS.

(Mother)

Same as above.

*mf.*  
Desp. SEP 22 1920

23926  
(m) e 23932

M

645



Surname

Christian Name or Names

Reg. No.

Parker

454344

Rank

Unit

Co.

Troop

Batty.

Pt

A.  
18 Bn.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 3.10.16  
Base Rep.

DISPOSITION

Date

Ch. 20.10.16 H/345

REMARKS

A.M.D. 2 DEPT.  
Bch. of D.G.M.S. O.M.F.C. London.

FR

EPITOME OF HOSPITAL TREATMENT.



Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

Casualty Form—Active Service.

59th B'n, C.E.F.

Unit, Regiment or Corps

Regimental No. 454344 Rank Private Name Parker Harold

Enlisted (a) 18.6.1915 Terms of Service (a) D.O.W. Service reckons from (a) 18.6.1915

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

CERTIFIED COPY  
Canadian Record Office,  
Westminster House,  
7, Millbank, S.W.

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				
<u>6.6.16</u>	<u>59th Bn</u>	<u>Embarked Canada Debarbed England Drafted to 18th Battalion 2nd Canadian Division</u>	<u>Halifax Liverpool FRANCE</u>	<u>5.4.16 11.4.16 6.6.16</u>	<u>Adjutant 59th Bn. C.E.F.</u>
<u>8-6-16</u>	<u>Can Base Depot</u>	<u>Arrived from 59th Can Res Bn, Shorncliffe, and taken on strength of 18th Can Bn.</u>	<u>Can Base Depot</u>	<u>8-6-16</u>	<u>Nom Roll. Pt II Order 26, 30/6/16</u>
<u>9-6-16</u>	<u>do</u>	<u>Proceeded to join unit</u>	<u>In the Fld</u>	<u>9-6-16</u>	<u>Nom Roll. DCS.218</u>
<u>16-6-16</u>	<u>18th Bn</u>	<u>Joined unit</u>	<u>do</u>	<u>11-6-16</u>	<u>B.213 do</u>
<u>5.10.16</u>	<u>18th Bn.</u>	<u>Killed in action</u>	<u>Not stated</u>	<u>3-10-16</u>	<u>Letter 5/10/16 (Can. Sect. No. 137/16 31) DCS. 253, Pt. II Order 47, 16/10/16. 16/10/16.</u>

Whogan Capt.  
For Officer in Charge Canadian Section,  
Canadian Section,  
C. F. O. 3rd Echelon

(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.



A.C. Rank \_\_\_\_\_ Name **PARKER, Harold.** ✓ Reg'l No. **454344** ✓  
 Unit **59th. Bn.** If in perm. Corps, }  
 What Unit? }

Place and Date of Enlistment **Smiths Falls, June 18th, 1915** ✓ Place of Birth **Leeds, Yorkshire, Eng.**

Name and Address, Next-of-Kin **Sarah Ann Parker,**  
**444 Jones Ave, Toronto, Ont., Canada.** ✓ Relationship **Mother.** ✓

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_

N/E. R.B. No. 2  
 File R.L. \_\_\_\_\_  
 Category K. A.



*M.X.*  
*1-4/19/2018*

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

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.				
		<i>Arrived in England</i>		<b>11 APR 1916</b>	
<i>6.6.16</i>	<i>59th Bn</i>	<i>S.O.S. drafted to 18th Bn of Home Life</i>	<i>Home Life</i>	<i>6.6.16</i>	<i>PLI Do #125 KACREINF 346 KACTB 2573-5</i>
<i>30.6.16</i>	<i>O.C. 18th</i>	<i>J.O.S. from 54th</i>	<i>Field</i>	<i>8.6.16</i>	<i>Pt II 26. 4.6.16.</i>
<i>19.6.16</i>	<i>54th</i>	<i>Provisional Rank of Sgt</i>	<i>Borden</i>	<i>11.4.16</i>	<i>136.</i>
<i>20.10.16</i>	<i>18th</i>	<i>Killed in Action</i>	<i>Field</i>	<i>3.10.16</i>	<i>Cas. List A 345</i>
<i>16.10.16</i>	<i>1</i>	<i>" " "</i>	<i>"</i>	<i>3.10.16</i>	<i>Part II 47</i>



454344

# ORIGINAL MEDICAL HISTORY SHEET.

"b" box

Surname Parker Christian Name Harold Original

Examined { on 16 day of June 1915  
 at Smith's Hall, etc  
 Birthplace { City or Town Leeds  
 County Yorkshire

Approved by E. E. Bennett  
 Rank Capt. M.O.

Apparent age 23  
 Trade or occupation Teamster  
 Height 2 Feet 4 1/2 Inches.  
 Weight \_\_\_\_\_ Lbs.  
 Chest measurement { Minimum 34 inches.  
 Maximum expansion 36 inches.  
 Physical development good

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
1915		M.O.
2/7	Fit	K. E. Holles M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Small-Pox Marks none  
 Vaccination Marks { Arm Right Left  
 Number 1  
 When Vaccinated last 1895

Date	Result	VACCINATIONS.
1915 June 13	good	E. E. Bennett M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
9/10/15	good	A. Stewart M.O.
10/4/15	good	A. Stewart M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
On his arm only

Enlisted on 9 day of June 1915 at Toronto

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>59th Bde. C. I.</u>	<u>454344</u>		<u>9/10/15</u>
Transferred to.. ..	<u>18th Battn.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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





MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
15m.-3-16.  
H. Q. 1772-39-819.

2nd. Contingent

41

*E M*  
To Whom *Mrs. Sarah Ann Parker*  
Address *444 James Ave.*  
*Toronto.*  
*Ont.*

By Whom Assigned *Parker Harold*  
Regtl. No. *45 43 44*  
Rank *Corp. Pte*  
Corps *59 th Batt. C.*

Rate *\$20.00*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 2px solid red; padding: 10px; display: inline-block;"> <p><i>Casualties</i></p> </div> <p><i>Stop Payments Nov 1/16</i> <i>Killed in Action Oct 3<sup>rd</sup>/16</i> <i>C.L # 16 20/10/16</i> <i>3M 25/10/16 ass. 26/12/16</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

215  
+  
1111

1111

46  
566

Register No. DP326

WAR SERVICE GRATUITY  
TO  
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 014195-H-12

Reg'tl No. 454344 Name Harold Parker  
(Christian Name) (Surname)  
Unit 59th Bn Rank Private Date of enlistment.....  
Date of casualty 3-10-16 B.P.C. File No. 10889  
Was service performed overseas? yes

DEPENDENT

Name Mrs Sarah A Parker Relationship Wid Mother  
Address 444 Jones Avenue  
Toronto  
Ontario

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

Amount of Special Pension Bonus \$ Nil Abstracted by G.M. O'Reilly

Eligible for Gratuity ..... \$ 18000

Less amount of Special Pension Bonus paid ..... \$ nil

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

Total deductions \$ nil

Balance due \$ 18000

Cheque No. G-1895022 Date issued 24-7-20

Clerk J. Le Court

REMARKS :  
.....  
.....  
.....  
.....

Audited by  
[Signature]  
Date 4/2/20 \$ 18000

*0818*

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name \_\_\_\_\_  
Surname Christian Name

Regimental Number \_\_\_\_\_ Rank \_\_\_\_\_

Unit \_\_\_\_\_

Original Unit \_\_\_\_\_

District where paid \_\_\_\_\_

Date of Discharge \_\_\_\_\_

P. D. P. Filing Number \_\_\_\_\_

Date \_\_\_\_\_  
 Address (in full) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L.L. 53061—M. & D. 0721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEPENDENTS OF DECEASED SOLDIERS  
 TO  
 WAR SERVICE GRATUITY

M. F. W. 127  
 300M-1-19  
 1772-38-1140

9-6-15  
MILITIA AND DEFENCE

# SEPARATION ALLOWANCE

191

Name	Mrs. Sarah Ann Parker	Name of Soldier	Parker, Harold
Address	444 Jones Ave Toronto	Regtl. No.	a 54344
		Rank	Pte.
		Corps	"C" Co. 59 <sup>th</sup> Batt <sup>n</sup>
Relation to Soldier	} widowed mother	To what Corps belonging	}
wife, child or mother		when called out	

## PAYMENTS

42229 M. CO.		Month	Year	Cheque No.	Amt.	REMARKS
		Aug.	1914			
		Sept.				
		Oct.				
		Nov.				
		Dec.				
		Jan.	1915			
		Feb.				
		March				
		Apl.				
		May				
		June				
		July				
		Aug.		<sup>18997</sup> 18996	54	54
		Sept.		716336	20	20
		Oct.		K 8428	20	20
		Nov.		J 15741	20	20
		Dec.		M 13976	20	20
		Jan.	1916	M 18562	20	20
		Feb.		K 22083	20	20
		March		J 24880	20	20

ACCOUNT CLOSED  
DATE..... PER.....  
W-  
8996 cancelled

Handwritten text, possibly a signature or date, located in the center of the page.

Handwritten text, possibly a signature or date, located below the first block of text.

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 15m.-3-16.  
 H. Q. 1772-39-819.

Sheet No. 2. *Mrs Sarah Ann Parker*

Name of Soldier *Parker Harold* 42

L. L. Job 95618-M. & D. 6555.

PAYMENTS.

*454344 - 59 Ebn Co's Coy*

Month.	Year.	Cheque No.	Amt.	Remarks.
			<u>20<sup>00</sup></u>	
April	1916	<i>Z 1868</i>	<i>20</i>	
May		<i>Y 6203</i>	<i>20</i>	
June		<i>C 4163</i>	<i>20</i>	
July		<i>P 11998</i>	<i>20</i>	
Aug.		<i>G 12750</i>	<i>20</i>	
Sept.		<i>M 17706</i>	<i>20</i>	
Oct.		<del><i>M 22442</i></del>	<del><i>20</i></del>	<i>Cancelled</i>
Nov.				
Dec.		<i>W 30889</i>	<i>20</i>	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Stop of 800/16  
 a/c closed cas.  
 Issue cheque to adj October etc.  
 Sp. Reg. 27-12-16*

**Casualties**

*Pension Granted 4/10/16  
 2/5/17*

*B.P.C. to recover \$16<sup>70</sup>*

By *[Signature]* Date *31-8-17*  
 Total *1440*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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



## SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs Sarah Ann Parker*

Name of Soldier

*Parker Harold*

L. L. Job 89002.-Req. 6213.

PAYMENTS.

*A 54344*

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	L3146	20	20
May		M6810	20	20
June		J8486	20	20
July		C7671	20	20
Aug.		Q12147	20 -	20
Sept.		X 16812	20	20
Oct.		F20434	20	20
Nov.		D23864	20	20
Dec.		<del>O 26722</del>	<del>20</del>	<del>20</del>
Jan.	1917	<del>T 27571</del>	<del>20</del>	<del>20</del>
Feb.		A33575	20	20
March		B36320	20	20
April		<del>D2281</del>	<del>20</del>	20
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pensions Notified DATE *12-3-17*Killed in Action DATE *3-10-16*

KILLED IN ACTION.....

PENSION GRANTED *4-10-16*

CANCELLED

*O 26722**Rewrite**\$ 2281 Cancelled* REWRITE*acc closed Pension Granted  
Oct 4/16.  
I. Clerk of 11/4/17.*

ACCOUNT CLOSED

DATE..... PER *W**Overpayment  
\$118.06 Recd. by Pension.**acc  
Finally closed* *DM*

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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

MARRIED OR SINGLE S.  
 PLACE OF BIRTH Leeds. Yorks.  
 NAME AND ADDRESS OF NEXT OF KIN Sarah Ann Parker, 444 Jones Ave. Toronto, Canada,  
 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
<u>Killed in Action</u>	<u>3. 10. 16</u>	<u>C. L. A. 345 20/10/16</u>

REG'L. No 454324 RANK Pte NAME Parker, Harold  
 IF IN PERMT. CORPS WHAT UNIT 59 Bn. UNIT 18th Bn. TRANSFERRED TO 18th Bn. DATE 6. 6. 16 AUTHORITY B. G. P. 2  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO B. G. P. 2 DATE 4/10/16 AUTHORITY C. L. A. 345 20/10/16  
 PLACE OF ATTESTATION Smith's Falls TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION 18. 6. 15. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ 20.00 DATE EFFECTIVE 1. 4. 16  
 PAYABLE TO Mrs Sarah Ann Parker, 444 Jones Ave. Toronto, RELATIONSHIP Mother  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 23. 10. 16 EFFECTIVE 1. 11. 16 REASON killed in Action 3/10/16  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY C. L. A. 345. 20/10/16  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 4. 10. 16  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)  
 Entered on N.E. Card Index  
 Checked by [Signature]

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
			<u>275 shares ret'd by C. L. Adjustment of 14/16 29</u> <u>Red out made by Ottawa, Ontario</u> <u># 1718 with or is state</u> <u>25-3-12 Hb. d/19-12-17 29</u>

COMPILED BY  
 CHECKED BY



checked [Signature]

Checked [Signature]

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS		BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS							
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4			CREDIT	DEBIT	CREDIT	DEBIT										
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE																				
1916																																											
1-30	30	1.00	30		30	10	3																																				
1-31	31		31		31		3 10																																				
1-5/16	5		5		5		50																																				
6-30	25		25		25		250																																				
July	31		31		31		3 10																																				
Aug	31		31		31		3 10																																				
Sept	30		30		30		3																																				
Oct	3		3		3		20																																				
Jan 1918																																											
"																																											

Transf to N.E. Branch  
 Killed in Action  
 3/10/16 C. L. A. 345 20/10/16  
 30th 20th 00th for roll 19/17 V129  
 Red for Engell 16 28/11/18 26/26.  
 Hk # 3232-3233 V4 26/6. 4/1/16

