Triplicate

CLASS A II

ATTESTATION PAPER.

No. 2502858

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

		(ANSWERS.)
1.	What is your surname?	Reid
1a.	What are your Christian names?	Stanley
1b.	What is your present address?	Bossevain, Man. Canada
2.	In what Town, Township or Parish, and in what Country were you born?	Manitoulin Island. Ont. Canada
3.	What is the name of your next-of kin?	William Reid Box 145.
4.	What is the address of your next-of-kin?	Bossevain Man, Canada.
4a.	What is the relationship of your next-of-kin?	Father
5.	What is the date of your birth?	16 Apl 1897
6.	What is your Trade or Calling?	Farmer
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.
13.	Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14.	If so, what was the nature of the disability?	
15.	Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16.	If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Stanley Reid, 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.

S. Stanley Reid (Signature of Recruit)

Date 25 June 1917. J. MacKay (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Stanley Reid, 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.

S. Stanley Reid (Signature of Recruit)

Date 25 June 1917. J. MacKay (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 Winnipeg this 25th day of June 1917.

A. McDonald (Signature of Justice)

A Notary Public in and for the Province of Manitoba

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of Stanley Reid on Enlistment.

Apparent Age 20 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 11 ins.

Chest measurement: Girth when fully expanded 36 ins. Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Black

Religious denominations:
- Church of England X
- 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).

Vision R. Eye 20/20

" L. Eye 20/20

Hearing R. Ear /

" L. Ear

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 25. 191 .

Place Winnipeg Man

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:—

MOBILIZATION
MEDICAL BOARD
APPROVED FIT
JUN 25 1917

PRESIDENT

MEMBER

MEMBER

CERTIFICATE OF OFFICER COMMANDING UNIT.

Stanley Reid 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.

C. H. Simpson Capt. (Signature of Officer)

Date 25th June 1917

REGIMENTAL DOCUMENTS

NAME REID STANLEY (Pte) REGT. NO. 2502858 UNIT 1st Fd Coy 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)				
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)				
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)				
	DENTAL HISTORY SHEET (M.F.B. 465)				
	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)				
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)				
	LAST PAY CERTIFICATE (M.F.W. 44)				
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	Dispersal Cert				
1	Dent Cert for Demob				
1	M.F.W. 67.				
1	S.R.R.				
1	Misc				
1	P.122				

C6944

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

Demobilization

DESERTION

W. 2589
1400M-4L-18
1772-39-1377

Disp Cred. CARD NO. M/2[illegible]10

S.O.S. 31-3-19 Demob.

FOLL. D/O 93 4-3-4-19. M.D.14

SURNAME. Reid,

CHRISTIAN NAMES Stanley.

REGL. No. 250258. RANK Pte.

UNIT Rly Consts & Forestry Draft (M.D.10)

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Reid, William.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Caissevain, Man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Manitoulin Is. DATE Apr. 26th 1897.

PLACE OF ATTESTATION Winnipeg. Man. DATE June 25th. 1917.

O/S. 5-9-17 927/6

K/C 27/13/19 291/[illegible]

L. L. 10437. M. & D. 7253.

M.E.-W.1 22/160M.—11-16. H. Q. 1372-39-331.

~~Sailed from Halifax per S.S. Megantic 5/9/17~~

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Farmer. RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE June 25th 1917.

Present Address - Boissevain, Man.

No. 250285 6 RANK Pte. NAME Reid, Stanley

T. O. S. 25-6-17 (D037 of 25-6-17) UNIT No. 16 Reinforcement - Draft; Can Rly Troops,

M. D. /0

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 June	1917 N 4/c	N	On D. O. and not on Pay list	

M & H

Number 252858 Rank Pte

Surname REID

Christian Name Stanley

Units 6th Theatre of War France

Date of Service 25-10-17.

Remarks

Last Address ~~Brisbane~~ Manitoba

Roll No. Box. #1.

Canwood, Sask.

"B" Page 9489.

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

DEC'D JAN 17 1922 REGN. NO. 4W1637

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

ORIGINAL CLASS A.T.

Original

MEDICAL HISTORY SHEET

2502858.

Surname Reid Christian Name Stanley

Examined { on 25th day of June 1917, at Winnipeg, Man

Birthplace { City or Town Manitoulin Island. County Ontario

Apparent age 20 ~~30~~ years

Trade or occupation ~~No~~ Farmer

Height 5 feet 9½ Inches

Weight 150 lbs.

Chest measurement { Minimum 33 inches Maximum expansion 36 inches

Physical development Good.

Small-pox Marks Nil.

Vaccination Marks { Arm Right Left X Number one.

When Vaccinated last Childhood.

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Vision R. Eye 20/20

" L. Eye 20/20

Hearing R. Ear

" L. Ear

Approved by P.B. Grant

Rank Capt. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
		MOBILIZATION MEDICAL BOARD APPROVED FIT JUN 25 1917	M.O.
		PRESIDENT	M.O.
		MEMBER	M.O.
		MEMBER	M.O.
1/10/17	A.Two	J. Adams Capt. RAMC	M.O.
			M.O.

Date	Result	Vaccinations	
17.8.17	+	P.B. Grant	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
10.7.17	+	1st P.B.G.	M.O.
28.7.17	+	2nd P.B.G.	M.O.
11.8.17	+	3rd P.B.G.	M.O.

Enlisted on 25th day of June 1917 at Winnipeg, Man

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	#16 R.S. Can Rly	2502858	Good#.	25/6/17
Transferred to	C F C			

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.

J.Mc

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

Surname Read Christian Name Stanley

STATION	Date of Arrival at the Station	DATES OF Admission into Hospital Day	Month	Year	DATES OF Discharge from Hospital Day	Month	Year	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

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.

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(1) Name of Overseas Unit which Soldier joins ..... # 16 Reft draft Can. Rly. Troops

(2) Regimental Number 250285-8

(3) Full Name of Soldier ..... Stanley Reid

(4) Place of Birth ..... Manitoulin Island, Ont.

(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~~ ..... Yes .....

If so, state name and address ..... William Reid
Bossevain, Man. Canada

(10) Is your Mother alive ?..... ~~No~~ Yes .....

If so, state name and address..... Mrs William Reid
Bossevain, Man.

.....

(11) If your Mother is a widow..... No .....

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

(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.

.....

.....

(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.

.....

..... Father .....

.....

(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.

.....

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

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

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

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

B. H. Simpson Capt
Officer Commanding.

Date..... 25th. June 1917

FORM OF WILL.

I, David Stanley Reid (Name in full)
Regimental Number 250855. serving in #10 Forestry & Railway Const. Depot.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Zillah Reid
Boissevain,
Man. Can.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Zillah Reid
Boissevain
Man. Canada

Name and Address of person or persons to receive personal estate* *(See note).*

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

this 3 day of August A. D. 191 7

David Stanley Reid Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Mark Clifford.
Address of Witness Broadway Barracks Winnipeg Canada.
Occupation of Witness Soldier
Signature of Second Witness L. E. Berry
Address of Witness P.O. Box 153 Winnipeg Canada
Occupation of Witness Clergyman

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

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. 2502858 Rank PTE Surname REID

(Given name in full) STANLEY

Unit or Corps 18TH R.E.S. Birthplace MANITOULIN ISL. ONT.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 170 lbs. Height 5 ft 10½ Colour of Eyes Brown

Nutrition Good

Pulse 72

Condition of arteries normal

Vision Rt. nor. Left nor.

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

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

Scar R. cut near elbow left

D.R. wor.

Opinion as to general health and physical condition Healthy

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 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.

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

[OVER]

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Seaford (Overseas)

Date 18-2-18 Signed G. Macdonald Capt. 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. Stanley Reid

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

THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date ..... Signed ..... M.O.

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

Signature .....

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

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

C.A.D.C. 5009A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) REID. F# S.

REGIMENT 18th RES RANK Pte No. 2502858

Date of Examination in England 17 FEB 1919 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

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

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? NO

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

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

Signature of Dental Officer J. Bymeapol

WSIB. CLASS. A

31

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #10 Forestry Rly Consy. Depot.

Regimental No. 250858 Rank Pte. Name Stanley Reid

Enlisted (a) 26/6/17 Terms of Service (a) C. E. F. Dof N. Service reckons from (a) 26/6/17

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) Farmer

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 N.Y. S. Tuscania	Halifax	5/9/17	
		Disembarked	Liverpool	SEP 15 1917	
19-9-17		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale 15-9-17 Pt. 11. D.O. 124			
		W. H. B. Grassett Lt. & Adjt. C.F.C.			
		25-10-17. O.C. CFC. S.O.S. Base Depot, C.F.C. Sunningdale, 25-10-17, Pt II DO 155. on posting to 31 Coy. C.F.C. France. Laweeke Capt. for O.C. C.F.C.			
		31st Company CFC Disembarked HA[illegible] 02-10-17			LR. 9214 PTO no 1 of 15-11-1917
12:7:18	HQ, 10 Dist	With Unit 31 Coy C.F.C	Field	12:7:18	K,G,J 8-14553
16-11-1918	31 Coy.	Granted 14 days Leave	to the UK	13-11-18	B213 PTO No 38 of 1918
2-12-18	31 Coy	Rejoined from Leave	Field	30-11-18	B213

CERTIFIED CORRECT - NOV. 1917 CAN. RECORDS, LONDON.

(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				
1-2-19		O.C.Cdn. S.O.S. for demobilisation to C.F.C. Conc. Cmp. Le Havre	Depot Cunningdale,		N/R. Pt.2.6/8.5
				1-2-19	Lieut. for Lt. Col A.A.G. Cdn. Sect. G.H.Q.
4.2.19	Pc 18th Res Bn.	TOS. CFC.	Seaford.	2.2.19.	18th Res CFC. Pt II. 01.
25.2.19.	do	SOS. Kinmel Park for CFC.	~~25.2.19~~ "	25.2.19	" " " " " 06
		H.M.T. "MANNER" EMBARKING DISEMBARKED 23 MARCH 19			James Orr Lieut. for Adjutant, 18th Res. Bn.
26.2.19	T.O.S.	C.C.C. Kinmel Park f[illegible] return to Canada. Part 11 Orders No. 58. SOS.			
20.3.19		C.C.C. Kinmel Park on embarking for Canada, Part 11 Order No: 78.			
		for Commanding 10 Wing, Kinmel Park Camp. Hack Ross Lt.		19.3.19	T.O.S. Dispersal Station D093-2
					and Dispersed 31.3.19 D0.93-2
					Lieut. for O. C. 10 District Depot.

Form R 122.
2353—100M—9-12-16.

LTR

Rank

Name REID, Stanley

Reg'l No. 2502858

Unit No 10 Winnipeg Forestry Dft To Base Depot

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Winnipeg, 26th, June 1917.

Place of Birth Manitoulin Island Ont. Canada

Name and Address, Next-of-Kin William Reid.
Box.145.Boissevain, Manitoba, Canada,

Relationship Father.

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

N/E. R.B. No. 16794
File R.L.
Category O.R. Can

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

A.F.B. 103 CHECKED 10 OCT 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		15-9-17	S/S Megantic
19.9.17	C.F.C.B.D.	T.O.S. from Canada	Bte Sthale	16.9.17	P.W.I. 124
25-10-17	"	S.O.S. to 31 Coy CFC France	" "	25-10-17	— 155 (Landed in France P.W.I. 0. 15-11-17 31 Coy CFC)
4.2.19	31st Coy.	S.O.S. to B.D. CFC. Sthale	" Fielo	1.2.19	— 5
4.2.19	8 Res Kinmel	T.O.S. from 31st Coy CFC	" Sford	4.2.19	— 1
26-2-19	10 MD C.W. (CFC Sec 4)	TOS from 8 Fld.	" Rhyl	25-2-19	- 56. (SOS 18 Res to D.O.D. 25-2-19)
			27-M4-19.3.19		
20-3-19.	See. I. M.R. 10. M.D C.W.	S.O.S. to Canada	" Rhyl.	19-3-19	— 78

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.					

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 250285 (Rank) Pte

Name (in full) Reid Stanley enlisted in

the #10 Forestry & Railway

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 25

day of June 19 17

HE served in France

and is now discharged from the service by reason of Demobilization. ~~Medical Unfitness.~~ Demobilization R.O. 122 (1)

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

Age 22 years

Height 5 ft 11 in

Complexion Dark

Eyes Brown

Hair Black.

Marks or Scars

Stanley Reid
Signature of Soldier

Date of Discharge

Imperial Section "M"
MAR 31 1919
Military District No. 10

D. A. Dack
Issuing Officer

Lieut.
Rank

Date March 31 19 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M.F.B. 39A.
1049-D.P.-300M-11-18.
H.Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY, that No. ..... Name (in full) ..... enlisted in the CANADIAN EXPEDITIONARY FORCE at ..... on the ..... day of ..... 19 ..... He served in ..... and is now discharged from the service by reason of .....

WAR SERVICE BADGE
CLASS "A" NO. 72644 ISSUED

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

	Marks or Scars
Age	
Height	
Complexion	
Eyes	
Hair	

Signature of Soldier

Date of Discharge

Issuing Officer

Rank

Date 19

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

L. L. Job 23[illegible]—M. & D. 8049.

ASSIGNED PAY.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Norman B Reid

Address Boissevain Man

Relation to Soldier wife, child or mother Rate 20.00

Name of Soldier Reid S.

Regtl. No. 2502858

Rank Pte

Corps #10 For & R C Depot Dft #1.

To what Corps belonging when called out 1917

SEP

PAYMENTS

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

ACCOUNT CONSOLIDATED

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. Norman B. Reid (Assignee)

PAYMENTS. Name of Soldier Reid S.

Pte 2502858 #10 Fwd Coy

L. L. Job 19227—M. & D. 7814.

Month.	Year.	Cheque No.	Amt.	Remarks.
			20 00	SEP 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		X44641	20	03
Oct.		M 46289	20	
Nov.		H 50271	20	
Dec.		Z61439	20	40 W
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 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1/9/17.		EFFECTIVE DATE:-	
AMOUNT:- 2d0.		AMOUNT:-	

NAME:- REID, Stanley

NUMBER:- 2502858. 193

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.

Norman B Reid
Boissevain, Man. Can.
(Brother)
Stopped 1/3/19

S.o.S. to Canada 19.3.19
S.L. 27

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

UNIT AND TRANSFERS

ORIGINAL UNIT:- w'pg. Forestry Draft.

DATE ACCOUNT FIRST OPENED:- 1/9/17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			C3C Frances.

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
~~24/5/19~~	~~3096~~	~~Non-disch~~	~~3 7/3~~	✓			
~~6/2/19~~	~~3644~~	~~15 Rec.~~	~~29 20~~	✓			
~~17/2/19~~	~~3765~~	~~—~~	~~9 10~~	✓			
			~~42 66~~ ✓				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged to Canada 20/2/19 AR 3282 20/2/19 Seaford 20 10

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
March				Balance Forward					40	Nil	
April	P. Pay.	33		C. ab.				20			
				ab 50 - 12.4.18 - 31 Co.	4 46						
				ab 177 - 25.4.18 - 31 Co.	2 68						
		33			7 14			20	45 86		
May	P Pay	34 10		C. ab.				20			
				ab 336 - 13.5.18 - 31 Co.	2 68						
				ab 551 - 29.5.18 - 31 Co.	2 68						
		34 10			5 36			20	54 60		
June	P. P.	33		C. a. P.				20			
				AB 657 14/6/18 31 Coy	2 68						
				AB 743 21/6/18 "	2 68				62 24		
July	P P	33			5 36			20 -			
		34 10		C. a. P.				20 -			
				AB 947 10/7/18 31 Coy	3 57						
				AB 1094 29/7/18 "	3 57				69 20		
Aug.	P. P.	34 10			7 14			20 -			
		34 10		C. a. P.				20 -			
				AR. 1312. 15/8/18. 31 Co.	3 57						
				AR. 1463. 30/8/18. "	3 57				76 16		
Sep	✓	34 10			7 14			20 -			
		33		C. a. P. "				20			
				AR 1605 16/9/18	3 57						
				" 1791 26/9/18 "	3 57				82 02		
		33			7 14			20			
Oct	✓	34 10		C. a. P.				20			
				" 1945 15/10/18 "	3 73						
				" 2183 30/10/18 "	3 73				88 66		
		34 10			7 46			20			
Nov.				" 2265 12/11/18 "	7 46						
				C.P. 6588 18/11/18 "	19 47						
				AR 7165 13/11/18 "	63 27						
				" 2806 14/12/18 "	7 46						
					97 66						

NUMBER RANK NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
									88 66	✓	
Nov.				Brot Fwd	97 66						
Dec.	P. P.	101 20		C. a R				60 00			
Jan		101 20			97 66			60 ..	32 20		
Feb.	C O	30 80		A.R. 2981 11/1/19 (20) 10 Dist	3 73	✓					
				C. a R.				20	39 27		
				" 3096 (82) 24/1/19 "	3 73						
				A.R. 3644 (82) 6/2/19 "	39 20						
				A.R. 3785 (87) 17/2/19 18 Res	9 73						
				" 2428 (119) 3/3/19. Kin PKS End	9 73						
				" 3593 17/3/19 (147) " End	4 87						
		30 80			60 99			20 .	17 99		

SOS to Canada 19.3.19 SR 27

Stopped 1/3/19
Canada 26/2/19
20.2.19
D.R. " 3 39 / 20/2/19
AUTHY. WR 3262 18/2/19
Lee for
M D 10

A.F.M. FORM ... LEAVE ... DISCHARGE ... DATE ... PAY BOOK VERIFIED ... BALANCE ... P.A. ... REMARKS ... AUTHY. ...

COMPILED BY ... Jno Kerr
CHECKED BY ... J. H. Williams

→ 1 Pte Dr Bps now reads $13.12
" " " " $17.99

P. 559
MARRIED OR SINGLE S

PLACE OF BIRTH Manctoulin Island. Ont.

NAME AND ADDRESS OF NEXT OF KIN Reid William
Box 145 Boissevain Man

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. 2502858 RANK Pte NAME REID. Stanley

IF IN PERMT. CORPS WHAT UNIT UNIT 10pg. Fot. Ofc. TRANSFERRED TO 68th Batt. DATE 1-1-18 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Winnipeg Man TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION June 25th 1917 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-9-17.

PAYABLE TO Norman B. Reid, Boissevain, Man. Can. RELATIONSHIP Brother.

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)

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
AUG 31 1917																																		
Sept 1/17																																		Balance from Canada
Sept 30 1st	33			—											33 —												20		20	10 —				
	33														33												20		20	23.00				4

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFTA DEFD. PAY	SER. ALLCE. ENG.
		~~23~~ —							23 —		Nil
Oct	P Pay	34 10		Can a Pay.					20 37 10		
		34 10							20		
Nov	P Pay	33 —		Can a Pay					20		
				ARC B 444 B.D. 13/10/17	4 87						
				ARC B 172 . 31 Coy. 24/10/17	4 87						
				" 34436 B.D. 25-9-17	9 73						
		33			17 17				20		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFTA DEFD. PAY	SER. ALLCE. ENG.

2502858 Pte. Reid. S. AP 20 Can.

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	DEFERRED PAY	SER. ALLOC. ENG.															
Nov	Balance	33	-											19	47		20	37 60																
Dec	P Pay	34	10	Can A Pay										19	47		20	44 73																
		67	10														40																
1918																																		
Jan	P P.	34	10	A.P. Can													20																	
				G 666 A 512	39 Co	19/11/17								90																				
				AR 4	31 60	22/11/17								3	57																			
				" 20	28-11-17	31 bo								3	54																			
				" 34	13-12-17	"								8	92																			
				" 58	24-12-17	"								3	54			3																
		34	10											20	53		20	48 20																
Feb	P P.	20	80	A P Can													20																	
				A.R. 80	12-1-18	31 bo								3	54																			
				" 114	26-1-18	"								3	54																			
		28	80											7	14		20	41 96																
Mch	P Pay	34	10	Can P													20																	
				. 385	11.2.18	31 Bay.								4	46																			
				502	25/2/18	.								3	57																			
				AR 634	13.3.18	-								4	46																			
				AR 852	22.3.18	"								3	57																			
		34	10											16	06		20	60 00																

M

M. D. 10.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

G. 1.

1. No. 250285 8.

2 Rank. Pte.

3. Name. Reid Stanley

4. Unit. C. F. C. C. F. C.

5 Date of Discharge MAR 31 1919 Place Tpg.

6 Reason for Discharge Demob.

A Father.

H.M.T. MINNEKAHDA
EMBARKED 19 MARCH 19
DISEMBARKED 28 MARCH 19

7. Authority. DD 93.

8. Proposed Residence after Discharge Boissevain Man.

War Service Badge
Class "A" No. 72644.

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Stanley Reid
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Dispersal Station "M"
MAR 31 1919
Military District No. 10

Place

Date

Signature J. A. Dack Jr.
for
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

X

LIST OF DISCHARGE DOCUMENTS.

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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D. 3609a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (A.F.B.)
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B.64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 4

Checked by No. 24

L. Mc Ch

Date 18/7/19

AUDITOR | PAYMASTER 25

Minnie Rahda

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

M. OR S. REGT. No. 250258 RANK Pte NAME (IN FULL) Reid S.

B-615

NEXT OF KIN — RELATIONSHIP
ADDRESS
IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE
TO WHOM PAID Self. — RELATIONSHIP
ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 16th C.M.R.'s — IF IN P.F. WHAT UNIT? — (BLOCK LETTERS SURNAME FIRST)
PLACE OF ATTESTATION — TRANSFERRED TO Dis Sta Winn. — DATE MAR 19 1919 — AUTHORITY D.O 93
DATE OF ATTESTATION 25.6.17. — TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $ 30.00 X — DATE EFFECTIVE 1.4.19
PAYABLE TO Norman B Reid. — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS Union Bank of Canada Boissevain Man.
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
DISCHARGED PLACE MD #10 DATE MAR 31 1919 REASON D. AUTHORITY D.O 93 IF ENTITLED TO POST DISCHARGE PAY yes.

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.			TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.
BALANCE FROM PREVIOUS ACCOUNT 28/2/19																													3	39					3	39	
					35 70	1 1											9 73 4 87	1 1																		
1/3 9/4	39	1 10	42	90													4 87 50												3	39						
									147	90	8	9844							100	04									20				147	90		
			688	20																																
177 days at minimum	280								280		War Service Gratuity,																70						210			
																													8 80 25				200 95			
May 6																	560948	70															130 95			
" 20																	571451	70															60 95			
June 19																	769188	60	95																	
	280																										270	95	9	05	280					
a/c closed by Pwk. 17-6-19																																				

PARTICULARS OR REMARKS

Dr. BAL. ENG. L. P. C.
3 39
Clothing Allce. 1st payment W.S.G.
Advances - Boat - Train
A/c. Cash on Eng. L. P. C. to date
20 00
1st Payment W S G as above
Dr. 8 80 8 days at 1 10 4
to 25 4 18 D.O 93
70. 2. Pte Webb
70. 3 " " "
60 95 4 " " and final

AUDITED
JUN 27 1919
Audit Clerk
M.D. 10

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1993

Date of Assignment Sept 1–17

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20			

62 18 R4 PP.

PARTICULARS OF SEPARATION ALLOWANCE

No. 2502858

Rank Pte Promoted Reverted Discharge

Soldier's Name S. Reid

Battalion #18 For & R.C. Depot Dft #1

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Norman B. Reid

Address Bissevain Man.

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 30/17			80	80	015-208-5-46
Jan 18	F 64478		20	20	
Feb	V 72870		20	20	
Mar	R 91078		20	20	
Apl	P 8719		20	20	
May	M 21887		20	20	
June	Q 26896		20	20	
July	I 23254		20	20	
Aug	S 36443		20	20	
Sept	O 45654		20	20	
Oct	H 51148		20	20	
Nov	H 62050		20	20	
Dec	D 62478		20	20	
Jan/19	E 71811		20	20	
Feb	F 79664		20	20	
Mar	A 90680		20	20	
			380	380	

A/c Closed 31-3-19 W.F.W. 1876 to W.D. 10

Ret'd per Winnetahda W.R.O. 65-884 Destroy

Date 28-3-19 2-4-19 OK WB

Clerk L. A. Brown

M. F. W. 126.
400M.—5-17—4772 39-1141
L. L. 22320—M. & D. 7993.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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.
4'OM. 6-7—1772-39-1141
L. L. 22320—M. & D. 7903.