

ORIGINAL 93/296

ATTESTATION PAPER

No. Folio

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

QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name? *Aubrey Simmons*
 2. In what Township or parish, and in or near what Town and in what County or Country were you born? In or near the Town of *Yarmouth N.S.* in the County of *Yarmouth N.S.* in *(Grandmother) Mrs. Elmira Langford*
 3. *What is the name of your next of kin? *Yarmouth Falls*
 4. *What is the address of your next of kin? *Yarmouth Falls*
 5. What is the date of your birth? *July 19. 1898*
 6. What is your trade or calling? *Labour*
 7. Are you an apprentice? *no*
 8. Are you married? *yes*
 9. Are you willing to be vaccinated or re-vaccinated? *no*
 10. Do you now belong to the Active Militia? *no*
 11. Have you ever served in His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? *no*
- †† If so, state particulars of former Service, and produce Certificate of Discharge, or transfer to Army Reserve.
12. Do you understand that enlistment into the Permanent Force does not involve your discharge from the Army Reserve, but that if required for duty as an Army Reservist you will be discharged from the Permanent Force? *yes*
 13. Have you ever been rejected as unfit for His Majesty's Regular Army, Royal Marines, Royal Navy, Royal Naval Reserve, Indian or Auxiliary Forces, Territorial Force, Canadian Permanent Force, Canadian Naval Service, or in any Corps of the Active Militia of Canada, or the Royal North-West Mounted Police? *no*
 14. Do you understand the nature and terms of your engagement? *yes*
 15. Are you willing to be attested to serve in the *yes*
- or for General Service for the term of.....
- (Signature of Man) *Aubrey Simmons*
(Witness) *John Lambert*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Aubrey Simmons* do sincerely and solemnly declare that to the best of my knowledge and belief, the above answers to the foregoing questions made and signed by me are true; and that I am willing to be attested for the term of *Two* years, provided His Majesty should so long require my services, or until legally discharged.

Aubrey Simmons Signature of Man. *John Lambert* Signature of Witness.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Aubrey Simmons*, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to his Majesty.

Witness my hand. *Aubrey Simmons* (Signature of Man)
C. W. Reis Capt (Witness Present)

The above questions were asked of the said *Aubrey Simmons* and answered by him in my presence, as herein recorded; and the said *Aubrey Simmons* made the above Declaration and Oath before me at *two* this *4* day of *October* One Thousand Nine Hundred *and 16* at *1.30* o'clock *P*.M.

† Signature of Commanding Officer of Squadron, Battery or Company, or Justice of the Peace. *C. W. Reis Capt*
Justice of the Peace in and for the County of Colchester, Province of Nova Scotia.

* To be verified in the month of January in each year.
† But only at the Headquarters of the Corps for Permanent Units, and in cases where the Commanding Officer has taken the same oath before a Justice of the Peace. (See K. R. & O. for the C. M., and the Militia Act.)

ORIGINAL

ATTTESTATION

Description of Simpson Aubrey on Enlistment.

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

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

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

Height 5 ft. 4 ins.

Weight 125 lbs.

Chest measurement { Girth when fully expanded 3 ins.
 Range of expansion 2 1/2 ins.

Complexion Dark

Eyes Brown

Hair Black

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* Fit for the Permanent Force,

Date Oct 4th 1916.

Place Texas

H. V. Hunt M.D.
 Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the following Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING OR ADMINISTERING THE CORPS

Aubrey Simpson 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. Reis Capt (Signature of Officer)

Date OCT 23 1916 1916.

MILITARY HISTORY SHEET.

1. Service at Home and Abroad (including former service of re-enlisted men, when allowed to reckon towards Deferred Pay or Pension).

COUNTRY	FROM	TO	YEARS	DAYS	N. B.—The country only to be shown—it is not necessary to show separately the services in the different stations of the same country.

- 2. Passed classes of Instruction {
- 3. Campaigns..... {
- 4. Wounded {
- 5. Effects of wounds {
- 6. Special instances of gallant conduct..... {
- 7. Medals, Decorations and Annuities {

Initials of Officers.

(a) Christian and surname of woman to whom married and whether spinster or widow;
 (b) Place and date of marriage; (c) Name of officiating Minister or Registrar, and
 (d) Name of two Witnesses.

Date of being placed on Married Roll Initials of Officers.

9. Particulars as to Marriage.....

(a)	(b)	(c)	(d)		

10. Particulars as to Children.....

Christian Name	Date and Place of Birth	Date and Place of Baptism, and Name of Officiating Minister

NOTE.—These entries are to be made from time to time as they occur, and initialled by the officer making the entry.

27-3-19
216
SIMMONS Aubrey
CONTENTS

M^{pl}. 93/296
O. H. M. S.

#2 Conat. Pan

Revised

Demobilized
14-2-19

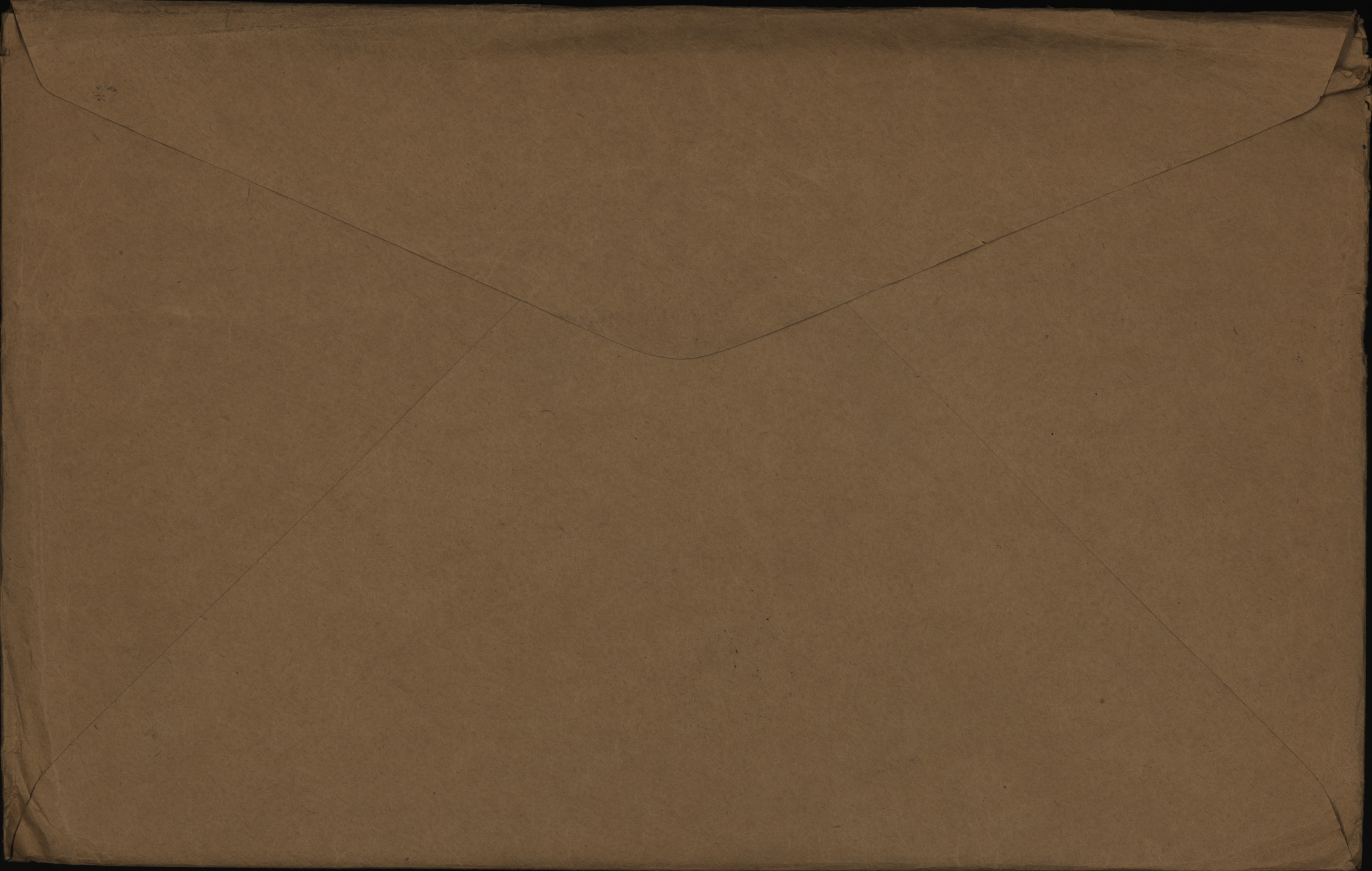
- 2 ATTESTATION PAPER (M. F. W. 23, 133 or 51)
- 9 CASUALTY FORM (M. F. W. 54 or A. F. B. 103)
- TRAINING HISTORY SHEET (M. F. W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 121)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- 2 MEDICAL HISTORY 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)
- S** MEDICAL EXAMINATION (M. F. W. 129)
- TRANSFER CLOTHING STATEMENT (M. F. W. 97, or D. O. S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M. F. B. 303 or A. F. A. 2)
- DECLARATION, COURT OF INQUIRY (M. F. B. 259 or A. F. B. 115)
- LAST PAY CERTIFICATE (M. F. W. 44)
- PROCEEDINGS ON DISCHARGE (M. F. W. 218 or A. F. B. 268)
- PARTICULARS OF CHARACTER (A. F. W. 323)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39A)
- DENTAL CERTIFICATE ON DISCHARGE (C. A. D. C. 5609)
- UNIT INDEX CARD (M. F. W. 71 or 192)

1 A.F.W. 3997
1 W.M.S. 1375
1 M.M.W. 1-122
1 Pay card

19933

Box #
AO-348-8910





*Name SIMMONS. A. Rank PTE. Regtl. No. 931296.
 Original unit N.S.R.D. Present unit #6 D. D. M. or S. Age 20 Religion Bapt. Fyle Depot 74-S-792. Ref. H.Q.
 Port, ship, and date of arrival Halifax. N. S. "Empress of Britain" 22-1-19.
 Next of kin Mrs. Elmera Lanford. Grandmother.
 Address on leave Yarmouth. N. S.
 Address on discharge Same.
 Transportation issued Yes No Date Character on discharge
 Previous occupation Labourer Date and place of enlistment 4-10-16. Truro. N. S.
 Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
12-1-19	T. O. S. #6 D. D. and posted to CASY. COY. 22-1-19	D. O. 29.
14-2-19	Discharged. H. M. S.	D. O. 43.

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192
150M-6-18.
1772-39-1243.

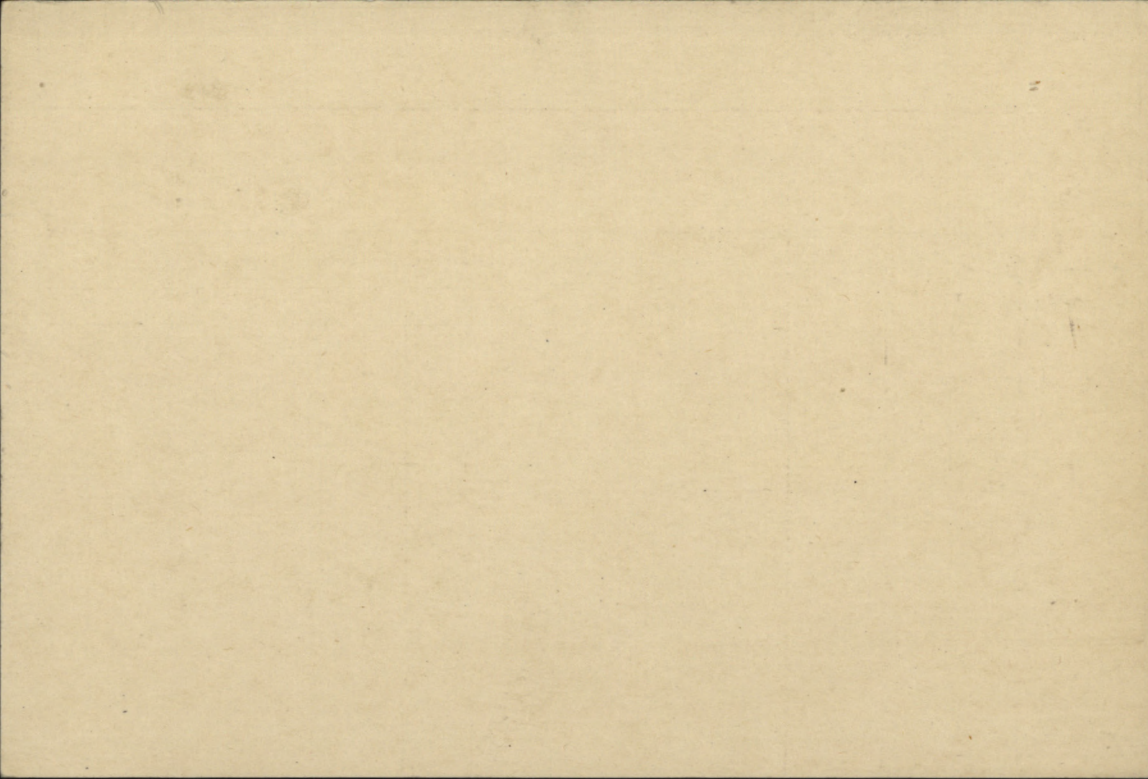
No. 931296 RANK Pte

NAME Simmons Aubrey

T. O. S. 2-10-16 UNIT No 2. Construction Battalion.
 N.O. 42. 4-10-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct. 2.	1916 Oct. 31	n-		
	Nov.	v		
	Dec.	v		
1917 Jan.	1917 Feb.	v		
	Mar.	n		



SURNAME. *Simmons*

CHRISTIAN NAMES *Aubrey*

REGL. No. *931296* RANK *Pte.*

UNIT *No. 2. Construction*

FORMER CORPS *nil*

CARD NO. *6*
Sos Demok. 14/2/19
Do. 43 of 12/2/19. 006
FOLL.

Bn.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Langford, Mrs. Elmira.*

RELATIONSHIP TO SOLDIER *Grandmother*

ADDRESS *Keymouth Falls, Digby Co., N.S.*

COUNTRY OF BIRTH *Canada* *Keymouth Falls, N.S.* DATE *July 9th 1898.*

PLACE OF ATTESTATION *Truro, N.S.* DATE *Oct. 4th 1916.*

Rp 25-1-19 256/40.

From Halifax per S.S. **Southland** 28/3/19.

MARRIED

SINGLE

WIDOWER

Yes.

TRADE OR CALLING

Laborer

RELIGION

Baptist

DESCRIPTION.

APPARENT AGE

18 YEARS

3

MONTHS

HEIGHT

5 FEET

4.

INCHES

CHEST MEASUREMENT

Not stated

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Coloured

EYES

Coloured

HAIR

Coloured.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Truro, N.S.

DATE

Oct. 4th 1916.

Present Address. not stated.

md bce

Number 931296 Rank Pte Sp 3

Surname SIMMONS

Christian Name Aubrey

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

Date of Service 17/5/17

Remarks 224 A Aqueduct
Montreal

Latest Address ~~Guernsey~~

Roll No B Page 11341

Port, ship, and date of arrival

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

DESP. JAN 23 1923
 REGN. NO. 33613
[Handwritten Signature]

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 93, 296 (Rank) Private
Name (in full) Hubrey Simmons enlisted in
the No. 2 Construction Battalion
CANADIAN EXPEDITIONARY FORCE at Truro NS on the 4th
day of October 19 16
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 20 yrs 7 mos
Height 5 ft 3 in
Complexion Dark
Eyes Brown
Hair Black
A Simmons
Signature of Soldier

Marks or Scars Nil

CW MacAloney CAPTAIN
Q. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT.
Rank

Date of Discharge Feb. 14, 1919

Signed at Halifax NS this 12th 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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

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

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERBACK

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. 931296 Rank Pte Surname Simmons
(Given name in full)
 Unit or Corps D.D. 6 Birthplace Garmouth, N.S.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 120 lbs. Height 5 ft. 3 in. Colour of Eyes Brown
 Nutrition Good
 Pulse Normal
 Condition of arteries Normal
 Vision Rt. 20 Left 20
 Hearing (conversational voice) Rt. 15 ft. Left 15 ft.

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

Opinion as to general health and physical condition.....

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.

Garmouth
N.S.

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 *Vancouver* (Canada)

Date *Feb 11, 1919* Signed *[Signature]* **M.O.**

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

Signature *Simmons A*

(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.)

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters)

SIMMONS A

REGIMENT

No 2 Con Bn

RANK

Plt

No.

93 12 96

Date of Examination in England

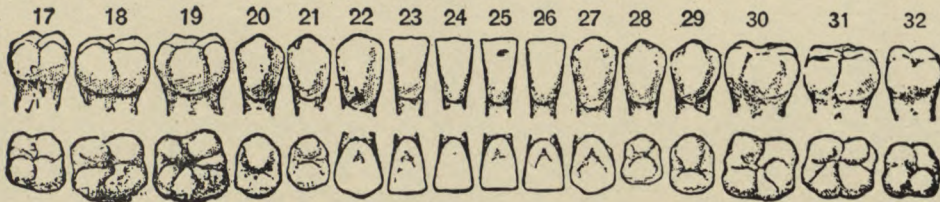
31.12.18

Date of Examination in France

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

3-4-5-6-7-8-9-10-14-31

2. EXTRACTIONS

3. CROWNS

4. DENTURES

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

HAS HE EVER REFUSED DENTAL TREATMENT?

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

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

KINMEL PARK, NORTH WALES.

Signature of Dental Officer

W. Kennedy
Plt

INVESTIGATE FOR DEMONSTRATION

A. Simmons

1000 ...

1000 ...

1000 ...

1000 ...

1000 ...

**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 He Name Simmons Surname Aubrey
 Unit or Corps 17 Reserve (If a soldier) Regtl. No. 931296
 Born at Jamunah Bora Saha on, date July Ninth 1900
 Signature (for identification) Simmons Aubrey

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

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

Weight 135 lbs.

Height 5-3 ft. 3 ins.

no

2. NUTRITION AND DIATHESIS P

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 P

no

4. RESPIRATORY SYSTEM.

no

5. HEART P

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 74

Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

no

7. DIGESTIVE SYSTEM P

no

8. GENITO-URINARY SYSTEM P

Urinalysis—s.g.? 1.026 Reaction? ac Albumen? 0 Sugar? 0

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

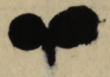
11. Opinion as to the health and physical condition of the one examined?

Good

Examined at Kindred Park Signed H.P.C. [Signature] Capt. M.O.

Date 2/1/18 Signed [Signature] 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.



Medical Examination was taken for the
at 11:00 AM on general grounds at 10:00 AM

General Examination
The patient is a young man
of 20 years of age, single,
and of normal build.
He is well developed and
well nourished. He is
conscious and oriented to
time, place and person.

History of Present Illness
The patient complains of
intermittent fever, chills,
and sweats, which began
about 10 days ago. The
fever is of the tertian type,
with a temperature of
101.0 to 102.0 F. The
chills are severe and
last for about 1 hour.

Physical Examination
Vital signs: T 101.0, P 90,
R 20, BP 120/80. The
heart is normal. The
lungs are clear. The
abdomen is soft and
nontender. The spleen
is not enlarged. The
bones and joints are
normal.

Diagnosis
The patient's symptoms
and physical findings are
consistent with malaria.
The fever is of the tertian
type, and the spleen is
not enlarged. The
diagnosis is malaria.

Prognosis
The prognosis is good.
The patient is expected
to recover completely
within a few days of
treatment.

Treatment
The patient is to be
treated with quinine
sulfate. The dose is
600 mg. three times a
day for 10 days.

LTR

Rank

Name **SIMMONS, Aubrey**

Reg'l No. **931296**

Unit **No. 2 Const. Bn.**

If in perm. Corps,
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Truro, 4th October 1916.**

Place of Birth **Yarmouth, N.S.**

Name and Address, Next-of-Kin **Mrs Elmira Langford.**
Weymouth Falls.

Relationship **Grandmother.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. **5739**
File R.I.
Category **OR CAN**

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	CHARACTER MARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England ss "Southland"		7-4-17	
14.6.17	No 2 Const Bn	Arrived in France	Field	17.5.17	115
16.12.18	N.S.R.D	TBS from 2 nd Coy	Pt. Beatty	14.12.18	305-71 d/ 19-12-18 2 nd Coy
27.12.18	N.S.R.D	O/C to C.P.D Rhyd		27.12.18	313
25.1.19	N.S.R.D	cease to Rhyd + 205. 66.8.7 Canada	Ripon	16.1.19	- 18.

A.F.B. 103 CHECKED
30 MAY 1917

AWW

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.

Regimental No. 931296 Rank Pte. Name Simmons A.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

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

Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
12.1.19	Oxas. 1/0/S. No. 6 D.D. Hlfr. Coy C. 22. 1.19 2029				<u>W. Ferguson</u> Lieut. ASST. ADJT. No. 6 DISTRICT DEPOT.
14.2.19.	DISCHARGED at Halifax, N. S. D.D. 43.			for <u>W. Elliot</u>	Lieut. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

(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.

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

M. F. W. 54. (A. F. B. 102)

350^{REV.}—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *No 9 Const Batt. C. E. F.*

Regimental No. *931296* Rank *pte* Name *Aubrey Simmons*
C. E. F.

Enlisted (a) *4-10-16* Terms of Service (a) *period of war* Service reckons from (a) *4-10-16*

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 1 1917
 CAN. RECORDS, LONDON.

Report Date	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
	<i>O. C. No 2</i>	<i>Embarked from Canada Halifax</i>	<i>Halifax</i>	<i>15/3/17</i>	
	<i>London</i>	<i>Disembarked, England</i>	<i>Liverpool</i>	<i>7/4/17</i>	<i>✓</i>
	<i>Bath</i>	<i>Proceeded Overseas</i>	<i>Seafood</i>	<i>MAY 17 1917</i>	<i>Pt 2 D. O. #</i>
					<i>Adjutant, No. 2 Construction Battalion, C. E. F.</i>
<i>21.5.17</i>	<i>OC</i>	<i>Forfeits 5 days pay for</i>	<i>Landed in France</i>	<i>17-5-17 N.R.</i>	
		<i>Making aw y with</i>	<i>Hld.</i>	<i>21.5.17</i>	<i>B 2069 Pt 2, 120</i>
		<i>Iron Rations</i>			<i>26/7/17</i>
<i>9-3-18</i>	<i>OC Wrist</i>	<i>Granted 14 days leave to W.K.</i>		<i>7/3/18</i>	<i>B 213 Pt 2. ord. roll 1918</i>
<i>23.3.18</i>	<i>OC</i>	<i>Retd. from leave.</i>	<i>Hld.</i>	<i>23.3.18</i>	<i>B. 213.</i>

(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.

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	WCH	Trans to Eng & posted to 675 Reg Depot Bramshott		14 ¹² / ₁₈	KR 344. C. Hewett Lieut. for Lt. Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
----------------------------------	-----	---	--	----------------------------------	---

14.12.18	N.S. R. 10	J.O.S. + attached to 2 L.C. 10 for Ops + Rations	B'shott	14.12.18	D.O 305.
----------	------------	---	---------	----------	----------

A.L.R.D. ON COMMAND TO L.O.D. Kinnel
Phyl BRAMSHOTT

PART II D.O. MARD 913 27 ¹²/₁₈

12/1/19

Sos. on T.C.
on Trans. to C.C.Y.
Disch. Canada
Sailing No 4

C.A. Wright
LIEUT.
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

R.M. Hammond
Lieut
Kinnel
Embarked for Canada 12-1-19

(9) Is your Father alive? *No*

If so, state name and address *—*

(10) Is your Mother alive? *—*

If so, state name and address *—*

(11) If your Mother is a widow *—*

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.

0

(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.

*Grandmother Mrs. Bernard Langford
Weymouth Hall
Wigby Conn*

(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.

No

(15) Are you insured? *Yes*

If so, in what Company? *met life*

Have you made arrangements for payment of your Insurance premium? *No Yes*

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 *1916*

OCT 24 1916

931296

MEDICAL HISTORY SHEET

Surname Simon Christian Name Arthur

Examined { on 4th day of Oct 1916
at huro 9.5.

Approved by H. R. Kent

Birthplace { City or Town Yarmouth
County Yarmouth N.S.

Rank Major Am. Co. M.O.

Apparent age 18

Trade or occupation Labour

Height 5 4 feet 4 Inches

Weight 125 lbs.

Chest measurement { Minimum 27 1/2 inches

{ Maximum expansion 30 inches

Physical development good

Small-pox Marks none

Vaccination Marks { Arm Right Left X

{ Number one

When Vaccinated last one 5 yrs ago

(a) Marks indicating congenital peculiarities or previous disease none

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>12/1/16</u>	<u>Loeff</u>	<u>D. M. M. M. M.</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/10/16</u>	<u>S. G. R.</u>	<u>20 U. Kent' Mynor</u>
<u>31/10/16</u>	<u>S. G. R.</u>	<u>20 U. Kent' Mynor</u>
<u>7/11/16</u>	<u>S. G. R.</u>	<u>20 U. Kent' Mynor</u>
		M.O.
		M.O.
		M.O.

Enlisted on 2 day of October 1916 at Yuro 9.5.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment		<u>931296</u>		<u>2/10/16</u>
Transferred to				

No. 2 CONSTRUCTION, B.M. C.E.F.

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.

2. 10. 16

MILITIA AND DEFENCE

M. F. W. 11a.

50m.- 6-16.

1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

M^m *Elmira*
Alexander Langford Foster mother
PAYMENTS.

Name of Soldier

Simmons, Aubrey
Pte

L. L. Job 4503.-Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		A1029	40	40 <i>sw</i>
May		U 5217	119	119 <i>adj sw</i>
June		M 8807	20	20
July		U 11630	20	<i>sw</i>
Aug.		G 16048	20	<i>m</i>
Sept.		H 19375	20	<i>sw</i>
Oct.		V 21397	20	<i>B</i>
Nov.		D 25661	20	<i>N</i>
Dec.		028138	20	299
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pay S. A. from 2. 10. 16
 per Sgt. Maj. Brien 13⁴/₁₇ U.S.
 Pay from 1. 3. 17 Pat. Soc written to
 re payment of arrears 27. 3. 17 U.S.

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.				

2.10.16

MILITIA AND DEFENCE

M. F. W. 11.

50m.—4-16.

H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name ^{Elmira} ~~Mrs Alexander Langford~~Name of Soldier *Simmons, Aubrey*Address *Weymouth Falls
N. S.*Regtl. No. *931296*Rank *Pte*Corps *No 2 Coast Batt*

Relation to Soldier

To what Corps belonging

wife, child or mother

} *Foster Mother*

when called out

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				



140
154
294

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.
(Assignee)*Mrs Elmira Langford*

PAYMENTS.

Name of Soldier

Simmons Aubrey
931296 Pl. 2. Co. B. 11th

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>10.</i>
				<i>APR 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>25081</i>	<i>10</i>	
May		<i>711757</i>	<i>10</i>	
June		<i>18866</i>	<i>10</i>	
July		<i>F25120</i>	<i>F25719</i>	<i>10</i>
Aug.		<i>V31816</i>	<i>10</i>	<i>5 C F25119 came</i>
Sept.		<i>E39489</i>	<i>10</i>	
Oct.		<i>M45298</i>	<i>10</i>	
Nov.		<i>N53047</i>	<i>10</i>	
Dec.		<i>M62557</i>	<i>10</i>	<i>90</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

W.B.

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

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

Mrs
To Whom *Elmira Langford*
Address *Weymouth Falls*
N S

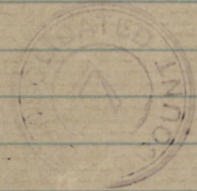
By Whom Assigned *Simmons Aubrey*
Regtl. No. *931296*
Rank *Plt*
Corps *2. Co. Battr*

Rate *10.*

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				



100000

100000

100000

100000

100000

100000

ASSIGNED PAY: ENGLAND or CANADA. SEPARATION ALLOWANCE: ENGLAND or CANADA.
 NAME: *SIMMONS Aubrey E*
 EFFECTIVE DATE: *1 APR 1917* *sch/18* EFFECTIVE DATE: NUMBER: *931296*

AMOUNT: *10⁰⁰* *15⁰⁰* ✓ *ms* AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY: *Mrs Elmira Langford (Mother)*
Weymouth Falls, N.S.
 AUTHORITY: DATE EFFECTIVE: RANK OR APPOINTMENT: *PM*

UNIT AND TRANSFERS: ORIGINAL UNIT: *2 Construction Bn*
 DATE ACCOUNT FIRST OPENED: *1 APR 1917*

AUTHORITY: DATE EFFECTIVE: DATE LEDGER SHEET T'S P'D: UNIT TRANSFERRED TO:
L.P. 6 *2/2/19* *Canada Section*

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
<i>9/1/18</i>	<i>754</i>		<i>11 66</i>				
<i>18/1/18</i>		<i>B.R.A.G.</i>	<i>9 93</i>				
			<i>14 39</i>				

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans. to Canada 31/12/18 NR 161. 17/12. 2662. L.P. 6 Bal. 189*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								<i>6877</i>	<i>60</i>	<i>55</i>
Apr	P. Pay	<i>33</i>		<i>b. a. P.</i>				<i>10 -</i>			
				<i>AR 8. 7/4. CFC June</i>	<i>3 57</i>						
				<i>✓ 271 2/4 - - -</i>	<i>3 57</i>				<i>8463</i>	<i>65</i>	
May	P.P.	<i>33</i>		<i>bal</i>	<i>7 14</i>			<i>10 -</i>			
				<i>AR 412 7/5. CFC June</i>	<i>3 57</i>						
				<i>- 426 2 3/5 - - -</i>	<i>3 57</i>				<i>10159</i>	<i>70</i>	
June	P.P.	<i>34 10</i>		<i>all pay</i>	<i>7 14</i>			<i>10 -</i>			
				<i>AR 713 7/6 CFC 5</i>	<i>3 57</i>						<i>75</i>
				<i>✓ 876 27/6 - June</i>	<i>3 57</i>				<i>11745</i>		
July	PP	<i>33</i>		<i>Can a P.</i>	<i>7 14</i>			<i>10</i>			
				<i>AR 953 10/7 CFC 5</i>	<i>3 57</i>						
				<i>AR 1097 25/7</i>	<i>3 57</i>				<i>13441</i>	<i>80</i>	
Aug	PP	<i>34 10</i>		<i>Can a P.</i>	<i>7 14</i>			<i>10</i>			
				<i>AR 1261 10/8 876 5</i>	<i>3 57</i>						<i>80</i>
				<i>AR. 1475. 25/8</i>	<i>3 57</i>				<i>15137</i>	<i>85</i>	
Sep	PP	<i>34 10</i>		<i>Can a P.</i>	<i>7 14</i>			<i>10</i>			
				<i>AR. 1677 5/9 6465</i>	<i>3 57</i>						<i>85</i>
				<i>AR 1880 24/9</i>	<i>3 57</i>				<i>16723</i>	<i>85</i>	<i>85</i>
					<i>7 14</i>			<i>10</i>			

Stopped office 1-1-19
AP 15⁰⁰ from Oct 18th
NR 161 2662

COMPILED BY *Adair*
 CHECKED BY *G. G. G.*

* Strike out whichever inapplicable

NUMBER 931296

RANK Pte

NAME SIMMONS Aubrey

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Balance Forward								16723		
	P.P.	3410		Cap				15			
				2261	6.7.65	12.10	373	-			
				2327	-	25.10	373	-	17887		
		3410					746				
Nov.	P.P.	33-		Cap.				15-	19687		
				2697.	11.11.	C.F.C.S.	373	-	19314		
				2915.	27.11.	✓	1306	-	18008		
				6754	10.12.	CB10.	466				
Dec		3410		3589.	18.12.	BRD4.	973		19918	85	
	Int on Reg Pay	425							20343		
		7135					3118		30-	18904	
				152	10.1.	L.P.C. end.	Rhyp.	973		17931	
							973				

S.O.P. to Canada 12.1.19. 30.18. M.S.R.D. 25/19

CANADIAN
 ASSIGNED PAY AUDITED
 31/12/18 RCD/KWA/CLP
 DATE 22/19
 AUDIT CLERK

203.43
 14.59
 189.04

178.87
 71.35
 250.22
 61.18
 189.04

Plc 931 296 Simmons. a

10⁰⁰

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 \$	c.	No. OF DAYS	RATE				AMOUNT \$	c.	No. OF DAYS	RATE	AMOUNT \$	c.	1	2				3	4			
MONTH	PARTICULARS		CR.1	CR.2	PARTICULARS		DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEP. ALLOC. ENG.												
	Oct. Bal										130 96														
	Nov PP.		33	00							10														
					HR 829. 25 ¹⁰ / ₁₇ C.F.C.			3 57																	
					- 853. 12 ¹⁰ / ₁₇ -			3 57																	
					- 975 25 ¹⁰ / ₁₇ -			3 57																	
DEC			34	10	- 1073. 10 ¹⁰ / ₁₇ -			3 57		10	163 78														
			67	10				14 28		20															
JAN 1918	PP.		34	10						10															
					- 1162. 23 ¹⁰ / ₁₇ 26 months			12 49																	
					- 1435. 21 ¹⁰ / ₁₇ -			7 14		10	168 25 50														
			34	10				19 63																	
FEB			30	80	Assigned Pay					10															
					- 1886. 24 ¹⁰ / ₁₇ C.F.C.			3 57																	
			30	80	" 1599 4 ¹⁰ / ₁₇ Jura "			3 57		10	181 91														
								7 14																	
MAR 1918			34	10	Ass Pay					10															
					484211. CR. Jura. 11 ³ / ₁₈			29 20			60														
					" 2015 14 ⁷ / ₁₈ C.F.C. Jura "			7 14																	
					" 2108 5 ³ / ₁₈ "			3 57																	
			34	10	" 1060. 5 ³ / ₁₈ "			19 33		10	68 77														
								13 24																	

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. 931296 Rank Pte. Name Simmons, A.
 Corps N.S.R.D. who was* Discharged
 On 14-2-19 191, to 1-1-19 191.
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191 to 14-2-19 191, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	11	15
Advances } No. <u>A.R. 73 D.</u>	50	00	Regt'l. Pay <u>45</u> days at \$ <u>1</u> c.	45	00
Cheques } No. <u>W.S.G. 15057</u>	70	00	Field Allow. <u>45</u> days at \$ <u>10</u> c.	4	50
Assigned Pay and Sep'n Allee. No. <u>13415</u>	30	00	Separation Allowances* (Monthly) <u>Feb.</u>	30	00
Other charges <u>Regt. Tuhd.</u>		05	Other Allowances* <u>Clothing</u>	35	00
Payment on transfer or discharge No. <u>13414</u>	170	04	Other Credits* <u>L.P.C.</u>	124	44
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	00
Total	320	09	Total	320	09

*Give particulars.

A monthly stoppage of \$ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of Jan. 191 and Sep'n Allee. for month of Feb. 191. (to) Assignee Mrs. Elmira Langford
 (Address) Weymouth Falls, N.S.
 (†) Insert amount to be assigned, whether it has been paid or not. A.A.C.
 (‡) Insert "not" if amount has not been paid for period of account.

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 Yes.
- (3) cause of discharge Demob. authority D.O. 43
- (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 20-2-19

Place Halifax N.S.

W. W. ...
 Paymaster No. 6 District 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.

3/12/43

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.	93,296
Rank	Private
Surname	Simmons
Christian Name	Hubrey
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No. 2 Construction Batt.
Date of Discharge	February 14th 1919.
Place of Discharge	Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

	Descriptive Marks
Age.....20..... years.....7..... months.	Nil.
Height.....5..... feet.....3..... inches.	
Complexion.....Dark	
Eyes.....Brown	
Hair.....Black	
Trade.....Labourer.	
Intended place of residence } (To be given as fully as practicable.) } Yarmouth P.E.I. Yarmouth 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.

3. Conduct and character while in the service have been, according to the records, etc.

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

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)

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. (Signature of Soldier.)

(Date) February 12th 1919 (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

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

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

11. Confirmation of Discharge.

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

(Place) Halifax N.S.

(Date) 14-2-19

(Signature)

Samuel R. [Signature]

LIEUT. COL.

No. 6 DISTRICT DEPOT.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p><small>*Only if discharged "Medically unfit."</small></p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
--	--

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.

Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service

(Signature of Soldier)

Statement of Service.

I was engaged to (the date to which the Record of Service is complete) _____ years _____ days

Total _____ years _____ days

Confirmation of Discharge.

The above named man is hereby confirmed.

(Signature)

DISTRICT DEPT.

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 M. OR S. *Emp of Britain 21-1-19* DAILY RATE OF PAY AND ALLOWANCES REGT. No. *931296* RANK *Pi.* NAME (IN FULL) *Simmons A.*

NEXT OF KIN *Emp of Britain 21-1-19* RELATIONSHIP *1/10* PARTICULARS *L.P.L.* ORIGINAL UNIT C.E.F. *M.S.P.D. - 2nd* IF IN P.F. WHAT UNIT? *Com. Br.* (BLOCK LETTERS SURNAME FIRST)

ADDRESS *1/10* PLACE OF ATTESTATION *L.P.L.* TRANSFERRED TO *DATE* AUTHORITY

DATE OF ATTESTATION *DATE* AUTHORITY

IS SEPARATION ALLOWANCE PAID? *yes.* DATE EFFECTIVE *FEB 1 1919* ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *FEB 1 1919*

TO WHOM PAID *Ms Elmira Langford (fate noted)* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *Weymouth Falls N.S.* ADDRESS *316 Duke St. St. John N.B.* ADDRESS *188 - Baynard St Halifax City*

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE *14/2/19* EFFECTIVE *REASON* AUTHORITY *DO43* IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.			OTHER CREDITS			TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		CREDITS		CREDITS			COL. NO. 1 COL. NO. 2 COL. NO. 3			COL. NO. 1 COL. NO. 2 COL. NO. 3			\$ C.		\$ C.		\$ C.		\$ C.				
			\$	C.	\$	C.	\$	C.	\$	C.	No.	DATE	No.	DATE	No.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	
<i>Jan. 1-19</i>																									<i>Subtotal 0.29</i>	
<i>1-19</i>	<i>45</i>	<i>1.10</i>	<i>49</i>	<i>50</i>	<i>11</i>	<i>20</i>	<i>11</i>	<i>20</i>																	<i>137</i>	
<i>7-19</i>	<i>153</i>		<i>350</i>		<i>135</i>		<i>485</i>																		<i>See No 132</i>	
																									<i>March 18 1919 G 145678 70</i>	
																									<i>March 18 1919 145679 45</i>	
																									<i>April 9/19 G 152093</i>	
																									<i>do 9/19 152094</i>	
																									<i>May 10/19 G 582819</i>	
																									<i>May 10/19 G 582820</i>	
																									<i>June 13/19 5602025</i>	
																									<i>June 13/19 5602026</i>	
			<i>350</i>		<i>135</i>		<i>485</i>																			

Certified that all payments due on this account have been paid.
[Signature]
 For Senior Pay Services, M. D. 9

Date of Enlistment

MILITIA AND DEFENCE

05317

Date of Assignment

2-10-16

Separation and Assigned Pay Branch

Oct 1-18
~~April 17~~

OVERSEAS CONTINGENTS

S

RATE OF SEPARATION ALLOWANCE

20	\$ 25.00	30	
----	----------	----	--

1-12-17 P.C. 2753
P.O. 3257 M.O. 30466

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 931296 *M.F.W. 2554 and 29 7/18*
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Aubrey Simmons
 Battalion 2 Coy Battr
 Beneficiary Mrs Elmira Langford
 Relationship Foster mother
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Elmira Langford
 Address Weymouth Falls
 Change of Address N.S.
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917				
Dec 31		299	90	389
Jan - 18	A 63325	30	10	40
Feb -	G 67732	25	10	35
Mar	L 95691	25	10	35
Apr	T 9298	25	10	35
May	V 22585	25	10	35
June	W 23695	25	10	35
July	C 21377	25	10	35
Aug	U 40495	25	10	35
Sept	W 46646	25	10	35
Oct	L 55030	25	15	40
Nov	Y 54042	25	15	40
Dec	J 62470	45	15	60
Jan	G 75602	30	15	45
		654	240	894

10 16801-a-14

REMARKS

A. P. increased to \$15.00 from Oct 1st 1918
 as per Paymaster General's letter 29/8/18
 M.R.O. L.P. 9948 Rendered 16/1/18

CANADIAN
 ASSIGNED PAY AUDITED
 31-12-18
 AUDIT CLERK
 DATE 22/10/19

A/c Closed 31/19
 Rec'd per. Emp of Britain
 Date 22/19 M.F.W. 187 28/19 M.D. 6
 Closed G Bell
 M.R.O. L.P. 54321. Destroy. Old Audit with 25/19

M. F. W. 128
 4009-6-17-1772-39-141
 L. L. 22320-M. & D. 7583.

A RECEIPT
 HAS BEEN MADE
 FOR THIS ACCOUNT

