ORIGINAL

ATTESTATION - PAPER.

No. 931551

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

George Smith

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Smith
1a. What are your Christian names? ..... Lafayett
1b. What is your present address? ..... #69 McDougall St. Windsor Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Springfield Illinois.
3. What is the name of your next-of kin? ..... ~~Little Smith~~ Mrs. Odessa Anderson
4. What is the address of your next-of-kin? ..... ~~3242 Dearborn St. Chicago Illinois.~~ Atlanta, Ga. U.S.A.
4a. What is the relationship of your next-of-kin? ..... ~~Mother~~ Sister Friend
5. What is the date of your birth? ..... June 15 th. ~~1887~~ 1887
6. What is your Trade or Calling? ..... Chauffeur
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? ..... No
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

Walter Hawes
Mc Dougal St.
Windsor Ont.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Lafayett Smith, 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.

x Lafayett Smith (Signature of Recruit)

Date Oct. 3rd. 1916. J.O. Munton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lafayett Smith, 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.

x Lafayett Smith (Signature of Recruit)

Date Oct. 3rd. 1916 J.O. Munton (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 Windsor Ont. this 3rd. day of Oct. 1916

(Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Lafayett Smith on Enlistment.

Apparent Age 29 years 5 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ... 5 ft. 9 ins.

Chest measurement: Girth when fully expanded ... 38 1/2 ins.
Range of expansion ... 3 1/2 ins.

Complexion ... Brownskin

Eyes ... Dark

Hair ... Black

Religious denominations.
- Church of England ...
- Presbyterian ...
- Methodist ... Yes
- 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).

Cut from operation on navel.

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 Oct. 3rd. 1916. ... [signature]

Place Windsor Ont. ... Major A.M.C. ... Medical Officer.

*Insert here "fit" or "unfit." Fit.

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.

Lafayett Smith ... 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 10-3-16 ... 191 .

1-3-17 2.m.

Smith Lafayette # 93154 O. H. M. S. 2nd Construction Bn. Demob.

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UNIT INDEX CARD (M. F. W. 71 OR 192) 1.

M.F.W. 67
1 R 149 — 1
1 R 122
1 Pay card

H9 649-S-57099

29638

15-29
15-29
6 29
3

M. F. B. 270.
850M-5-18
H. Q. 1772-39-67

Number 931551. Rank Spr.

Surname SMITH.

Christian Name Lafayette

Units C.O.R.C.C 2 Theatre of War France

Date of Service 17.5.17.

Remarks

Latest Address Walker House,
Mc Dougall St.
Windsor. Ont.

Roll No B Page 11735

200m.-2-21.M.

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

MAR 18 1922
REGN. NO. 11,023

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

REG. NO. 93551 NAME (SURNAME FIRST) Smith, L.

RANK Cpl. CORPS No. 2. Con. Batt

AGE 33 SERVICE 4/12

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 1. 2. 14.

DISEASE Rheumatism.

DISCHARGE 16. 2. 14.

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

FORM R. 149.
7106—250m—7/2/17.

LAFAYETT.

NE

Name SMITH Rank ~~Lieut~~ PTE Reg. No. 93,551

Unit 2nd London Lo

Next of Kin Not stated

Date	Movement	Place	Casualty	List No	Notified N/K O.	W.O. List
19-12-18	Invalided to Champagne	(17666)	Myalgia Back	A 98		
	Died on Invalided to Champagne		Myalgia Back	A 98		
	(Ex. 17666/2)					
29-11-18	Left Abancourt.		20.	A 388		6040-6
4-12-18	5th A. H. Etaples.		"	A 393		6161-6
23-12-18	6 L.D. Etaples.		"	A 411		6521-8
24-12-18	Discharged.		"	A 412		6590-1

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

No. 931551. RANK Pte NAME Smith. Ira Fayette.

T. O. S. 3-10-16 UNIT No 2. Construction Battalion.

D. D. 47. 10.10.16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Oct 3.	Oct 31	W		
Nov.		✓		
Dec.		✓		
1917 Jan	1917	✓		
Feb.		✓		
Mar		W		

FORM D M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
SMITH.	L.	931551.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.		N.S. (2Con.)		

HOSPITAL — DATE OF ADMISSION

Jura Hospt. Champagnole. Jura. 17-12-17.

1. Stn. Gbaucourt 51. G. Etaples. — 29.11.18 — HOSP. 4.12.18.

2. 6 C.C.S. Etaples — HOSP. 23.12.18.

3. — HOSP.

4. — HOSP.

DIAGNOSIS

1. Myalgia. Back. V.D. G.C.

2.

3.

DISPOSITION — Dis. 19-12-17. — DATE

C.L. 29-12-17. A98/2.

5.12.18 Q388
11.12.18 Q393
4.1.19 Q411.2
6-1-19 A412

REMARKS

Disc 27-12-18.

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

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

*Name SMITH, Lafeyette Rank Pte. Regtl. No. 931551

Fyle Depot LDD 10-S-546

Original unit 2nd Const.Bn Present unit 2nd Const.Bn M. or S. S Age 31 Religion Meth. Ref. H.Q.

Port, ship and date of arrival Halifax, Baltic, 5-2-19.

Next of kin Sister, Miss Octavia Graham, Atlanta, Ga. U.S.A.

Address on leave

Address on discharge Wacker House, McDougal St, Windsor Ont.

Transportation issued Yes / No Date Character on discharge

Previous occupation Chauffeur Date and place of enlistment Windsor, Oct. 3rd, 1916.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
T.O.S. 29-1-19	No.1 D.D.	
8-2-19	Posted to Cas.Coy. and granted furlough with subs.	44
	to 12-2-19.	

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

(over)

Date.	Remarks	Pt. 2 Order No.
18-2-19	Discharged from Hospital on demobilization P.D.P	48

M. F. W. 192
150m.—5-18
1772-39-1243

Form R 122.
2353—100M—9-1-16

LTR

Rank Name SMITH, ~~Lafayette~~ Lafayett¾ Reg'l No. 931551

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

Place and Date of Enlistment Windsor, Ont. Oct. 3rd. 1916. Place of Birth Springfield, Illinois.

Name and Address, Next-of-Kin ~~Miss Octavia~~ George Smith, Walker House, McDougal Ste, Windsor. Ont

Relationship ~~Sister.~~ Friend

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to PK

Relationship

N/E. R.B. No. 6963
File R.L.
Category OR CAN

Discharge, Date and Place Reason Character

H. W. & V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.		Date.	REMARKS Taken from Official Documents.
		Arrived in England ss "Southland"			7-4-17	A.W.W.V.
14.6.17	No 2 Constn Bn	Arrived in France	Field		17.5.17	Dft 116
08.9.17	L&Q	Trans Hosp	Rtt	Campagnole	14.12.17	Clags Myalgia Back.
"	"	Discha "	"	"	19.12.17	Clags
6-1-19	N.S.R.D	T.O.S from 2nd CCC		B'Shott	6-1-19	Pte H 6. & 1 P/31.1.19 2nd CC Co.
15-1-19	N.S.R.D	O/C to C.D.D. Rhyl	-	-	15-1-19	- 12 & No.1. M.D.Wing. #25 P/29.1.19.
11-2-19	2nd CC Co	Forfeit 7 days pay AWL from 21.30 hrs to 25/12-18 to 23.50 25-12-18	pte	Field	27.12.18	— 2
18.2.19	C.O.R.D.	Ceases ¶c to C.O.D Rhyl & T.O.S to Canada M.D.1.	"	Ripon	29.1.19	20.38. & No.1. M.D.Wing. #25 P/29.1.19.

E.F.D. 103 UNCLAIMED
30 MAR 1917

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.				

Awrs

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

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

Casualty Form—Active Service.

Unit; ~~Regiment or Corps~~ No 2 Const Batt C E F

Regimental No. 931.551 Rank Pte Name Lafayette Smith

Enlisted (*a*) 3-10-16 Terms of Service (*a*) Period of war 96 months C.E.F. Service reckons from (*a*) 3-10-16

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. 6 JUN. 1917 WAR RECORDS, LONDON. MAY 17 1917

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked from Canada	Halifax N.S.	25-4-17	
		Disembarked, England	Liverpool	7/4/17	
MAY 17 1917	C. Hos Aldershot Patton	Proceeded Overseas	Seaford		Pt 2 D.O.# A R Macleay Lt for Adjutant, No. 2 Construction Battn
		Landed in France 17-5-17 N.R.			
21-5-17	C.C.	Forfeits 5 days pay for Making away with Iron Rations	Flu	21-5-17	B2069 P.119-25-7-17
18-12-17	Jura Hosp	Myalgia Back (Sick)		17-12-17	W3034/W8176
22-12-17	oc unit	adm to Jura hosp.		17-12-17	B213
22-12-17	"	Discharged from hosp		19-12-17	B213
19-12-17	oc Jura hosp.	Discharged Myalgia		19-12-17	W3034/83004

(*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.

931551 Pte Smith L.

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				
5/1/18	Admit	[illegible] No 1 Dist. C Corps Alencon		30/12/17	B 213
3-4-8-18	O/C #3 Coy	Granted 14 days leave	ult.	19.8.18	B 213 dated 30.5.1 Sept 1918
7.9.18	do	Return from leave	Field	5.9.18	B 213
28-11-18.	O.C.	28 day. F.P.1. Forfeits 1 day Pay. R.W. I A.W.O.L. from 22nd to 24-11-18. until 09hr 25/11/18. II Absent from Working Parade. at 13hr 25-11-18. III Negl. to comply with an order.	"	25-11-18.	B. 2069. P. 68.
30-11-18	43686	2 x 6 Compound.	Field.	26-11-18	B 213
30-11-18	Staff Nurse Glencourt	Mild Gonorrhea. - Adm Hpl Boulogne Sables les Eaux	Boulogne	30-11-18	43898/8914
31.12.18.	C.C.4320.	Trans to England Posted to Nova Scotia Reg Depot.	Bramshott.	1.1.19.	WR

Chas B Chapnell
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon. B. E. F.

8-1-19	N.S.R.D.	T.O.S and posted to Depot Coy	Bramshott	6.1.19	D.O.6.
15-1-19	N.S.R.D.	On command 6 D.D. Rhyl	Bramshott	15.1.19	D.O.12

R E Appleby LIEUT,
OFFICER i/c RECORDS,
NOVA SCOTIA REGTL. DEPOT.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—PP1150 1M 5/18 G.W.P.Co (3490)

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103—I.
Part I.

(1)*Substantative rank *Acting rank *[To be entered in pencil to facilitate alteration.]	(2) Regiment or Corps	(3) Regtl. No.
(4) Surname		
(5) Christian Names		
(6) Army Form, number of, Attestation Form or Record of Service paper		
(7) Whether of British or of Alien origin [*vide* A.C.I. 578 of 1918]		
(8) Date of birth as stated on enlistment		
(9) (*a*)		

(10) Enlistment (*b*)

(11) Engagement (*c*)

(12) Service reckons from (*date*)

(13) Special conditions (if any) of enlistment (*d*)

(14) Any subsequent variations (if any) of conditions of service

Initials and Rank of an Officer.

(Authority) (*date*)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer

(16) (Record of Occupation in Civil life (*vide* Army Order 93 of 1917)

Industrial Group No.

Trade or Calling

Married or Single

Particulars of Trade Test

Occupation Cards despatched on (*date*)

Second Occupation Card despatched on (*date*)

(17) Next of Kin

(18) Demobilizer (*f*)

(19) Pivotal-man (*f*)

(20) Qualifications (*g*)

(Place)

(Date)

or (21) Corps trade and rate

(Signature of Posting Officer

(22) Extended

(23) Re-engaged

(24) Miscellaneous entries:—

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoeing-smith, &c.

(A) Report: Date.	(A) Report: From whom received	(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
15-1-19	N.S.R.D.		~~Attached~~ 105 C.C.C. Kinmel Park for return to Canada. Part II Orders No. 1.0.5. ~~Consent to be attached~~ C.C.C. Kinmel Park on embarking for Canada, Part II. Order No.____ W Joyce Lt for Major Commanding 1 mD 1. Wing, Kinmel Park Camp.		15-1-19 24-1-19	

29,1.19 Sailed from Liverpool

W P Bailey CAPT. Baltic.

29.1.19 Landed Taken on strength No. 1 District Depot London D.D. 44

F G Hesman Lieut

Discharged London Dist. Inv-c NO. 1 DISTRICT DEPOT FEB 18 1919 On Demobilization

Hamm. Lennox Capt.
O.C. Discharge Section, No. 1 D.D.

Nothing to be written in this margin.

931551

To be made out in duplicate. H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins No. 2 CONSTRUCTION B'n C.E.F.

(2) Regimental Number 931551

(3) Full Name of Soldier Lafayette Smith

(4) Place of Birt Illinois, U.S.A.

(5) Are you married, or not? Single

(6) If married, state,
(a) Full name of your wife ?

(b) Present Postal Address ?

(7) Are you a widower? Yes No

(8) Have you any children? ?

If so, give number of boys and girls ?

Also their names and ages ?

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address ?

(10) Is your Mother alive? No

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.

?

(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.

Sister
Miss Octavia Gresham
Atlanta Ga. U.S.A.

(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.

H. Davis Capt. for Lieut.-Col.
No. 2 Construction Batt'n. C. E. E.F.
Officer Commanding.

No. 2 CONSTRUCTION BN. C.E.E.F.
ORDERLY ROOM
MAR 17 1917

Date

COPY ONLY

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931552 (Rank) PRIVATE

Name (in full) SMITH, Lafeyette enlisted in

the 2ND. CONSTRUCTION BATTALION C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR ONTARIO on the THIRD

day of OCTOBER 19 16.

HE served in FRANCE (WITH THE 2ND. CONSTRUCTION BATTALION)

and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age	31 YEARS	Marks or Scars	
Height	5' 9"		
Complexion	BROWN		
Eyes	DARK		SCAR ON FOREHEAD
Hair	BLACK		

Signature of Soldier

DISCHARGE SECTION
FEB 18 1919
No. 1 District Depot

Issuing Officer

Rank CAPTAIN

Appointment O.C. Discharge Section, No. 1 D.D.

Date of Discharge

Signed at LONDON, ONT. this EIGHTEENTH day of FEBRUARY 19 19

in Military District No. (ONE)

File Reference No. 1.DD.10-6-546.

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

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

.....
Name of Officer

.....
Rank

.....
Appointment

ORIGINAL 931531

MEDICAL HISTORY SHEET

Surname Smith Christian Name Lafayette

Examined on 3rd. day of October 1916 at Windsor, Ont.

Approved by Dan Murray Capt A.M.C.

Birthplace City or Town Springfield, Ill. County U.S.A.

Rank M.O.

Apparent age 29 Yrs. 5 Mo.

Trade or occupation Chauffuer

Height 5 feet 9 Inches

Weight 151 lbs.

Chest measurement Minimum 35 1/2 inches Maximum expansion 38 1/2 inches

Physical development

Small-pox Marks

Vaccination Marks Arm Right Left 21 Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Cut from operation on navel.

R.E. 20/20 L.E. 20/20

Date	Fit or Unfit	Examined for Re-Engagement	
20-1-19	A	J. Kennedy Capt	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
19/3/17	L & R	Dan Murray	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
2-6/2/17	L & R	Dan Murray	M.O.
3/3/17	L & R	Dan Murray	M.O.
23/3/17	L & R	Dan Murray	M.O.

Enlisted on 3rd. day of October 1916 at Windsor, Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	#2 Construction 684	931531		3/10/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont. H. Cruickshank Major, C. A. M. E.	FEB 22 1917	on enlistment Earle Shiffler Major, C. A. M. E.	Fit W. J. Bowerman Lieut. A.M.C.

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

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

Surname Smith Christian Name Lafayette

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

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

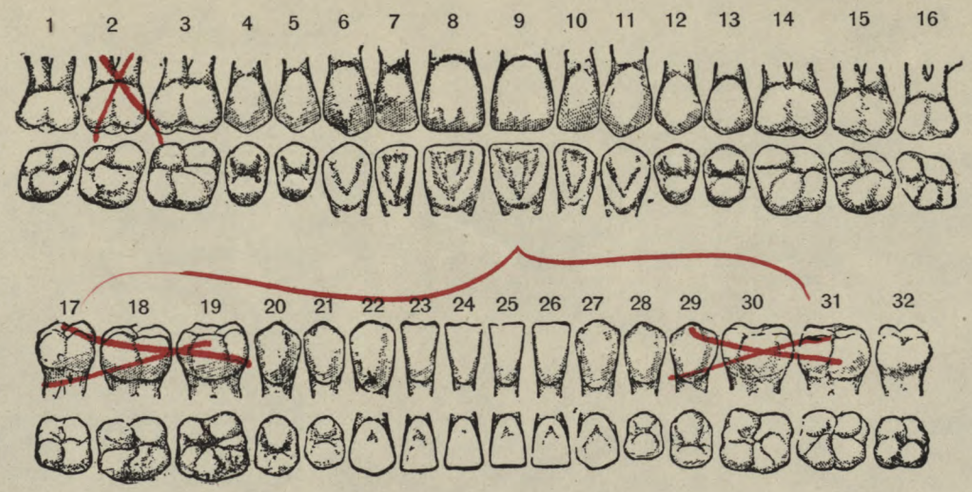
DISTRICT.....

NAME OF SOLDIER Smith, Lafayette

RANK Dte

No. 931557

REGIMENT 82 Lons



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1919 Feb	13										1/2			1 2 20.29						EXAMINED BY R.B. McMillan Capt.		Completion Discharge

DENTAL HISTORY AND EXAMINATION

L. L. 28912. M. & D. 8363.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

2 2 Bn C.M.R.

not listed

To Whom Mrs P. House

Address 6 Assumption St. Windsor Ont.

By Whom Assigned Smith L.F.

Regtl. No. 231551

Rank Pte

Corps 2 Can. Bn

SPECIAL REMITTANCE

Rate $15.00

Dated 471. 8.12.17

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 1918	U 48748	15 -	
Feb.				
March				

P. 559
MARRIED OR SINGLE S.

PLACE OF BIRTH Springfield Ill. U.S.A.

NAME AND ADDRESS OF NEXT OF KIN Miss Octavia,
(address given)

RELATIONSHIP OF NEXT OF KIN Sister.

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
Appt'd L/Cpl.	16.5.17	D.O. K. 2. 225/17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 93151 RANK L/Cpl. NAME Smith, La Fayett,

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

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Windsor Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Oct. 3rd 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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
								Separation.						26 28	26 28																26 28				Bal from Canada
Apl 1/20	30	1.10	33 00												33 00															59 28		15 -	44 28	
MAY 1.31	31	1.10	34 10												34 10	48 1/6 21 19/4								9 73 4 87					14 60	78 78		30 -	48 78	
June 1.30	30	1.15	34 50											80	35 30	57 14 5.								14 60					14 60	99 48		45 -	54 48	Appt'd L/Cpl. 16.5.17 D.O. 2. 225/17 Other Credits: 80, 16 ds. @ .05 May.
July 1.31	31	1.15	35 65												35 65															135 13		60 -	75 13	
Aug "	-	-	35 65												35 65															3 86	167 22		75 -	92 22	
Sep 1.30	30	-	34 50												34 50															14 27	187 45		90 -	97 45	
			207 40											27 08	234 48									29 20		17 83				47 03	187 45				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SEP. ALLCE. ENG.
Sep	Bal	~~187 45~~							187 45		
Oct	1/cp.	35 65		A.R. 580 27/8/17 Bonus Pln Att. 2/4	3 57		-	-			
				" 629 11/9/17 - - - -	3 57						
				" 469. 13/9/17 - - - -	3 57				212 39		
		35 65			10 71						

4 Cpl.

~~Pte~~ 431651 Smith L.F.

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
~~1917~~ PARTICULARS													CR.1	CR.2	PARTICULARS									DR.1	DR.2	RETN FOR PAY	SER ALLCE ENG.	BALANCE						
	Oct Bal																														21239				
Nov	1/C.P.				34	50									AR.529. 29/9/17. C/fc.																					
															" 853. 12/10/17 "																					
															" 975. 25/10/17 "																					
															" 1043. 10/11/17 "																					
DEC	"	"			35	65								15	R.R127 5/12/17 V.No 110538																28376				
					70	15								29	28																					
JAN	1918 1/C.P.				35	65								12	49	AR.1262. 22/1/18. 2 Comb Bn																					
														7	14	" 1436. 21/2/18 "																26928	180			
					35	65								19	63																					
FEB	1/C.P.				32	20								3	57	" 2035. 8/3/18. 2 Comb Batt C.F.																					
														3	57	" 2196. 2/4/18 "																					
														3	57	" 2388. 5/5/18. A/1 "																29077				
					32	20								10	71																					
MAR	1918 "				35	65								3	57	AR.2626. 20/7/18. C.F.C.																	180			
														3	57	" 2884. 7/8/18 "																					
														3	57	" 3080. 19/8/18 "																31571				
					35	65								10	71																					

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY * ENGLAND or CANADA.	SEPARATION ALLOWANCE. * ENGLAND or CANADA.
EFFECTIVE DATE:–	EFFECTIVE DATE:–
AMOUNT:–	AMOUNT:–

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.

NAME:– Smith La Fayett

NUMBER:– 931551

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
Dor 27/5/17	16.5.17	L/Cpl
above not aag 1118/17	Known	Pte Records

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Construction Bn

DATE ACCOUNT FIRST OPENED:– 1 APR 1917

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

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
7/11/19	4079	BRDM.	9 73				
R.1.19	4380	✓	7 30				
			17 03				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
Dor 27/5/17	+ 1 00	10		

Has a P.B. 56142. issued by CF6 A 10/8/18

PARTICULARS OF RENDERING NON-EFFECTIVE:– Disch to Can. 1/19 (N.R. 170. 14/19) ZPC Cr. 335 20/xxx Ledger Cr. 337 80

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Balford								315 71	180	
apl	Pte Pay.	34 50		AR 130 6/4 CFC 2/1	3 57						
				CR 31x 20/4 " —	3 57				343 07	195	
		34 50			7 14						
May	L/cpl Pay	35 65		AR 507 7/5 CFC1	2 68						
				✓ 735 22/5 " —	4 46				371 58	210	
		35 65			7 14						
June	L/cpl Pay	34 50		AR 922 7/6 CF61	3 57					225	
				✓ 1118 22/6 ✓	3 57				398 94		
		34 50			7 14						
July	L/c Pay	35 65		AR 1308 6/7 6/7 61	3 57						
				AR 1517 22/7 "	3 57				442 45	240	
		35 65			7 14						
Aug	L/c Pay	35 65		AR 1717 6/8 6/7 61	3 57						
				AR 1795 17/8 CF61	3 57						
				~~AR~~ CP 26887 26/8 L/N	24 33						
				CP. 25845 2/8 L/N	53 53						
				AR 2548 17/8 CF61	97 33						
				CP. 27782 28/8 L/N	24 33						
		35 65		16-5-17 to 31/8/18 473 2d. 5d Cr as L/c should be Pte	206 66	23 65					~~180 00~~ B
						23 65			232 79	255	
Sep	~~L/C~~ Pay.	33		AR 2213 6/9 CFC1	3 57						
				AR. 2453 23/9 ✓	3 57				258 65	270	
		33			7 14						
Oct	P. Pay	34 10		2693 10/10 6.7.61	3 73						
				2945 23.10 ✓	3 73				285 29		
		34 10			7 46						

NUMBER 931551 RANK NAME Smith L. F.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov.	Balce Fwd.								285 29		
	P.P.	33 -		3112. 8.11. C.F.C 1.	3 73						
Dec.	✓	34 10		3319. 25.11. ✓	13 06						
				28 dayp F.P.1. A.W.L. 22.00 24/12 - 0900							
				25/12. 1 Dayp Pay R.W. Total 29 daypay.		31 90					
				D.O. 68. 2 Comds Coy. 7.12.18							
Jan	-	34 10							337 80		
		101 20			16 79	31 90					
				4079 7.1. BRDG.	9 73						
	Ins on Def Pay	14 43		4380. 13.1. ✓	7 30						
				181. 27.1. End F.R.C. Rhyl.	9 73						
				Forfeits 7 dayp Pay 27.12.18:							
				D.O.2. 11 2/14 2 Coys Coy.		7 70					
				P.868 rendered 24 2/14					317 77		
		14 43			26 76	7 70					

S.O.S to Canada 29/1/19

LAST PAY CERTIFICATE

Regt.No. 931537 Rank Pte Name Smith Lafayette
Corps Indbde who was Discharged
on 18 2/19 to

The following is a statement of the account of the above named
from 1 2/18 to 18 2/19

Bal Dr from mon. of from L.P.C.			Bal.Cr. from mon. of Jan from L.P.C.	265	60
ASSIGNED PAY:			Regt.Pay 14 dys. @ $ 1.00	14	
			F'ld.All. 18 dys. @ $1.00	1	80
SEPARATION ALLOWANCE:			SEPARATION ALLOWANCE:		
OTHER CHARGES:			OTHER CREDITS: Clothing Allowance	33	00
PAYMENTS: P1556	324	40	Subsistence 8 2/19 to 12 2/19.	4	00
Bal.Credit (to be pd.)			Bal.Dr.(to be deducted) (from soldier $) (from Dependent $)	324	40
Arrears. [redacted] PP.	324	40			

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at $ per month has been to	at $ per month has been to	Subscribed $ Pd. by other Units $ Pd. by this Unit $

Dependent or Beneficiary:
Address:

REMARKS: Discharged 18 2/19 50 48
Demob 19

Date of Enlistment 3-10-16
If married and if Separation Allowance card submitted No

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

Date:
London, Ontario.

Captain.

Paymaster No.1 District Depot.

This form must not be used when the Proceedings are for the information of the B.P.C. In such cases, M.F.B.227 is the only form applicable.

FOR ALL RANKS

PROCEEDINGS OF A MEDICAL BOARD (short form).

Place ..... Date .....

Number ..... Rank ..... Name .....

Corps ..... Age ..... Height ..... Weight .....

Religion ..... Has he been Overseas .....

(1) Disease or Injury .....

(2) Cause .....

Where Incurred ..... Date .....

(3) Disability .....

(4) Present condition (describe fully) .....

(5) History .....

(6) Probable duration of Disability .....

(7) Is officer or other rank fit for Category, A ..... B ..... C ..... D .....
(answer yes or no).

(8) If for treatment, specify nature of .....

.....

.....

.

War Service Badge
Class A No. 82252 Issued

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).

M 73

No.	931551
Rank	PRIVATE
Surname	SMITH
Christian Name	LAFEYETTE

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

Corps (Squadron, Battery or Company)	2nd. CONSTRUCTION BATTALION C.O.M.F.
Date of Discharge	FEB 18 1919 DO 48 d/ 17.2.19
Place of Discharge	LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age	31 years ..... months.
Height	5 feet 9 inches.
Complexion	BROWN
Eyes	DARK
Hair	BLACK
Trade	CHAUFFEUR
Intended place of residence (To be given as fully as practicable.)	WALKER HOUSE McDOUGALL STREET WINDSOR ONTARIO.

Descriptive Marks

SCAR ON FOREHEAD.

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

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

M. F. B. 218.
100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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) LONDON, ONT. L Smith *(Signature of Soldier.)*

(Date) FEB 18 1919 G Tedder *(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) LONDON, ONT Nam. McLimont Capt.

(Date) FEB 18 1919 *(Signature)* .....

O. C. Discharge Section, No. 1 D. D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none

L Smith

(OVER)

List of Discharge Documents.

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

Attestation Paper,	Militia Form B. 235.
Proceedings on Discharge	" B. 218.

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

(*a*) Proceedings on Discharge.

(*b*) Attestation.

(*c*) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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

S.A.L.

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. 931551 Rank Pte. Surname S.M.I.T.H
(Given name in full)
Lafeyette

Unit or Corps I. D. D. Birthplace Springfield. ILL. U.A.S.

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

1. GENERAL DESCRIPTION:

Physique good Weight 177½ lbs. Height 5 ft. 9 in. Colour of Eyes dark.

Nutrition Good.

Pulse 72

Condition of arteries Good.

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

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

1" scar on forehead, cut 6 years.

Opinion as to general health and physical condition A 2

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 Sytem no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System yes 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.

¾" scar on abdomen from umbilicial hernia operation., 1912.
No disability.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at London (Canada)

Date 14/2/19 Signed J. J. Watts 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 Lafayette Smith

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-89-1142.

10-Sm-80

82

AUDITOR | PAYMASTER

1017

M. OR S.

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

REGT. No. 931551 RANK Pte NAME (IN FULL) Smith Lafayette (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 2nd bon. — IF IN P.F. WHAT UNIT? 23. Calchoun St, Detroit

PLACE OF ATTESTATION — TRANSFERRED TO 18D. — DATE 29-1-19 — AUTHORITY D044

DATE OF ATTESTATION 3-10-16 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE London — DATE 18/2/19 — REASON Demob. — AUTHORITY D048 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account	31-1-19	1/10					33	52																			9 73 / 4 87 / 5 / 50				69	60			26	60	Kgs vest Boot Tunic Cheque Jo 6 C 8-2-19 Sub 8 2/19 to 12 2/19 D044
1-2-19 / 18-2-19	18	1/10	19	80	25 / 4		26	56	32	40			D1556						32	40											32	40					35 x/- Salchung
																																					A Mortimer Major
18/2/19		W.S.G. 350		350		427/4		70																					70	280	280					W.S. 2 yrs.
19/2/19		280		280				70																					70		210					221/11
18/4/19		210		210				70																					70		140					7877
18/5/19		140		140				70																					70		70					16/5/19 2 8 4 0
								70																					70		0					18/6/19 D2910
		350		350				350																					350							

WAR SERVICE GRATUITY

MONTH	PAY AND F. A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	