ORIGINAL

93/153

2

ATTESTATION PAPER.

No.

#2. Const Batt'n.

No. 2 CONSTRUCTION, BTN. C.E.R.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	SMITH
1a. What are your Christian names?	William
1b. What is your present address?	70 Wellesley St. Toronto, Canada.
2. In what Town, Township or Parish, and in what Country were you born?	Barrie, Ont, Canada
3. What is the name of your next-of kin?	Henry Smith
4. What is the address of your next-of-kin?	Collingwood, Ont, Canada c/e Post Office
4a. What is the relationship of your next-of-kin?	Father
5. What is the date of your birth?	January 3rd, 1895
6 What is your Trade or Calling?	Car Cleaner
7 Are you married?	Single
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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William 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.

This document hasbeen read and explained before signing.

Wm Smith (Signature of Recruit)

Date January 16th, 1917 191

his mark + W. Lyons (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William 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.

This document has been read and explained before signing.

Wm Smith (Signature of Recruit)

Date January 16th, 1917 191

his mark + W. Lyons (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 Toronto, Canada this 16th day of January, 1917 191.

(Signature of Justice)

M. F. W. 23
750M—3-16
H. Q. 1772-39-341

Description of William Smith on Enlistment.

Apparent Age 22 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).

Nil.

Height	5 ft 11¼ ins.	
Chest measurement. Girth when fully expanded.	38 ins.	
Chest measurement. Range of expansion	2 ins.	
Complexion	Dark	
Eyes	Dark Brown	
Hair	Black	
Religious denominations. Church of England		
Presbyterian		
Methodist	Meth	
Baptist or Congregationalist		
Roman Catholic		
Jewish		
Other denominations (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 Canadian Over-Seas Expeditionary Force.

Date January 16th, 1917 191 . Lt. E. Howard

Place Toronto, Canada. Capt.
Medical Officer.
Toronto Recruiting Depot

*Insert here "fit" or "unfit."

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

CERTIFICATE OF OFFICER COMMANDING UNIT.

William 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.

W. Davie Capt. & A/Adjt
L'T. COL.
(Signature of Officer)
O. Comdg. No. 1 Construction Battalion, C. E. F.

Date 16/1/17 191 . (a.o.h.)

REGIMENTAL DOCUMENTS

NAME SMITH WILLIAM Pte. REGT. NO. 93753 UNIT 2 Coast Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
2 X	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	17/3/19 BE	Base M			DEATH
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				4	Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)		Disc 7-7-21			
	[illegible] HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob
	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)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
2	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)			31382		
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2	Muse					
1	M.S.W.22					
1	Ca. Dk. 5009a					
1	Pay card					

[illegible] 2843

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

No. 931753 RANK Pte NAME Smith William

T. O. S. 16-1-17 UNIT No 2 Construction Battalion
D.O. 24. 27-1-17

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917			
Jan 16	Jan 31	✓		
Feb.		"		
Mar		"		

Number 931753 Rank ~~Pte~~ Spr.

Surname SMITH.

Christian Name William

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

Date of Service 17.5.17

Remarks 64 Lenard Ave.

Latest Address ~~3 Drummond Place~~ Toronto, Ont.

"B"
Page 11576.

Roll No.

200m.—2—21.M.

DEC 13 1922
REGINA
2260

L.

*Name Smith William Rank Pte. Regtl. No. 931753

Original unit Present unit N.S.R.D. M. or S. Age 23 Religion Meth Fyle Depot Ref. H.Q.

Port, ship, and date of arrival Metagama St. John. 15-1-19

Next of kin Father Mr. Henry Smith, Collingwood, Ont.

Same.

Address on leave

Address on discharge 112 Edward St., Toronto.

Transportation issued ~~Yes~~ No Date No Character on discharge

Previous occupation Car Cleaner Date and place of enlistment Windsor Jan 16th 1917

Diagnosis Demobilization Date of Medical Boards 1-2-19

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
4-1-19	Posted to Cas Co (Ex Camp) 15-1-19	
	~~Leave & Subs from 17-1-19 to 31-1-19~~	21
5-2-19	S.O.S. DISCHARGED "DEMOB'N"(91 days PDP. & CLO' ALL'CE)34	

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

(over)

Date.	Remarks.	Pt. 2 [redacted]er No.

M.F.W. 192
150M—6-18.
1772-39-1243.

MEDICAL HISTORY SHEET

ORIGINAL

931753

Surname: Smith Christian Name: William

Examined { on 16th day of January, 191
at Toronto, Canada.

Approved by E. E. Howard

Rank Capt. M.O.

Toronto Recruiting Depot

Birthplace { City or Town Barrie, Ont
County Canada

Apparent age 22 yrs

Trade or occupation Car Cleaner

Height 5 feet 11 Inches

Weight 132½ lbs.

Chest measurement { Minimum 36 inches
Maximum expansion 38 inches

Physical development Good

Small-pox Marks nil

Vaccination Marks { Arm Right Left
Number nil

When Vaccinated last nil

(a) Marks indicating congential peculiarities or previous disease nil

(b) Slight defects but not sufficient to cause rejection nil

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
8/3/17		Dan Murray M.O.
8/4/17		Dan Murray M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
23/2/17	good	Dun. Zubicon M.O.
2/3/17	good	Dun. Zubicon M.O.
9/3/17	good	Dun. Zubicon M.O.

Enlisted on 16th day of January, 1917 191 at Toronto, Canada.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	#2. Const Batt'n.	931753		1/16/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont. Exa Camp	JAN 20 1917 Major, A. M. C. Feb. 1/17	on enlistment Capt., A. M. C. Fit	Fit Capt 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 William

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION M.D. 2.

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SMITH. W. S.

REGIMENT No. 2. Construct RANK Pte. No. 931753

Date of Examination in England 30. 12. 18. 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 Fit
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 Yes
- (*b*) ~~In England~~
- (*c*) ~~In France~~

KINMEL PARK, NORTH WALES.

Signature of Dental Officer W. Kennedy Lieut

DUPLICATE 931753

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.....#2 Construction Battalion, CEF

(2) Regimental Number 931753

(3) Full Name of Soldier.....William Smith

(4) Place of Birth.....Barrie, Ontario, Canada

(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 ?.....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 ?..... Yes .....

If so, state name and address ... Henry Smith , Collingwood Ont

(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.

..... Henry Smith Collingwood, Ontario. .....

.....

.....

(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.

J. S. Lavie Capt'n

.....LT. COL.

O. Comd'g No. 2 Construction Battalion, C. E. F.

.....

Officer Commanding.

Date 26/1/17

(a/c)

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 P.T.E. Name Smith Surname William S.

Unit or Corps 2nd Construction Res'm 17 (If a soldier) Regtl. No. 931753

Born at Toronto Ont. on, date Jan. 3. 1893

Signature (for identification) W Smith

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

1. **PHYSIQUE**---Any deformity, maiming or lameness? If so, describe. no

Weight 150 lbs.

Height 5 ft. 4 in.

2. **NUTRITION AND DIATHESIS?** normal

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?** normal

4. **RESPIRATORY SYSTEM?** normal

5. **HEART?** normal

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80 Intermittence or Irregularity? no

6. **ARTERIES**---Any hardening? no

7. **DIGESTIVE SYSTEM?** normal

8. **GENITO-URINARY SYSTEM?** normal

Urinalysis---s.g.? 1025 Reaction? acid Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE, or any other part?** normal

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 Kingston Ont. Signed [signature] M.O.

Date 28/12/18 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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

District 2

Name of Soldier Smith Wm S

Rank Pte

Regiment

No. 931753

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																							
Discharge Exam. At Exhibition Camp				Certificate issued for																			
Date FEB 1 1919																							

DENTALLY FIT

M.F.B. 5
200m.-7-39-660.
1772-39-660.

M. D. 2

No. 56

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. 931753 Rank Pte Name W. A. Smith

No. 2 District Depot

Corps _____ who was* DISCHARGED

On 931753 5.2.19 191__, to _____

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Oct 1 191 9 to Oct 5 191 9 the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 5 days at $ 1 c	5	
Advances by Cheques No.			Field Allow. 6 days at $ 10	50	
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Kit allce	35	
Payment on transfer or discharge No. 89666	17	50	Other Credits* M & G Kits	7	50
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	17	50	Total	17	50

*Give particulars.

A monthly stoppage of $ nil (†) has _____ (‡) been paid on account of Assigned Pay for the month of _____ 191__ and Sep'n Allce. for month of _____ 191__ (to) Assignee nil

(Address) _____

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) 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 nil

(3) cause of discharge _____ authority Dom

(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 4/2/19

Place TORONTO.

_____ C

PAYMASTER, No. 2 DISTRICT DEPOT

Paymaster.

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

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

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

M. F. W. 44.

H.Q. 1772-39-903.
20M-11-18. D.P. 874.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

931753 Pte.

This is to Certify that No. (Rank)

Name (in full) SMITH. WILLIAM enlisted in

the #2 Construction Bn.

CANADIAN EXPEDITIONARY FORCE at Windsor, Ont. on the 16th

day of January 19 17

HE served in England and 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	24 yrs.	Marks or Scars	Vacc.R. L.Arm
Height	5' 1½"		
Complexion	Dark		
Eyes	D. Brown		
Hair	Black		

M Smith
Signature of Soldier

H Sargeant Cpl
Issuing Officer

Feb. 5th, 1919
Date of Discharge

For Rank
O.C. No. 2 District Depot.
Appointment

Signed at Toronto, Ont this 5th day of Feb. 19

in Military District No 2

File Reference No. LS.

No. 2 FEB 5 1919 District Depot

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. district.

(21)

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. 931953 Rank Pte. Name Smith, W. S.
C. E. F.

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

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*) .....

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				
JAN 4 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT.	TORONTO	1919	PART II D. O. 21

W. C. Robertson
Lieut.
For O. C. No. 2 District Dep.

(*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				
		5-2-19 S.O.S. (Discharged)	No. 2 District Depot		
			Part II, D.O. No. 34		
		~~Des. D.D. #2 Pt,11 #34 Feb. 5th, 1919~~			
		Discharged as Capt			
			O. C. Discharge Sections, No. 2 District Depot		

Awards

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 ... #2 Construction Battalion, CEF

Regimental No. 931753 Rank Private C. E. F. Name William Smith

Enlisted (a) 16/1/17 Terms of Service (a) Duration of War + 6 months Service reckons from (a) 16/1/17

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) Car Cleaner

CERTIFIED CORRECT. 6 JUN. 1917 CAN. RECORDS, LONDON.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
	O.C. No 2 Constn Battn	Embarked, Canada	Halifax N.S.	25/3/17	
		Disembarked, England	Liverpool	7/4/17	
		Proceeded Overseas	Seaford	MAY 17 1917	Pt 2 D.O.# H. B. Macleane Adjutant, No. 2 Construction Battn
		Landed fn France 17-5-17 N.R.			
5/1/18	OC Unit	att to 7th Div Dist C.F.C.		30/12/17	B213
24-8-18	38 A.36	Granted 14 days leave	ukn	30.8.18	B213
28.9.18	"	Repats from leave	Etaples	13.9.18	B213
11 12 18	Adjt	Trans to Eng Sptd & N.S Reg Depot Bramshott		14 12 18	KR 3 of

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

(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				
17.12.18.	NSRD.	T.O.S and attd 2nd 66D. for Quarters & Rations	Bramshott	14.12.18	D.O.305
	NSRD	ON COMMAND TO 2nd Kinmel Pk Rhyl BRAMSHOTT			PART II D.O. NSRD 313 27/12/18
		8 JAN 1919 Attached C.C.C:K. P. ..... Part 2 Orders pending transfer to C. E. F. Canada. No 30			G.A. King Lieut, OFFICER i/c RECORDS, NOVA SCOTIA REGTL. DEPOT.
		Ceases to be attached on transfer to C.E.F. Canada. Part 2 Orders 8 JA No 31 E.K. Stevens Lieutenant for Officer Comd'g M. D. 2. C. W. Kinmel Park Camp, Rhyl.			
		Embarked "SS. Metagama" Liverpool Disembarked St. Johns.		4/1/19. 16/1/19	J. Macpherson Capt and A/T RMS Metagama.

Form R 122.
2353—100M—9-1-16

LTR

Rank — Name SMITH, William — Reg'l No. 931753

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

Place and Date of Enlistment Toronto, Canada. Jan.16th,1917. — Place of Birth Barrie.Ont. Canada

Name and Address, Next-of-Kin Henry Smith

Collingwood. Ontario, Canada. — Relationship Father

Assigned Pay Monthly $ — Payable to — Relationship

Separation Allowance $ — Payable to — Relationship

Discharge, Date and Place — Reason P to — Character

N/E. R.B. No. 6284
File R.L.
Category OR CAN

A.F.B. 103 CHECKED 30 MAY 1917

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.F.B. 103 CHECKED 30 MAY 1917 Ayo.wzs
14.6.17	No 2 Const. Bn	Arrived in ~~Eng~~ France	Field	17.5.17	DO 115.
16.12.18	NSRD.	TOS from 2nd CCO.	pl.	Béhotl 14.12.18	DO 305 & 71 2/ 19.12.18 2nd CCC.
27-12-18	NSRD	O/C to C.D.D. Rhyl	"	" 27.12.18	- 313
20.1.19	NSRD.	Ceases o/c to C.D.D. Rhyl.	"	" 4.1.19	DO. 17
		& SOS to C.E.F. Canada			

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.					

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 William E

NUMBER:– 931753

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Construction Bn

DATE ACCOUNT FIRST OPENED:– 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
L.P.6.		28/7/19	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
9/4/18	6763	—	4 66				
18/10	35490	BR Sy	9 73 –				
			14 39				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 –	– 10		
How ASPB 90222 cancelled Lin 27/8/18		Ledger Bal	402. 7d	

PARTICULARS OF RENDERING NON-EFFECTIVE:– Trans to Canada 31/12/18 NR161. 17/12. 26680. LP6 Bal 388. 21

1918 MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								352 39	180	
apl	P. Pay.	33 –		aR130 6/4 CFCW1	3 57						
				aR 312 20/4 –"–	3 57				378 25	195	
		33 –			7 14						
May	P.P.	34 10		aR 507 · 7/5. CFC1	2 68						
				✓ 735. 22/5 –"–	4 46				405 21	210	
		34 10			7 14						
June	P. Pay	33 –		aR 922. 7/6 CFC1	3 57					225	
				✓ 1118 22/6 ✓	3 57				431 07		
		33			7 14						
July	P Pay	34 10		aR 1308 6/7 CFC1 ✓	3 57						
				aR 1517 22/7 ✓.	3 57				458 03	240	
		34 10			7 14						
Aug	P Pay	34 10		aR 1712 · 6/8 CFC1	3 57						
				Cl 27477 27/8 Lin	73 00						
				aR 2994 27/8 CFC1	97 33						
				aR. 1959 27/8 ✓.	3 57				314 66	255	
		34 10			177 47						
Sep	PP.	33		CP 29719 2/9 London	24 33						
				CP. 30388 4/9 ✓	4 87						
				aR. 2453 23/9 CFC1	3 57						
				Draft 1588. 14/9 CCH (Default	3 57				311 32	270	Pte
		33			36 34						
Oct	PP	34 10		2093 7/10 CFC1	3 73 ✓						
				2945 23/10 ✓	3 73 ✓				337 96	285	
		34 10			7 46				16 23		
									~~308 69~~	al.	
Nov.	P.P.	33 –		3112 8.11. C.F.C. 1.	3 73 ✓				~~295 63~~ 300		
				3319. 25.11. ✓	13 06 ✓				354 07		

14. 39
16 79
4 46
38 64

COMPILED BY..... Clark R.
CHECKED BY..... A.C. Turner

NUMBER RANK NAME

Month	1918	PARTICULARS	Cr. 1.	Cr. 2.	PARTICULARS	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Pay & Allowances	Deferred	Separation
			33 -			16 79				~~354 17~~ ~~295 63~~		
Dec		PP	34 10		6752 10.12. CBD.	4 66				329 73	315	
		Int on Def Pay.	14 43		3590. 18.12. BRDG.	9 73				~~344 16~~ 388 31		as.
			81 53			31 18				~~402 70~~		

402-70
14-39
388.31

337.96
81 53
419.49
31.18
388.31

402 70
14. 39
388 31

P. 559
MARRIED OR SINGLE S.

PLACE OF BIRTH Barrie Ont,

NAME AND ADDRESS OF NEXT OF KIN Henry Smith. Collingwood Ont,

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. 931753 RANK NAME Smith, William. X E✓

IF IN PERMT. CORPS } WHAT UNIT UNIT 2nd Con. Bn.

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Toronto Ont,

DATE OF ATTESTATION Jan. 16th 1917.

TRANSFERRED TO — DATE — AUTHORITY

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	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
							Separation.						54 25	54 25
Sep 1/20	20	1.10	33	00										33 00
MAY 1/31	31	1.10	34	10										34 10
June 1/30	30	-	33	00										33 00
July 1/31	31	-	34	10										34 10
Aug "	"	"	34	10										34 10
Sep 1/30	30	-	33	-										33 -
			201	20									54 25	255 55

ACQUITTANCE ROLLS 1 No.	1 DATE	2 No.	2 DATE	3 No.	3 DATE	4 No.	4 DATE
		48	1/5				
		21	19/4				
		76	14/5.				
						68	30/5.
						123	6/6
						223	24/6
						278	14/7
						288	24/7

CASH PAYMENTS 1	2	3	4
9 74			
4 87			
4 86			
		3 57	
		3 57	
		3 57	
		3 57	
19 47		17 85	

ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
A/S				54 25			Bal from Canada.
				87 25		15 - 72 25	
		14 61		106 74		30 - 76 74	
		4 86		134 88		45 - 89 88	
				168 98		60 - 108 98	
		3 57		199 51		75 - 124 51	
		14 28		218 23		90 - 128 23	
		37 32		218 23			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. MED.	ALLOT. ENG.
Sep	Bal	~~218 23~~							218 23			
Oct	P.P.	34 10		a/c 550 21/9 2 Bomb Bn att C.F.C.	3 57		-	-				
				" 629 11/9 " " " "	3 57							
				" 469. 12/9 " " " "	3 57				241 62 ~~184 33~~			
		34 10			10 71							

PE 921753 Smith. W

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				DR.1				DR.2				PARTICULARS			DR.1		DR.2		DR.3		DR.4		BALANCE				DEFER-RED PAY	SEP. ALLOW.						
	Oct Bal																							241 62											
Nov	P.P.				33	-								3 57																						
													-853. 12 10/17 ~	3 57																						
													-975. 25 10/17 ~	3 57																						
DEC	- -				34	10							-1073. 10 11/17 ~	3 57		-	-							94 44											
					67	10								14 28		-	-																			
JAN 1918	P.P.				34	10							-1262. 23 11/17 2 months ~	12 49		-	-																		
													-1436. 21 12/17 ~ ~	7 14										308 91	150									
					34	10	-	-						19 63	-	-	-	-																	
FEB	"	~			30	80							-2035. 5 1/18. 2 months ~ C.T.C.	3 57		-	-																		
													-2196. 21/18 ~ ~ ~	3 57																					
													"2388. 5 7/18. #1. "	3 57										329 00										
					30	80								10 71																					
MAR 1918	"				34	10							~R3676. 20 7. #1 C.T.C.	3 57																					
													"2884. 7 3/18 "	3 57																					
													"3080. 17 3/18 "	3 57										352 39										
					34	10								10 71																					

180.

P.B. 14-3-19

This space to be for numbers.

Proceedings on Discharge.

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

No. 931753

Rank Pte.

Name SMITH. WILLIAM

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

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

Date of Discharge Feb. 5th, 1919

Place of Discharge TORONTO. ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 24 years months.

Height 5 feet 11½ inches.

Complexion Dark

Eyes D. Brown

Hair Black

Trade Car Cleaner

Intended place of residence (To be given as fully as practicable.) ~~112 Edward st. Toronto~~ # 3 Drummond Place Toronto Ont

Descriptive Marks

Vacc.M. L.Arm

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

ON GENERAL DEMOBILIZATION

D.D.#2 Pt,11 #34 Feb. 5th, 1919

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 soldier and the Officer Commanding his Squadron, Battery or Company:

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

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) Toronto, Ont. W. Milton Smith (*Signature of Soldier.*)

(Date) Feb. 5th, 1919 Sergeant Depot (*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) Toronto, Ont.

(Signature) H Sargeant Cpl

(Date) Feb. 5th, 1919

For O.C. No. 2 District Depot.

Reservations referred to at Para. 8.

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

(OVER)

List of Discharge Documents.

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

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.

A7

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. 93733 Rank Pte Surname Smith H.
(Give name in full) William S.

Unit or Corps 2 Div. Birthplace Dowlais

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

1. GENERAL DESCRIPTION:

Physique Good Weight 125 lbs. Height 5 ft. 4 in. Colour of Eyes Dark Brown

Nutrition Good

Pulse 68

Condition of arteries normal

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 2/ ft.

Left. 2/ ft.

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

3 vacc L. arm

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Sugar trace 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.

No Piles, Hernia, Varicose Veins, Varicocele, Goitre

APPROVED
FEB 1 1919
.....Capt.
FOR A. D. M. S. M. D. 2

(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 Ex Camp (Canada)

Date Feb 1/19 Signed H Robertson 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 W. Smith NCR

(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.
1772-39-1142.

No. 2 DISTRICT DEPOT "METAGAMA" 16.1.19 EXHIBITION

D.1352

AUDITOR	PAYMASTER
R	D

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

M. OR S. | REGT. No. 931753 | RANK Pte. | NAME (IN FULL) SMITH, Wm. S. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS ~~112 Edward st~~ Toronto

IS SEPARATION ALLOWANCE PAID? Nil. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T=All. 14-2-19 F. Rec.		

ORIGINAL UNIT C.E.F. 2 Const. Bn. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION Jan 16-17 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil. | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS 129 Peter St Toronto

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Toronto | DATE 5/7/19 | REASON Dem. | AUTHORITY Do not | IF ENTITLED TO POST DISCHARGE PAY Nil

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																				
31.12.18.	31	1/10					388	31																												
									388	31																												
1.1.19.	31	1/10	34	10			388	31	422	41			88439				422	41													422	41				
Feby	5	1/10	5	50	12	00	35																													
							70.		122	50			59166				122	50													122	50				
5 mos									350	00			Feb 5												70	00										
													Mar 3 218037						70.	00											140	00				
													apr 3 279079						70												210					
													May 3 279579						70												280					
													June 3 716288						70												350					
									350	-									280	-					70	-					350					

388 31

L.M.G.

O.S. ..... D.O. .....

SUBS. 1/1 TO 31/1 D.O. 21

W & I form Retd. no avail No. as above

~~Holding cheque 218037 for better address~~

Man called for cheque 218037 Mar 30-19

W. B. R. PAID IN FULL

FOR PAYMASTER

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.	