

Card. 22  
3-11-16

# DUPLICATE ATTESTATION PAPER

931300

No. Folio

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

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

1. What is your name? ..... *Hallett Stephenson*
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 .....  
in the County of *Digby N.S.*
3. \*What is the name of your next of kin? .....  
*Father, Fred Stephenson*
4. \*What is the address of your next of kin? .....  
*Digby N.S.*
5. What is the date of your birth? .....  
*Nov. 10 1898*
6. What is your trade or calling? .....  
*labour*
7. Are you an apprentice? .....
8. Are you married? .....
9. Are you willing to be vaccinated or re-vaccinated? .....
10. Do you now belong to the Active Militia? .....
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? †† .....
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? .....
15. Are you willing to be attested to serve in the .....  
*yes*
- or for General Service for the term of .....
- (Signature of Man) *H. Stephenson*
- (Witness) *John Lambert*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Hallett Fredrick Stephenson*, 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 ....., provided His Majesty should so long require my services, or until legally discharged.

*Hallett F. Stephenson* Signature of Man. } *John Lambert* Signature of Witness. }

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Witness my hand. *H. Stephenson* (Signature of Man)

(Witness Present) *C. W. Reis Capt*

The above questions were asked of the said *H. Hallett Stephenson* and answered by him in my presence, as herein recorded; and the said *Hallett Stephenson* made the above Declaration and Oath before me at *Touro* this *4* day of *October* One Thousand Nine Hundred *and sixteen* 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.)

DUPLICATE

Description of Hallet Stephenson on Enlistment.

Apparent Age.....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.....116 lbs.

Chest measurement. { Girth when fully expanded.....33 ins.  
 Range of expansion.....3 ins.

Complexion.....

Eyes.....hazel

Hair.....

Church of England.....Anglican

Presbyterian.....

Methodist.....

Baptist and Congregationalist.....

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 4 1916

Place.....Guernsey

H. V. Keut Major M.C.  
 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

Hallet Stephenson.....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. Rees 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.

Initials of Officers.

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

(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.







SURNAME.

*Stephenson*

CHRISTIAN NAMES

*Hallot Frederick*

REGL. No.

*931300*

RANK

*Pte.*

UNIT

*No. 2 Construction*

FORMER CORPS

*nil.*

CARD NO.

*A.S. Demob. 25-2-19-6*

*auth. Documents.*

FOLL.

*DD 44 913-2-19*

*Demob 800206*

*Bn*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Stephenson, Fred.*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Digby, N.S.*

COUNTRY OF BIRTH

*Canada Digby, N.S.*

DATE

*Nov. 1st. 1898.*

PLACE OF ATTESTATION

*Truro, N.S.*

DATE

*Oct. 4<sup>th</sup> 1916.*

*B/C-25-1-19 <sup>256</sup>/<sub>70</sub> 6*

From Halifax per SS: "Souttilant" 28/3/19.

MARRIED

SINGLE

WIDOWER

Eyes.

TRADE OR CALLING

Labourer.

RELIGION

Anglican

DESCRIPTION.

APPARENT AGE

17

YEARS

11

MONTHS

HEIGHT

5

FEET

9

INCHES

CHEST MEASUREMENT

33

INCHES

EXPANSION

3.

INCHES

COMPLEXION

Coloured

EYES

Coloured.

HAIR

Coloured.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Truro, N.S.

DATE

Oct. 4<sup>th</sup> 1916

Present address. not stated.



Reg. No. 931300. Name Stephenson Hallett.  
Rank Plt. Corps 2. Construction. Age 18 Service ✓  
Ledger No. \_\_\_\_\_ Serial No. \_\_\_\_\_

HOSPITALS

DATE

DIAGNOSIS

Gen. Hosp. Turco. H.S.  
Dis to duty

6.10.16.  
8.10.16.

Pyrexia. 6.

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.

50M-6-19.

1772-39-1332.

NAME

Stephenson H. F.

RANK AND CORPS

Pvt. 2. Con.

REGT'L. No.

931300

H. Q. FILE NO 649

FOLLOWS

NO.

N.S. Reg.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 163	Can. For. Corps Hosp <sup>La Joux</sup>	5-3-18	Otitis media
A. 228 <sup>#</sup>	2 Com. Dep. Rouen	24-5-18	" "
A. 229 <sup>2</sup>	Disch.	26-5-18	" "
A 261	Can. For. Corps. La Joux	7-7-18	Otitis "Media"
A 273.	" " " " <sup>La Joux</sup>	" 18-7-18	" "

No. 931300 RANK - Pte

NAME Stephenson Hallett.

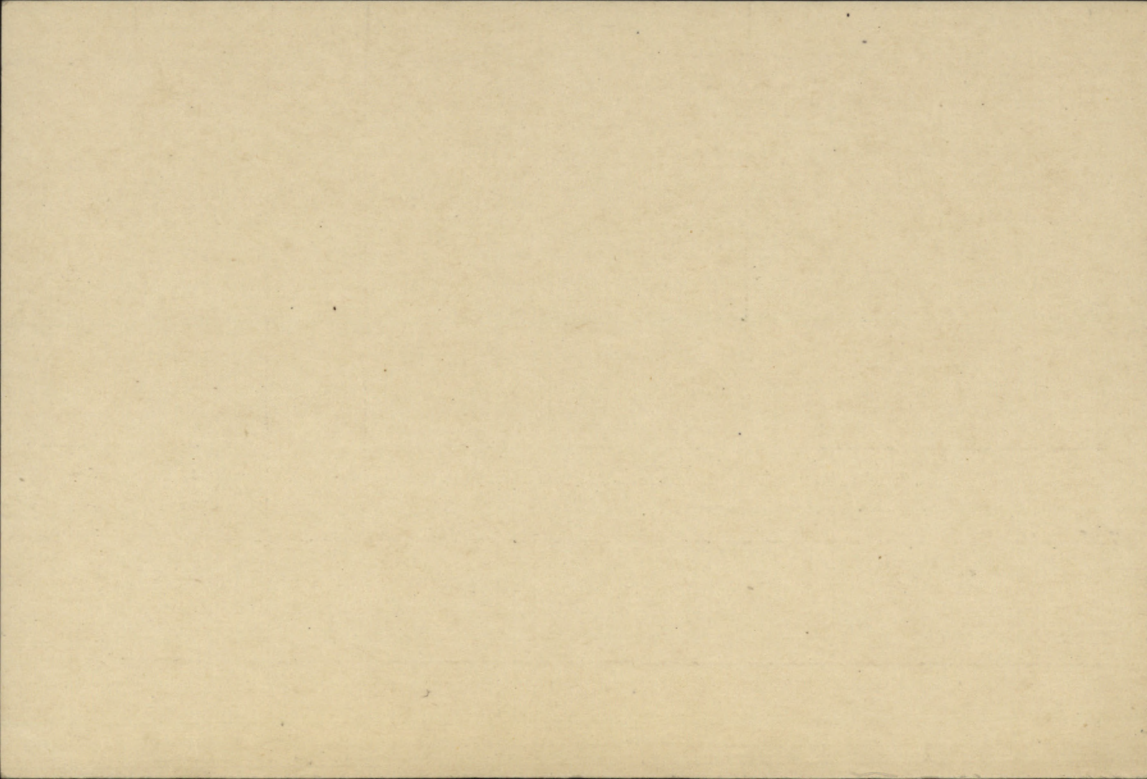
T. O. S. 29-9-16 UNIT

No 2. Construction Battalion

S. O. 42. 4-10. 16

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916	1916			
Sept 29.	Oct. 31.	u.		
	Nov.	✓		
	Dec.	✓		
1917	Jan 1917	✓		
	Feb.	u		
	Mar	u		



Name

STEPHENSON, Hallot. Fredrick

Rank

Pte

Reg. No. 931300.

Unit

2 Co. Mt Coy.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918 5-3	b. F. bps. H. La Jony	20435	Otitis media	A. 163		
24-5	N° 2 C. D. Rouen		"	A 228		1595-5
26-5	Disch'd in B Base Rouen		"	A 229		1683-3
3-7	C. F. Cos H. La Jony	Jura	Otitis Media	A 261		2424/17
18-7	Discharged		"	A 273		27B2/10





Em  
*WJ*

Number 931300 Rank ~~Pte~~ *Spr* ~~B~~

Surname STEPHENSON ✓

Christian Name Hallett Frederick

Units 60R66 Theatre of War France

Date of Service 17/5/17

Remarks Annapolis Royal

Latest Address ~~Box 345~~ N.S.

~~Digby NS~~

Roll No. *Page 12018*

DESP MAY 2 1922

REGN. NO.

4/30399

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

RANK **STEPHENSON** UNIT

H.F. Co.

TROOP

931300. BATTY.

Pte. HOSPITAL

N.S. 2Con.

DATE OF ADMISSION

Can. Forr. Hospt. La Joux.

5-3-18.

1. *2. Com. Dep. Rouen.* HOSP. *24.5.18.*

2. *C.F.C. La Joux. Jara.* HOSP. *3.7.18*

3. HOSP.

4. HOSP.

DIAGNOSIS *Otitis Media* <sup>oto</sup>

1. *Otitis Media* <sup>oto</sup>

2.

3.

DISPOSITION

C.L. 15-3-18. A163.

*1. 6. 18 @ 228.*

*3. 6. 18 @ 229 (2)*

*11. 7. 18 @ 261 (1)*

*25. 7. 18 @ 273*

DATE

*Miss-26. 5. 18.*

REMARKS

*" 18. 7. 18*

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

# EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Name *Stephenson, Halbot* Rank *Plu* Regtl. No. *931300*  
 Fyle Depot *74-8-827*

Original unit *2 bomb* Present unit *# 6 D.D.* M. or S. Age *17* Religion *cat* Ref H.Q.

Port, ship and date of arrival *Halifax, N.S. "Esperanza of Pretam" 22/1/19*

Next of kin *Father, Harold Stephenson*

Address on leave *Digby N.S.*

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation *Labourer* Date and place of enlistment *Luna, N.S. 4/10/16*

Diagnosis Date of Medical Boards

Date	Remarks	Pt. 2 Order No
<i>29/1/16</i>	<i>T.O.S. from 12/1/19</i>	<i>Posted base 29</i>
<i>25-2-19</i>	<i>DISCHARGED at Halifax, N.S.</i>	<i>44</i>

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

Date.

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M. d. No 6.

NAME OF SOLDIER (Block Letters) Stephenson. H. A.

REGIMENT No Construction RANK Private No. 931300

Date of Examination in England 31/12/18 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 3, 5, 6, 7, 12, 13, 19,

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 Yes

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer H. W. Reid  
Capt.

Mr. A. J. ...  
St. ...  
no ...

3/1/19

- ( ) ...
- ( ) ...
- ( ) ...
- ( ) ...
- ( ) ...
- ( ) ...
- ( ) ...
- ( ) ...

...



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 Batt'n. C. E. F.**

(2) Regimental Number..... **931300**

(3) Full Name of Soldier..... **Mallott Frederick Stephenson**

(4) Place of Birth..... **Digby N.S.**

(5) Are you married, or not?..... **-**

(6) If married, state,  
 (a) Full name of your wife..... **-**

(b) Present Postal Address..... **Grater Street  
Digby N.S.**

(7) Are you a widower?..... **-**

(8) Have you any children?..... **-**

If so, give number of boys and girls..... **-**

Also their names and ages..... **-**

(9) Is your Father alive? *Frederick Stephenson*  
If so, state name and address *Water Street Digby A.S.*

(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.  
*Father ~~X~~ \$ 20<sup>00</sup>*

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.  
*Father*

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.  
*X*

(15) Are you insured? *yes*  
If so, in what Company? *Metropolitan*  
Have you made arrangements for payment of your Insurance premium? *yes*  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date *27/10/16*

*C. H. Rejs* *6 apt*  
*you* Officer Commanding.

ORIGINAL

931300

MEDICAL HISTORY SHEET

Surname Stephenson Christian Name Hallott

Examined { on 4<sup>th</sup> day of Oct 1916  
at Trenth St.

Approved by H.V. Keut

Birthplace { City or Town Seiby  
County Seiby Co.

Rank Major Amc. M.O.

Apparent age 17

Trade or occupation Student

Height 5 feet 4 Inches

Weight 116 lbs.

Chest measurement { Minimum 31 inches

{ Maximum expansion 33 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left  
Number None

When Vaccinated last None

(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>11/3/17</u>		<u>Dave Murray</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/10/16</u>	<u>S.G.R</u>	<u>H.V. Keut - Major Amc. M.O.</u> M.O.
<u>31/10/16</u>	<u>S.G.R</u>	<u>H.V. Keut - Major Amc. M.O.</u> M.O.
<u>8/11/16</u>	<u>S.G.R</u>	<u>H.V. Keut - Major Amc. M.O.</u> M.O.

Enlisted on 29 day of September 1916 at Luno G.S.

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment		<u>931300</u>		<u>29/9/16</u>
Transferred to				

No. 2 CONSTRUCTION, B'n. 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.



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931300 (Rank) Private

Name (in full) Waltit. Frederick Stephenson enlisted in  
the No. 2. Construction Battalion

CANADIAN EXPEDITIONARY FORCE at Yuro. P.S. on the 4<sup>th</sup>  
day of October 1916

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 years 3 months

Marks or Scars

Height 5 feet 5 inches

Complexion

Eyes Coloured

Hair

Vaccination scar on  
right arm

H. F. Stephenson  
Signature of Soldier

J. S. Shaw  
CAPT. & ADJ.  
FOR LIEUT. COL. No. 6 DISTRICT DEPOT.  
Issuing Officer

Date of Discharge February 25th 1919

Rank

Signed at Wahpx. P.S. this 25th day of February 1919

Appointment

in Military District No. Six

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 .....

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

.....  
Name of Officer

.....  
Rank

.....  
Appointment

On demobilization the  
particulars called for on  
the back of this cer-  
tificate will not be com-  
pleted.

Name

Stephenson

Enl.

4-10-16.

Date of Embarkation for England

25-9-17.

Proceeded to France. 17-3-17.

Returned to England. 14-12-18

Denonh.

Date returned to Canada.

12-1-19.

P.R.2855.

*(over)*  
*6/11/14*  
*14-2-24*

Cas. sheet

4-3-18 Otitis Media To duty 26-5-18.

3-7-18. Otitis Media To duty 18-7-18.



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

M. F. W. 54. (A. F. B. 103.)

350a—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps No 2 Const Bn C.E.F.  
 Regimental No. 931300 Rank pte Name Hallett Stephenson  
 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 } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N. C. Os. }

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

MAY 14 7 1917  
 CERTIFIED CORRECT,  
 6 JUN 28 1917  
 CAN. RECORDS LONDON.

MAY 17 1917

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
		Embarked Canada	Halifax	25/3/17	
		Disembarked England	Liverpool	19/4/17	
	O. C. Co 2 Co Beth	Proceeded Messes	Seaford		Pt 2 D.O.# H. P. Mackay Adjutant, No. 2 Construction Bn. C.E.F.
			Landed in France	17-5-17	
2.8.17	O.C.	5 days H.P. # 2 for absent from Parade	Field	1-8-17	B2069 P. 131 13/8/17
16.8.17	O.C.	5 days H.P. no 2 for neglect of Duty.	Field	13.8.17	B2069 P. 131 13/8/17

(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.]

Casualty Form - Active Service

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				
23/8/17	OC	5 Days A.P. B. 1 for absent from W.P. from 2 pm until apprehended by the R.M.T. about 4 pm		22/8/17	Br 069. P. 133 18/10/17
2/9/18	OC Unit	5 Days 7 P.N. 2 for (1) Improperly dressed on C.O.'s Parade (Church) dirty clothes, dirty boots, no belt; hair uncut. (2) Hesitating to obey an order.		25-2-18.	Br 069 P. 95 N. 13 d/8-3-18
9-3-18	Unit	Admitted to Hoops	-	4/3/18	13213
5/3/18	C.F.C. Hoops	Otitis Media Adm		5/3/18	W 3084
6.5.18	Jura Hos.	Still a patient.	Fld.	6.5.18	Letter.
26.5.18	2 Con. Dep.	M. B. ear spec. To M. W. B. Dep. Rouen.		26.5.18	F3796. W 2175.
23.5.18	Jura Hos.	Otitis media. To B. D. Hoop. Paris.		23.5.18	F3711. W 2360.
31.5.18	6th B.D.	I.O.S. from M. B. Dep. Rouen. "A."		30.5.18	N.R. 835.
25.5.18	OC Unit	Trans. to Brit. Det. Hoop. Paris.		22.5.18	B. 213.
23.5.18	3rd Hoop	Otitis media. Adm.		23.5.18	F4851. W 2771.
3.6.18	6th B.D.	left for unit, Jura.		3.6.18	N.R. 1253.
24.5.18	3rd Hoop	Otitis media. M. To 2 Con. Dep.		24.5.18	F4486. W 2839.
8.6.1918	OC Unit	Joined Unit	Sold	5.6.18	B 213.
23.7.18	Jura Hoop	Otitis media. Lt. adm. Jung Hoop		3-7-18	W 6216 / 4233
6/7/1918	OC	In Hospital	Sold	3-7-18	B-213
18-7-1918	2nd Hoop	Otitis media		18-7-18	W 2541

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

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931300 Rank Otc Surname Stephenson  
(Give name in full)  
Hallett F  
 Unit or Corps WD # 6 Birthplace Digby N.S.

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

## 1. GENERAL DESCRIPTION:

Physique good Weight 140 lbs. Height 5 ft. 5 in. Colour of Eyes dark brown  
 Nutrition good  
 Pulse 70  
 Condition of arteries n  
 Vision Rt. n Left n  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

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

vacc. scar ph 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 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.

nil

Box 345. Digby N.S.

(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...*Wolfe*.....(Canada)

Date ...*12.2.19*..... Signed ...*Phoebe Gaff*.....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 ..*H. Stephenson*.....

(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.)

## 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 Plt Name Stephenson Surname Hallett Frederick  
 Unit or Corps 17 Reserve (If a soldier) Regt. No. 931300  
 Born at Nigby Nova Scotia on, date Nov First 1899  
 Signature (for identification) F. Hallett Stephenson

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

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

Weight 140 lbs.      no  
 Height 5 ft 5 ins.

**2. NUTRITION AND DIATHESIS ?**

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 ?**

no

**4. RESPIRATORY SYSTEM.**

no

**5. HEART ?**

Abnormal Sounds? no  
 Abnormal Size? no  
 Pulse Rate? 72 Intermittence or irregularity? no

**6. ARTERIES.**—Any hardening?

no

**7. DIGESTIVE SYSTEM ?**

no

**8. GENITO-URINARY SYSTEM ?**

Urinalysis—s.g.? 1.020 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 Kimmel Park { Signed H.P. [Signature] Capt. M.O.  
 Date 2/1/19 { 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 Report  
of an Officer in the regular service of a Soldier in the army

1. Name of the Officer  
2. Name of the Soldier  
3. Date of Examination  
4. Name of the Examining Officer

1140

21

1. Name of the Officer  
2. Name of the Soldier  
3. Date of Examination  
4. Name of the Examining Officer

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

To Whom *Fred Stephenson*  
Address *Water St, Digby*  
*N.S.*

By Whom Assigned *Stephenson Hallott*  
Regtl. No. *931300*  
Rank *Plt*  
Corps *2 Com Batten*

Rate *20,*

*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				



1981 11/12

11111



## ASSIGNED PAY

Sheet No. 2.

*Fred Stephenson*

(Assignee)

OVERSEAS CONTINGENTS

Name of Soldier

*Stephenson Hallett*

PAYMENTS.

L. L. Job 5470—Req. 6888.

*931300 Plü. 2. Con Battr*

Month.	Year.	Cheque No.	Amt.	Remarks
				<i>20.</i>
				<b>APR 1917</b>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		<i>2510 2</i>	<i>20</i>	
May		<i>11985</i>	<i>20</i>	
June		<i>W 18401</i>	<i>20</i>	<i>20K</i>
July		<i>2 27719</i>	<i>20</i>	<i>8</i>
Aug.		<i>T 32539</i>	<i>20</i>	
Sept.		<i>1 39779</i>	<i>20</i>	
Oct.		<i>R 45785</i>	<i>20</i>	
Nov.		<i>N 53234</i>	<i>20</i>	
Dec.		<i>P 61209</i>	<i>20</i>	
Jan.	1918			
Feb.			<i>180</i>	
March				
April				
May				
June				
July				

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

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

**PAYMENTS.**

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





ASSIGNED PAY ENGLAND OR CANADA SEPARATION ALLOWANCE ENGLAND OR CANADA

NAME: STEPHENSON, Hallot Frederick E.  
NUMBER: 931300

EFFECTIVE DATE: 1 APR 1917

AMOUNT: 20.00

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

Wrs Fred Stephenson Father  
100 ...  
17/12  
MR 161  
2 6660

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Plc

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

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
R.P. 6		2/1/19	Canada Section

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
9/12/18	6747	Imperial Field	466			Reg's Bal	876
18/12/18	3589	B.R.O.G.	976			L.P. Bal	613
			1439				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
	1	-	-	10

PARTICULARS OF RENDERING NON-EFFECTIVE: Transf to Canada 3/12/18 Auth N.P. 161 5000 1/2

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								4568		
Apr	P. Pay	3200		b.a.p				20			
				AR 874 CFC Jura	357						
		33		AR 271 274	357				5154		
					714			20			
May	P.P.	3410		b.a.p				20			
				AR 413 9/5 CFC Jura	357						
		3410		1427 20/5	535				5672		
					892			20			
June	P. Pay	33		ass pay				20			
				AR 3933 9/6/18 2 Con. 6982	446						
		33		876 27/6 CFC Jura	357				6169		
					863			20			
July	P. Pay	3410		Can a.p.				20			
				AR 954 10/7 CFC 5	357						
		3410		AR 1098 25/7	357				6865		
					714			20			
Aug	P. Pay	3410		Can a.p.				20			
				AR 1261 10/8 6765	357				7918		
		3410			357			20			
Sep	P.P.	33		Can a.p.				20			
				10 days 77.2. 2/9/18. Improper reply to HCO. P. 50 2 Con 7/9/18				11 00			
				AR 1677 5/9 CFC 5	357						
				CL 35137 18/9 London	973						
				AR 1866 17/9 CFC 5	357						
		33		AR 4580 18/9 CFC 5	7300				869 1/2		BIRD
					8987 11			20			

COMPILED BY [Signature]  
CHECKED BY [Signature]

NUMBER 931300

RANK

*Pte*

NAME

STEPHENSON *Hallett Frederick*

Month	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Oct	Balance Forward								8.69		
	P.P.	34.10		cap				20			
				2261 6.76.5 12.10	3.73						
				2327 ✓ 25.10	3.73				2.05		
		34.10			7.46			20			
Nov.	P.P.	33 -		cap.				20 -			
				2697 11.11. C.F.C.5.	3.73						
				2915 26.11. ✓	13.06						
Dec	P.P.	34.10		cap				20			
				6747 10.12. CBQ.	4.66						
				3589 18.12. BRDg.	9.73				6.13		
		67.10			31.19			40 -			
				162 10.1. End-LPC Rhyf.	2.43				8.56		
					2.43						

*S.O.S to Canada 12.1.19 30.18 M.S.R.D. 25.19*

CANADIAN  
 ASSIGNED PAY AUDITED  
*to 31/12/18*  
*L.S. Bradley*  
 AUDIT CLERK  
 DATE *4/6/19*

*2.05*  
*67.10*  


---

*65.05*  
*71.18*  


---

*6.13*

1608

M

War Service Badge  
Class "A" # 76908  
issued. H.W.

This space to be for numbers

# Proceedings on Discharge.



6-7-37

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

No. <u>931300</u>	
Rank <u>Private</u>	
Surname <u>S. Stephenson</u>	
Christian Name <u>Walter Frederick</u> <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) <u>No. 2. Construction Battalion</u>	
Date of Discharge <u>February 26th 1919</u>	
Place of Discharge <u>Halifax N.S.</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... <u>20</u> ..... years..... <u>3</u> ..... months.	Descriptive Marks  <u>Vaccination scar on right arm.</u>
Height..... <u>5</u> ..... feet..... <u>5</u> ..... inches.	
Complexion } <u>Coloured</u>	
Eyes } <u>Coloured</u>	
Hair } <u>Coloured</u>	
Trade <u>Labourer</u>	
Intended place of residence } <u>Box 345</u>	2. The above-named man is discharged in consequence of  <u>Demobilization</u>
(To be given as fully as practicable.) } <u>High N.S.</u>	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>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.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

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

E. R. J.

noted J/le  
13-3-19  
Gunn

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) *Malabar Hill* *H. J. Stephenson* (Signature of Soldier.)

(Date) *February 13<sup>th</sup> 1919* *W. Blunt* (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) *Malabar Hill*

(Date) *27 2 19*

(Signature) *Dammour*

LIEUT. COL.



**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.)

**List of Discharge Documents.**

*mit*

*H. F. Stephenson*

<p>Attestation Paper Militia Form B. 232</p> <p>Proceedings on Discharge B. 218</p>	<p>Reg. Conduct Sheet, Militia form B. 203</p> <p>Conduct Sheet, B. 203a Squadron Battery Company</p>
<p>In the case of recruits who are referred on trial 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>	<p>Copies of Convictions, by C. E. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* B. 237</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p> <p>*Only if discharged "Medically unfit"</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.

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.)

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.

Squadron }  
 Battery } Conduct Sheet, " B. 263a.  
 Company }

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 Cer-  
 tificate, " 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.**

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.

Statement of Service.

Service from Engagement to (the date to which the Record of Service is prepared).

Confirmation of Discharge.

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

6

27/10/18

Regtl. No. 931300 Rank Pte

Name Stephenson Hallett Frederick  
(Christian Names in full) (Surname)

Unit CCD Regt. 2nd Constr Co  
NSRD or Corps

Category. Next of Kin. Father

REASON FOR RETURN

Medical Board held at Bramshott... 1918.

INTENDED PLACE OF RESIDENCE Digby N.S.

**COVER**

FOR

**DISCHARGE DOCUMENTS.**

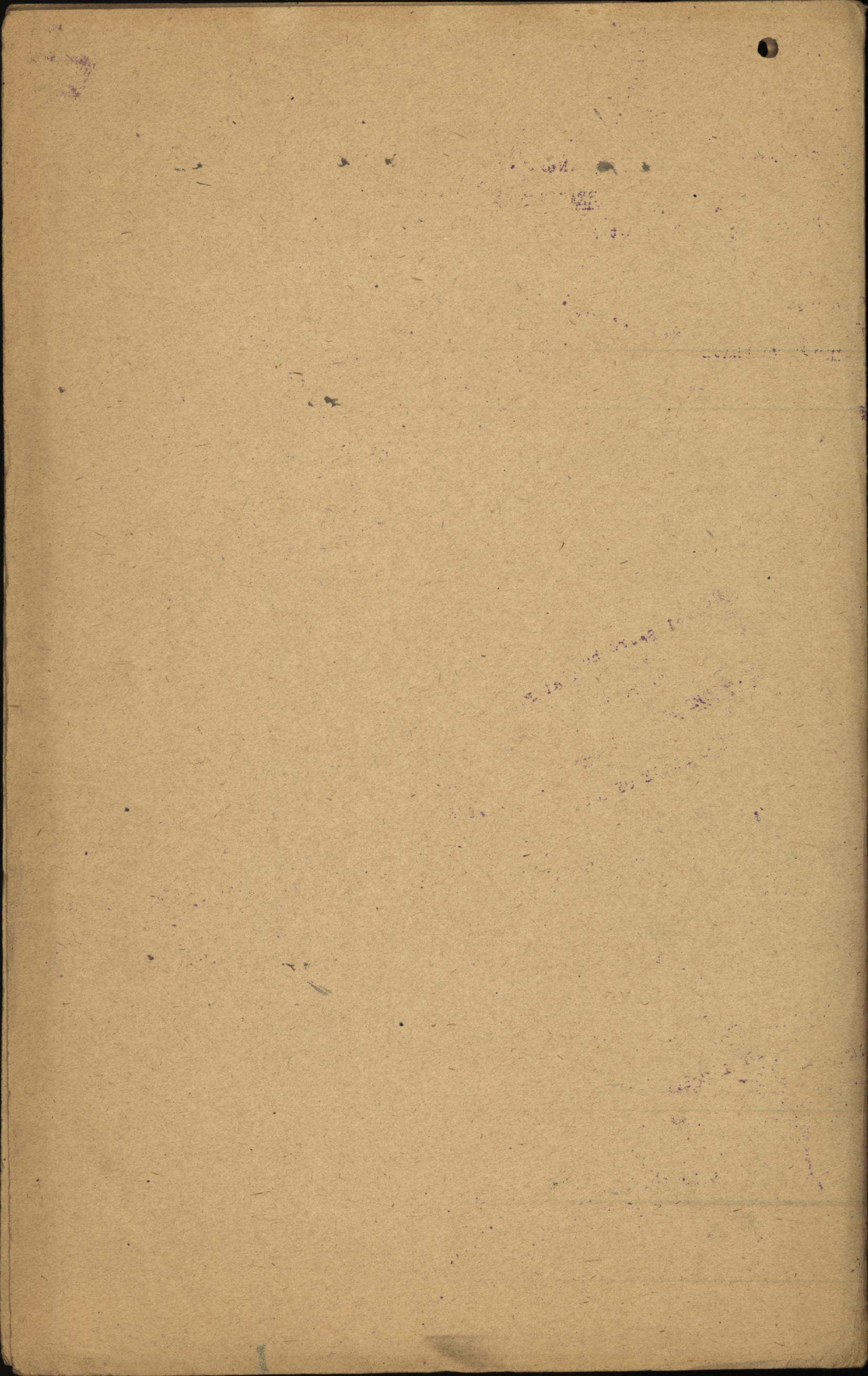
CAMPAIGNS, MEDALS AND DECORATIONS... 19 Months

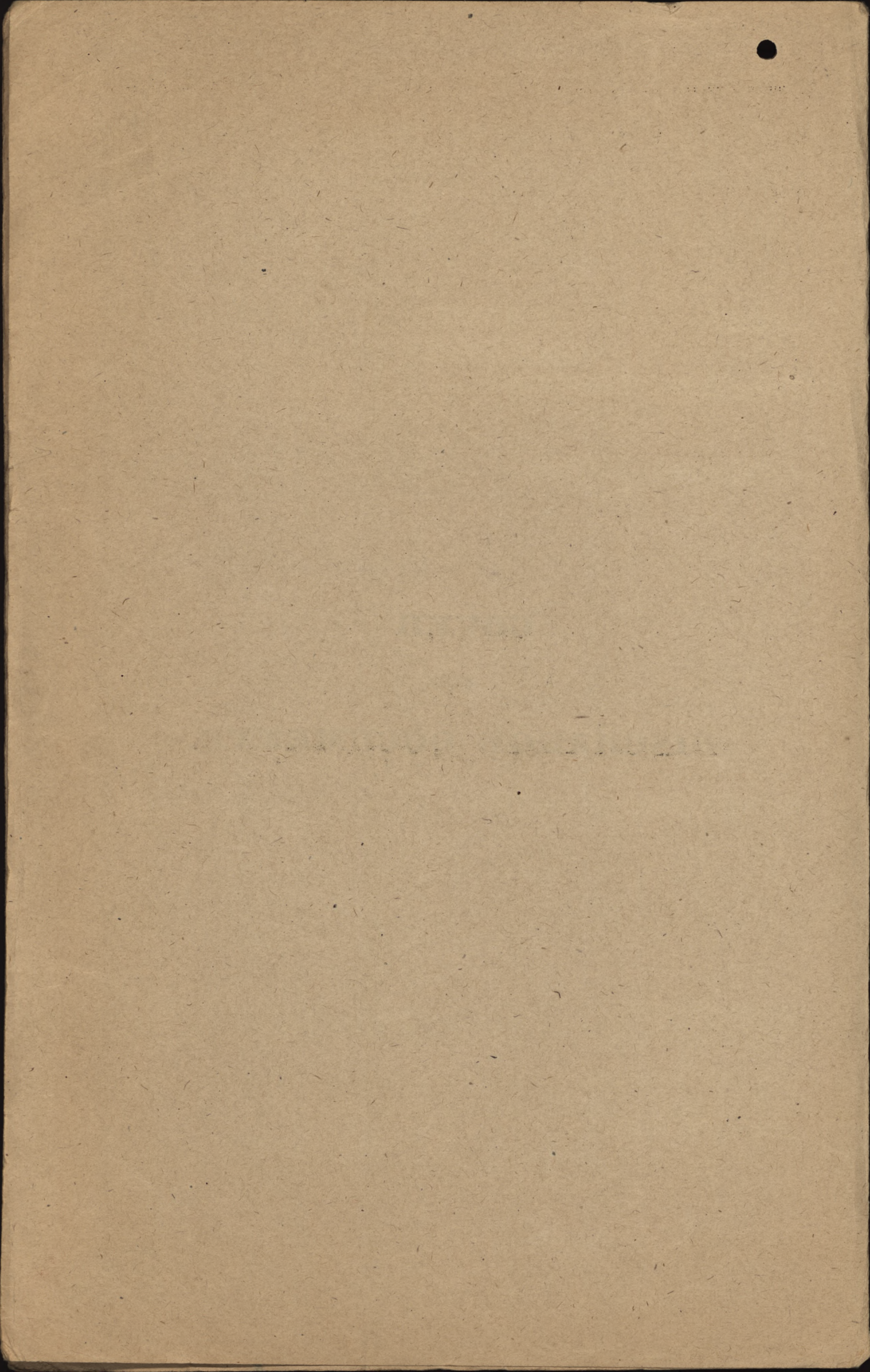
- ✓ Attestation Paper.
- ✓ Casualty Form.
- ✓ Field Conduct Sheet.
- ✓ Med. Hist. Sheet.
- ✓ Med. Board Proceedings.
- ✓ D.O.S. 2.
- ✓ C.A.D.C. 5009.
- ✓ Last Pay Certificate.

Occupation  
Shoe shine Parlour.

Sailed for Canada

OK







Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

*Apr 1-1917*

OVERSEAS CONTINGENTS

**S** 10919

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. *931300*

Rank *pte* Promoted      Reverted      Discharge

Soldier's Name *Hallott Stephenson*

Battalion *2 con. Battr.*

Beneficiary

Relationship

Address

## PARTICULARS OF ASSIGNMENT

Name *Fred Stephenson*

Address *Water St. Lough*  
Change of Address *S.S.*

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					<i>017365-H-10</i>
<i>Dec 31</i>	<i>—</i>		<i>180</i>	<i>180</i>	
<i>Jan</i>	<i>✓ 70739</i>		<i>20</i>	<i>20</i>	<i>A/c Closed 31-1-19</i>
<i>Feb</i>	<i>✓ 69372</i>		<i>20</i>	<i>20</i>	<i>Ret'd per. Emp of Britain</i>
<i>Mar</i>	<i>7 95598</i>		<i>20</i>	<i>20</i>	<i>Date 22-1-19... M.F.W.187 28-1-19</i>
<i>Apr</i>	<i>20 9974</i>		<i>20</i>	<i>20</i>	<i>Closed A. Sinclair</i>
<i>May</i>	<i>✓ 14825</i>		<i>20</i>	<i>20</i>	
<i>June</i>	<i>✓ 21534</i>		<i>20</i>	<i>20</i>	<i>M.D. #6 M.R.O. 52653 28-1-19 (Des.) OK 28/19 RW</i>
<i>July</i>	<i>✓ 20690</i>		<i>20</i>	<i>20</i>	
<i>Aug</i>	<i>✓ 39205</i>		<i>20</i>	<i>20</i>	
<i>Sept</i>	<i>✓ 37411</i>		<i>20</i>	<i>20</i>	
<i>Oct</i>	<i>✓ 44414</i>		<i>20</i>	<i>20</i>	
<i>Nov</i>	<i>✓ 52562</i>		<i>20</i>	<i>20</i>	
<i>Dec</i>	<i>✓ 68023</i>		<i>20</i>	<i>20</i>	
<i>Jan '19</i>	<i>✓ 74017</i>		<i>20</i>	<i>20</i>	
			<i>440</i>	<i>440</i>	

**CANADIAN  
ASSIGNED PAY AUDITED**

*E. B. Bradley*  
AUDIT CLERK

DATE *4/6/19*

A STENCIL  
HAS BEEN MADE  
FOR THIS ACCOUNT

M. F. W. 128  
400M-617-177-38-1141  
L. L. 22220-M. & D. 7193.





JAN 12 1919  
 Taken on Strength.....B. O.....29

AUDITOR \_\_\_\_\_ PAYMASTER \_\_\_\_\_

M. OR S. *Emp of British* 2/1/19 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. *931300* RANK *Pt.* NAME (IN FULL) *Stephenson H. J.*

ORIGINAL UNIT C.E.F. *2 C. Bn.* IF IN P.F. WHAT UNIT? \_\_\_\_\_ (BLOCK LETTERS SURNAME FIRST)

ADDRESS \_\_\_\_\_ PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ *20.00* DATE EFFECTIVE *FEB 1 1919*

IS SEPARATION ALLOWANCE PAID? *No.* DATE EFFECTIVE \_\_\_\_\_

TO WHOM PAID *No.* RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

STOP PAYMENT FORM RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED \_\_\_\_\_ PLACE *Digby N.S.* DATE *25-2-19* REASON *Demob.* AUTHORITY *D044* 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	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT		CREDIT
<i>Jan 1919</i>	<i>56</i>	<i>1.10</i>	<i>61.60</i>	<i>35-</i>	<i>11.20</i>								<i>107.75</i>			<i>11.15</i>	<i>167</i>	
																	<i>Dr. L.P.C.</i>	
	<i>153</i>		<i>350</i>		<i>350</i>												<i>War Service Gratuity</i>	
																	<i>18 March 1919 G 5788</i>	
																	<i>70</i>	
																	<i>70</i>	
																	<i>70</i>	
																	<i>70</i>	
			<i>350</i>		<i>350</i>												<i>280</i>	
																	<i>70</i>	
																	<i>350</i>	



**Casualty Form—Active Service.**

Regiment or Corps *No 2 Cdn Coy*  
 Rank *Private* Surname *Stephenson* Christian Name *Hallot*  
 Religion ..... Age on Enlistment ..... years ..... months  
 Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....  
 Date of promotion to present rank ..... Date of appointment to lance rank .....  
 Extended { ..... } Re-engaged { ..... } Qualification (b) .....  
 { ..... } or Corps Trade and rate .....  
 Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
<i>20.7.18</i>	<i>Unit</i>	<i>Returned from Hospital</i>	<i>Seld.</i>	<i>18.7.18</i>	<i>B 213</i>
<i>22.8.18.</i>	<i>No 2. Cdn Coy.</i>	<i>10 days of P.H.O. 9.8.18 for making an improper reply to a memo.</i>		<i>9.8.18</i>	<i>B 213 129.50 of Sep 1918</i>
<i>21.9.18</i>	<i>do</i>	<i>Granted 14 days leave</i>	<i>W.</i>	<i>16.9.18</i>	<i>B 213 129.55 of Sep 1918</i>
<i>5.10.18</i>	<i>do</i>	<i>Repairs from leave</i>	<i>Seld.</i>	<i>2.10.18</i>	<i>B 213</i>
<i>11<sup>th</sup> 18</i>	<i>AAQ</i>	<i>Trans to Eng &amp; posted to N.S. Reg depot</i>	<i>Tranaholt</i>	<i>14<sup>th</sup> 18</i>	<i>KB 244.</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) Signaller, Shosong-Smith, & Co.

*Ca Sewell* Lieut. for Lt.-Col., A. A. G.  
 Canadian Section, G. H. O. 3rd Echelon, B. E. F.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
	NSRD	ON COMMAND TO <i>ADD Kimmel</i> <i>Rhif.</i>	BRAMSHOTT		PART II D.O. <i>MRD 313 27 12</i>
<i>12/1/19</i>		<i>So BOMTC on transfer &amp; set Discharge Canada Policy No. 4 Kimmel</i>			<i>ca. Wright</i> LIUT. OFFICER IN RECORDS, NOVA SCOTIA REGTL. DEPOT.
<i>12.1.19</i>	<i>O'Leary. 1/10/19. No. 6 D.D. &amp; Lfr. Casey Co. 22.1.19 D. 129</i>	<i>Embarked for Canada 12-1-19</i>			<i>am. Ferguson</i> Liut ASST. ADJT. No. 6 DISTRICT DEPOT.
<i>25-2-19</i>	DISCHARGED at Halifax, N. S. & O. 44			<i>for</i>	<i>B. Elliot</i> LIUT NO. 6 DISTRICT DEPOT

LTR ~~STEPHENSON~~<sup>STEPHENSON</sup>

Name STEPHENSON, Hallot Frederick

Reg'l No. 931300

Unit No. 2. Comst. Bn.

If in perm. Corps, }  
What Unit? }

Married or Single Single.

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

Place of Birth Digby N.S.  
Fred Stephenson

Name and Address, Next-of-Kin Fred Stephenson Digby, N.S.

Father.

Relationship

Assigned Pay Monthly \$

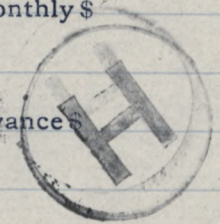
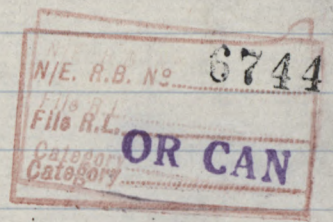
Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



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.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England ss "Southland"		7-4-17	Arrived
14.6.17	No 2 Comst Bn	Arrived in France	Field	17.5.17	115
16.12.18	NSRD.	TOS from 2 <sup>nd</sup> ccc.	File B. Shatt	14.12.18	20305471 19.12.18 2 <sup>nd</sup> ccc.
27.12.18	H.S.R.D	O/C to C.D.D Rhyl		27.12.18	- 313
25.1.19	H.S.R.D.	ceases to be to Rhyl. TOS to C & F Canada.		12.1.19	- 18

A.F.B. 103 CHECKED  
30 MAY 91



# 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. 931300 Rank Pte Name Stephenson, H.F.  
 Corps 2nd who was\* Discharged  
 On 25-2-19 191... 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 25-2-19 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month <u>L.P.C.</u>	68	43	Balance Cr. from prev. month	11	15
Advances by Cheques } No. <u>W.S.C. 15049</u>	70	00	Regt'l. Pay <u>56</u> days at \$ <u>1</u> c.	56	00
Assigned Pay and Sep'n Allee. No. ....			Field Allow. <u>56</u> days at \$ <u>10</u> c.	5	60
Other charges <u>Regt. Fund</u>		05	Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>15490</u>	39	27	Other Allowances* <u>Clothing</u>	35	00
Balance Cr. (to be paid by the new unit)			Other Credits*		
Total	177	75	Bal. Dr. (to be deducted by new unit)	70	00
			Total	177	75

\*Give particulars.

A monthly stoppage of \$ 20.00 (†) has ..... (‡) been paid on account of Assigned Pay for the month of Jan. 191...  
 { and Sep'n Allee. for month of ..... 191... } (to) Assignee Mr. Fred Stephenson,  
 (Address) Water Street,  
Digby, 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 No. .....  
 (3) cause of discharge Disab. authority D.O. 44  
 (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. Dymester  
 Paymaster No. 6 District Det. Dymester.

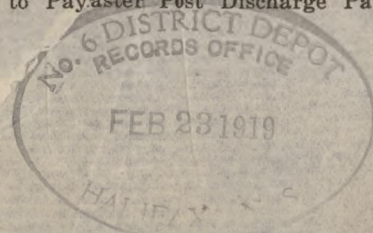
N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

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.  
 100M-9-18. D.P. 874.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for 8) Rates (Vide Appendixes 120 and 141, Payment Instructions, 28TH C.E.F. 1919.

Regiment No. ... Name ...

Who was ...

to ... by "transfer" or "discharge"

The following is a statement of the account of the soldier named from ...

the relative date of transfer or discharge.

Table with columns for 'To' and 'By' and rows for 'Balance forward', 'Pay', 'Rent', 'Separation Allowance', 'Other Allowances', 'Other Credits', 'B.L.D. (to be deducted by new unit)', and 'Total'.

Amount of ... (1) ... (2) ...

On Transfer of the Officer ...

REMARKS: (1) date of enlistment ... (2) if married and if a dependent ... (3) name of discharge ... (4) authority for transfer

NOTE: Separation Allowance and Award Pay Card (M.F. V. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be correct except from the Pay List ...

M.F. For purpose of transfer this form to be made out in quadruplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month and original for retention as a record.