ORIGINAL

ATTESTATION PAPER.

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

No. 931367

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

SYMONDS, (ANSWERS)

1. What is your surname?	Symonds	
1a. What are your Christian names?	Richard	
1b. What is your present address?	Hammonds Plains	N.S.
2. In what Town, Township or Parish, and in what Country were you born?	Hammonds Plains	N.S.
3. What is the name of your next-of kin?	Mrs Annie Symons & Frank L. Symons	
4. What is the address of your next-of-kin?	Hammonds Plains	N.S.
4a. What is the relationship of your next-of-kin?	Mother & father	
5. What is the date of your birth?	August 9th 1898	
6. What is your Trade or Calling?	Stoker	
7. Are you married?	Unmarried	
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	No	
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, Richard Simons (SYMONDS, passed Stoker) 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.

Richard Symonds (Signature of Recruit)

Date Dec 12 1916. D Anderson Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Richard Simons (SYMONDS, passed Stoker), 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.

Richard Symonds (Signature of Recruit)

Date Dec 12 1916. D Anderson Capt (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 Truro this 12th day of Dec 1916

H. Sutherland Lt Col (Signature of Justice)

M. F. W. 23.
400M.—1-15.
H. Q. 1772-39-841.

Description of Richard Symonds on Enlistment.

Apparent Age 17 years 4 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 5 ins.

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

Complexion ..... Dark

Eyes ..... Brown

Hair ..... Black

Religious denominations:
Church of England .....
Presbyterian .....
Methodist .....
Baptist or Congregationalist ..... Baptist
Roman Catholic .....
Jewish .....
Other denominations .....
(Denomination to be stated.)

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

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

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 h m* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date Dec 13th 1916.

Place Truro N.S.

H.V. Kent Major A.M.C.
Medical Officer.

*Insert here "fit" or "unfit."

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

.....

.....

.....

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Richard Symonds 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.

D.H. Sutherland Lt Col (Signature of Officer)

Date DEC 13 1916 191 .

REGIMENTAL DOCUMENTS

NAME SYMONDS RICHARD REGT. NO. 931357 UNIT #2 CONST. BN. H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					DEMOB.
1	MEDICAL EXAMINATION (M.F.W. 129)					
1	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
1	LAST PAY CERTIFICATE (M.F.W. 44)					28-15
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					16-15
	PARTICULARS OF CHARACTER (A.F.W. 3226)					3-15
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					1
1	A.F.W. 3997			52310		
1	M.F.W. 1927					
1	D.M.S. 1375					
1	CADC, 5009A.					
1	R-122					

483202

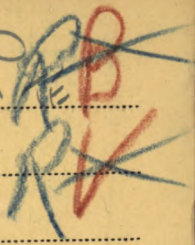
W. 2589
100M-11-18
1772 39-1377

No. 93135 7 RANK Pte NAME Simons R

T. O. S. UNIT Composite Battalion

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917 April 1	1917 april 30	W	att for Pay. 26-3-17	DO 990 of 26-4-17
May.		C	Trans. to own unit 31-5-17	DO 1280 of 30-5-17



Number 93135?

Rank

Surname SYMONDS

Christian Name Richard

Units C-A-C. Theatre of War France

Date of Service 28-5-18

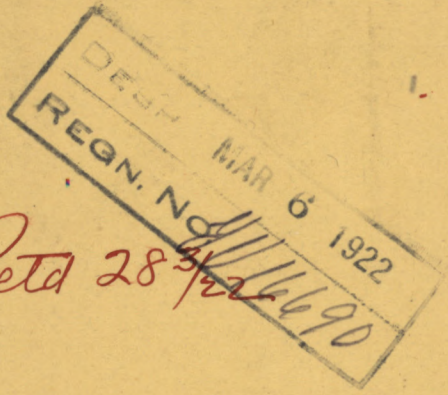
Remarks

Latest Address Hammond Plains Halifax Co N.S

"B" Roll No.

Page 11284.

200m.-2-21.M.



Bd S. Reta 28/3/22

*Name: Symonds, Richard Rank: Pte Regtl. No. 931357

Fyle Depot 74-6-231

Original unit: C.A.S.C. Present unit: C.A.D.D. M. or S. Age Religion Ref. H.Q.

Port, ship and date of arrival: Halifax. N.S. "Empress of Britain" 22/1/19.

Next of kin: Father, Frank Symonds.

Address on leave: Symonds St Plains. Halifax Co. N.S.

Address on discharge:

Transportation issued Yes / No Date: Character on discharge:

Previous occupation: Stoker Date and place of enlistment: Lond. Ont. 12/12/16.

Diagnosis: Date of Medical Boards:

Date.	Remarks.	Pt. 2 Order No.
29/1/19	T.O.S. from 12/1/19 Posted Ley Co.	29
21.2.19	DISCHARGED at Halifax, N. S Do	51

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

93135 Unit, Regiment or Corps ~~No Const. Battn. C.E.F.~~ N.S.R.D

Regimental No. ~~[illegible]~~ Rank Pte. Name Richard ~~[illegible]~~ Symonds
C. E. F.

Enlisted (a) ~~11/12/16~~ Terms of Service (a) ~~Duration Of War~~ Service reckons from (a) 12/12/16

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

Extended Re-engaged Qualification (b) Stoker

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.
29-6-17	N.S.R.D.	J.O.S. from 2nd C.C.C.	Bishopbriggs	28-6-17	P.T.D. 112
24-7-17	"	Patient Bram Hosp	"	24-7-17	" " 137
13-9-17	"	Reported from Hospital	"	13-9-17	" " 187
1/10/17	"	P.O.S. to 26th Res. Bn	"	1/10/17	" " 203
				DMacKeen Lt for CAPTAIN & ADJUTANT FOR O.C. NOVA SCOTIA REGIMENTAL DEPOT	
2/10/17	O.C. 26th Res. Bn.	Taken on Strength.	Bramshott	1/10/17	D. O. PART II No. 233
15/10/17	O.C. 26TH RES. BN.	STRUCK OFF STRENGTH. In Transfer to 17th Canadian Res. Batt.	Bramshott	15/10/17	D. O. PART II No. 244 O.C. 26TH RES. BN.
15 OCT 1917	O.C. 17th Res. Bn.	Taken on Strength.	Bishopbriggs	15/10/17	D. O. PART II No. 245

(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: 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.
25-3-18	O.C.17th.	S.O.S. on transfer to Can.For. Corps.	Bramshott	25-3-18.	Pt.11.Order.71. Lieut., Asst. Quartermaster 17th Canadian Regs.
25-3-18	O.C. C.F.C. T.	S.O.S. Base Depot, C.F.C. Sunningdale	25-3-18	Pt.11.D.O. 73	
29.5.18	Do	S.O.S. on transfer to Conscbo France. BASE DEPOT C.F.C. SUNNINGDALE	28-5-18	PT. II. DO. NO 128. Mily for O.C. C.F.C.	
29-5-1918	O/C Bks	Having arrived in France reported to No 2 Can. Con. Coy.	Fd.	29/5/18	A.F.B. 674 A.F.O. 367 June 1918
3-6-18	do	Left for unit	Fd.	3-6-18	A.F.B. 125 3
8-6-18	O/C Unit	Joined Unit	"	6-6-18	A.F.B. 213
11/12/18	A.A.G.	Trans to Eng stores to N.S. Reg Depot	Bramshott	14/12/18	A.F.B. 344.
14.12.18	N.S.R.D.	S.O.S. attached to 2 b.l.D for Qrs & Rations	Bramshott	14.12.18	D-O 305

CERTIFIED CORRECT. 5 JUN 1918 CAN. RECORDS, LONDON.

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

PART II D.O. NSRD 313 27/12/18

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

NSRD ON COMMAND TO C.D.D. Kinmel Pk BRAMSHOTT

12/1/19 SOS O.M.F.C. Transfer to Lieut. A.C.T. Hammond Rhyl
Discharge Canada Sailed No 4 Kinmel Park.
Embarked for Canada 12-1-19

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. 931357 Rank Pte. (C. E. F.) Name Symonds R.

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				
12.1.19	Overseas T/O/S. No. 6 D. D. Halifax, Casy Co.			22.1.19	Do 99. A. M. Ferguson Lieut ASST. ADJT No. 6 DISTRICT DEPOT
21.2.19		DISCHARGED at Halifax, N. S	Do #51		for P. D. Christie LIEUT O C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc , etc., also special qualifications in technical Corps duties.

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				

162558

SYMONDS,R. - Pte - 931357 - 17th Res.Bn

Will deposited with

Estates Branch,

OTTAWA

Rec'd from P.M. 17th Res.Bn. 17-10-17.

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-20-53

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 102 Const Bn C E F

(2) Regimental Number 93137

(3) Full Name of Soldier Richard Simons

(4) Place of Birth Hammonds Plains

(5) Are you married, or not? Single

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

(b) Present Postal Address

(7) Are you a widower?

(8) Have you any children?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Frank Simons

If so, state name and address Hammonds Plain

(10) Is your Mother alive? Mrs Annie Simons

If so, state name and address Hammonds Plains
Nova Scotia

(11) If your Mother is a widow No

Are you her sole support, or not? No

(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.

X

(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.

X

(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.

D.H. Sutherland
Officer Commanding.

Date 16/12/16

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. 931307 Rank Pte. Surname Symonds.
(Given name in full)
Richard Symonds.

Unit or Corps D.D.6. Birthplace Hammonds Plains 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 Brown.

Nutrition good.

Pulse 72.

Condition of arteries good.

Vision Rt. 20/20 Left 20/20

Hearing (conversational voice) Rt. 20 ft.

Left 20. ft.

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

Nil.

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.

Hammonds Plains.
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 Halifax (Canada)

Date Feb 10/19 Signed .....M.O.

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

Signature .....

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

(This space to be used, if necessary, in connection with Section 8, overleaf, only.)

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931357 (Rank) Private

Name (in full) Richard Symonds enlisted in

the #2 Can. Batt'n

CANADIAN EXPEDITIONARY FORCE at Truro NS on the 12th

day of December 19 16

HE served in France

and is now discharged from the service by reason of Demobelization

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

Age 20 yrs 6 Mos.

Height 5 Feet 5 Inches

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars Nil

R Symonds
Signature of Soldier

C. W. MacAlmon CAPTAIN.
Issuing Officer
O. C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT.
Rank
Appointment

Date of Discharge February 21, 1919

Signed at Halifax NS this 12th day of February 19 19

in Military District No. 6

File Reference No.

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

M. F. W. 39a
200m.—2-18.
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 not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

D.M.S. 1375.

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 Pte Name Richard Surname Symonds

Unit or Corps 17th Reserve (If a soldier) Regtl. No. 931357

Born at Hammond Plains, N.S. on, date August 9, 1899

Signature (for identification) R Symonds

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

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

Weight 149 lbs.

Height 5 ft. 6 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?** nil

4. **RESPIRATORY SYSTEM.** nil

5. **HEART?**

Abnormal Sounds? nil

Abnormal Size? nil

Pulse Rate? 64 Intermittence or irregularity? nil

6. **ARTERIES.**—Any hardening? nil

7. **DIGESTIVE SYSTEM?** nil

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

Urinalysis—S.G.? 1020 Reaction? ac Albumen? nil Sugar? nil

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

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. nil

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

Examined at Kinmel Park Signed W Stephens Capt M.O.

Date 2 — 1 — 19 Signed [illegible] Lieut Colonel 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.*

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

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.

NAME OF SOLDIER (Block Letters) SYMONDS A MOL

REGIMENT No 2 Construction C RANK Pte No. 931357

Date of Examination in England 31/12/19 | Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7, 8, 10, 15, 31
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

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

- (*a*) In Canada
- (*b*) In England No
- (*c*) In France

Signature of Dental Officer J. H. Somerville Capt

KINMEL PARK, NORTH WALES.

S.80

ORIGINAL.

MEDICAL HISTORY SHEET

Surname Symonds Christian Name Richard 931357

Examined on 12th day of Dec 1916 at Truro N.S.

Birthplace City or Town Hammond Plains County Halifax N.S.

Apparent age 17.

Trade or occupation Labourer

Height 5 feet 5 Inches

Weight 128 lbs.

Chest measurement Minimum 33 inches Maximum expansion 36 inches

Physical development Good

Small-pox Marks None

Vaccination Marks Arm Right Left Number

When Vaccinated last Never

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection A tendency to flat foot

Approved by A V Kent

Rank Major A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
Jan 21/18	A	Lt. Roberts Capt.	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
2/1/17	L.G.R.	A V Kent Major	M.O.
1/1/17	L.G.R.	A V Kent Major	M.O.
2/2/17	L.G.R.	A V Kent Major	M.O.
2-10-17		J Daniels	

Enlisted on 12th day of December 1916 at Truro N.S.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment				
Transferred to	No 2 CONSTRUCTION, Bn. C.E.F.	931357		12/13/17
	N.S.R.D			29/6/19
	26 Res Bn			1/10/17
	17th Res Bn 2nd Const Bn			15-10-17

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 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 Symonds Christian Name Richard

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				
MILITARY HOSPITAL ANNEX 11 SEP. 1917 BRAMSHOTT		23.	7.	17.	13.	9.	17.	Gonorrhoea.	52.	Purulent Discharge - Recovery.	E. Craig Lieut. R.A.M.C.

Form R 122
2353—100M—9-12-16.

Symonds? G.R. Ref. for verification asst

E.T. Rank | Name SIMONS, Richard. | Reg'l No. 931357

Unit N.S.R.D. | If in perm. Corps, What Unit? | Married or Single Single.

Place and Date of Enlistment Truro. Dec. 12th. 1916. | Place of Birth Hammonds Plains N.S.

Name and Address, Next-of-Kin Mrs Annie Simons & Frank L. Simmons. or Symonds?

Hammond's Plains, Nova Scotia. Canada. | Relationship Mother & Father.

Assigned Pay Monthly $ | Payable to | Relationship

N/E. R.B. No. 6750
File R.L.
Category OR CAN

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place Los C7C. | Reason | Character

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
29.6.17	N.S.R.D.	T.O.S. from Can. F. Cps	Bkett	28.6.17	P ~~II Do~~ 112.
1.10.17	N.S.R.D.	Cease posted to Depot Coy & S.O.S. to 26th Res Bn	"	1.10.17	—— 203. (26th Res P. 233 2/10/17
15.10.17	26th Res	S.O.S. to 17th Res Bn	"	15.10.17	P. 244. 17th Res P. 248 16/10/17
25.3.18	17th Re	SOS to Can Forestry Corps	"	25.3.18	—71 (P. 273 d/26.3.18 BDC 4C TOS
29.5.18	BDC 4C	SOS 16 2nd Construction Coy	"	S'dale 28.5.18	" 128 (TOS. Ft II 0.36 2nd C.C. d/ 22.6.18
16.12.18	NSRD	TOS from 2nd CC Coy Overseas		Bkett 14.12.18	305—71 d/ 19.12.18 2nd C.C. Coy
27.12.18	N.S.R.D	O/C to C.D.D Rhyl			27.12.18 313
25.1.19	N.S.R.D	Ceases O/C & Rhyl & SOS & C.D.D. Canada		Ripon	12.1.19 —18

A.E.B. 103 CHECKED 4 JUN. 1918

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.				

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom Mrs. F. Simons

Address Hammond Plains N.S.

Rate 15.00

JUN 1 1917

By Whom Assigned Simons R.

Regtl. No. 931357

Rank Pte.

Corps Composite Battn

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				

CONTINGENT ACCOUNT 7

CANADIAN
ASSIGNED PAY AUDITED

AUDIT CLERK

DATE 17/5/19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Mrs. F Simons
Sheet No. 2. (Assignee)

Name of Soldier Simons R.
931357 Pte. Composite Battn

L. L. Job 19227—M. & D. 7814.

15.00 JUN 1 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		U19244	15 ✓	
July		F 25254	15	C
Aug.		V 31948	15	
Sept.		E 39617	15	
Oct.		F 45540	15	
Nov.		053387	15	
Dec.		0. 61049	15	105
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
OK
AUDIT CLERK
DATE 17/5/18

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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

P. 559.
MARRIED OR SINGLE Single

PLACE OF BIRTH Hammonds plains Nova Scotia

NAME AND ADDRESS OF NEXT OF KIN Mrs Annie Simons & Frank L Simons
Hammonds Plains Nova Scotia Canada.

RELATIONSHIP OF NEXT OF KIN Mother & 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. 931357 RANK Pte NAME ~~Simons~~ Raymonds K R Authy Records E

IF IN PERMT. CORPS / WHAT UNIT UNIT 2 Construction Bn TRANSFERRED TO USRD DATE 1/3/18 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 10 Dec 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 15.00 DATE EFFECTIVE 1/6/17

PAYABLE TO Mrs F Simons, Hammonds Plains N.S. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														25 08	25 08													a s			25 08				Balance from Canada.
July	1-31	31	1.10	34	10									33 00	67 10													30 30		30 -	62 18			62 18	Cred 9g from 7 July. Other Credits June pay.
Aug	-	-	-	34	10										34 10													15 15	5 28	20 28	76 -			76 -	94005 3042
Sept	1-30	30	-	33	-										33													15 -		15 -	94 00			94 00	
				101	20									58 08	159 28													60 45	5 28	65 28	94 00				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENDS.
Sep	Bal	~~94~~ 94							94 -		
Oct	P.P.	34 10 / 34 10						- 15 / 15	113 10		
Nov	"	33 -						- 15			
DEC	- -	34 10 / 67 10						- 15 / 30	50 20		

CANADIAN
ASSIGNED PAY AUDITED
O.K. Hawkesworth
AUDIT CLERK
DATE 17/5/19

931357. Pte Simmons R. 15.00 1/6

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					CR. 1				CR. 2				PARTICULARS			DR. 1		DR. 2		DR. 3		DR. 4		BALANCE											
	Acc'd																							50 20											Stable $ 150.00
JAN 1 1918	P.P.				34	10										15																			See Feby
					34	60							DN. AR 40. 13/12/17. N.S.B.R.		2 43	15								66 57											
FEB 1	—				30	80							Assigned Pay			15																		
	Error. Bal. 7th to Jan				100								Mar 675. 15/11/17 Res.		9 73																				
					130	80							~~Error Bal 7th to Jany~~		9 73	15								172 94											
MAR 1918	P.P				34	10							C.A.P.			15																		
													D.H.005. 356. 30/11/17.		1 10																				
													~~Hosp. Ship~~ 397. 30/9/17.		41																				
													Smar 1143 30/1 17 Res		9 43																				
													AR 1408 28/2 "		4 84																				
													" 1660 18/3 "		34 04																				
													Smar 879 18/2 "		19 44																				
													" 694 13/10 2 Res		9 43																				
													" 91 18/9 1 A.R.D.		9 44																				
													" 51 13/4 "		14 60																				
													" 966 15/1 1 Res		9 43									48 59											
					34	10									113 45	15																			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY — * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- June 1. 17.	EFFECTIVE DATE:-
AMOUNT:- 1.00	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.

Mrs F Symons
Hamonds Plains NS.

Stopped Eff 1/1/19.

17/12/18
2.6.60

NAME:- ~~Symonds~~ Symonds (Authy Records R. E

NUMBER:- 931357.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Awate

UNIT AND TRANSFERS

ORIGINAL UNIT:- 2 Coast Bn

DATE ACCOUNT FIRST OPENED:- July 1. 17

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			NSRD
N.R.	1/7/18	23/7/18	2 Con. E
L.P.6		28/12/19	Town Sec.

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
9/12/18	6751	France	~~4 66~~				
18/12/18	3590	B.R.D.G.	~~9 73~~				
			14 39				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- L.P.6. Balance 105.69 L.S. Balance 170.08 Transferred to Canada Auth NR 161 2nd 6660 17/12/18

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
									218 59		
Aug	Balance forward.										
	G G	33		Can A P				15			
				O/NAR 5741 29/10/17 17 Res.	7 30						
		33			7 30			15	89 29		
May	V V	34 15		Can A P				16			
				Q4005/201 27/10/17	1 33						
				O/NAR 1788 15/2 17 Res	14 60						
				V B618 24/5 BDGG.	9 73						
				B322 24/4 "	9 43						
				" 423 23/11 17/Res	4 84				68 13		
		34 10			40 26			15			
June	V V	33		Can AP	40 26			15			
				NAR 24 9/1/18 17 Res.	38						
				O/N 716 7/6 CFC	3 57						
				B 811 25/5/18 BDGG	11 87						
				" 73 10/4/18 " "	9 73						
				O/N 100 28.9.17 Nfld.	9 73				54		
				V 877 28/6/18 CFC	3 57				28 S		
		33			31 85			15			
JUL 1918		34 10		AP				15			
				AR 954 10/7 CFC 5 V	3 57						
				AR 1048 25/7 " V	3 57				66 24		
		34 10			7 14			15			
Aug	P Pay	34 10		Can AP				15			
				AR 1761 10/8 CFC 5	3 57						
				Q4005/431 30/4/18 CFC	93						
				AR 1476 25/8 CFC 5	3 57				44 24		
		34 10			8 07			15			

CANADIAN ASSIGNED PAY AUDITED
Pay A.K. Tewksbury
DEBIT CLERK
DATE 17/5/17

COMPILED BY A Phillips
CHECKED BY

NUMBER 93357 RANK Lt NAME SYMONDS R

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918				Brot forward					7727		
Sep	PP.	33		Can AF				15			
				AK 1677 5/9 6X65	3 57						
				AK 1881 24/9 ✓	3 57				88 13	n/a	
		33			7 14			15			
Oct	PP	34 10		CAF				15			
				2262. 6X66. 12.10	3 73						
				2327 ✓ 5 25.10	3 73				9977		
		34 10			7 46			15			
Nov.	PP	33 -		CAF.				15 -			
				2697. 11.11. CFC5.	3 73						
				2916. 26.11. ✓	13 06				100 98		
Dec		34 10		6751. 10.12 CBD.	4 66			15	120 08		
				3590. 18.12. BROG.	9 73				105 64		
		67 10			31 18			30 -			
				165. 10.1. LPC End. Rhyl	9 73				95 96		
					9 73						

S.O.S. to Canada 12.1.19 20.18. N.S.R.D 25/19

9977
67.10
166.87
61.18
105.69

12.3-19-24

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. 93135 7

Rank Private

Surname Symonds

Christian Name Richard

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

Corps (Squadron, Battery or Company) #2 Cons Batt^n

Date of Discharge February 21, 1919

Place of Discharge Halifax N.S.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 20 years 6 months.	Descriptive Marks
Height 5 feet 5 inches.	
Complexion Dark	Nil
Eyes Brown	
Hair Black	
Trade Stoker	
Intended place of residence (To be given as fully as practicable.)	Hammond Plains Hfx Co N.S.

M

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

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

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

Discharged Halifax
Feb. 20/3/19.

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... .....

(Date)..... *Commanding* .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Halifax NS R Symonds *(Signature of Soldier.)*

(Date) February 12th 1919 CW Knowles *(Signature of Witness.)*

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

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

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

.....*(Signature of Soldier.)*

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) Halifax NS

(Date) 27.2.19

(Signature) Dan Ross LIEUT. COL.
No. 6 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.)

R Symonds Pte

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

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. 951357 Rank Pte. Name Symonds, R.

Corps M.P.R.D. who was* Discharged

On 21-2-19 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191...,
to 21-2-19 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	11	15
Advances by Cheques No.			Regt'l. Pay 52 days at $ 1 c.	52	00
Cheques No. M.S.O. 15423	70	00	Field Allow. 52 days at $ 10 c.	5	20
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing	35	00
Payment on transfer or discharge No. 15422	144	44	Other Credits* D.P.C.	41	09
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	00
Total	214	44	Total	214	44

*Give particulars.

A monthly stoppage of $ 15.00 (†) has (‡) been paid on account of Assigned Pay for the month of Jan. 191... and Sep'n Allce. for month of 191... (to) Assignee Mrs. R. Symonds

(Address) Hammonds Plains,

Hfx. Co., N.S.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

A.A.G.

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 Demob. authority D.O.51

(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.

M.D. No. 6 No. 53

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

Date 21-2-19

Place Halifax, N.S.

W W Dingwall CAPT

Paymaster No. 6 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.
100M-9-18. D.P. 874.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

05453

S

Date of Assignment June 1/17.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 931357, R. Symonds -

Rank Pte Promoted Reverted Discharge

Soldier's Name ~~R. Symons~~

Battalion Composite Battn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Mrs F. Simons

Address Hammond Plains

Change of Address N S.

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
1917						17758-R-23
Dec 31			105	105	✓	
Jan - 18	A	63458	15	15		
Feb	G	67885	15	15		
Mar	S	95820	15	15		
Apr	T	9423	15	15		
May	V	22717	15	15		
June	W	23823	15	15		
July	E	21504	15	15		
Aug	U	40621	15	15		
Sept	W	46779	15	15		
Oct	Z	55161	15	15	✓	
Nov	Y	54169	15	15	✓	
Dec	Q	63916	15	15	✓	
Jan	G	75715	15	15	✓	
FEB	L	78416	15	15	✓	
			315	315		

A/c Closed 28/2/19

Ret'd per Empress of Britain

Date 22/4/19 M.F.W.187 21/2/19. m 06

Closed G Bell

MROLP57182. Destroy. 01511 2/19 LD

CANADIAN
ASSIGNED PAY AUDITED
Cranford
AUDIT CLERK
DATE 17/5/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400m.—6-17—172-39-141
L. L. 22330—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22820—M. & D. 7893.

AUDITOR | PAYMASTER

Taken on Strength JAN 12 1919 29 B. C.

M. OR S. Emp. of B. 21-1-19 — PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES — REGT. No. 931357 RANK Pte. NAME (IN FULL) Symonds R. (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
1/10		L.P.C.

ORIGINAL UNIT C.E.F. N.S.R.D. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ 15.00 — DATE EFFECTIVE Feb. 1-19

PAYABLE TO Mrs F. Symonds — RELATIONSHIP mother — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Hammonds Plains N.S.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 21-2-19 — REASON Demob. — AUTHORITY D.O.S.1 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	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.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Entitled D.O.S.1
Jan.					11	20			11	20																											To 21 L.P.C.
1/1/19 to 21/1/19	52	1/10	57	20	41	09	11	15	144	44											15-4-22	144	44									144	44				
																					15-4-23	70	-									70	-	70	-		
																	War Service Gratuity																				
	153		350	00					350	00											55	00																
			70	-					420	-											15	-																
																					70	-													210	00		
																					70	-													140	-		
																					70	-													70	-		
			Cancelled cheque 60411/12																		70	-													70	-		
																					70	-											420	-	Nil			
			420	00					420	00											5500												420	-				

Signature

30M-11-18.—L.L. 50877-M. & D. 9553.

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.	