ATTESTATION PAPER.

No. 506436

Folio.

ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Troy
1a. What are your Christian names?	James J Garfield
1b. What is your present address?	Newcastle N.B.
2. In what Town, Township or Parish, and in what Country were you born?	Newcastle N.B.
3. What is the name of your next-of-kin?	Mrs Florence Troy
4. What is the address of your next-of-kin?	273 South Vine St Marion Ohio USA.
4a. What is the relationship of your next-of-kin?	Wife
5. What is the date of your birth?	21 Sept 1886
6. What is your Trade or Calling?	Accountant
7. Are you married?	Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, James Garfield Troy, 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.

James Garfield Troy (Signature of Recruit)

Date 27 Nov 1916 R. H. Beacon C.S.M. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Garfield Troy, 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.

James Garfield Troy (Signature of Recruit)

Date 27 Nov 1916 Wallis A. Brooks Com. (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 St John N.B. this 27 day of Nov 1916.

Wallis A. Brooks Com. (Signature of Justice)

J.P.

M. F. W. 23.
500M.—8-16.
H. Q. 1772-39-841.

Description of James Garfield Troy on Enlistment.

Apparent Age 30 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 7½ ins.

Chest measurement.
- Girth when fully expanded ..... 35 ins.
- Range of expansion ..... 3 ins.

Complexion Fair

Eyes Brown

Hair Brown

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

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

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

I consider him* Fit for the Canadian Over-Seas Expeditionary Force.

Date 27 Nov 1916. L McCann

Place St John N.B. Capt

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.

James Garfield Troy 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.

E. W. Wilson Major Lt. Colonel C. E.
(Signature of Officer)
C. C. Engineer Training Depot

NOV 30 1916

Date ..... 191 .

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REGT. CONDUCT SHEET (M.F.B. 263 OR A.F.B. 121) /
COMPANY CONDUCT SHEET (M.F.B. 263A OR A.F.B. 121) /
MEDICAL HISTORY SHEET (M.F.B. 313 OR A.F.B. 178) 2
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PARTICULARS OF CHARACTER (A. F. W. 3226)
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39A) /
DENTAL CERTIFICATION ON DISCHARGE (C. A. D. C. 5009) /
UNIT INDEX CARD (... 71 OR 192) /

A.F.W. 3997
misc. = 2
M.F.W. 2572 = 1
MFW 67 1
P149 — 1
cancelled
1-P122

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

O. H. M. S.

REGIMENTAL DOCUMENTS

TROY, Jas. G. REGT No. 306436 UNIT # 7 DD.

NON-EFFECTIVE BY demob CATEGORY .....

18558

4835-23

PUBLIC ARCHIVES CANADA RECORDS CENTRE

SURNAME. Troy

CHRISTIAN NAMES James Garfield

REGL. NO. 506436 RANK Sapper

UNIT ~~Can. Eng. (Training Depot) (2 3rd R.D.)~~ 4th Dist Depot

FORMER CORPS Nil.

4. CARD NO. 17

30S. 28/2/19

FOLL. Demob- Auth Dol. 75.

506436 1-3-19. 7DS.

NEXT OF KIN.

NAMES IN FULL Troy, Mrs. Florence

RELATIONSHIP TO SOLDIER Wife

ADDRESS 993 South Vine St., Marion, O., U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Newcastle, N.B. DATE Sept. 21st, 1886

PLACE OF ATTESTATION St. John, N.B. DATE Nov. 27th 1916

O/S. 11-4-17. 401 9.

R/C. 9/2/19. 263 85

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED Yes. SINGLE WIDOWER

TRADE OR CALLING Accountant RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE 30 YEARS —— MONTHS

HEIGHT 5 FEET 7 1/2 INCHES

CHEST MEASUREMENT 35 INCHES EXPANSION 3 INCHES

COMPLEXION Fair EYES Brown HAIR Brown

DISTINGUISHING MARKS Not Stated.

MEDICAL EXAMINATIO PLACE St. John, N.B. DATE Nov. 27th 1916

Present Address:- Newcastle, Northumberland, N.B.

Dental Examination on Discharge

File No.....

Rank Pte. Name Troy J.C. Regt. No. 506436

Date of enlistment 25-11-16. Service, where France

If any dental treatment in army, where France

Discharge examination at St.John N.B. Date 26-2-191

Treatment to be received 3,19

.....

At..... Examined by A.A. LeBlanc. Lieut.

Above treatment completed by..... Date.....

Completed History Sheet File No.....

M. F. W. 2572
100m-8-18
1772-39-1359

OTHER SIDE FOR REMARKS

Form R. 149.

James Garfield

Name TROY Rank Spr. Reg. No. 506436

Unit ~~10th Hd Qrs R.E.~~ LAB-POOL.

Next of Kin U.S.A

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915						
14-6-	3 Can F. A.		Gastritis	A246		31925
21.6	Discharged to Duty		do	A250		32106 D.
2 8	2 Can Sty Hospl	Outreau	GASTRITIS	A824		2968/13
14 8	1 Con Depot	Boulogne.	do	A90		33204
16 8	10 Con Depot	Etaples	do	A106		33479
30 8	DISCHARGED to S.R.C.	St Martins	do	A186		36994
	x2					

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

NAME Gray J. G

RANK AND CORPS Spr. 10 F. C. (Can. Exp.)

REGT'L No. 506436

H. Q. FILE No. 649.

FOLLOWS NO.

FOLLOWS

CABLE

NO. DATE

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 246-1	#3 Can Fld. Amb.	17-6-18	Gastritis.
a 250-1	Disc. to Duty	21-6-18	Gastritis
a 84	2 Can Stat Etretat	2-8-18	" "
a 90	1 Conv Depot Boulogne	14-8-18	" "
a 94-2	No 10 Conv. Dep. Etaples	16-8-18	" "
a 106-3	No 10 Conv Dep. Etaples	16-8-18	" "
a 106-3	Discharged	30-8-18	" "

Inf
Sean

Number 506436 Rank Spr

Surname TROY

Christian Name James Garfield

Units 6 E Theatre of War France

Date of Service 18-9-17 Newcastle

Remarks A.B.

Latest Address ~~273 South Vine St~~
~~Marion~~ Ohio U.S.A

Roll No. B Page 11687

200m—2—21.M.

DESI MAR 14 1922
REGN. NO. 1847

Deceased 16-11-61 C.E.F. MEMORIAL CROSS CARD.

TROY, James G. 506436 Spr. C.E.

Enlisted 27-11-16. Served in France. Discharged: 27-2-19.

Awards Entitlement: British War and Victory Medals.

Next-of-kin: Mrs. Florence Troy (widow),
Corres d/6/4/62 Engravers List #516, file 95-4-5.
Memorial Cross Entitled to: Mrs. Florence Troy, (widow)
(NEW CROSS) Newcastle, N.B.

DESP. MAY 18 1962
REGN No. 4422.

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
TROY.	J.G.	506436.

RANK	UNIT	CO.	TROOP	BATTY
Spr.	C.E. 10FC. Mine (C.L.P)	C.		

HOSPITAL 3 or S 2 C.F. Amb. — DATE OF ADMISSION 17-6-18.

2 C. Stat. Outreau 2-8-18

1. 1 Canad. Hosp. Boulogne — HOSP. 14.8.18

2. 10 Convl. Dep. Ecault — HOSP. 16.8.18

3. — HOSP.

4. — HOSP.

DIAGNOSIS
1. Gastritis. a.f.
Gastritis a.f.
2.
3.

DISPOSITION — DATE

C.L. 21-6-18. A246.
26.6.18 @250 (1)
10-8-18 A/84-1.
17.8.18 A90 2.
21.8.18. A94 (2)
4-8-18 C/106-3

REMARKS
Mis. to duty 21.6.18.
Rtn. 30.8.18

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

EPITOME OF HOSPITAL TREATMENT

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

Coal

*Name Troy James Garfield Rank Spr. Regtl. No. 506436

Fyle Depot

Original unit Can Eng. Present unit D.S.O. "DD7" M. or S. Age 32 Religion Pres. Ref. H.Q.

Port, ship and date of arrival Halifax N.S. S.S. Carmania 9-2-19

Next of kin Mrs. Florence Troy 273 South Vine St. Marion Ohio U.S.A.

Address on leave New Castle N.B.

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Accountant Date and place of enlistment St. John N.B.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
1-2-19	T.O.S. Disposal Station "C" from Overseas	41-44
7-2-19	S.O.S. on discharge	59

*—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

Department of Veterans Affairs

Ottawa 4, 19

TO Supervisor,
War Service Records, Ottawa.

Mark Your Reply:

For attention of For attention of

SUBJECT File No.

(1)

The Department is authorized to place a memorial on the grave of the above named. Therefore, will you kindly insert the particulars requested on this form and return it to this office.

Departmental Secretary.

(1) Service number CEF 506436

(2) Surname TROY.

(3) Christian names James Garfield.

(4) Date of Birth 21 Sept 1886.

(5) Religion Presbyterian.

(6) Unit of enlistment Cdn Engineers

(6a) Highest corresp. rank Spr.

(7) Units overseas 10 Bn CE.

(7a) Highest corresp. ranks Spr

(8) Rank on day of discharge Spr.

(8a) Corresp. unit —

(9) Military honours Nil.

PUBLIC ARCHIVES RECORDS CENTRE
APR 17 1962
OTTAWA, ONT., CANADA

---

(2)

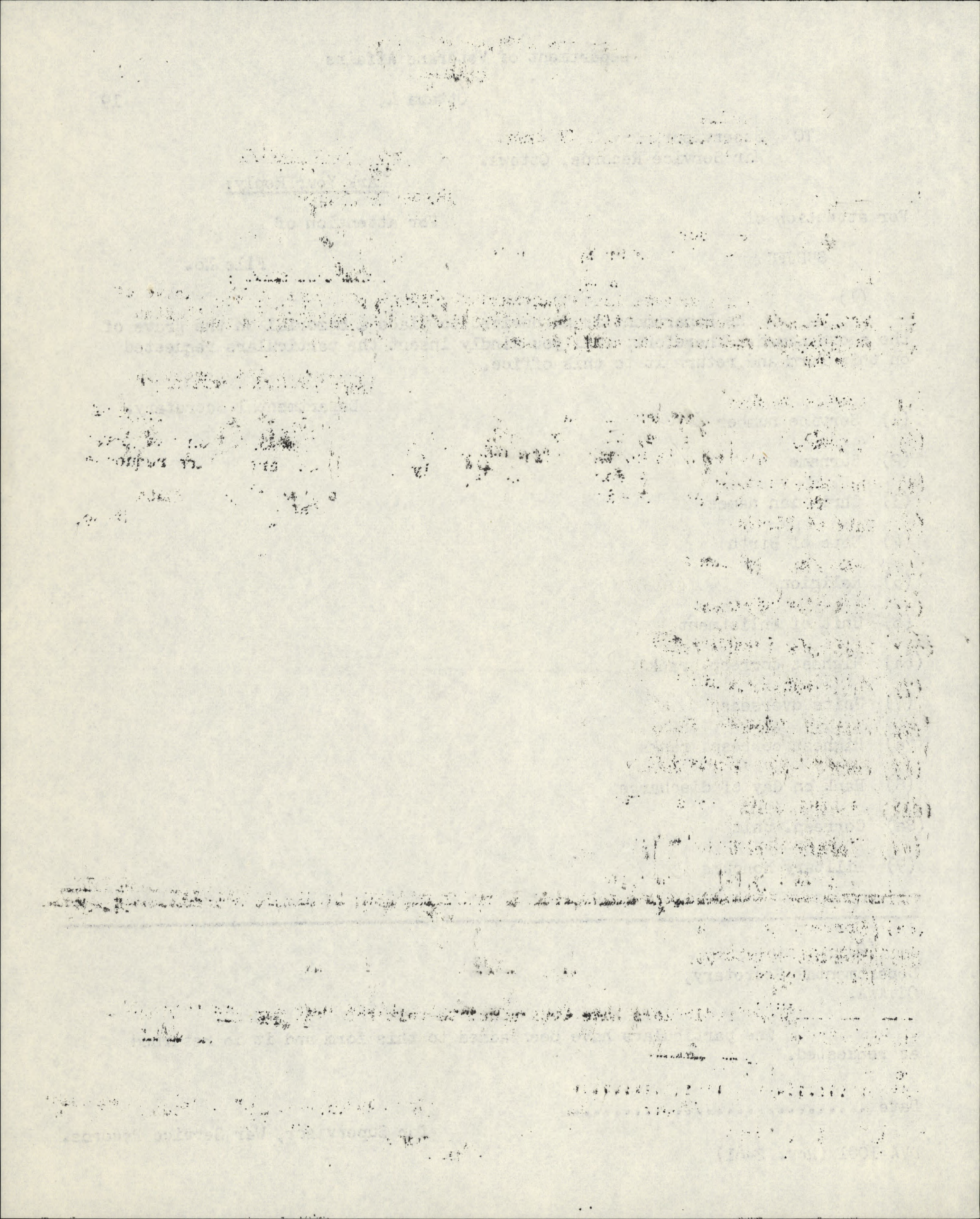
Departmental Secretary,
OTTAWA.

The particulars have been added to this form and it is returned as requested.

Date .....

for Supervisor, War Service Records.

DVA 1001 (Rev. 2-61)



Form R 122
2353—100M—9-12-16.

E.T.

Rank | Name: TROY, James Garfield. | Reg'l No. 506436

Unit: 23rd Draft to C.E.T.D. | If in perm. Corps, What Unit? | Married or Single: Married

Place and Date of Enlistment: St.John.Nov 27th 1916. | Place of Birth: Newcastle. N.B.

Name and Address, Next-of-Kin: Mrs Florence Troy.

273, South Vine St. Marion.Ohio. U.S.A. | Relationship: Wife.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

Copy for Pat

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		ARRIVED IN ENGLAND 22 4 17 S.S.CANADA			A.F.B. 103 CHECKED 24 SEP. 1917
23-4-17	C.E.T.D.	T.O.S. proceeded Overseas	Crowford	22-4-17	P.W.II "96. Reinf pool T.O.S.
19-9-17	—"—	S.O.S. to Reinf pool	Shorcham Spt	18-9-17	— 219 4 pl II D.C. 71 of 28-9-17
12-11-17	10 Fld Co.	T.O.S. from C.E.R.P.	Frieu	" 1.11.17	— 70.
10.11.17	C.E.R.P.	S.O.S to 10 Fld Co.	"	" 31.10.17	— 84
2-7-18	10 Bn C.E.	T.O.S from 10 fld Co	"	" 30.5.18	" 1 & 10 fld Co 28 of 2-7-18
8-7-18.	—"—	S.O.S. to Can Lab Pool	"	" 8.6.18	Lab Pool. — 3 d Pt. II 099 of 11/7/18.
13-12-18	Lab. Pool	Trans. to Eng. & posted C. Engrs. T. Depot Seaford	Pte. Fld.	3-12-18	Pt. II 178 & C.E.R.D. 316 3/5/12/18
16.12.18	2nd C.E.R.D.	On command C.S.M.E.	" Seaford	11.12.18	" 178 & C.S.M.E. 172 3/17/12/18

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.
16.1.19	CERD	D/c to Kim Park	Seaford	15.1.19	D.O.6 MD 7
1.2.19.	Kim. Pk.	Cases attach. M.D.7.	Ryll.	1.2.19.	35.
20.2.19	B&RD	Cases D/c to MD7 & S.O.S to Canada	Seaford	1.2.19.	51

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 506436 (Rank) Sapper.

Name (in full) James Garfield Troy. enlisted in

the Canadian Engineers

CANADIAN EXPEDITIONARY FORCE at St.John, N.B. on the 27th.

day of November 19 16.

HE served in CANADA, ENGLAND, FRANCE.

and is now discharged from the service by reason of DEMOBILIZATION, Authority:-

Routine Order 1420 Para.1.Sub.Sec.C.D12-12-18.

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

Age 32 Years. 5 Months.	Marks or Scars
Height 5 Feet 7½ Inches.	
Complexion Fair.	
Eyes Brown	NIL.
Hair Brown.	

J G Troy
Signature of Soldier

Rd. Major Capt. O. C.
Issuing Officer
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7
Rank

Appointment

Date of Discharge Febuary 27th.1919.

Signed at St.John, N.B. this 27th. day of Febuary 19 19

in Military District No. 7.

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.

CLASS "A"
WAR SERVICE BADGE
NO. 79120 Issued

W.S. Badge Class A. No.

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

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-926.

Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. 506436 Rank Sapper Name Troy James Garfield

Enlisted (a) 27/11/16 Terms of Service (a) C. E. F. War Service reckons from (a) November 27th 1916

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) Accountant Sapper

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
		Embarked Canada		11.4.17	
		Disembarked England		22.4.17	
24 APR. 1917	C.E.T.D.	Taken on strength of C.E.T.D.	CROWBOROUGH	22.4.17	Part II Order No. [illegible]
19.9.17	C.E.T.D.	Struck off Strength of C.E.T.D. having proceeded to C.E. Rail Trade	Shoreham	18.9.17	Part II Order No. [illegible]
					Fred W. Cook Lieut. C.E. Adjutant, C.E.T.D.
21-9-17.	C.F.B.D.	To S.C.E. Rail	France.	21-9-17.	NR 297. P2 95 No. 71
31-10-17.	C.E.R.C.	Left Str. 10 Fld Co		31.10.17	NR P/84.
Do.	Do.	T.O.S. Do.		1-11-17.	P/10
10-11-17.	D.C.	James must in	Trees	31/1/17.	B. 213.
18-6-18.	3-C.F.A.	Gastritis	3-C.F.A.	17-6-18.	A. 4109- F 7688
17-6-18.	12-C.F.A.	S/Gastritis to	Do.	17-6-18.	A. 4209. F 7870.
22-6-18.	3.C.F.A.	Gastritis to	Duty	17-6-18. / 21-6-18	A. 4301- F 8323.

CERTIFIED CORRECT. 6 SEP 1917 CAN. REGTS. LONDON.

(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.

506436 TROY, James Garfield

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.
		S.O.S. to 10th Battn C.E.		29 5 18	D O 28
		TO S 10TH BATN C E		30 5 18	D O No1
8/6/18	A.G.S. Cdns.	Classified B1.		8/6/18	W3339. R.R. 5478 13/6/18. Pt. 2. O. 3 of 8.7.18.
8/6/18.	A.A.G.	Transferred to Can Lab Pool.		8/6/18	R.R. 16276. Pt. 2. O. 3 of 8.7.18.
	do	To T. Can Lab Pool from }		9.6.18	Pt II no 99 11/7/18.
7.7.18.	L.A. C.C.	2.O.S. 10th Bn C.E. from 10th Bn C.E.		19.6.18.	N/R 76. 167
13/7/18	H.C. D.E. Coy	Attached A.P.M. 4th Div		13/7/18	B213
3/8/18	1/2 Lon 7 A.	Gastritis & Debility	To 33 C.C.S	31/7/18	A36/E 6975
2/8/18	33 C.C.S	- -	To 17 A.T.	2/8/18	A36 E 7902
2/8/18	2 C Staly	- -		2	W 3034 E 7058
16/8/18	10 Con Dep	Gastritis		16/8/18	W 3034 H 59
14/8/18	1 Con Dep	Sick.		14/8/18	W 3034 H 1460
16/8/18	- -	Gastritis	To 10 Con Dep	16/8/18	W 3034 H 1717
14/8/18	2 Cdn Stat	- - Debility	To 1 Con Dep	14/8/18	W 3034 E 8563
29/8/18	C.C.R.D.	Arrd from Boulogne		29/8/18	NR 1253
30/8/18	10 Con Dep	Gastritis	To 5 Res Camp	30/8/18	W 3034 H 4939
	C.C.R.D.	To Hoop.		31/8/18	NR 108
10/9/18	C.C.R.D.	To A.P.M. 4th Div		10/9/18	NR 1382
14/9/18	H.Q. 4th Cdn Div	Arrd from Hoop		11/9/18.	B213
28/9/18.	—.—	Granted 14 days L of A		26.9.18.	B213 Pte. 173. 26.10.18
12-10-18.	—.—	Returned from L of A		11.10.18.	B213

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

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

INSTRUCTIONS.

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

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

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

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

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

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(1) Name of Overseas Unit which Soldier joins..... Canadian Engineers. ENGINEER TRAINING DEPOT

(2) Regimental Number 506436

(3) Full Name of Soldier..... Troy James Garfield

(4) Place of Birth..... Newcastle NB

(5) Are you married, or not ? ..... Yes

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

(b) Present Postal Address..... 273 South Vine St
Marion Ohio USA

(7) Are you a widower ? ..... —

(8) Have you any children ?..... Yes

If so, give number of boys and girls..... 1 Boy 1 Girl

Also their names and ages..... Thomas 3½ years
Roseanne 16 months

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? Yes

If so, state name and address James Troy Newcastle New Brunswick

(10) Is your Mother alive? No

If so, state name and address —

(11) If your Mother is a widow —

Are you her sole support, or not? —

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

—

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

—

(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.

Yes

(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.

A. Williams Lieut Col
Officer Commanding.

Date 1/17/16

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 506436 Rank Pte Name Troy James G
(Surname first)

Unit ..... who was* D. Ists

On 27-2-19 191..., to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 27-2-19 191... the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month	22 70	
Regimental Pay 27 days at $ 1.00c		27 00
Field Allowance 27 days at $ 10c		2 70
Separation Allowance		27 00
Clothing Allowance		35 00
Post Discharge Pay		100 00
*Other Credits Subs. 200. 44		11 20
Advances	39 87	
Separation Allowance and Assigned Pay Cheque No. Pd. by Ottawa	46 00	
*Other Charges		
S.A. on 1st Pay W.S.G.	30 00	
Balance on transfer or on discharge, cheque No. 9655 (26.433)	67 33	
Total	202 90	202 90

*Give particulars.

A monthly stoppage of $ 16 00 (†) has been paid (‡) been paid on account of Assigned Pay for the month of Feb. 191... and Separation Allce. for month of Feb. 191... } (to) Assignee Mrs H Troy

+1st Pay W.S.G.

(Address) 293 Sth. View St. Marion, Ohio

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

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $.....has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment ..... married or single.....

(2) Separation Allowance, entitled or not Yes (3) Reason for discharge Demob

(4) Authority for discharge or transfer D. O. # 7

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 26-2-19

Place St. John

C. W. Bunnell Captain

Paymaster District Depot No. 7.

Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.

(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.

(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.

(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

C.A.D.C. 5009A

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

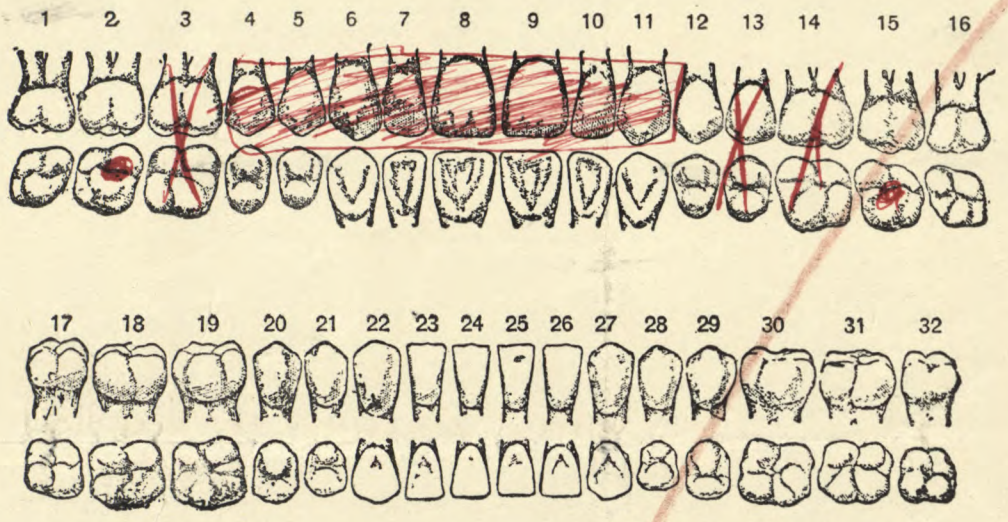
DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London M-10-7.

NAME OF SOLDIER (Block Letters) TROY. J.G.

REGIMENT 10. C. E. RANK Spr. No. 506436

Date of Examination in England 14-1-19 | 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. 18. A. A. LeBlanc. Lieut.
2. EXTRACTIONS ~~Feb. 26/19. Examined for discharge~~ J. G. Troy
3. CROWNS Ajcomplete
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 A. A. LeBlanc Capt

ORIGINAL

506436

MEDICAL HISTORY SHEET

Surname Troy Christian Name James Garfield

Examined { on 27 day of Nov 1916 / at St John N B

Birthplace { City or Town Newcastle / County N.B.

Apparent age 30

Trade or occupation Accountant

Height 5 feet 7½ Inches

Weight 125 lbs.

Chest measurement { Minimum 32 inches / Maximum expansion 3 inches

Physical development good

Small-pox Marks —

Vaccination Marks { Arm Right Left / Number — 3

When Vaccinated last 6 years ago

(a) Marks indicating congential peculiarities or previous disease —

(b) Slight defects but not sufficient to cause rejection TAB 9.5.1917 WG V

Approved by Lt Col Cowan

Rank Capt M.O.

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	
22.3.17		J Campbell Captain	M.O.
			M.O.
	T.B.A		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
7.12.16	1st Dose	J Campbell Captain	M.O.
21.12.16	2nd Dose	J.C.	M.O.
7.3.17	Double	J.C.	M.O.

Enlisted on 27 day of Nov 1916 at St John N.B.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.E.	506436		27.11.16
Transferred to	C.E. Pool			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
ST. JOHNS, P.Q. Overstrength. St John N.B	MAR 13 1917 apr 25/17. 26/4/17	Sir. unfit	Overseas Capt and A/A Lt Hyderabad Ent. Homeward Capt com

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 Ivory Christian Name James Garfield

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				

L. L. Job 4503.—M. & D. 6834.

27 11/16

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 177-39-818.

SEPARATION ALLOWANCE

Name Florence Troy.

Address ~~243 South Vine St.~~ ~~1767 Dayton Ave.~~ Marion ~~St Paul Minn U.S.A.~~ Ohio, U.S.A.

Relation to Soldier wife, child or mother } Wife

293 South Vine St. Marion Ohio U.S.A.

Name of Soldier Troy James G.

Regtl. No. 506436

Rank × Engineers

Corps × ~~Pte~~ Spr.

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
50m.—6-16.
1772—39—818.

Sheet No. 2. Florence Troy. Wife

Name of Soldier Troy. James G.
Spr.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.		M 27570	22		22 J.W.
Jan.	1917	T 29454	20		20
Feb.	19	M.Q. T 33677	20		20 1767 Dayton Ave St Paul Minn U.S.A.
March		U 36266	20		20
April		R 3111	20		20
May	29	M.Q. 16341	20		20 293 South King St Marion Ohio USA
June		X 9597	20		20
July		T 12855	20		
Aug.		Q 16336	20		T
Sept		R 19653	20		M
Oct.		X 21643	20		T
Nov.		F 26098	20		M
Dec.		N 27591	20		
Jan.	1918				
Feb.					262.—
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

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.				

L-L. Job 5470—M. & D. 6888

293 South Vine St
Marion. Ohio. USA

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Wife

To Whom Mrs Florence Troy

Address ~~1767 Dayton Ave~~ ~~St. Paul. Minn~~ USA.

By Whom Assigned Troy James. E.

Regtl. No. 906436

Rank ~~Spr.~~

Corps Tunn Coy Eng. 23rd Dft

Rate 16.00

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				

CONSOLIDATED ACCOUNT 2

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Florence Troy. Wife
(Assignee)

PAYMENTS. Pr.

Name of Soldier Troy James E.

506436. Tunnel Dep. Eng. 23rd Bn.

I.. L. Job 5470—Req. 6888.

1609 Remarks. APR 1917

Month.	Year.	Cheque No.	Amt.	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		X 5903	16	
May		K 9462	16	1613 293 South Vine St Marion Ohio USA 29-5-17 JRS
June	M23211	Q ~~18833~~	~~16~~ 16	C POSTED IN ERROR
July		E 26082	16	
Aug.		T 33178	16.	D
Sept.		H 40252	16.	
Oct.		F 45947	16	
Nov.		R 53354	16.	
Dec.		Y 60172	16	
Jan.	1918			144 - JRS.
Feb.				
March				
April				
May				
June				
July				

ER

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 married

PLACE OF BIRTH Newcastle N.B.

NAME AND ADDRESS OF NEXT OF KIN Mrs Florence Troy
273 South Pine St. Marion Ohio USA

RELATIONSHIP OF NEXT OF KIN Wife

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. 506436 RANK Spr NAME Troy James Garfield.

IF IN PERMT. CORPS WHAT UNIT | UNIT C.E. 1 D. (23rd Offs) TRANSFERRED TO 4th D.B. DATE 1-1-18 AUTHORITY To

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION St John TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 27th November 16 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $1.00 DATE EFFECTIVE 1/4/1917.

PAYABLE TO Florence Troy 767. Dayton ave. St Paul Minn. U.S.A. RELATIONSHIP Wife

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
apr														16 60	16 60
Apr	30	1.00	33	-											33 .
May	31	.	34	10											34 10
June	30		33												33
July	31		34	10											34 10
Aug	31		34	10											34 10
Sept	30		33												33
			201	30										16 60	217 90

ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
105	15/6						
360	30/6						
257	15-8						
610	31-7						
347	5-7						
857	31-8						

CASH PAYMENTS 1	2	3	4
29	20		
9	73		
9	73		
9	74		
9	74		
9	73		
77	88	4	86

ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
16 .	6 60	22 60
	4 86	4 86
16	16	32
16		16
16		54 93
16		54 93
80	22 60	185 34

BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE
16 60			
27 .			
56 24			
57 24			
75 34			
54 51			
32 56		NIL	

REMARKS L.

L.P.C. Canada

Effective 7.4.17 Overcredit 6 days 6 60

may cash not chd.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	CR 3	CR 4	BALANCE	REL. PAY	ASSIGNED ALLCE.
Oct 1		32 56						32 56	NIL		
				a.p.				16			
				1008. C.E.F.D. 15/9/17.	9 73						
	Forward				9 73			16 32 56	NIL		

506436. Troy James Garfield

Florence Troy
1767 Dayton Ave
St Paul
N.S.A.

Assigned Pay $16.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1917 MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER-RED. PAY	SEP. ALLCE. ENG.																							
Oct.	Forward				9 73		16	32 56																										
	Spr Pay	34 10		1064 C.E.T.D. Steam	18/9/17.	4 87																												
		34 10				14 60		16	36 06																									
Nov.	" "	33 00		ask A Pay				16																										
				250 7/10 2nd Army Troops		4 46																													
				274 30/10 3rd " "		4 46																													
				274 16/10 " "		3 57																													
				A.P.				16																										
Dec	" "	34 10		741 1/11/17 4th D.E.		4 46			54 21																									
		67 10				16 95		32																										
1918 Jan	" "	34 10						16																										
				778 15/1/17 "		1249																													
				824 17/1/17 "		4 46			55 36																									
		34 10				16 98		16																										
Febry	" "	30 80		900 15/1/17. "		3 57																												
				957 1/1/18. "		4 46																													
				1001 15/1/18.		3 57																													
				C.A. Pay				16																										
	30 80			A.R. 1039 "	1/2/18.	~~11 60~~ 4 46		16	54 10																									
						16 06																												
Mch	" "	34 10		C.A. Pay				16																										
				A.R. 1087 "	20/2/18	3 57																													
				A.R. 1138 "	1/10/3/18.	4 46																													
				A.R. 1174 "	15/3/18 "	3 57																													
	34 10					11 60		16	60 60																									

P 820
12474—375m—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-4-1917	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.

Florence Troy. (Wife
1767 Dayton ave. St Paul
Minn U.S.A

243 6th Vine St. Marion ?
Ohio. (asPB)

Adopted 1.2.19

NAME:- TROY. James Garfield

NUMBER:- 306436

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Spr.

UNIT AND TRANSFERS

ORIGINAL UNIT:- C.G.T.D. 23rd Draft

DATE ACCOUNT FIRST OPENED:- 7-4-1916.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET TSF'D	UNIT TRANSFERRED TO
			4th D.Engrs
		1/8/18	Labour Pool

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
10.1.19.	1903.	Stand. £2.0.0.	~~9 15~~				
31.1.19	2061	" £2.0.0.	~~9 15~~				
			19 46				

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:- Struck S Can 31.1.19. Lab Pool Mk. 135 17.1.19. 63 RS. Rhyl M.D. 7 Blenheim 22.20

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mch 31.	Balance Forward								60 60		
Apl	Sp^ls Pay	33		C.A.P.				16			
				AR 24. 1-10 4/18. 4th D.E.	4 46.						
				" 75 15-20 4/18 do.	3 57.				69 57		
May:	" "	33 .. 34 10		C.A.P.	8 03			16 .. 16 -			
				AR 116. 1-10 5/18. 4th D.E.	4 46.						
				" 155. 15-20 5/18 "	3 57.				79 64		
		34 10			8 03			16 ..			
June	.. ..	33 .		C.A.P.				16 ..			
				A.R. 501-4-6-18 50th Bn	4.46.						
				A.R. 281. 26-6-18. 10 Bn C.E	3 57.				88 61		
JUL	Pay	33 34 10		C.A.P.	8 03			16 16			
				C.R.O. 1167 - 15-7-18. 4 D Sig Co.	3 57.						
				DN AR 1054 4th D.H. Sig Co. 5/7/18	4 46.				98 68		
Aug	"	34 10 34 10		C.A.P.	8 03			16 16	116 78		
				AR 1353 4th D Sig Co 5/8/18	3 57.				113 21		
				" 1764 C.D.H. 22/8/18.	5 35.				107 86		
		34 10			8 97			16			
SEP	" "	33		C.A.P.				16	124 86		
				AR 7921 C.D.H. 8.9.18.	4 46.				120 40		
				" FC 944 4th D Sig Co 28/9/18	97 33				23 07		
				Dn AR 836 4th Bn C.E 17/9/18	3 57				19 50		
				AR 9687 C.E. 4th D. 8/9/18	4 46.				15 04		
		33			109 87			16			
Oct	P/D	34 10		C.A.P.				16	33 14		
				C.R.O. 4781 H. 10. 18	14 60				18 54		
				AR 5379 C.L.P. 16.10.18.	3 73				14 81		
				" 2710. 3.11.18.	3 73				11 08		
		34 10			22 06			16			

CANADIAN
ASSIGNED PAY LIMITED
Fr 31/1/19 D Thomson
AUDIT CLERK
DATE 6/6/19

COMPILED BY Hayward
CHECKED BY Williamson

NUMBER 506436 RANK Spr NAME Frey JG

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
31.10.18	Brt Forwd								11 08		
Nov	Pay	3 22		6 days				16	28 08		
				5 Drafts 4 3s 6 2s 0 1s/A 13 99					14 09		
Dec 31	Pay ✓	68 20		6 days				3 2	50 29		
				81 AR 579 R.D Engls 4 1/18	29 20				21 09		
				4 Drafts 1 1 3 4 RD 20.12.	11 33				32 42		
		101 20			69 53			48			
Feb				AR 2061 13.1.19 RDG	9 73				12 97		
				Draft 1903 10.1.19 "	9 73				22 70		
		- -			19 46						

S O S to Canada 1.2.19
S L 13 C & D.

LFC

This space to be for numbers.

7776

CLASS "A"
WAR SERVICE BADGE
NO. 79128 Issued

Proceedings on Discharge.

M.H. 17-3-19

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

No. 506436

Rank Sapper.

Surname TROY,

Christian name James Garfield.

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

Corps (Squadron, Battery or Company) No.7 District Depot.

Date of discharge 28 Febuary 27th.1919.

Place of discharge St.John, N.B.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 32 years 5 months.	Descriptive marks
Height 5 feet 7½ inches.	
Complexion Fair	NIL.
Eyes Brown	
Hair Brown	
Trade Accountant.	
Intended place of residence (To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of DEMOBILIZATION, Authority:- Routine Order 1420 Para.1.Sub.Sec.C.D12-12-18.

Authority for discharge.....

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.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

Robt Hall
Pte. 18/3/19.

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, and that I have received my permanent discharge certificate.

(Place).....St.John, N.B.....*(Signature of Soldier.)*

(Date).....Febuary 27th.1919.....*(Signature of Witness.)*

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place).....St.John.N.B.....

(Signature).....Ramajn Coff O. C.

DISPERSAL STATION, ST. JOHN, N. B. FOR O. C. DISTRICT DEPOT #7

(Date).....Febuary 27th.1919.

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.)

I have no reservations to make.

J. G. Troy

List of Discharge Documents.

~~Reg. Conduct Sheet,~~	~~Militia form B. 263~~	
Squadron / Battery / Company — ~~Conduct Sheet,~~	"	~~B. 263a~~
or		
Field Conduct Sheet	"	W. 178
~~Copies of Convictions, by C. P.~~		~~in MS.~~
~~Med. Hist. Sheet,~~	~~Militia form B. 313~~	
Casualty Form	"	W. 54
Medical Report ~~for Invalid~~§ AFB 179	"	B. 227
Dental History Sheet	"	B. 465
Last Pay Certificate	"	W. 44
Duplicate Discharge Certificate	"	W. 39A
‡Form of Will	"	~~W. 82~~

§Only if discharged "Medically unfit."

~~‡Only if~~ man has not been overseas.

Attestation Paper	Militia Form	W. 23
or		
~~Particulars of Recruit~~	"	~~W. 133~~
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.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

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.

Army Form B. 103.

Regimental Number 506436

Casualty Form—Active Service.

Regiment or Corps C. Lab. Pool

Rank Pte. Surname Troy Christian Name J. G.

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 ...			
29.10.18.	C.C.R. Pool A.A.G.	T.O.S. from Hoopl. Transferred to Chn Eng. Training Depot Seaford.		11.9.18.	NR 559/134 KR 38343/1
				3/10/18.	Actg. 19.6.-13/10/18.
		C.H. Johnston Captain for Lt-Col. i/c A.G. Canadian Section G.H.Q. 3rd Echelon.			
5.12.18	C.E.R.D.	T.O.S. from C. Lab. Pool Detailed to Depot Coy.	Seaford	On 2 D.D. 316 3.12.18	

Embarked S.S. Carmania Liverpool 30/1/1919

W. Lucas LIEUT.

FOR LT.-COL. I/C RECORDS, C.C.M.F.

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (3611) C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

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				
15-1-19	C.E.R.B.	Attached C.C.C. Kinmel Park return to Canada. Part II Orders No 16 Ceases to be attached C.C.C. Kinmel Park on embarking for Canada. Part II Order No: 1 [illegible] Lt. Officer Commanding N.D. 2 Wing, Kinmel Park Camp.			
21-2-19	Overseas	D.O.S.D.D. #7	St. John N.B.	21-2-19	Dis. Sta. ord 4 upto 9/10-2-19
28-2-19		S.D.S.D.D. #7	"	26-2-19	Dis. Sta. ord 5 pt III d/28-2-19
		DEMOBILIZATION			Adjt.
			DISPERSAL STATION, ST. JOHN, N. B. FOR O. C., DISTRICT DEPOT No. 7		

Name Troy Enl. 27-11-16.

Date of Embarkation for England 11-4-17.

Proceeded to France. 18-9-17. Returned to England. 3-10-18-transf.

Date returned to Canada. 1-2-19

(over)

P.R.2855.

Checked 22-4-25

Car. Sheet.

17-6-18 - Gastritis - To duty 21-6-18

8-6-18 — Classed. B.1.

31-7-18 — Gastritis & Debility - To duty 30-8-18

Date of Enlistment

27-11-16.

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS **T**

Date of Assignment

apr 1st 17

RATE OF SEPARATION ALLOWANCE

20	$ 25.00 1-12-17 P.C. 3257	30 1/9/18 PC 2753 mo 36625	

5211
5211

RATE OF ASSIGNMENT

16			

PARTICULARS OF SEPARATION ALLOWANCE

No. 3-06436

Rank Spr Promoted Reverted Discharge

Soldier's Name James G. Troy

Battalion Trunk Coy Eng 23rd Bn ft

Beneficiary Mrs Florence Troy

Relationship wife.

Address

M7 W 2554 Rec'd 26/7/18

PARTICULARS OF ASSIGNMENT

Name Mrs Florence Troy (Wife)

Address 293 South Vine St

Marion Change of Address Ohio U.S.A.

1

2

3

4

OK I Pss 22/4/18

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec 31	——	262 -	144 -	376 -	
Jan. 18	H 67200	30	16	46	
Feb	O 73773	25	16	41	S
Mar	W 91597	25	16	41	✓
April	W 7649	25	16	41	✓
May	T 19139	25	16	41	✓ ✓
June	Z 16444	25	16	41	✓
July	Z 27878	25	16	41	
Aug	Z 40675	25	16	41	✓
Sept	Z 54846	25	16	41	
Oct	Z 69862	25	16	41	
Nov	Z 84431	25	16	41	
Dec	Z 92527	45	16	61	✓
Jan	Z 114978	30	16	46	
Feb	Z 127921	30	16	46	
		647	~~336~~ 368		

A/c Closed 28/2/19

Ret'd per Carmania mail

Date 8/2/19 M.F.W. 187 13/2/19

Closed 18246-9-4

mo 54895 OK 13/2/19

CANADIAN
ASSIGNED PAY AUDITED
Yo 21/4/19
W.A. Moreland
AUDIT CLERK
DATE 6/6/19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

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.—5-17—1772 39-1141
L. L. 22320—M. & D. 7993.

PART I. A.F.E. 179 Canada (Revised 1918). 100m. 16/11/18 D.498

Reserved for M.H.C.

Regt. No. 306436 Rank Sper Surname Troy Christian Name James Garfield

Unit or Corps—(a) Overseas from United Kingdom 10 Batt C.E. (b) in United Kingdom C.E.R.D.

Born at—Town Newcastle. County or Province N.B. Country Canada

Date of Birth—Day 21 Month Sept Year 1880. Age 38 yrs. 3 months.

Joined at St John N.B. Date 25 Nov 1916.

Former trade or occupation Accountant.

Permanent Marks or any peculiarity that will serve for future identification :—

VACCINATION SCARS: R & L. OVER DELTOID.
SCAR ON L. LEG.

Height—feet 5 inches 7½ Colour of eyes Brown.

Signature of Soldier (for identification purposes) J. G. Troy

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (a): GASTRALGIA

Disabilities Group (b): —

Disabilities Group (c): —

2. CAUSE OF DISABILITY

		Place of origin	Date of origin
(i.) As to Group (a) above.	ACTIVE SERVICE: IMPROPER DIET.	FRANCE	MAY 1918
(ii.) As to Group (b) above.	—	—	—
(iii.) As to Group (c) above.	—	—	—

3. Is the disability due to disease contracted or injuries received prior to Active Service?

(i.) As to Group (a) above? NO — If yes, has Active Service aggravated it? NO

(ii.) As to Group (b) above? — — If yes, has Active Service aggravated it? —

(iii.) As to Group (c) above? — — If yes, has Active Service aggravated it? —

4. Is the disability due to disease contracted or injuries received while on Active Service?

(i.) As to Group (a) above? YES

(ii.) As to Group (b) above? —

(iii.) As to Group (c) above? —

PART I. (continued).

5. MEDICAL HISTORY. In France 15/12 yr; enlisted Nov. 1916.

18.6.18. France :- Gastritis

3.8.18. France :- Gastritis and Debility

Got wounded nor Gassed.

always had good health.

6. PRESENT CONDITION.

Subjective :- 1.) nausea

2.) heart-burn

3.) vomiting-attacks.

Objective :- Well developed; general condition fair.

Heart-sounds so; good quality; no murmurs.

Lungs clear. Arches of feet have fallen slightly.

No p.s. of any disability

Other systems normal.

8.6.18. Boarded and returned from France B1

7. OPERATION. (i.) Was one performed? NO (ii.) If so, state what.

(iii.) Was one advised and declined? NO

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service? NO

(ii.) If so, describe.

9. DO YOU RECOMMEND :—

(a) Fit for duty? (state category) B1

(b) Invalid to Canada? NO

(c) Discharge from the Service as permanently unfit? NO

Date of Report..... Jany 10 ..... 1919.

Station..... Seaford .....

Signed.. B. Hannah. .....
Officer in medical charge of case.

Capt. CAMC.

I have satisfied myself of the general accuracy of the above Report, and concur therein* except

..... {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

Dated at Station, on ..... 191.....

*Delete if inapplicable.

Moira Hospital

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the disability fully described in Part I. (1)? If not, describe it.

Yes

11. Is the cause of the disability fully described in Part I. (2)? If not, describe it.

Yes

12. From the medical information now adduced, was the disability caused or aggravated by :—

(a) Negligence of the Soldier { Caused? No / Aggravated? No

(b) Misconduct of the Soldier { Caused? No / Aggravated? No

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(Estimate at none, 5%, 10%, 15%, 20%, etc.)

N.A

14. THE DISABILITY DUE TO SERVICE.—*(See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.)*
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(Estimate at none, 1/10, 2/10, 3/10, etc., or all.)

N.A.

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent?

N.A

(ii.) If not permanent, what is its probable minimum duration *(in months)*?

N.A

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

N.A.

17. Can the former trade or occupation be resumed?

Yes

18. REMARKS :—

Auth A.G. Secty. 9083 11-11-18
Auth Cab Hed. 5397 19-12-18

19. RECOMMENDATION :—

(a) Fit for duty? *(state category)* Yes B II

(b) Invalid to Canada? No

(c) Discharge from Service as permanently unfit? No

Date of Board 10 JAN 1919

10 JAN 1919

Station Seaford

STANDING MEDICAL BOARDS M.D. No. 7. FEB 26 1918

Signatures of the Board { [signature] President. / [signature]

OFFICE STANDING MEDICAL BOARD 10 JAN 1919 SEAFORD SUSSEX

ST JOHN. N. B.

Approved [signature] A.D.M.S.

Dated at Station 19

[signature] Captain, C.A.M.C. for A.D.M.S., Canadians,

APPROVED.

St. John N.B. 22/1/19. O.C. Canadian Convalescent Camp

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

I, the undersigned.....J. G. Brown.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of :—

.....J. G. Brown.....
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

M.D. No. 7

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

AUDITOR | PAYMASTER

M. OR S. | Newcastle N.B. | REGT. No. 306436 | RANK Pte. | NAME (IN FULL) TROY, J. G.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Yes. | DATE EFFECTIVE

TO WHOM PAID Dep. D. P. | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
5X100		

ORIGINAL UNIT C.E.F. | IF IN P.F. WHAT UNIT? "Carmania" 8-2-19. | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 27/11/16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 1.60 | DATE EFFECTIVE No 7 22.21. 1-3-19 | 2.91-

PAYABLE TO Mrs J. Troy. | RELATIONSHIP Wife. | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS ~~293 8th Ave N.~~ ~~Martin Ohio~~ | Newcastle N.B.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE St. John | DATE 27/2-19 | REASON Demob. | AUTHORITY O.C. 60 | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 1 DATE	COL. NO. 2	COL. NO. 2 DATE	COL. NO. 3	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					T.O.S. 9044
Jan	27	1.10	29	70	27	00					91	27					64	33											22	70	22	70	22	70			Dft. Bal. Env. L.P.C. 31-1-19.
Feb	27	1.10	29	70	35	00	11	20	102	90	B	C	C	C	C	C	47	87	30	00	2	00	30	60					46	00			180	20	100	00			R.A.A.P. Paid by Allowance Sgts 9-2-19 6-24 12-19 D.O.4
							5	00	5	00																			30	00	70	00	100	00			40		CR 9656
																													30	70	100				30		CR 391476-17 AR 167 28-3-19
																													30	70	100				20		CR 395878-9 28/4/19
																													30	70	100				100		CR 842641-2 AR 154 28/5/19
																													30	70	100						CR 1051815-16 AR 80. 27/6/19.
																													Non-Effective								
							500	00	500	00																			150	00	350	00	500	00			

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.	$	C.	