ORIGINAL 8/1931811

ATTESTATION PAPER.

No.

No. 2 Construction, [illegible] C.E.F.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1.	What is your surname?	Turner
1a.	What are your Christian names?	Will
1b.	What is your present address?	Chicago, Ill, U.S.A.
2.	In what Town, Township or Parish, and in what Country were you born?	Memphis, Tennessee, U.S.A.
3.	What is the name of your next-of kin?	Henry Turner
4.	What is the address of your next-of-kin?	Memphis, Tennessee U.S.A.
4a.	What is the relationship of your next-of-kin?	Father
5.	What is the date of your birth?	Aug. 10th, 1887
6	What is your Trade or Calling?	Foundry Worker
7	Are you married?	No
8	Are you willing to be vaccinated or re-vaccinated and inoculated?	Yes
9.	Do you now belong to the Active Militia?	No
10.	Have you ever served in any Military Force? 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
13.	Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?	No
14.	If so, what was the nature of the disability?	
15.	Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?	No
16.	If so, what was the reason?	

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Will Turner, 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.

Will Turner (Signature of Recruit)

Date 14th February 191 7 [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Will Turner, 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.

Will Turner (Signature of Recruit)

Date 14th February 191 7 [illegible] (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at Windsor Ont this 14th day of February 191 7

James A. Chisholm (Signature of Justice)

M. F. W. 22
750M—8-16
H. Q. 1772-39-341

N.B.—Attention is drawn to the fact that any person making a false answer to any of the above questions is liable to a penalty of six months' imprisonment.

Description of Will Turner 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. 7-1/2 ins.

Chest measurement.
- Girth when fully expanded. ... 31 ins.
- Range of expansion ... 3½ ins.

Complexion ... Colored

Eyes ... Brown

Hair ... Black

Religious denominations
- Church of England ...
- Presbyterian ...
- Methodist ...
- Baptist or ~~Congregationalist~~ ... Yes
- 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).

Shaving R. E. normal
L. E. normal

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

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* ... for the Canadian Over-Seas Expeditionary Force.

Date 14th February 191 7

Place Windsor, Ont

A. A. Duncan Mac
J. Caulfield
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.

Will Turner ... 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. A. Cuthbertson Lieut-Col.
No. 2 Construction Batt'n, C. E. F. (Signature of Officer)

Date FEB 23 191

REGIMENTAL DOCUMENTS

NAME Turner Will REGT. NO. 931811 UNIT 2 Constr Bn H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2	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)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category Demob.
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.F.W. 192					
1	R-172					

21466

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

SURNAME. Turner.

CHRISTIAN NAMES Will

REGL. No. 931811 RANK Pte.

UNIT No. 2 Constr. Bn.

FORMER CORPS Nil

CARD No. 1

S.O.S. 31/1/19. Demob.

FOLL. to 31/1/19.

NEXT OF KIN.

NAMES IN FULL Turner, Henry.

RELATIONSHIP TO SOLDIER Father

ADDRESS Memphis, Tenn., U.S.A.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Memphis, Tenn. DATE Aug. 10th 1887

PLACE OF ATTESTATION Windsor, Ont. DATE Feb. 14th 1917

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

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

R/R 17-1-19 25/4/19

From Halifax per S.S. "Southland" 28/3/17.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING Foundry Worker RELIGION Baptist

DESCRIPTION.

APPARENT AGE 30 YEARS MONTHS

HEIGHT 5 FEET 7½ INCHES

CHEST MEASUREMENT 31 INCHES EXPANSION 3. INCHES

COMPLEXION Coloured EYES Brown HAIR Black

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Windsor, Ont. DATE Feb. 14th 1917.

Present address: Chicago, Ill., U.S.A.

No. 931811. RANK Pte. NAME Turner Will.

T. O. S. 14-2-17. UNIT No 2. Construction Battalion
D. O. 46. 22-2-17.

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
Feb 14	Feb. 28	✓		
Mar		✓		

Number 93811 Rank Spr Pte

Surname TURNER

Christian Name Will

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

Date of Service 14-5-17

Remarks

Latest Address 1st National Bank.
Pekin. Ill. U.S.A.

Roll No. B Page 17076

200m.—2—21.M.

*Name TURNER, Will Rank Pte. Regtl. No. 931811

Fyle Depot LDD 10-T-206

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

Port, ship and date of arrival Halifax, Olympic, 17-10-19.

Next of kin Father, Henry Turner, Memphis, Tennessee, U.S.A.

Address on leave

Address on discharge 1st. National Bank, Philadelphia, Pa.

Transportation issued Yes / No Date Character on discharge

Previous occupation Foundry worker Date and place of enlistment Windsor, Feb. 14th, 1917.

Diagnosis Date of Medical Boards

Date. T.O.S.	Remarks.	Pt. 2 Order No.
10-1-19	No.1 D.D.	
20-1-19	Posted to Cas.Coy. and granted furlough with subs. to 27-1-19.	28

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

(over)

Date.	Remarks	Pt. 2 Order No
31-2-19	Discharged from H. M. S. On Demobilization. (P.D.P.)	30

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. 10[illegible]
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion, C.E.F.

Regimental No. 931811 Rank Pte Name Turner Will
C. E. F.

Enlisted (a) 14/2/17 Terms of Service (a) Duration of war & 6 months Service reckons from (a) 14/2/17

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

Extended — Re-engaged — Qualification (b)

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
	O.C. #2 Constr'n Bn	Embarked Canada Disembarked England Proceeded Overseas	Halifax Liverpool Seaford	25/3/17 7/4/17	A.2.D.#
					A. B. Magelean Lt Adjutant, No. 2 Construction Bat'n, C.E.F.
		Landed in France 17-5-17 N.R.			
23.8.17.	O.C.	10 Days 2nd #2, 1 Day pay Rly. Sus. Also 5 mo Picquet Duty.	3rd	30-8-17	B2069 P 131 13/10/17
5/1/18	OC.	att to 1 Dist C Coy's.		30/12/17	B213.

CERTIFIED CORRECT. 6 JUN. 1919 17 CAN. RECORDS, LONDON.

MAY 17 1917

(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				
10.4.18	38 C.C.F.C.	Sen. to 10 D. T.O. No. 2, 11.4.18, for			
		W.O.A.S. Absent from duty from			
		1 Pm. 10.4.18 to 3 Pm. 10.4.18, 2 hrs.			O/24. D/27.4.18.
		Drunk. 10.4.18.	Hd.	11.4.18	A.F.B. 2069. D/15.4.18.
31.8.18	38 C.C.F.C.	Granted 14 days leave.	ath.	28.8.18	B213 & Nil 7 Sept 1918
28.9.18	to	Reports from leave	Field	17.9.18	B213
10.10.18	38.C.F.C.	10 days S.B. No 2 7.10.18 for AWL from 5.45 am 7-10-18 till apprehended by Regimental Police at about 2 or 3 pm 7-10-1918. Forfeits 1 day Pay under R.W.			Barleg. D.T.O. 5 & 7 Oct 1918
11 12/18	Barleg.	Transferred to England & posted to N.S. Reg Depot	Bramshott	14 12/18	RR 3rd.

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

17.12.18	N.S.R.D.	T.O.S. and attd 2nd C.C.D. for Quarters & Rations	Bramshott	14.12.18	D.O. 305
28/12/18	NSRD	ON COMMAND TO C.D.D. Kinmel Pk Tos. M.O. i/c Can. Camps	BRAMSHOTT Phys		PART II D.O. N.S.R.D. 313 27 12/18 A. E. Avery Lieut for O/C M.O. i/c Wing

Embarked for Canada

C.A. Knight LIEUT,
OFFICER I/C RECORDS,
NOVA SCOTIA REGTL. DEPOT.

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

M. F. W. 54. (A. F. B. 103.)
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. No. 1 DISTRICT DEPOT

Regimental No. 931811 Rank Pte Name Turner, Will
C. E. F.

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

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

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

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
10-1-19	Form W 3	Taken on strength No. 1 District Depot	London Ont	2 8	
		F. C. Herman Lieut			
		Lieut C	No. 1 DISTRICT DEPOT		
JAN 31 1919		Discharged London Ont			
		On Demobilization			
		D Fletcher Lieut			
		O.C. Discharge Section, No. 1 D.D.			

(*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				

Form R 122
2353—100M—9-12-16.

C.T. Rank Name TURNER Will Reg'l No. 931811

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

Place and Date of Enlistment Windsor.Ont.14th Feby.1917 Place of Birth Memphis, Tennessee, USA.

Name and Address, Next-of-Kin Henry Turner,

Memphis, Tennessee, U.S.A. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 8165
File R.L.
Category OR CAN

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 per S.S. Southland.		7.4.17	A.F.B. 103 30 MAY 1917
14.6.17	No2 Constr Bn	Arrived in France	Field	17.6.17	A.F.W. 115
16-12-18	NSRD	TOS from 2nd C.C.Coy	GPO	Bshott 14-12-18	+308471 d/19-12-18 2nd C.C.Coy
27-12-18	NSRD	O/C 66 D.D Rhyl	~	— 27.12.18	-313
19 JAN.1919	NSRD	SOS to CEF in CANADA	✓	Bshott	9 JAN.1919 PT2DO 16 ~~Ltr NSRD~~ a158 d/9/1/19

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.				

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

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

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

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

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

---

(1) Name of Overseas Unit which Soldier joins.....

.....

(2) Regimental Number ..... 931811 .....

(3) Full Name of Soldier..... W Hill Turner .....

(4) Place of Birt ..... Tennessee U S A .....

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

(6) If married, state,

(a) Full name of your wife..... — .....

.....

(b) Present Postal Address..... .....

..... No .....

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

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

If so, give number of boys and girls..... 0 .....

Also their names and ages..... — .....

.....

.....

.....

.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address ?

(10) Is your Mother alive? No

If so, state name and address ?

(11) If your Mother is a widow

Are you her sole support, or not ?

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

?

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

Friend
Rev James Petty,
Memphis, Tenn

(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.

Lieut.-Col.
No. 2 Construction Batt'n. C. E. F.
Officer Commanding.

Date MAR 19 1917

LAST PAY CERTIFICATE

Regt.No. 931811 Rank pte Name Turner William
Corps N.S.R. who was Discharged
on 31/1/19 to

The following is a statement of the account of the above named
from 1/1/19 to 31/1/19

Bal Dr from mon. of from L.P.C.			Bal.Cr. from mon. of from L.P.C. —	295	29
ASSIGNED PAY:			Regt.Pay 31 dys. @ $1	31	00
			F'ld.All. 21 dys. @ $ 10	2	10
SEPARATION ALLOWANCE:			SEPARATION ALLOWANCE:		
OTHER CHARGES:			OTHER CREDITS: Clothing Allowance	35	
PAYMENTS: 11224	353	99	Subsistence, 20/1/19 to 31/1/19 @ 2.25	9	60
Bal.Credit (to be pd.) Overseas BP.	353	99	Bal.Dr.(to be deducted) (from soldier $) (from Dependent $)	353	99

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

Dependent or Beneficiary: 1st National Bank
Address: Philadelphia Pa U.S.A.

REMARKS: Discharged 31/1/19 DS 30
Demobilization

Date of Enlistment 14-2-17
If married and if Separation Allowance card submitted No.

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

Date:

London, Ontario. J. D. Patterson Captain.
Paymaster No.1 District Depot.

COPY ONLY

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931811 (Rank) PRIVATE

Name (in full) TURNER, Will enlisted in

the 2nd CONSTRUCTION BATTALION, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR, ONT. on the FOURTEENTH

day of FEBRUARY, 1917.

HE served in FRANCE (with 2nd Construction Battalion)

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

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

Age	32	Marks or Scars	NIL
Height	5 - 7½		
Complexion	COLORED		
Eyes	BROWN		
Hair	BLACK		

Signature of Soldier

DISCHARGE SECTION
JAN 31 1919
No. 1 District Depot

Issuing Officer

Rank CAPT.

Date of Discharge

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

Appointment

Signed at LONDON, ONT. this THIRTY-FIRST day of JANUARY 19 19

in Military District No. ONE

File Reference No. IDD-10-T-206

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

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

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....
Name of Officer

.....
Rank

.....
Appointment

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

ORIGINAL ORIGINAL

MEDICAL HISTORY SHEET

931811

Surname Turner Christian Name Will

Examined { on ..... day of ..... 191 ..... / at 14th February 7

Birthplace { City or Town Windsor, Ont / County Memphis / Tennessee

Apparent age 30 y s

Trade or occupation Foundry Worker

Height 5 feet 7-1/2 Inches

Weight 136 lbs.

Chest measurement { Minimum 31 inches / Maximum expansion 3 inches

Physical development

Small-pox Marks

Vaccination Marks { Arm Right Left / Number

When Vaccinated last

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Both Eyes 20/20

Approved by Dan Murray Capt A.M.C.

Rank 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	
6/3/17	L+9.R.	E G Shipley	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
26/2/17	L+9.R.	S S Shipley	M.O.
30/3/17	L+9.R.	Dan Murray	M.O.
20/3/17	L+9.R.	Dan Murray	M.O.

Enlisted on 14th day of February 191 7 at Windsor, Ont

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	42 Construction Battalion C.E.F.	931811		14th February 1917
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont.	FEB 16 1917	on enlistment	Fit
D Bruce Smith Major, A.M.C.		Dan Murray Capt. A.M.C.	E E Shipley Capt

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 Jensen Christian Name Ulrich

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

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. 931811 Rank Pte. Surname TURNER
(Given name in full)
Will

Unit or Corps I.D.D. Birthplace Memphis, Tenn., U.S.A.

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

1. GENERAL DESCRIPTION:

Physique good Weight 135 lbs. Height 5 ft. 7½ in. Colour of Eyes Brown

Nutrition good

Pulse 76

Condition of arteries normal

Vision Rt 20x20 Left 20x20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities. (Give cause and date of origin.)
2 vaccination scars left arm 4 years ago.

Opinion as to general health and physical condition Good. Category A

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.

Soldier physically fit. No disability or impairment due to service.

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at ..... (Overseas)

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

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

Signature .....

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

THIS SECTION FOR USE IN CANADA—

Examined at London Ont. (Canada)

Date 28th Jany 1919. Signed H. T. Roberts Capt. M.O.

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

Signature W. Turner

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

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

[OVER]

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

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

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

NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

NAME:– TURNER Will

NUMBER:– 931811

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Construction Bn

DATE ACCOUNT FIRST OPENED:– 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
L.P.C.		29/2/19	Canada

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
~~26.11.18~~		~~Disp Pay RW 14th 7.P.2.~~	~~16 60~~				
~~9.12.18~~	~~6634~~	~~France~~	~~4 66~~				
~~18.12.18~~	~~3592~~	~~B.R.D.~~	~~9 73~~				
			30 89				
				issued @ 90585 New Book L/N Aug 29/18.			

DAILY RATES OF PAY AND ALLOWANCES

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

PARTICULARS OF RENDERING NON-EFFECTIVE:– Disch to Can. (Auth: M.R. 161) L.P.C. 329 76/xxx Ledger 360 65/xxx

1918	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Ford								305 10	175	
Apl	P. Pay	33 =		AR 131 6/4 CFC 2 No 1.	3 57						
				~~AR~~ 10 days #2, 11/4/18. Awl from 1/pm 10/4/18 to 3/pm 10/4/18. Drunk							
				& O 24. 27/4/18. 2 Cons Bn	– –	11 00			323 53	190	
		33 –			3 57	11 –					
May	P.P.	34 10		AR 508 7/5 CFC 1	268						
				" 736 22/5 " "	4 46				350 49	205	
		34 10			7 14	~~11~~ –					
Jne	P. Pay	33 –		AR 923 7/6 CFC 1 ✓	3 57					~~220~~ B	
				✓ 1119 22/6 ✓ ✓	3 57				376 35	215	
		33			7 14						
July	P Pay	34 10		AR 1309 6/7 6761	3 57						
				AR 1518 22/7 ✓ ✓	3 57				403 31	230	
		34 10			7 14						
Aug	P Pay	34 10		AR 1713 6/8 CFC 1	3 57						
				AR 2006 26/8 ✓	1 78						
				CP 28378 29/8 L/N	48 67						
				AR 3211 26/8 CFC 1	91 33						
				AR 1960 22/8 ✓	3 57				282 49	245	
		34 10			154 92						
Sep	PP	33 ✓		CP 30169 3/9 London	3 07						
				AR 2454 23/9 CFC 1	3 57				277 85	260	9/2
		33			37 64				311 95		
OCT 1918											
	✓	34 10		2694 7/10 ✓	3 73				14 73		
				lo dup 7.P.2 7/10/18 Awl. 7/10/18 at							
				5.45 a.m. 3 pm 7/10/18 to 38th to 2 Con Coy	~~8~~	11 00			294 22		
		34 10			3 73	11 00					

1918 NUMBER 931811 RANK NAME TURNER W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Nov.	P.P.	£ 38 10		Forward					29 22	299	
Dec	"	34 10		3113 8/11 6 7. 6. 1.	3 13						
	Sat on Def pay	13 12		3320 26/11 "	13 06					300	
				6634 10/12 C.G.M.S.	4 66						
				3592 18/12 Allo	9 13				3 6 36		
		80 32			31 18						
Feb.				Overd Nov P.P.A. as							
				33.10 should be 33.00		.10					
				N. 1067 2/1 Mark Lt Cruiser	14 60				33 16 6		
					14 60	10					
Feb				D.B.F.A.F. 26/11/18 1 day pay R.W.							
				14 days F.P. 2		16 50			315 16		
				S.D.S. Can 9/1/19 20.16 19/1 NSKR							

P. 559
MARRIED OR SINGLE S.

PLACE OF BIRTH Memphis. Tenn. U.S.A.

NAME AND ADDRESS OF NEXT OF KIN Henry Turner
Memphis. Tenn. U.S.A.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 931811 RANK NAME Turner, Will.

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

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Windsor Ont. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Feb. 14th 1917 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

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

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY NO. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE NO. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT	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
							Depar.						24 60	24 60													A/S			24 60				Balance from Canada
Aug 1/30	30	1.10	33	00										33 00																57 60		15 -	42 60	
MAY 1.31	31	1.10	34	10										34 10	52 1/5		27 19/4					9 73							14 59	77 11		30 -	47 11	
June 1.30	30	-	33	00										33 00	81 14/6							4 87							4 87	105 24		45 -	60 24	
July 1-31	31	-	34	10										34 10															-	139 34		60 -	79 34	
Aug "	"	-	34	10										34 10															-	173 44		75 -	98 44	
Sep 1-30	30	-	33	-										33 -	70 30/1 137 17/6 205 25/6 279 12/7 300 25/7													17 85	188 59		90 -	98 59	
			201	30									24 60	225 90								19 47					3 57 3 57 3 57 3 57 3 57 17 85		37 31	188 59				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
Sep	Bal	~~188 59~~ 86							188 59		
Oct	P.P.	34 10		S12 10ds FF 2.20/17. Do. 132. 13.10.17.		11 -	-	-			
				AR631 11/17 2Bombardiers Ath. C.F.C.	3 57						
				471 13/17 " " " "	3 57				204 55		
		34 10			7 14	11 -	-	-			

Judgment clerk
Claims no 15.7
G.S. Brown
AUDIT CLERK
DATE 2/6/19.

9c 93181 Turner. W

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
MO	PARTICULARS			CR 1	CR 2	PARTICULARS								DR 1	DR 2	DR 3	DR 4	BALANCE																	
	Out Pass																	204 55																	
Nov	PP.			33 -		AR 531. 28 9/17 C&C.								3 57		-	-																		
						- 865. 12 10/17. -							✓	3 57																					
						" 977. 25 10/17 -							✓	3 57																					
DEC	- -			34 10		- 1095 - 16 11/17 -							✓	3 57		-	-	259 37																	
				67 10										14 28																					
JAN	1918 P.P.			34 10		- 1264. 23 11/17. 2 bonds to Bank ✓								12 49		-	-																		
						- 1438. 21 12/17 - -							✓	7 14				271 84 150																	
				34 10										19 63.		-	-																		
FEB	-			30 80		- 2036. 5 1/18. 2 bonds at C&C ✓								3 57		-	-																		
						- 2196. 24 1/18 - -							✓	3 57																					
						" 2389 5/2/18 #1 ✓							✓	3 57				291 93.																	
				30 80										10 71																					
MAR	1918 A			34 10		AR 2627 20/2. #1 C&C ✓								3 57								175													
						" 2885. 7 3/18 .							✓	3 57																					
						" 3081 - 19 3/18 -							✓	3 57																					
						" 2790 . 19 3/18 2 Ced.								10 22				305 10																	
				34 10										20 93																					

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. 931811

Rank PRIVATE

Surname TURNER

Christian Name Will

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

Corps (Squadron, Battery or Company) 2nd CONSTRUCTION BATTALION, C.O.M.F.

Date of Discharge JAN 31 1919 D030 31/30.1.19

Place of Discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 32 years	Descriptive Marks
Height 5 feet 7½ inches.	NIL
Complexion	COLORED
Eyes	BROWN
Hair	BLACK
Trade	Foundry Worker
Intended place of residence (To be given as fully as practicable.)	1st., National Bank, Phila, U.S.A.

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

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

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

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

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

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

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations.....

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

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

(Place).....

(Date).....

.....

Commanding .....

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

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

(Place) LONDON, ONT. Will Tedder .....(*Signature of Soldier.*)

(Date) JAN 31 1919 G Tedder .....(*Signature of Witness.*)

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

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

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

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

10. **Statement of Service.**

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

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

11. **Confirmation of Discharge.**

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

(Place) LONDON, ONT.

(Date) JAN 31 1919

(*Signature*) D Fletcher Lieut

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

Reservations referred to at Para. 8.

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

none

Bill Turner

(OVER)

List of Discharge Documents.

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

*Only if discharged "Medically unfit."

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

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

(a) Proceedings on Discharge.

(b) Attestation.

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

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

T-206

FORM OF WILL

I, Will Turner (Name in full)

Regimental Number 931811 serving in No. 2 CONSTRUCTION B'n. C.E.E.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Rev Petty
Pastor Baptist Church
Memphis, Tennessee

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Rev. Petty,
Pastor Baptist Church
Memphis, Tenn

Name and Address of person or persons to receive personal estate* (*See note*).

NOTE
This space for the appointment of Executor if necessary.

IMPORTANT NOTE
This must be signed and Dated by THE SOLDIER HIMSELF.

this 19th day of March A.D. 1917

W Turner Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness E. Lowell Cross

Address of Witness San Fdo Trinidad Blk 8,

Occupation of Witness Journalist.

Signature of Second Witness Cyril Bennett

Address of Witness S. Kelburne Ct. 8

Occupation of Witness Laborer

M. F. W. 82.
300M.-12-16.
1772-39-983.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT .....

NAME OF SOLDIER TURNER Wm. No. 931811

REGIMENT 2nd Cons. Bn. RANK Pte

INSTRUCTIONS

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

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

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

	Date	Amalgam	Temporary Filling (a) G.P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	1914 June 28.										3 3.14 30									EXAMINED BY A.G. McMillan Capt.		Complete on Discharge

M.F.B. 465.
150m.—4-18.
1772-39-950.

10-Ju-28

30-T-597

AUDITOR | PAYMASTER

M. OR S. S. — 4069

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

REGT. No. 931811 RANK Pte. NAME (IN FULL) TURNER William H

(BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID Mil — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

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

PLACE OF ATTESTATION — TRANSFERRED TO DD#1. — DATE 10/19 — AUTHORITY D028

DATE OF ATTESTATION 14-2-17 — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY, $ — DATE EFFECTIVE

PAYABLE TO Mil — RELATIONSHIP — ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED PLACE London — DATE 3/19 — REASON Demobilization — AUTHORITY D 33 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	100 PAY AND F. A. / 10 NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.		C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.		C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account 31/12/18.					329	76																						14 60								
																												30								
																												4 87								
																												5								
1/1/19 31/1/19	31.	110	34	10	35	6	2	15	29	353	99		S11P224				353	99													5447		27	529			Bal.
																																				Subs 30/9 to 5/19. 28
																																				Ex Landing Allowance to 31/3/20
31-1-19			70	—					70	—							70	—										3 20			70	—				YY. S G. 1 year $280
																															3 20		3 20		Subs 30/9 - 27/9 D028
																																			Spres. 4 days subs
																																				A R Motorine May
			Nil																																	
																																				Blue Dun.
31/2/19.			210						210								70														70		140.			2809
31/3/19.			140						140								70														70		70			66536
3114/19.			70						70								70														70		0			75634.
																																				Subs spres 4 days
									280								280		Rec To 5 29/9/19										3 20		283	20	3	20	Debit Balance
																																				Classified 14/1/21

WAR SERVICE GRATUITY

WAR SERVICE GRATUITY

1 D/35.36.1, Passed to Suspense 4/9/19

I-T on Return to Ottawa Aug 31

Ded. Subs. not discovered before finish pay R.A.G. D.R.C. 3/29

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.	