S

REGIMENTAL DOCUMENTS

NAME ADRAIN. Robert REGT. NO. 433158 UNIT 49th Batt. H. Q. FILE NO. 2407

H

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	49.	M			DEATH
/	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
/	~~TRAINING HISTORY SHEET (M.F.W. 113)~~ Record sheet					Killed in Action
/	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					8. 10. 16.
/	REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
/	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		H			DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	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)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
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	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3	Wills					
6	Misc Cards.					
	Pay list					

W. 2589
100M-11-19
1772-33-1377

Orig. "B" Cy 33158.

ATTESTATION PAPER.

No.

Folio. A 33158

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Robert Adrain
2. In what Town, Township or Parish, and in what Country were you born? ..... Arnprior, Renfrew, Ont. Can
3. What is the name of your next-of-kin? ..... William Adrain (Father)
4. What is the address of your next-of-kin? ..... Arnprior, Renfrew, Ont.
5. What is the date of your birth? ..... 26th June, 1874
6. What is your Trade or Calling? ..... Bridge Carpenter
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... yes
9. Do you now belong to the Active Militia? ..... No
10. Have you ever served in any Military Force? .. .. No.
    If so, state particulars of former Service.
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

Robt Adrain (Signature of Man).

R. Jefferson (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Robert Adrain, do solemnly declare that the above answers made by me to the above questions 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.

Robt Adrain (Signature of Recruit)

Date May 6th 1915. R. Jefferson (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Adrain, 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.

Robt Adrain (Signature of Recruit)

Date May 6th 1915. R. Jefferson (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 Edmonton this 6th day of May 1915.

A. H. Mundy (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

A. H. Mundy (Approving Officer)

M. F. W. 23.
150 M.—12-14.
H.Q. 1772-39-841.

Description of Robert Adrain on Enlistment.

Apparent Age 40 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 10 ins.

Chest measurement:
- Girth when fully expanded 39½ ins.
- Range of expansion 2½ ins.

Complexion fair

Eyes blue

Hair gray

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

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 May 6th 1915.

Place Edmonton

L. S. Harris
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.

Robert Adrain 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.

(Signature of Officer)
Lt-Col

Date May 6th 1915.

MEDICAL HISTORY SHEET. 433158

Surname Adrain Christian Name Robert

Examined on 6th day of May 1915 at Edmonton

Birthplace City or Town Arnprior County Renfrew, Ont.

Apparent age 40 yrs - 11 mos.

Trade or occupation Bridge Carpenter

Height 5 Feet 10 Inches.

Weight 184 Lbs.

Chest measurement Minimum 37 inches. Maximum expansion 2 1/2 inches.

Physical development Good.

Small-Pox Marks Nil.

Vaccination Marks Arm Right. Left. Number 2

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease Nil.

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

Approved by L B Harris

Rank Major 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.
25/4/15	+	L B Harris M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
10/3/15	+	L B Harris M.O.
20/3/15	+	L B Harris M.O.
		M.O.

Enlisted on 6th day of May 1915 at Edmonton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	HQ 4th Bde	433158		May 6th 1915
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective ; the date and cause being stated on next page.

M. F. B. 313.

50M—9-14.
H. Q. 1772-39-439.

Surname Adrain Christian Name Robert

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				

COPY.

14

W I L L.

October 7th 1915

In event of my death I
want all money standing to
my credit to be handed over
to my father Wm Adrain
Arnprior
Ontario
Canada

Signed Robert Adrain
433158 B. Co
49th Batt
C.E.F.
Shorncliffe Camp

Kent England.

Certified a true copy.
H Lorley Lieut.
Estates Branch.

W.I.L.L. October 7th 1915

In event of my death I
want all money standing to
my credit to be handed over
to my father Tom Adrain

Arnprior

Ontario

Canada

Signed Robert Adrain

433158.B.Co

49th Batt

C.E.F

Shornoliffe Camp

Kent England

Extracted from Pay-book, Page 14.

Pte. R. Adrain. No. 433158.

49th Battn.

(641)—Wt. W1751-1403.—500,000.—5-15.—C. & G. Forms B. 103/1.

157.

Casualty Form—Active Service.

Regiment or Corps 49th Battn. C.E.F.

Regimental No. 433158 Rank Pte Name Adrain, R. "B"

Enlisted (a) 6/5/15 Terms of Service (a) Duration of war Service reckons from (a) 6/5/15

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				
9.10.15.	Orig. "B".	DISEMBARKED BOULOGNE 9 10 15			Nom Roll 101/Inf/49/1
19.2.16	b.C.F.A	Otitis Media. - L. adm.	b.C.F.A.	15.2.16	A36. L.C.S. 83.
		Trans.	To duty	17.2.16	" " "
"	"	do adm.	b.C.F.A	11.2.16	" " 85-87.
		Trans.	" D.R.S.	15.2.16	" " "
4.2.16	O.C. 49 B.	Name verified as spelt "Adrain".	In the field	4.2.16	108/Inf/49/3 d/6/3/16
18.6.16	"	Wounded slightly at duty	"	4.6.16	B213
14-10-16	UNIT	KILLED IN ACTION	Field	8-10-16	K.I.137-1768 Pt;2.Ord.75 dated 19-10-16.

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

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

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				

Rank Pte Name ADRAIN, Robert Reg'l No. 433158

Unit 49th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Edmonton Alta 6th May. 1915 Place of Birth Arnprior Ont.

Name and Address, Next-of-Kin William Adrain,

Arnprior, Renfrew, Ont. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason 25-A-763. Character

N/E R.B.2

	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				
		C	Arrived England		14 6/15.	
			Embarked for France.		9 OCT 1915	
2-3-16		CL A100 49th	To 6 Can Field Amb.	France	15 2/16	Otitis Media
2. 3. 16		"	Discharged to Duty	"	17. 2. 16.	CL A100
28-6-16		O.C. 49th	Reported from Base wounded slightly remaining do Duty.	Field	3-4-5/6/16	C.L. A184 o/w.
24-10-16		Do.	Killed in Action	Do	8-10-16	C.L. a-271 also Pt II O-75 19-10-16
19-10-16		"	" "	do	8-10-16	Pt II O. 75

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents	
Date	From whom received					

L. L. Job 95618—M. & D. 6555.

SPECIAL REMITTANCE

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
15m.—3-16.
H. Q. 1772-39-819.

To Whom Alex B. Court.
Address Gilpin,
Alberta.

Rate $ 45.00
Schedule #102
27.5.16

By Whom Assigned Adenain. R
Regtl. No. 433158.
Rank Pte.
Corps 49th Battn

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June	June 1916 K. 8339		45—	mailed. 17/6/16.
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNTS

Rank Dte. Name ADRAIN, Robert ✓ Reg'l No. A.33158

Unit 49th Bn. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Edmonton Alta 6th May.1915 Place of Birth Arnprior Ont.

Name and Address, Next-of-Kin William Adrain,

Arnprior, Renfrew, Ont. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place 8/10/16. Reason Kia. Character Ch^a 271 24/10/16

PAY OFFICE, N.E. BRANCH
NOV 11 1916
CANADIAN CONTINGENTS

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1915																	
June 1	30	30	1.	30	30	10	3.	2 50.	35 50			22 50			22 50	3. 10	Blce from 30-1
July 1	31	31.	1.	31	31	10	3 10		34 50			32 50			32 50	14 60 ✓	
				Adjustment of Exchange				1 47.				55				16 07.	
Aug 1	31.	31	1	31	31	10	3 10		34 10			29 20			29 20	20 97. ✓	
Sept 1	30	30	1	30	30	10	3		33.			26 77			26 77	27 20. ✓	
Oct 1	31.	31.	1	31	31	10	3 10	27 20.	61 30			7 49			7 49	53 81. ✓	
Nov. 1	30	30	1.	30	30	10	3	53 81	86 81			5 29			5 29	81 53	
Dec. 1	31	31	1.	31	31	10	3 10	81 53	115 63			16 61			16 61	99 01	
1916. Jan. 1	31	31	1.	31	31	10	3 10	99 01	133 11			5 24			5 24	127 87	
Feb. 1	29	29	1.	29	29	10	2 90	127 87	159 77			5 23			5 23	154 54	
Mch 1	31	31	1.	31	31	10	3 10	154 54	188 64	951 1013		2 62 2 62			5 24	183 40	
		305		305			30 50	397	339 47			156 07			156 07	183 40 ✓	

Carried forward to Large Ledger sheet

PAY OFFICE, N.E. BRANCH
MAR 24 1917
CANADIAN CONTINGENTS

Pd Dates
Ste

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						

No. 433158.

Robert ~~Adrian~~.

Adrain

49th Bn

WILL

October 7th 1915

In event of my death I want all money standing to my credit to be handed over to my father Tom Adrain

Lemprior
Ontario
Canada

Signed Robert Adrain

433158. B. Co

49th Batt

C.E.F

Shorncliffe Camp

Kent England

49

RATES OF REGIMENTAL PAY.

COMMISSIONED OFFICERS, Per Diem

	Pay	Rations
Colonel	4.00	1.25
Lieut.-Colonel	3.00	1.25
Major	4.00	1.25
Captain	3.25	.75
Lieutenant	2.50	.75
Paymaster	3.00*	.75
Quartermaster	3.00	.75
Nursing Sister	2.00	.75
Commutation Pay	1.50	
Adjutant's gratuition on pay of Rank		

WARRANT OFFICERS, N. C. O. and Men

Warrant Officers	2.00	.20
Quartermaster Sergeants	1.70	.40
Orderly Room Clerks	1.50	.20
Pay Sergeants	1.50	.20
Squad. Battery or Troop Sergeant-Major	1.60	.20
Colour Sergeants or Staff Sergeants	1.60	.20
Squad. Battery or Troop Q. M. S.	1.50	.20
Sergeants	1.35	.15
Corporals	1.20	.10
Bombardiers or Second Corporals	1.05	.10
Privates, Gunners, 2d Class, etc.	1.00	.10

*Working Pay in addition to pay of rank, varying from $1.00 to 50c. per diem, according to qualifications, is granted to Artificers, Motor Car Drivers, Cooks, etc.

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Adrain.	R.	433158

Rank	Unit	Co.	Troop	Batty.
Pte	49th Battn			

Hospital: #6 Can. Fld Amb.

Date of Admission: 15. 2-16.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis: Otitis Media.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

Killed in Action 8. 10. 16

DISPOSITION

C.L. 2.3.16 #A100
" 28.6.16. A187.
" 24. 10. 16 4271.

Date

Dis to Duty. 17. 2-16

REMARKS

Wounded slightly: remaining at duty. action between 3. & 5/6/16. Reported from Base.

R.p.t. from Base 8. 10.16

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.		

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

SURNAME. Adrain (649-a-1260)

CARD NO. 719 D

CHRISTIAN NAMES Robert

FOLL.

REGL. No. 43315-8 RANK Pte

UNIT 49th Batt

FORMER CORPS Mil

NEXT OF KIN.

NAMES IN FULL Adrain, Wm

RELATIONSHIP TO SOLDIER Father

ADDRESS ~~Renfrew~~ Arnprior. Ont. Can.

CHANGE OF ADDRESS

G.N.W. Tel. 239. 28/10/16

COUNTRY OF BIRTH Canada. Arnprior. DATE

PLACE OF ATTESTATION Edmonton. DATE May 6/1915

Sailed from Montreal per S.S. "Metagama" 4-6-15

96

No. 33158 RANK Pte. NAME Adriani, R.

T. O. S. UNIT 49th Battalion C.E.F.

M. D. 13

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 May 6	1915 May 31	✓		
	June	✓		

UNIT SAILED
JUN 4 1915

M 50491 JUN 8 1921 878

Ptaf.

M

Adrain, Robert, Pte. 433158 49thBn. 649AA-1260

Med. & Dec. (Father) Wm. Adrain, Esq.,
Arnprior,
Ont.

Scroll Desp. JUL 28 1921 Reqn. No 251257

NOV 24 1921

Plague Desp. Reqn. No P17732

P. & S. (Father) Address as above.

(Serial 901831)

Mem. Cross. (Mother) Mrs. Charlotte Adrain,

Eligible for star Pte. 49Bn.

Address as above.

Elig. " V.M.

Elig. " B.W.M.

MS

54194

L.

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE		NATURE OF CASUALTY
No.	DATE	

DESP. JAN 24 1923 GN-XB 89957

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

Number H.3.3.158 Rank Pte.

Surname ADRAIN

Christian Names Robert

Unit 49th Bn. Can. Inf. Theatre of War France

Date of Service 9-10-15 "D"

Remarks (?) Wm. Adrain, Esq Arnprior, Ont.

Latest Address

Roll No. B. Page 3081

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

R. 149.

Name Adrain.Robert *Rank* Private. *Reg. No.* 433158.

Unit 49th Batt:

R. L. 25. A. 763

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8/10	KILLED IN ACTION.	Base		A271	3506	24/10

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

Name Adrain, R. *Rank* Private. *Reg. No.* 433158

Unit 49th Battalion.

Next of Kin CANADA.

Date 1916.		Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
15.	2	To 6 Can. Fld. Amb.		Otitis Media	A100.		
17.	2	Disch. to Duty		"	"		
3.	5	Wounded Shrapnel Duty.			A187	M8952	30/6/16

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 100	#6 C. G. Amb	15-2-16	Otitis media
A 100	Kischi to duty	17-2-16	do.
A 187 (2)	Rep. from Base		Wounded slightly. Remaining at duty. Action between 3rd, 4th, 5th June 1916
A 271[1]	Rept. from Base	8-10-16	Killed in Action

REGT'L No 433158

NAME Adrain, Robert

H. Q. FILE No. 649-

RANK AND CORPS Pte 49th Batt.

FOLLOWS No. 150x

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
		C.
m. 8952	27-6-16	Wounded slightly still at duty. between June 3rd and 5th 1916.
03506	24-10-16	Killed in action Sept. 8th 1916
B20904	Rouen 19-10-16	" " " France 8-10-16 {noted 12-3-17

Married or Single: S.

Place of Birth: Arnprior, Ont.

Name and Address of Next of Kin: William Adrain, Arnprior, Renfrew, Ont.

Relationship of Next of Kin: Father.

Name and Address of Next of Kin

Relationship of Next of Kin

Separation Allowance Monthly $ — Effective (Date)

Payable to

Relationship of Dependant

Compiled by J.E.P.
Checked by

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Killed in Action	8-10-16	B.O. 75. 19-10-16
		G.R.O. 271. 24/10/16

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 433158 Rank Pte Name Adrain, Robert.

If in Permt. Corps What Unit — Unit 49th Battn. — Transferred to N.E. Bch. Date 9-10-16 Authority B.O. 75 19/10/16

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation Edmonton, Alta. — Transferred to — Date — Authority

Date of Attestation 6 May 1915. — Transferred to — Date — Authority

PAY OFFICE, N.E. BRANCH, NOV 11 1916, CANADIAN CONTINGENTS

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 8/10/16 — Reason and Authority Killed in Action C.R. 271 24/10/16

Account Transferred to Non-Effective Branch (Date) 9-10-16

Account Transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
31/2/16															339 49															136 07	183 40				
1-30/4/16	30	1.	30		30	.10	3								33	1071		1142						FR 262	262					524	211 16				
May 1-31	31	1.	31		31	.10	3	10							34 10	1216	16/5/16	1281	25/5/16					29 256	256		45			512	195 14				
June	30		30		30		3								33			1353	16/6/16						341					341	324 73				
July 1-31	31		31		31		3	10							34 10			1466	7/7/16						523					523	253 60				
Aug	31		31		31		3	10							34 10	1574	27/7	1677	17/8					3/8/16 262	262		1947			2471	262 99				
Sept	30		30		30		3	-							33 -	1762	26/8	1853	5/9					349	349					698	289 01				
Oct 1/8	8		8		8			80							549 8 80 57	1881	27/9							436						436	293 45				
																												Balance transferred to N. E. Branch.			293 45				
Aug/17																									293 45					293 45	— " —				

Trans to N.E. Branch 9/10/16
B.O. 75 19/10/16
Killed in Action 8/10/16
D. 293 40 To O.A. for credit 26/9/17 V. Hill

Checked H. Baker

PAY OFFICE, N.E. BRANCH, MAY 24 1917, CANADIAN CONTINGENTS

Date	Pay				Field Allowance				Working or Special Pay				Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls								Cash Payments				Assigned Pay	Other Charges	Total Debits	Balance		Pay Withheld or Deferred	Pay Available for Issue	Remarks
	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.	No. of Days	Rate	Amount $	Amount c.				1		2		3		4		1	2	3	4				Credit	Debit			
																No.	Date	No.	Date	No.	Date	No.	Date												