

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

- 1. What is your surname? West
- 1a. What are your Christian names? Reid Thomas
- 1b. What is your present address? Grand Falls N.B.
- 2. In what Town, Township or Parish, and in what Country were you born? Grand Falls N.B.
- 3. What is the name of your next-of-kin? Carrie West
- 4. What is the address of your next-of-kin? Grand Falls N.B.
- 4a. What is the relationship of your next-of-kin? Mother
- 5. What is the date of your birth? 7th Dec 1896
- 6. What is your Trade or Calling? Clark
- 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? 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

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Reid Thomas West, 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.

Reid Thomas West (Signature of Recruit)

Date Jan 21 1916 Geo Bradley (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Reid Thomas West, 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.

Reid Thomas West (Signature of Recruit)

Date Jan 21 1916 Geo Bradley (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 20th day of January 1916.

R. Ingletts Lieut V.C. P. (Signature of Justice)

Description of West Reid Thomas on Enlistment.

Apparent Age.....19.....years .....months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Waist 29

Height.....5 ft. 4 1/4 ins.

Chest measurement { Girth when fully expanded.....35 ins.  
 Range of expansion.....2 1/2 ins.

Complexion.....Ruddy

Eyes.....Hazel

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.)

none

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.....18th Jan'y.....1916

Place.....St John NB

Mr. [Signature]  
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.

West Reid Thomas.....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].....**Lt. Col.** (Signature of Officer)

**MAR 21 1916**

**D. C. 116TH OVERSEAS BATTALION, C.E.F.**

Date.....1916

28-7-1880

# DISCHARGE DOCUMENTS

R. O. No.....  
H. Q. No.....



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name **WEST REID THOMAS**

Regt. No. **74201** Rank **Private**

Corps **116th Regt**

*Died of wounds.  
76-8-17.*

Index Card.....

Casualty Card.....

Non-Effective Card.....

Part II Order Card.....

Change of Address Card.....

Honour & Award Card.....



14676

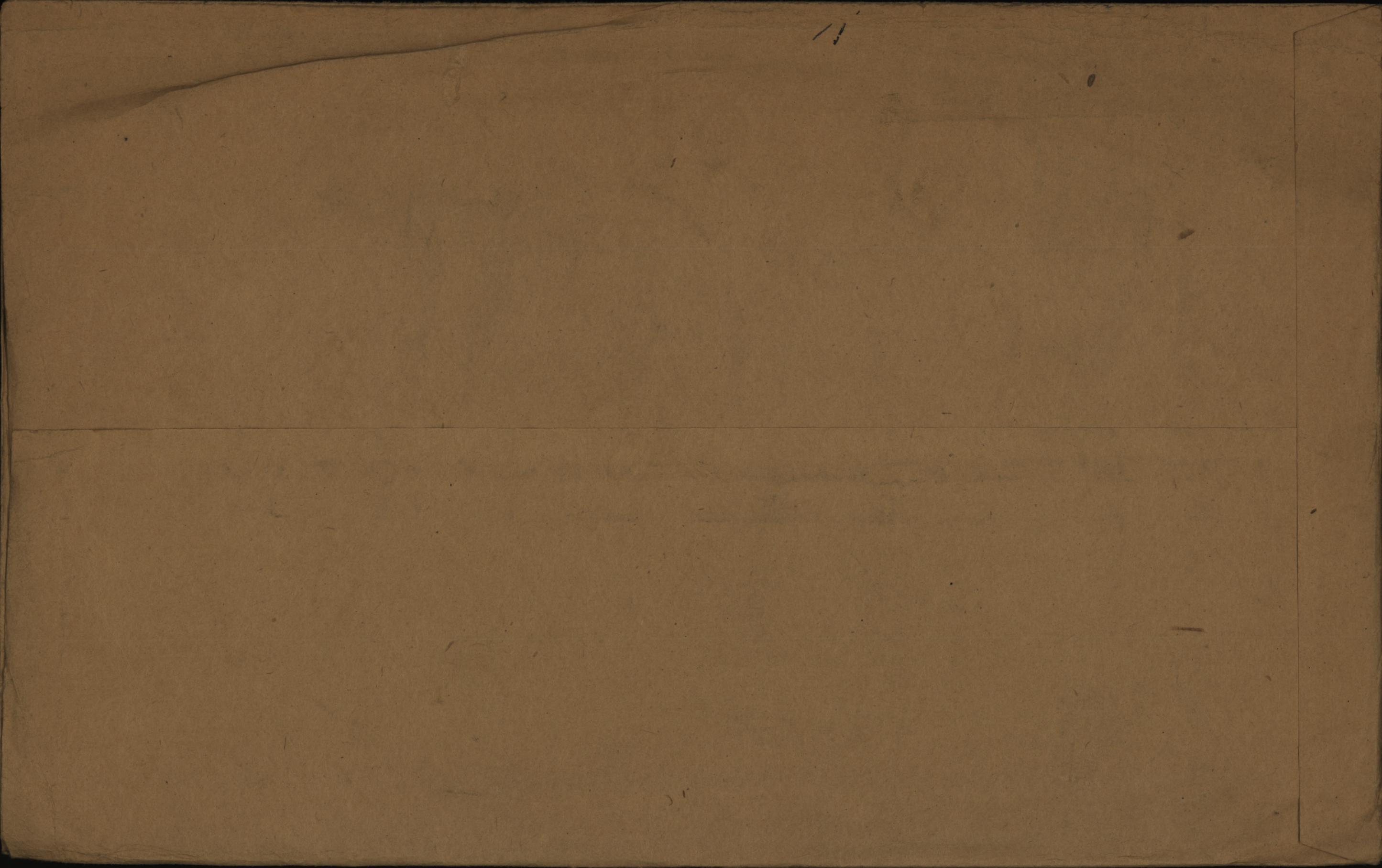
21-18  
1618  
3-20



*2710-122-1*

*form of will - 1*

*M. F. W.*



Name WEST.Reid Thomas Rank Pte.

Reg. No. 742531

Unit 26th.Bn.

R.L. 25 W. 2841

Next of Kin CANADA

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
	15-8-No.23.C.C.S.	SW.FACE		A596	M5929	22-8
	16-8-No.33.C.C.S.	DIED OF WOUNDS	SW.FACE	A597M	5934	23-8



WEST, Pte. R. T. #742531. 26th Bn. 649-W-10643.

*L. J. Joudry*

Medals and  
Decorations

Mrs. ~~Carrie West~~, (M)  
Grand Falls, Campbellton (Auth.  
N.B.

*P.M. 30-4-21  
Jul.*

Plaque and  
Scroll

~~George H. West, Esq.~~, (F)  
Address as above. Deceased.

*(Serial no. 779345.)*

Memorial  
Cross

Mother, as above.

Scroll Dep. ~~7-2-21~~ Regn. No. ~~7-19445~~

*B 364*

Plaque Dep. ~~3-13-22~~ Regn. No. ~~Pa 2197~~

*Intelig. Jovitar.  
.. v.m.  
.. B.W.*

*m.f.*

*B.*

M

634889 DEC 6 1920

544



*Inv*  
*Ham*

*Ste*  
*+*

Number 74 2 531 Rank \_\_\_\_\_

Surname WEST

Christian Name Reid Thomas

Units 26th Bu CAN Theatre of War France

Date of Service 20-4-17

Remarks \_\_\_\_\_ *mother*

Latest Address Mrs. L. L. Audrey  
Campbellton N.B.

Roll No. B. Page 13341

DESP. JUN 9 1922

REGN. NO.

HC 20043

NAME

West Reid Thomas

REGT'L No.

742531

H. Q. FILE NO. 649.

RANK AND CORPS

Pte. 26th Bn. form 145th Bn

FOLLOWS  
No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

C

M 5929  
20-3

22-8-17

Adm. & 3rd Cas. Clg. Stat. Aug. 15th  
1917. GSW. face. ✓M 5934  
18-6

24-8-17

Died of wounds No 33 bas. cl. Station  
Aug 16<sup>th</sup> 1917 GSW Face. ✓

A. F. B. 2090

22-9-17

" " " " " "

Raven

noted 7-11-17

LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

a 596	# 3 <sup>3</sup> Cas. Ctg. Stat	15-8-17	sw. Face
a 597	# 33 Cas. Ctg. Stat	16-8-17	sw. face Died of wds.

(649-W-10643)

CARD NO.

D

FOLL.

SURNAME. West.

CHRISTIAN NAMES Reid, Thomas.

REGL. NO. 742531 RANK Pte.

UNIT 115th.

Bn.

FORMER CORPS Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL West, Mrs. Carrie.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Grand Falls, N.B.

COUNTRY OF BIRTH Canada, Grand Falls DATE Dec. 7th. 1896.

PLACE OF ATTESTATION St. John, N.B. DATE Jan. 20th. 1916.

Sailed from Halifax 23/17 16 per S.S. "Olympic"

490  
38

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Clerk.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

19 YEARS

MONTHS

HEIGHT

5 FEET

4 <sup>1</sup>/<sub>4</sub> INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

2 <sup>1</sup>/<sub>2</sub> INCHES

COMPLEXION

Ruddy

EYES

Hazel

HAIR

Brown.

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

St. John, N. B.

DATE

Jan. 18th. 1916

Present Address - Grand Falls, N. B.

No 742531 RANK Pte

NAME West. Thomas. A.

Reich. J.  
epu paylist.

T. O. S. 5-1-16  
001 of Jan 1916.

UNIT 115th Battalion C. E. F.

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916	1916			
Jan. 5	Jan. 31	.c		
Feb.		✓		
Mar.		✓		
Apr.		O.S.		
May.		O.S.		
June.		✓		
July		2		
Aug		3		

UNIT SAILED  
JUL 23 1916





Surname **WEST** Christian Name or Names **R.T.** Reg. No. **742531**  
Rank **Pte.** Unit **26th Bn.** Co. Troop Batty.

Hospital **23 Cas.Clg.Stat.** Date of Admission **15-8-17.**

Transferred **33 Cas.Clg.Stat.** Hosp. **16-8-17.**

Hosp.

Hosp.

Diagnosis **SW Face.**

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

**DIED OF WOUNDS 16-8-17.** *RR*

DISPOSITION

Date

**CL. 22-8-17 A596.**  
**23-8-17 A597-1.**

REMARKS

A.M.D. 2 DEPT.

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

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

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

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps 115th Overseas Battalion C.E.F.

Regimental No. 742531 Rank Private Name West, Reid Thomas  
C. E. F.

Enlisted (a) 15-1-16 Terms of Service (a) Duration of War Service reckons from (a) 15-1-16

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

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

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				
		Embarked Canada	Halifax	23-7-16	
		Disembarked England	Liverpool	31-7-16	
15-10-16	115th Bn.	Transferred to 112th Bn.	Bramshott	15-10-16	Pt. 2 D. Orders 266. W. Thomson, Major Adj. 115th Battalion.
16-10-16	112th Bn.	Taken on strength	Bramshott	15-10-16	Pt. II orders No. 253
20/12/17	112th Bn.	Transferred to 13th Res. Bn.	Bramshott	20/12/17	Pt. II orders no 303
8-2-17	OC. 112th Bn.	OC. 13th Res. Bn.	Bramshott.	3-12-17	BO. 12. pt. 11.
20/4/17	13th Res. Bn.	needed for service	Shoreham	20/4/17	P.D. 44 20/4/17 H. G. Brimmond Captain, Adjutant, 13th Canadian Reserve Bn.

CERTIFIED CORRECT  
 8 - MAY 1917  
 RECORDS OFFICE LONDON.

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 in smaller, 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				
21.4.17	CBP	Taken on strength	field	21.4.17	NR. Pt 2 Ord 40-10-5-17
23-4-17	"	To Unit		23-4-17	NR
19 <sup>5</sup> /17	26 Bw	Joined unit.	"	12 <sup>5</sup> /17	B213
17.8.17	"	wounded		15-8/17	K1. 16/18503 Dec. 343.
15.8.17	267. a.	sw face	adm	15-8-17	a36-4571
15.8.17	33 C.C.P.	sw face	adm to C.C.P.	15-8-17	a36-3820 2K15-9-17
16.9.17	"	Died of wounds received in action		16.8.17	K1. 16/21833. Dec. 354 Pt. 2 Ord. 95-1914.
<i>J. Anderson</i>					
					Lieut. for Lt-Col., A. A. G. Canadian Section. G. H. Q. 3rd Echelon. B. E. F.

NO. 742531

16598  
y/o Carb ✓

PTE. REID THOMAS WEST.

115th OVERSEAS BATTALION C. E. F.

52553

- 20 -

Perforated sheet for Will from Pay Book of Reg.  
No. 742531  
Name Pte R.T. West.  
Unit 115 Battr. C. E. F.

Military Will.

In the event of my death, I give the whole of my property and effects to my mother.

Mrs Carrie West.

Grand Falls N.B.

Signature Pte R.T. West  
Rank and Regt. Pte - 115 Battr.  
Date Sept. 29. 1916.

26<sup>th</sup> Battr.  
D of W.  
16-8-14.  
I from R.  
25-9-14.

ESTATES BRANCH

OCT 19 1917

MILITIA DEPT.

1875

RECEIVED

THE OFFICE OF THE SECRETARY OF THE



STATE BRANCH  
OCT 19 1875  
DEPT

N.B.

Perforated sheet for Will from Pay Book of Reg.

No. 742531  
Name Pte R.T. West  
Unit 115 Batta. C.E.F.

Military Will.  
-----

In the event of  
my death I give the  
whole of my property  
and effects to my  
Mother.

Mrs Carrie West.  
Grand Falls N.S.

Signature. Pte R.T. West  
Rank and Regt. Pte. 115 Batta.  
Date. Sept. 29. 1916.

I hereby certify the above to be a true copy of the original  
Will now on file in Estates Branch.

.....September 1917.

.....

Lieut.

for Officer i/c Estates. O.M.F.C.

NOTE. Extracted from pay book page 20.

Holograph.

Died of wounds 16-9-17.

Transferred 25-9-17.

PTE. R. T. WEST, No. 742531, -115 26th Bn.

SL.

Excerpted from the Bill from the House of Representatives

Page  
Line  
Date

Military Bill

Section  
Title and Date  
Date

I hereby certify the above to be a true copy of the original

now on file in the office of the

Secretary of War

Attest

In Witness Whereof, I have hereunto set my hand and the seal of the

War Department, at Washington, D.C., this 20th day of

February

1910

Secretary of War



ORIGINAL

742531

# West ORIGINAL MEDICAL HISTORY SHEET.

Surname West Christian Name Reid Thomas

Examined { on 18 day of Jun 1916  
at St John NB  
Birthplace { City or Town Grand Falls  
County NB

Approved by Wm. Warrick P.  
Rank Capt. M.O.

Apparent age 19  
Trade or occupation Clark  
Height 5 Feet 4 1/4 Inches.  
Weight 130 Lbs.  
Chest measurement { Minimum 32 1/2 inches.  
Maximum expansion 38 inches.  
Physical development Good  
Small-Pox Marks None

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right. Left.  
Number 1  
When Vaccinated last 1916  
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	VACCINATIONS.
<u>6/8/16</u>		<u>Wm Warrick P.</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
Wm R.D. 20 St J 20  
Sub need attention

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/7/16</u>	<u>T.O.B.</u>	<u>Wm Warrick P.</u> M.O.
<u>7/8/16</u>	<u>T.O.B.</u>	<u>Wm W.</u> M.O.
		M.O.

Enlisted on 5th day of January 1916 at Grand Falls Vic 110

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>742531</u>		<u>18/1/16</u>
Transferred to	<u>112nd Bn Cpt.</u> <u>H.Q. Co 441</u> <u>12/10/16</u> <u>13th Bn</u> <u>26th Bn</u>			<u>Part II D.O. 266</u> <u>15/10/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD. 2.2.17 24th Prov Aid Det 33  
20/11/17. 120-77-PTII

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.



108583

**FORM OF WILL.**

Name in full.

I Reid Thomas West,

Regimental Number 942 531 serving in 13<sup>th</sup> Reserve Bn.

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

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

I DEVISE and BEQUEATH all my real estate unto.....

Mr. Carrie West,  
Grand Falls, New Brunswick

absolutely, and my personal estate I bequeath to.....

Name & Address of persons or person to receive personal estate (see Note 1.)

Mr. Carrie West,  
Grand Falls, New Brunswick

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this 27<sup>th</sup> day of March A.D. 1917.

R T West

(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness E. Stiles

Address of Witness 13<sup>th</sup> RESERVE BATT: C.E.F.

Occupation of Witness 1st Sgt

Name of Witness Malcolm Steedpath

Address of Witness 13<sup>th</sup> Reserve Bn.

Occupation of Witness Serjt.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

FORM OF WILL

I, *John A. Smith*, of the County of *Franklin*, State of *Ohio*, do hereby certify that the within and foregoing is the true and correct copy of the original of the within and foregoing will, as the same appears from the records of the County of *Franklin*, State of *Ohio*, and that the same is a true and correct copy of the original of the within and foregoing will, as the same appears from the records of the County of *Franklin*, State of *Ohio*.

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

*John A. Smith*  
County Clerk

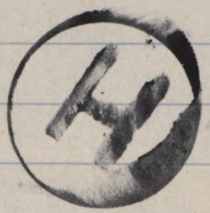
18th RESERVE BATT. C.E.A.

TLH. Rank *Pl* Name **WEST, Reid Thomas** Reg'l No. **742531**  
 Unit **115th. Bn.** If in perm. Corps, } Married or Single **Single**  
 What Unit? }  
 Place and Date of Enlistment **St. John, N.B. Jan. 19th. 1916.** Place of Birth **Grand Falls, N.B.**  
 Name and Address, Next-of-Kin **Carrie West,**  
**Grand Falls, N.B. Canada.** Relationship **Mother.**

*MX*  
*29/11/1916*

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to



Relationship

Relationship

N/E. R.B. No. *1086*  
 File R.L. *25-W-284/10*  
 Category *2 of W. 17*

Discharge, Date and Place Reason Character

H. W. & V., Ld.-7165-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
			Arr. in ENGLAND	S.S. OLYMPIC	31-7-16.
15.10.16	115th. Bn.	S.O.S. on transfer to 112th. Bn.	Bramshott	15.10.16	Pt. II D.O. #266
16-10-16	112th.	T.O.S. on tfr from 115th. B'shott.	B'shott.	15.10.16.	Pt II D.O. 253
2-2-17.	112th Bn.	S.O.S To 13th. Res Bn.	B'shott.	2-2-17	D.O 33
8.2.17	13th RES	T.O.S. FROM 112. TH, Bn B'SHOTT	B'shott	2-2-17	PT 2 O. 2
20.11.17	do	SOS proc of 5 posted to 26th Bn	Shoebur	20.11.17	- - 11
22.8.17	x Batta	Adm 23 Casldy Stn	Field	15.8.17	DCR. A. 596
23.8.17	26th Bn	Died of Wounds	Field	16.8.17	G.P.R. 597 S.W. Face.
22.9.17	do	do	do	16.8.17	Pt II 095

103 CHECKS  
- 4 MAY 1917



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom Mrs. Carrie West By Whom Assigned West. Reid Thos.  
 Address Grand Falls Regtl. No. 742 531  
Victoria Co Rank Pte.  
N.S. Corps 115 Batt. D. C.  
 Rate \$15.00. **AUG 7 1916**

## 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				



Pensions Notified Date... 28-8-17  
~~Killed in Action~~  
 Died of Wounds } Date... 16-8-17  
~~Missing~~  
 C. L. (23) 25/8/17 Clerk J.A. Gelling  
 Date Noted... 28-8-17 1917

21. 20. 1912

21. 20. 1912

21. 20. 1912

21. 20. 1912

21. 20. 1912



MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-4-16.  
 1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs. Carrie West*

Name of Soldier

*West Reid Thoo.*

PAYMENTS.

L. L. Job 310.-Req. 6574.

#742531 *Plu.* 115 *Batt.*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$15.00</i>
				<b>AUG 1 1916</b>
April	1916			
May				
June				
July				
Aug.		<i>Y 15339</i>	<i>15.</i>	
Sept.		<i>X 19902</i>	<i>15.</i>	
Oct.		<i>X 25042</i>	<i>15.</i>	
Nov.		<i>O 28117</i>	<i>15.</i>	
Dec.		<i>L 35709</i>	<i>15.</i>	
Jan.	1917	<i>7 41420</i>	<i>15.</i>	
Feb.		<i>9 48272</i>	<i>15.</i>	
March		<i>I 54067</i>	<i>15.</i>	
April		<i>K 5627</i>	<i>15.</i>	<i>15 (W)</i>
May		<i>K 12157</i>	<i>15.</i>	
June		<i>J 10582</i>	<i>15.</i>	
July		<i>D 26299</i>	<i>15.</i>	
Aug.		<i>E 3542</i>	<i>15.</i>	
Sept.				
Oct.			<i>15</i>	
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*EFX. 7<sup>th</sup> Nov 1915*  
*11-2-18 MAP.*

*1915 OF 4 31/8/17 J A Gelling 25/8/17*  
*Up closed Cas 8/8/17 Do. Do.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

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

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.				





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

Aug 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
-----	--	--	--

*42 11041*

### PARTICULARS OF SEPARATION ALLOWANCE

No. 742531.  
 Rank Pte. Promoted Reverted Discharge  
 Soldier's Name Reid Thos. West.  
 Battalion 115 Battrn. D. Coy.  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name Mrs. Carrie West.  
 Address Grand Falls, Victoria B.C.  
 Change of Address N. B.  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<u>1917 Dec 31</u>			<u>195</u>	<u>195</u>	<u>A/c closed - \$195.00 C.F.X. 31/8/17.          Pensions notified 28/8/17          Died of wounds 16/8/17 - C.W (23) 25/8/17          Last cheque Aug 1/17.          EFX total \$195 = 11 1/8 P.Y.P.</u>

M. F. W. 128  
 400M-6-17-177-39-1141  
 L. L. 22320-M. & D. 7688.

