

REGIMENTAL DOCUMENTS

NAME

Briers

George

Raymond

REGT. NO.

550 530

UNIT

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

39161

DISCHARGE

Category

DESERTION

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

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)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 Discharge

1 Misc

1 Form of Will

am + 17-12-20 ac

*13-20
20-20
17-21
2*

1061



9th O. S. DRAFT
DEPOT SQDN. ROYAL CANADIAN DRAGOONS
ATTESTATION PAPER.

Original

No. 500530

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? **B R I E R**
- 1a. What are your Christian names? **George Raymond.**
- 1b. What is your present address? **Waterford. Ont.**
2. In what Town, Township or Parish, and in what Country were you born? **Halifax Yorkshire. England.**
3. What is the name of your next-of-kin? **Mary Brier. Res 462 Len Pelkey**
4. What is the address of your next-of-kin? **Waterford Ont.**
- 4a. What is the relationship of your next-of-kin? **Mother.**
5. What is the date of your birth? **June 28th 1893**
6. What is your Trade or Calling? **Spinner**
7. Are you married? **Single.**
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? **Yes. R.C.D. & 7 Mos.**
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.**
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? **No.**
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? **No.**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **George Raymond Brier**, 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.

Date **JAN 31 1918** 191 **GR Brier** (Signature of Recruit)
John M. Goe (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **George Raymond Brier**, 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.

Date **JAN 31 1918** 191 **GR Brier** (Signature of Recruit)
John M. Goe (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 **Toronto. Canada.** this **JAN 31 1918** day of **January** 1918.
John M. Goe (Signature of Justice)

15
93
25

Description of George Raymond Brier. on Enlistment.

Apparent Age 23 years 11 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 34 ins.
Range of expansion 3 ins.

Complexion Fair.

Eyes Blue.

Hair Brown

Religious denominations. { Church of England
Presbyterian
Methodist Yes.
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).

2 Moles on back Mole on back of Neck

Hearing O.K. Each Eye D20

Nose & Throat O.K.

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 Overseas Expeditionary Force.

Date JAN 3 1 1918 191

Place TORONTO, ONT

*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:—

Wm. J. Brier
Medical Officer.

CERTIFICATE OF OFFICER COMMANDING UNIT.

George Raymond Brier 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.

Date JAN 3 1 1918 191

OOM'DG DEPOT SQN. R. C. D. C. E. F.

STANLEY BARRACKS
ORDERLY ROOM

Easton (Signature of Officer)
MAJOR

ESTATES BRANCH

OCT 11 1918

MILITIA DEPT.

1810

28044

C.R.C.D.

195881

550530 Brier S. R.

R.C.D.

Will deposited with

H.D. No.2.

Wm A
8-8-18
T-30-8-18
366/3

The original ~~will~~ was
19-9-18
forwarded to Ottawa.

Received from Command Paymaster, Shorncliffe, 20-3-18.

26 ✓ Number 550 530 Rank Bto ✓

Surname BRIER ✓

Christian Name George Raymond ✓

Units R.C.D. ✓ Theatre of War France ✓

Date of Service 16-4-18 ✓

Remarks (M) Mrs. Mary Brier, ✓

Latest Address Box 462
Waterford, Ont. ✓

Roll No. ✓

200m.-6-21.M.

Page 21553

Died ~~5-5-18~~



NOTE

Memorial cross originally issued to
Mrs. Mary Brier, mother of the deceased
veteran has been returned to this
office for custody from the securities ~~division~~
~~Division~~, The Public Trustee, 145 Queen St.
West, Toronto, Ont. *Passaic Div*
14.7.81

George Raymond

Name BRIER

Rank Pte

Reg. No. 550530

Unit RCD

25. B. 5349

Next of Kin

Canada

Mary Brier
Box 462 New Del.
Waterford Ontario

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
1. 7	1. 5. Apr. S. H. Abbeville	Influence		#261		2400/
10. 7	Dis to Duty		Do	#266		2526-2
8. 8	KILLED IN ACTION			#296	#262	2551
	PTII O. 80. 17. 8. 18					

[illegible]

SURNAME.

Brier

CARD NO.

88
K ✓

CHRISTIAN NAMES

George Raymond.

FOLL.

REGL. No.

550530.

RANK

pte.

UNIT

Hqso. Squad. R.C.W. (9th R.W.)

FORMER CORPS

R.C.W. (7 mos.)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Brier Mrs. Mary

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Waterford Ont.

COUNTRY OF BIRTH

England, Halifax Yorks.

DATE

June 28th. 1895.

PLACE OF ATTESTATION

Toronto Ont.

DATE

Jan. 31st. 1918.

At. Halifax per S.D. Lapland 11/2/18 ¹⁰⁸⁴/₂

MARRIED

SINGLE

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

NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE No 549

FOLLOWS

No.

FOLLOWS

11-6
14262 20-8-18
924246 8-8-18

"C"

n of K. Mrs. Mary Brier (mother)
Waterford, Ont.
Killed in Action Aug. 8, 1918.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A261	W. L. African Gen Abbots	1-7-18	Influenza
A266	Sick to duty	10-7-18	(RCA) "

✓ *George Raymond* ✓
Brier, G.R., Pte. 550530 R.C.D. 649-B-29117

Med. & Dec. (Mother) Mrs. Mary Brier,
Box 462
Waterford, Ont.

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

(Serial no. 750037)

Mem. Cross. (Mother) " " "

Not elig for 14-15 Star

& .. d m

& .. B W m

39584

*Memorial Cross returned to WSR, IC DVA
for custody with corresp.
6 July 1961*

RB

ac

Scroll Desp. **JAN 7 1921** No. 78431
Plaque Desp. 28 7/22 Reqn. No. P43492

Memorial Cross originally issued to Mrs. Mary Brier has been returned to this office for custody 19/7/61 from: Securities Division, The Public Trustee, 145 Queen St. West, Toronto, Ont. for custody. F.J.S. (WSR 1C)

DEC 24 1920

638280

W

921

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
BR IER	G R	55 ⁰ 530

RANK	UNIT	Co.	TROOP	BATTY.
Pte	RCD			

HOSPITAL	DATE OF ADMISSION

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

2.

3.

RFB Killed in Action 8-8-18

DISPOSITION

DATE

CL.19-8-18 296 -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.

550530.

Brier, G.R.

C.R.C.D.

REGISTRY OF M.F. & D.	
WILLS & ESTATE HOUSE,	
20, BURY, LONDON, E.C. 4.	
FILE TO <i>h/b5</i>	
21 SEP 1918	
<i>h</i>	L/R
FILE CHARGED TO	SINCE
ACTED ON	

Will deposited with

M.D. No.2.

Received from Command Paymaster, Shorncliffe, 20-3-18.

K.in A. 8-8-18.

366/3.

Transferred. 30-8-18.

No.550530. Brier, E.R.

R.C.D.

PH.

28044.



19.9.18

W. A. K.

RECEIVED
JAN 25 1968
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
JAN 25 1968
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
JAN 25 1968
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
JAN 25 1968
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
JAN 25 1968
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
JAN 25 1968
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
JAN 25 1968
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
JAN 25 1968
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

RECEIVED
JAN 25 1968
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

9th Dist Draft Depot Squadron RCD

Regimental No. 550530

Rank

Pte.

Name

George Raymond Brier

C. E. F.

Enlisted (a) 31.1.18

Terms of Service (a)

C.E.F. do of war

Service reckons from (a)

31.1.18

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)

Spinner

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 H.M.S. "Lapland"

Halifax

10.2.18

Disembarked

Glasgow

24.2.18

H.M.S. Lapland

T.O.S. from Canada

Scipie

26.2.18

Post II Ocean c/o 58

Proceeded O/S to R.C.D.

Shorncliffe

16-4-18

D.O.P.T. 11.1707

ASST ADJUTANT.
FOR OFFICER COMMANDING
CANADIAN RESERVE CAVALRY REGIMENT.

16.4.18 C.G.B.D. and Reinf. T. on S. R. L. S.S.

16.4.18 N.R. 651. 912 ord. 32 d/ro 18

18.4.18 D. Left for unit-

Field

18.4.18 N.R. 1174

31.5.18 RCD Jomea Unit

Sea

26/4/18 KT17.27

29.6.18 4 CCS Influenza

Adm 4 CCS.

29.6.18 ASB HQ 918

1.7.18 1 Sa Gen Influenza

Adm 1 Sa Gen.

1.7.18 W3034-944

20.6.18 7 CCS Influenza

Adm 7 CCS.

29.6.18 ASB-HQ 5052

(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.

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				
6/7/18.	Red	To Hosp.	ns	30/6/18	B213
10/7/18	1 Sotm.	Influenza	to duty.	10/7/18	W3034/ S1301
20/7/18	Red	Returned unit	Red.	16/7/18	B213
12/8/18	Red	Killed in Action	Red	8.8.18	Letter H/T 17-1264 RE 800/17 8/19 Lieut for Lt Col aaly Can Seat 300 Ech GHD

Thos. B. Chapwell

Duplicate

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..... *9th O.S. Draft Depot Squadron*
Royal Canadian Dragoons.
- (2) Regimental Number..... *550530*
- (3) Full Name of Soldier..... *George Raymond Brier*
- (4) Place of Birth..... *Halifax Yorkshire England*
- (5) Are you married, or not?..... *No*
- (6) If married, state,
(a) Full name of your wife.....
- (b) Present Postal Address.....
- (7) Are you a widower?..... *No*
- (8) Have you any children?..... *No*

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

Also their names and ages.....

(9) Is your Father alive? *Yes*

If so, state name and address

*Tom Langbottom Brier, Box 462
Waterford Ont*

(10) Is your Mother alive? *Yes*

If so, state name and address

*Mary Jane Brier
Box 462 Waterford Ont*

(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.

(15) Are you insured? *Yes*

If so, in what Company?

Metropolitan Life Insurance Co *(Kitchen's branch Ont)*

Have you made arrangements for payment of your Insurance premium? *Yes*

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Eastman

Officer Commanding.

MAJOR

Date *JAN 31 1918*

COM'DG DEPOT SQN. 'R. O. D. C. E. F.

ORIGINAL
MEDICAL HISTORY SHEET

Original A2
4555
550530

Surname **Brier** Christian Name **George Raymond**

Examined { on **20th** day of **June**, 191**7**
at **Toronto, Canada**

Approved by

Birthplace { City or Town **Halifax,**
County **Yorkshire, England**

Rank **Toronto Mobilization Centre** M.O.

Apparent age **23 yrs 11 mos.**

Trade or occupation **Spinner**

Height **5** feet **6** Inches

Weight **119 1/2** lbs.

Chest measurement { Minimum **31** inches
Maximum expansion **34** inches

Physical development **Fair**

Small-pox Marks **nil**

Vaccination Marks { Arm Right **nil** Left
Number **nil**

When Vaccinated last **nil**

(a) Marks indicating congenital peculiarities or
previous disease **nil**

(b) Slight defects but not sufficient to cause rejection

Hearing O.K. V-Each eye D. 20

Nose and throat O.K.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE E. R. Frankish M.O. PRESIDENT

Date	Result	VACCINATIONS
20-8-17	Pro	W. T. McLean M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
12/3/17		W. T. McLean M.O.
19/7/17		W. T. McLean M.O.
26/7/17		W. T. McLean M.O.

Enlisted on **20th** day of **June**, 191**7** at **Toronto, Canada**

	CORPS	REG'T L NUMBER	HABITS	DATE
Joined on enlistment	R. C. D.	550530		
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
Shorncliffe	26/2/18	Category A	Wm. Zand met cap Captain, C.A.M.C.

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.

George Raymond

W. T. McKee
Medical Officer 1/c Stanley Sta

11.13

FORM OF WILL.

I, George Raymond Brier (Name in full)

Regimental Number 550530 serving in 9th Overseas Div. R.C.D.

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

I bequeath all my real estate unto

<u>Mrs Mary Jane Brier</u>	}	Name and Address of person or persons to whom it is to go.
<u>P.O. Box 462 Waterford</u>		
<u>Ontario</u>		

absolutely, and my personal estate I bequeath to

<u>Mrs Mary Jane Brier</u>	}	Name and Address of person or persons to receive personal estate* (See note).
<u>P.O. Box 462 Waterford</u>		
<u>Ontario</u>		

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

this 22nd day of January A. D. 191 8

George Raymond Brier 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.

Signature of First Witness Thos McWoe
Address of Witness Stanley Barracks Toronto

Occupation of Witness Soldier

**THE TWO
WITNESSES
MUST
SIGN HERE**

Signature of Second Witness Bo A. Cannon
Address of Witness Stanley Barracks

Occupation of Witness Soldier

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that the within and foregoing is a true and correct copy of the original of the within and foregoing will of _____ of the County of _____ State of _____ as the same appears from the records of the _____ Court of the County of _____ State of _____

Witness my hand and seal of office this _____ day of _____ A.D. 19____

County Clerk

IMPORTANT
NO. 1
THE COURT OF RECORDS
AND CLERKS OF
THE COUNTY
OF _____

County Clerk

County Clerk

County Clerk

County Clerk

County Clerk

County Clerk

LTR

Rank

Name

BRIER, George Raymond

Reg'l No. 550530

Unit

~~Det~~ Dft RCD To CRCP

If in perm. Corps, }
What Unit? }

Married or Single Single.

Place and Date of Enlistment

Toronto, Jan, 31st, 1918. Place of Birth Halifax Yorkshire
England.

Name and Address, Next-of-Kin

Mary Brier

Box 462 Gen. Delivery, Waterford, Ontario

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No. 1921
File R.L. 25-B-5349
Category *Am A*

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.				
<i>C</i>		Arrived in England	24-2-18	S/S LAPLAND	
27.2.18	<i>L.H.K. To Surviving from Canada</i>	<i>Scyffe.</i>	<i>26.2.18</i>	<i>10.0.58.</i>	
17.4.18	<i>" To Overseas to RCD</i>	<i>"</i>	<i>16.4.18</i>	<i>" 107</i>	
17.8.18	<i>R.B.D Killed in Action</i>	<i>"</i>	<i>8.8.18</i>	<i>Pt 080</i>	

FEB. 103 CHECKED
26 APR 1918

66N 17032
20-4-18

[illegible]

Date of Enlistment

Auths N.R.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B

11905

Feb 1-18

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20-			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *550530*

Rank

Pte

Promoted

Reverted

Discharge

Soldier's Name

G. R. Brier

Battalion

Royal Can bgs. 9-01. Off.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Mrs Mary J. Brier

Address

Box 462. Waterford. Ont.

Change of Address

MRS. MARY J. BRIER,
BOX 462,
WATERFORD, ONT.
% 550530 PTE G.R. BRIER
TWENTY DOLLARS

20

20.00

1

2

3

4

Date

Cheque
No.Amount
S/AAmount
A/P

Total

2134-G-16.

REMARKS

Feb
Mar

G. 95710
A 102506

20

20

20

20

Apr
May

C 6426
G 17295

20

20

20

20

*June**E 13468*

20

20

*July**V 29014*

20

20

*Aug**C 33170*

20

20

Sept

140

140

Killed in action Aug. 8, 1918. In R.O. 9135.
Account Closed 1/9/18. Hood 5/9/18.

CFX 4/9/18.

KILLED IN ACTION	}	DATE
DIED OF WOUNDS		DATE
C. L. No.		DATE
M. R. O.		TO DEBILITY RENDERED
B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE		
CLERK		DATE

Samuel Edwin Stearns 1918

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

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

REG'L. NO.

RANK

NAME _____

IF IN PERMT. CORPS
WHAT UNIT

UNIT

TRANSFERRED TO

DATE 26.2.18

AUTHORITY *W. 38*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE _____

AUTHORITY

PLACE OF ATTESTATION

TRANSFERRED TO

DATE _____

AUTHORITY

DATE OF ATTESTATION

TRANSFERRED TO

DATE _____

AUTHORITY

ASSIGNED PAY MONTHLY \$ 20⁰⁰ DATE EFFECTIVE 1. 2. 18.

PAYABLE TO Mrs Mary Jane Brin, Box 462 Waterford N.C. Quind.

RELATIONSHIP *Mother.*

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)

[illegible]

[illegible]