

REGIMENTAL DOCUMENTS

NAME Bruncombe, Samuel REGT. NO. 226244 UNIT _____ H. Q. FILE NO. _____

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

M

DATE FORWARDED

M. F. W. 2505
REFERENCE

39648

NON-EFFECTIVE BY

DEATH
H

Category

DISCHARGE

Category

DESERTION

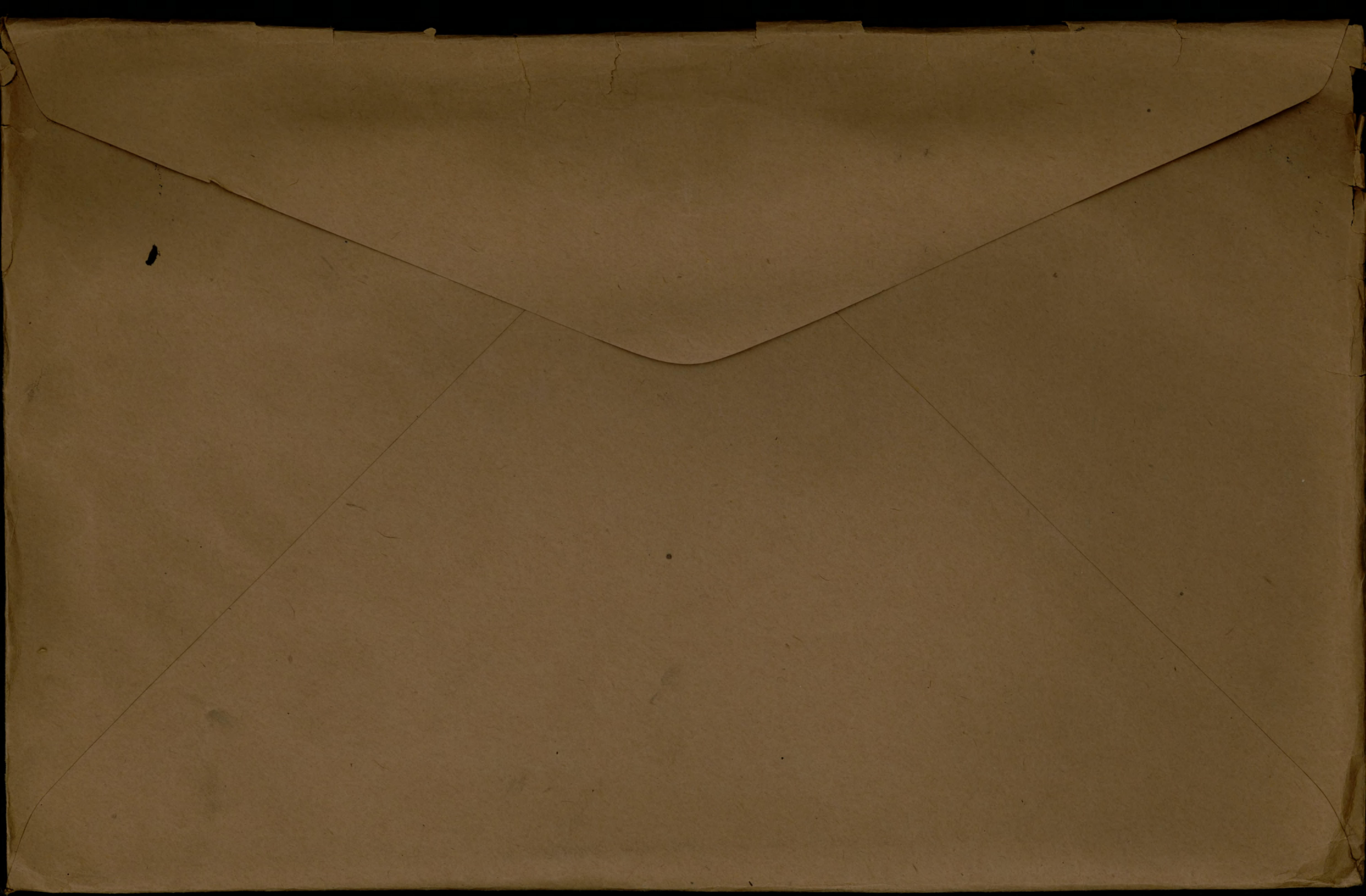
- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 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)

H

1 case card
1 Reg. Will
1 Reg. 2

11/20
24-20
23-21
1

MX
12-1-21



will join and
14. *[initials]*

ORIGINAL

ATTESTATION PAPER.
Depot Regiment, Canadian Mounted Rifles.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 226244
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Dunnicombe*
- 1a. What are your Christian names? *Samuel*
- 1b. What is your present address? *Foderich, Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Foderich, Ont.*
- 3. What is the name of your next-of-kin? *Charles H. Dunnicombe*
- 4. What is the address of your next-of-kin? *Foderich, Ontario, Canada*
- 4a. What is the relationship of your next-of-kin? *Father.*
- 5. What is the date of your birth? *24 July 1898.*
- 6. What is your Trade or Calling? *Student.*
- 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, *Samuel Dunnicombe*, 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 *8 May* 191*6*. *[Signature]* (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Samuel Dunnicombe*, 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 *8 May* 191*6*. *[Signature]* (Signature of Recruit)
[Signature] (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 *Foderich* this *8* day of *May* 191*6*.
[Signature] (Signature of Justice)

Description of Samuel Brimicombe on Enlistment.

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

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.)

Height.....5 ft. 10 in.

Chest measurement. { Girth when fully expanded.....38 ins.
 Range of expansion.....4 ins.

Complexion.....Medium

Eyes.....Blue

Hair.....Brown

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

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 9th 1916

W. L. Brooks

Place.....London

Captain
 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.

Samuel Brimicombe.....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.

W. L. Brooks Lt. Colonel (Signature of Officer)

C. C. Depot Regt., C. M. R.

Date.....May 9th 1916

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

JTB

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-320.

Casualty Form—Active Service.

DEPOT REGIMENT, CANADIAN MOUNTED RIFLES, C. E. F.

Unit, Regiment or Corps

Regimental No. 226244 Rank Pte Name Brimicombe, Reginald Samuel.

Enlisted (a) 8/5/16 Terms of Service (a) 11 M Service reckons from (a) 8/5/16

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) (Student)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, 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. 35, or other official documents.
Date	From whom received				
	Embarked		CANADA	25-10-16	"Mauretania"
	Debarked		ENGLAND	31-10-16	"Mauretania"
	Taken on strength of P.C.H. R.R.		Shorncliffe	1-11-16	FGHRR.R.O. Pt. 2. No. 144. d/2-11-16.
16. 3-11-16	O.C. Regt Transferred to 4th. Canadian Training Bdo.		Shorncliffe	3-11-16.	FGHRR.R.O. Pt. 2. No. 145. d/3-11-16.
					Lieut. Adjutant. Fort Garry Horse Res. Regiment.
	O.C. 11th	Taken on strength 11th Battalion.	Shorncliffe	3-11-16	Pt. II. Bn. C. 263.
14-2-17	O.C. 11th Trans to 27th Batta		Overseas	14-2-17	Pt II Bn. C. 36
					Lieut. A/Adjutant 11th Can Res Battalion.

CERTIFIED CORRECT.
2 MAR 1917
CAN. RECORDS, LONDON.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered. (b) e.g. Signaller, Shoing 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				
15 ² / ₁₇	O. C. C. B. D.	Landed in France.	Taken on	Nom. P...	d/
	— do. —	strength ^{67th} Cdn. Bn.	15 ² / ₁₇	Pt II 0-10	20 ² / ₁₇
3 ³ / ₁₇	O.C. 52 nd Bn.	Left for Unit.	20 ² / ₁₇	Nom. oil	d/
7 ⁵ / ₁₇	"	Arrived Unit for duty	Field,	71 ⁸ / ₁₇	11-10-1943
		Killed in action			1150150 31 ⁸ / ₁₇ Dec 14 " "
		<i>Whogau</i>	Major	for Lt.-Col., A. A. G.	
			Canadian Section. G. H. Q.	3rd Echelon B. E. F.	

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname *Quimcombe*

Christian Name *Reginald Samuel*

Examined { on *8th* day of *May* 191*6*
at *Goderich Ont.*
Birthplace { City or Township *Goderich*
County *Kuron*

Approved by *A. Quimcombe*
Rank *Captain M.O.*

Apparent age *19*
Trade or occupation *Farmer*
Height *5* Feet *10 1/2* Inches.
Weight *158* Lbs.
Chest measurement { Minimum *34* inches.
Maximum expansion *38* inches.
Physical development *Good*
Small-Pox Marks *X*

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

Vaccination Marks { Arm Right Left
Number *2*

Date.	Result.	VACCINATIONS.
<i>22/7/16</i>	<i>X</i>	<i>H.W. Martin bapt</i>
		M.O.
		M.O.
		M.O.

When Vaccinated last *1909*
(a) Marks indicating congenital peculiarities or previous disease *none*

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>8/7/16</i>	<i>X</i>	<i>H.W. Martin bapt</i>
<i>15/7/16</i>	<i>X</i>	<i>H.W. Martin bapt</i>
<i>22/7/16</i>	<i>X</i>	<i>H.W. Martin bapt</i>
		M.O.
		M.O.
		M.O.

Enlisted on *8th* day of *May* 191*6* at *Goderich Ont.*

Joined on enlistment	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
	<i>27th Bn</i>	<i>226244</i>	<i>Good</i>	<i>8/5/16</i> <i>3 - NOV 1916</i>

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.

FORM OF WILL.

I, Reginald Samuel Brimicombe., (Name in full)

Regimental Number #226244 serving in Depot Regiment C.M.R.

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

Gil

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

absolutely, and my personal estate I bequeath to

My father

Charles Henry Brimicombe.,

Goderich, Ont, Canada

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

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this fourth day of October A. D. 191 6

Reginald Samuel Brimicombe 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

Hope Scott Lieut.

Address of Witness

80 St Louis St Quebec

Occupation of Witness

Commission Cpl

Signature of Second Witness

Stewart Chambers Lieut

Address of Witness

19 Cliff Ave. Hamilton, Ont

Occupation of Witness

Accountant

THE TWO WITNESSES MUST SIGN HERE

FORM OF WILL

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

I depose that all the real estate and

Name and Address
of person to whom
it is to go

absolutely and the personal estate I bequeath to

Name and Address
of person to receive
personal estate
(last will)

My Wife
Elizabeth A. Smith
Columbus, Ohio, Oarada

Witness my hand and seal of office this 10th day of April 1910.

Notary Public for the State of Ohio

Subscribed and sworn to before me this 10th day of April 1910 at Columbus, Ohio.

Signature of Testator

Address of Testator

Occupation of Testator

Signature of Second Witness

Address of Witness

Occupation of Witness

ESTATES
 Department of Militia and Defence
 OTTAWA, ONTARIO
 P. 77

649-B-19124
 MILITIA & DEFENCE
 MAR -2 1918
 CANADA

MEMORANDUM

DEPARTMENT OF MILITIA AND DEFENCE

SECTION
 "D"

With reference to the Estate of the deceased soldier, for the purposes of formal identification be good enough to answer the following questions and sign the declaration before a witness and return the same to this office.

1.	What is the name of the deceased soldier ?.....	<i>Reginald Samuel Brimicombe</i>
2.	In what regiment was he serving when he died ?..... and give regimental number.....	<i>27th Battalion # 226244</i>
3.	What relation are you to the deceased ?.....	<i>Father</i>
4.	What age was the deceased on enlistment ?.....	<i>18 years</i>
5.	Was he ever married ?.....	<i>No.</i>
6.	State your postal address in full.....	<i>Box 21 Goderich, Ontario</i>
7.	In which province or provinces did the deceased reside, and in which last ?.....	<i>Ontario</i>
8.	How long in each ?.....	<i>18 yrs in Ont.</i>
9.	What was the nature of his employment ?.....	<i>Student</i>
10.	Did he occupy his own house or homestead ? If so where ?.....	<i>- No -</i>
11.	Did he ever state verbally or in writing where he intended to make his permanent home ?.....	<i>No</i>

DECLARATION

I hereby declare that the above particulars are correct to the best of my knowledge and belief, and that I am the legatee named in the will of the deceased.

Charles H Brimicombe
 Signature of Applicant

Witness *B. F. Brimicombe*

Address *Goderich Ont.*

8-1-18
A. J. [unclear]
[unclear]

MEMORANDUM

DEPARTMENT OF MILITIA AND DEFENCE

With reference to the Estate of the deceased soldier, for the purpose of forms/identification
be good enough to answer the following questions and sign the declaration below a witness and
return to the [unclear]

1.	What is the name of the deceased soldier?	[unclear]
2.	In what regiment was he serving when he died?	[unclear]
3.	and give regimental number	[unclear]
4.	What relation are you to the deceased?	[unclear]
5.	What age was the deceased on enlistment?	[unclear]
6.	Was he ever married?	[unclear]
7.	State your postal address in full	[unclear]
8.	In which province or provinces did the deceased reside, and in which last?	[unclear]
9.	How long in each?	[unclear]
10.	What was the nature of his employment?	[unclear]
11.	Did he occupy his own house or homestead? If so where?	[unclear]
12.	Did he ever state verbally or in writing where he intended to make his permanent home?	[unclear]

DECLARATION

I hereby declare that the above particulars are correct to the best of my knowledge and belief
and that I am the legatee named in the will of the deceased.

[Signature]

Signature of legatee

Witness

Address

[unclear]

FORM OF WILL.

I, **Reginald Samuel Brinicombe,** (Name in full)

of **Regimental Number 226244** serving in **Depot Regiment, C.M.A.**
the **Overseas Military Forces of Canada**, do hereby revoke all former Wills
by me made and declare this to be my last Will,

I bequeath all my real estate unto

Nil

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

absolutely, and my personal estate I bequeath to

My father

Charles Henry Brinicombe,

Goderich, Ont, Canada

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

IMPORTANT NOTE

This must be signed
and dated by the
Soldier Himself.

this **fourth** day of **October** A D. 191 **6**.

Reginald Samuel Brinicombe 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 **Hope Scott Lieut**

The Two Address of Witness **808 1/2 Louis St Quebec**

Witnesses Occupation of Witness **Commission Agt**

Must Sign Here.

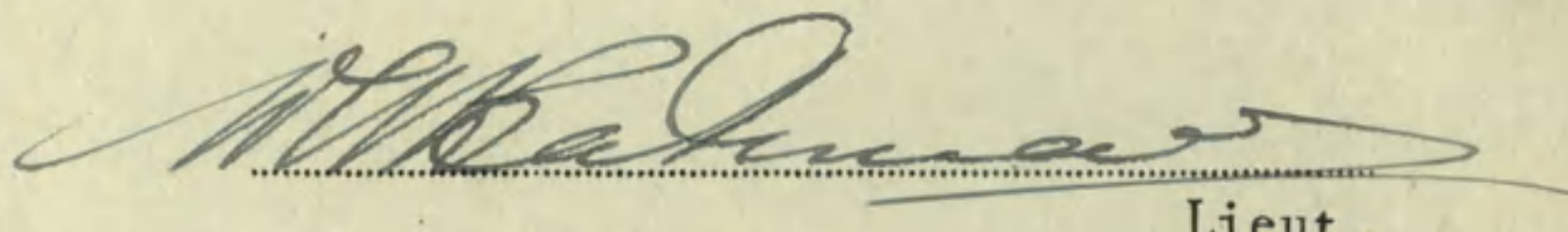
Signature of Second Witness **Stewart Chambers Lieut**

Address of Witness **19 Cliff Ave, Hamilton, Ont**

Occupation of Witness. **Accountant**

certified copy of

I hereby certify the above to be a true copy of the ~~original~~ Will now on
file in Estates Branch, O.M.F.C.



Lieut.

Date **19 October 1917.**

for OFFICER I/C ESTATES, O.M.F.C.

NOTE Died **----- K. in A 21-8-17.**

Transferred Rec'd from O. I/c Estates Ottawa 24-10-17.

No. 226244. Pte. R. S. Brinicombe. Depot. Reg. C.M.A.

(BAC.)

P

Kindly
man
21-8-17.

FORM OF WILL

I, the undersigned, being of sound mind and memory, do hereby declare that I am possessed of a free and lawful right of disposing of my real and personal estate and that I am not acting under any undue influence, coercion or fraud.

I do hereby declare that I am not a bankrupt, nor do I have any judgment against me in bankruptcy, and that I am not a lunatic or idiot, and that I am not a minor, and that I am not a married woman, and that I am not a person who has been adjudged insane by a court of law.

I do hereby declare that I am not a person who is disqualified by law from making a will, and that I am not a person who is disqualified by law from disposing of my real and personal estate.

I do hereby declare that I am not a person who is disqualified by law from disposing of my real and personal estate, and that I am not a person who is disqualified by law from making a will.

I do hereby declare that I am not a person who is disqualified by law from disposing of my real and personal estate, and that I am not a person who is disqualified by law from making a will.

I do hereby declare that I am not a person who is disqualified by law from disposing of my real and personal estate, and that I am not a person who is disqualified by law from making a will.

NAME

Brimicombe Samuel

REGT'L No.

226244

H. Q. FILE No. 649.

RANK AND CORPS

Pte 2 4th Bu (Form Depot Regt - C.M.R.)

FOLLOWS

(M.R.D.)

No.

CABLE

NO

DATE

NATURE OF CASUALTY

FOLLOWS

22-1
M 6002

5-9-14

Co. Killed in action Aug 21st - 1914. ✓

ADP

2090a

" " " " " "

21-8-17 Recd 18-10-17

Queen

31817

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A1" Rep from Base 21-817 Killed in action

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Student

RELIGION

English Church.

DESCRIPTION.

APPARENT AGE

19

YEARS

MONTHS

HEIGHT

5

FEET

10 1/2

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

6

INCHES

COMPLEXION

medium

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

not stated

MEDICAL EXAMINATION.

PLACE

Goderich, Ont

DATE

May 8th. 1916.

Present Address

Goderich, Ont

649-B-19124

CARD NO.

D

SURNAME. Brimicombe

CHRISTIAN NAMES Samuel

FOLL.

REGL. NO. 226 244

RANK 1st Lt.

UNIT Depot Regt. C.M.R. (6th R.D.)

FORMER CORPS nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Brimicombe, Charles H.

RELATIONSHIP TO SOLDIER Father

ADDRESS Goderich, Ont.

COUNTRY OF BIRTH Canada, Goderich Ont

DATE July 24th 1898

PLACE OF ATTESTATION Goderich, Ont.

DATE May 8th 1916

H.I. 649-B-19124.

BRIMICOMBE, R.S. Pte. #226244.

M

27th Bn
C.M.R.

Medals & Decs:- Father - C.H. Brimicombe,
Box 21,
Goderich, Ont.

P. & S:-

"

"

(Serial no. 792230.)

MAR 1 7 1921

Scroll Desp.

Regn. No. 2,29151

Memorial Cross:- Mother - Mrs. Jennie Brimicombe,
Pisque Desp. Same address.

NOV 19 1921

P17039

*not lig. 14/15 star
lig. U.S.M.
" B.W.M.*

a

686

M 41529 JAN 18 1921

mcH.

Number 226244 Rank Pte

Surname BRIMICOMBE

Christian Name Reginald Samuel

Units 27th Bn Can Theatre of War France

Date of Service 15-2-19

Remarks C. H. Brimicombe

Latest Address Boy 21,

Doderich, Ont.

Roll No. B. Page 22295

DESP. JAN 26 1923
REGN. NO. *102* 34295

No. 226244 RANK *Spr.*

NAME *Brimicombe Samuel*

T. O. S. *8-5-16*

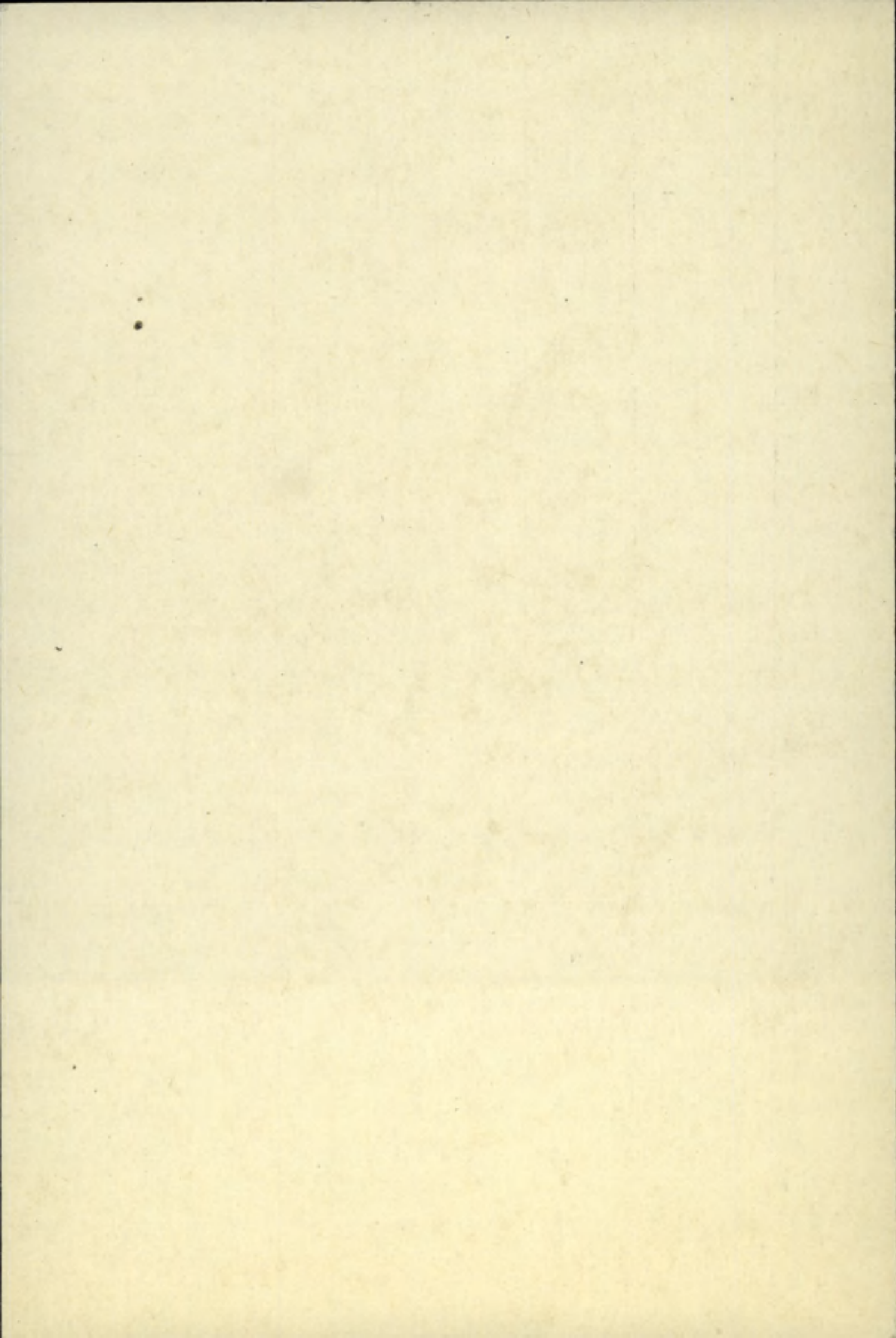
UNIT

Can. Mounted Rifles Depot

Wd. 119. 17-5-16.

M. D. *2.*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1916</i> <i>May 8</i>	<i>1916.</i> <i>May 31</i>	<i>✓</i>	<i>6th of 3. Draft.</i>	
	<i>June</i>	<i>✓</i>		
	<i>July</i>	<i>✓</i>		
	<i>Aug.</i>	<i>✓</i>		
	<i>Sept.</i>	<i>✓</i>		
<i>Oct. 1.</i>	<i>Oct. 19.</i>	<i>✓</i>		



SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

BRIMICOMBE

R.S.

226244

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

Man. Rgt. (27)

HOSPITAL

DATE OF ADMISSION

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

2.

3.

RFB. KILLED IN ACTION 21-8-17.

af.

DISPOSITION

DATE

~~CE. 5-9-17~~ ⁴ Al.

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.

FH Rank Name BRIMICOMBE - Reginald Samuel Reg'l No. 226244

m X 12.1.21
H

Unit No. 6. dft. Dep. Reg. C.M.R. If in perm. Corps, }
What Unit? } Married or Single Single.

Place and Date of Enlistment Goderich 8 May. 1916. Place of Birth Goderich, Ont.

Name and Address, Next-of-Kin Charles H. Brimicombe,
Goderich, Ont. Canada. Relationship Father

M
Payable to

Assigned Pay Monthly \$ Relationship

Separation Allowance \$ Payable to Relationship

N/E. R.B. No. 7271
File R.L. 25-13-#245
Category KA

Discharge, Date and Place Reason Character

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>Arrived in England</i>		31.10.16	
2. 11. 16	<i>29 JRR</i> R. G. J. R. R.	Taken on strength	S'cliffe	1. 11. 16	<i>Pr II 0 144</i>
3. 11. 16	"	S. O. S trans to 11 th Bn	"	3. 11. 16	<i>145</i>
3-11-16	<i>14th Bn</i>	Taken on strength.	"	3-11-16	<i>263</i>
14. 2. 17	<i>do</i>	Struck off to 27 th Bn	"	14. 2. 17	<i>36</i>
20. 2. 17	<i>27th Bn</i>	Taken on strength.	Field	15. 2. 17	<i>— 10.</i>
31. 5. 17	"	Killed in Action	"	21. 8. 17	<i>" 50.</i>
3-9-17	"	Killed in Action	"	21-9-17	<i>C & A a 1</i>

A.F.D. 103 CHECKED
28 FEB 1917

JDR

17

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *C. H. Brumicombe*
 Address *Goderich,
 Ont.*

By Whom Assigned *Brumicombe P. S.*
 Regtl. No. *226244*
 Rank *Lt. Col.*
 Corps *C. M. P. Depot Regt. Hamilton*

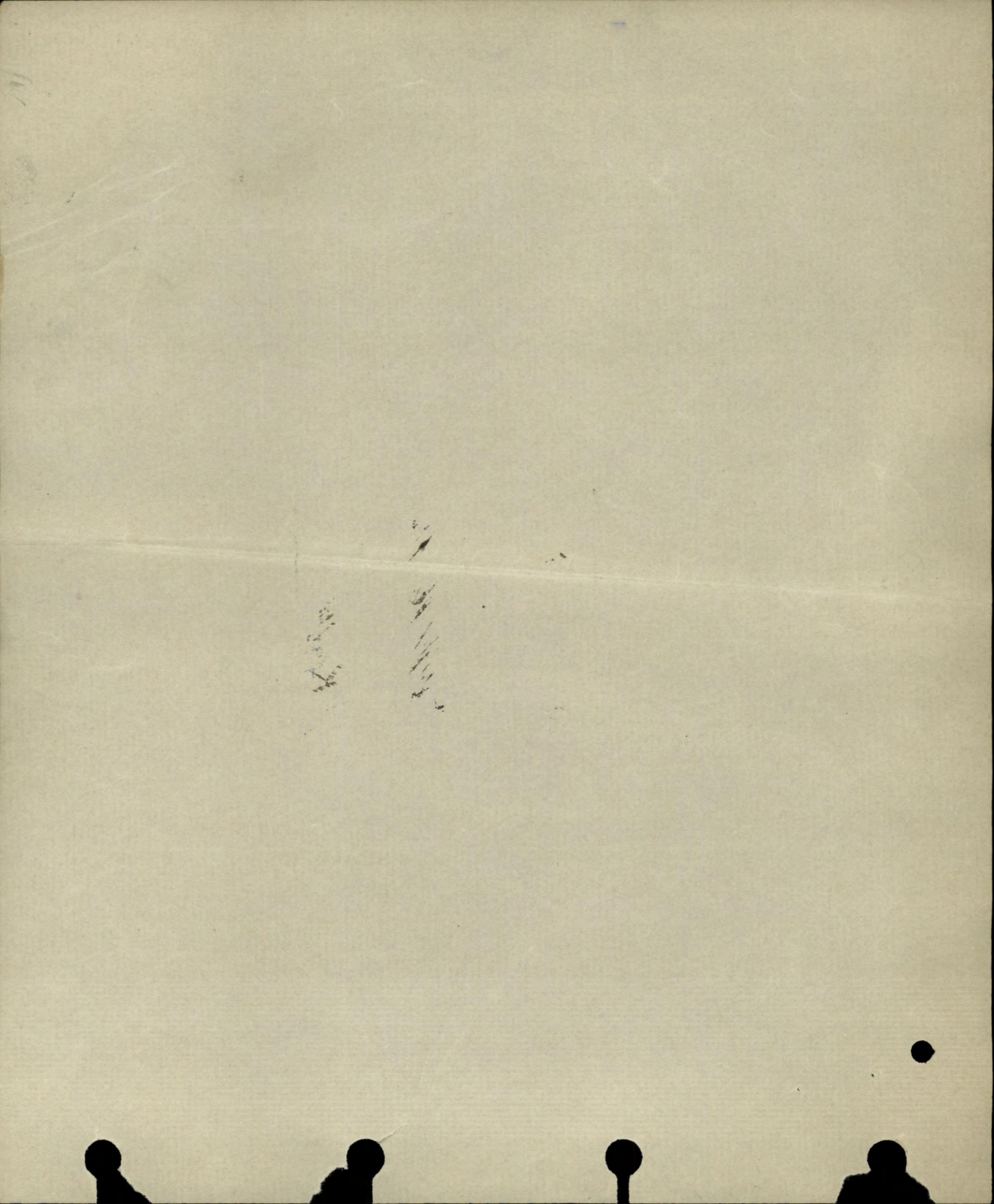
Rate *15xx*

NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="1787 1077 2591 1417" style="border: 1px solid blue; padding: 5px;"> Pensions Notified Date <i>24-9-14</i> Killed in Action } Died of Wounds } Date <i>21-8-14</i> Missing <i>6/9/14</i> } C. L. <i>18</i> Clerk <i>Stewart</i> Date Noted <i>14 9 1914</i> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

C. H. Brimicombe
(Assignee)

Name of Soldier

Brimicombe R.S.

PAYMENTS.

226244 Ipr. 6 M. P. Depot. Regt.

L. L. Job 5470—Req. 6888.

NOV 1 1916

Hamilton

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15 xx</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>L 29832</i>	<i>15</i>	
Dec.		<i>O 35201</i>	<i>15</i>	
Jan.	1917	<i>F 36402</i>	<i>15</i>	
Feb.		<i>F 42710</i>	<i>15</i>	<i>15 JW F 42710 Cancelled Feb</i>
March		<i>G 49106</i>	<i>15</i>	<i>15 Ch</i>
April		<i>S. 224</i>	<i>15</i>	<i>15 6</i>
May		<i>E 7276</i>	<i>15</i>	
June		<i>L 13736</i>	<i>15</i>	<i>15. 5⁰⁰ 165⁰⁰ WSC</i>
July		<i>A 20187</i>	<i>15</i>	<i>Ch</i>
Aug.		<i>K 27569</i>	<i>15</i>	<i>Ch 6.7x 30/9/17 165⁰⁰ Stewart 14</i>
Sept.		<i>J 34905</i>	<i>15</i>	<i>Ch A/c closed 30/9/17 Cas. Stewart 14</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

[Handwritten mark]

[Handwritten mark]

165

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Nov 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15</i>			
-----------	--	--	--

*1241238
M.R.*

PARTICULARS OF SEPARATION ALLOWANCE

No. *226244*
 Rank *Spr* Promoted Reverted Discharge
 Soldier's Name *R. S. Brimicombe*
 Battalion *C. M. R. Depot Regt. Hamilton*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *C. H. Brimicombe*
 Address *Goderich Ont.*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>9/17</i>					<i>2158-R-6</i>
<i>10/20</i>			<i>165</i>	<i>165</i>	<i>EFF. 30-8-15.</i>
					<i>A.P. CFX 30⁹/₁₇.9 afc closed. 20⁹/₁₇</i>
					<i>Billed in Action 4⁹/₁₇ pensions notified 24⁹/₁₇</i>

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

Table with 4 empty cells for separation allowance rate.

RATE OF ASSIGNMENT

Table with 4 empty cells for assignment rate.

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Table with 6 columns: Date, Cheque No., Amount S/A, Amount A/P, Total, REMARKS. The table contains multiple empty rows for data entry.

M. F. W. 128
400M-617-1772-89-1141
L. L. 22520-M. & D. 7493.

P. 559. MARRIED OR SINGLE Single
PLACE OF BIRTH Goderich. Ont
NAME AND ADDRESS OF NEXT OF KIN Charles H. Brimicombe
Goderich. Ont. Canada
RELATIONSHIP OF NEXT OF KIN Father
NAME AND ADDRESS OF NEXT OF KIN

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<u>Killed in Action</u>	<u>21/3/17</u>	<u>bl. 1. 2/9/17.</u>

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

REG'L. No 226244 RANK Spr. NAME Brimicombe, Reginald Samuel
IF IN PERM. CORPS | WHAT UNIT UNIT Cml draft e.c.o TRANSFERRED TO e.c.o DATE
PERMANENT FORCE ALLOWANCES TRANSFERRED TO 11th Btn. DATE 11-11-16 AUTHORITY P.O. 145.
PLACE OF ATTESTATION Goderich TRANSFERRED TO 27th Bn DATE 1/3/17 AUTHORITY B.O. 27
DATE OF ATTESTATION May 8th 1916 TRANSFERRED TO Dep't. dead DATE 1.9.17 AUTHORITY bl. 1. 2/9/17.
ASSIGNED PAY MONTHLY \$ 15.00 DATE EFFECTIVE 1/11/16
PAYABLE TO C. H. Brimicombe, Goderich, Ont. RELATIONSHIP Father.
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 11.9.17 EFFECTIVE 1.9.17 REASON Killed in Action bl. 1. 2/9/17.
DISCHARGE DATE AND PLACE REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on N.E. Card Index
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by T.J. Williams bn.

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	CREDIT	DEBIT				
			\$	C.			\$	C.			\$	C.																				
			No.	DATE			No.	DATE			No.	DATE																	No.			

1916
Nov 10 10 100 10 - 10 .10 1 -
11-30 20 20 20 2
Dec 1-31 31 - 31 - 310
1917
Jan 1-31 31 1.10 34 10
Feb 1-28 28 1.10 30 80
Mar 1-10 10 1.00 11 00
11-31 21 1.10 23 10
April 1-30 30 1.10 33 -
May 1-31 31 1.10 34 10
June 1-30 30 1.00 33 -
July 1-31 31 1.10 34 10
300 30

Checked

Statement of
DEC 17 1917
Account rendered

A. S. P. on bank
verified W. S. P.

A. C. B. and C. H. of 1/1/16 rec'd



226224. Trumcombe L.S.

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		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT							
			\$	c.			\$	c.			\$	c.																				NO.	DATE	NO.	DATE
Aug 1-31	31	1 ¹⁰	34	10												4943	29	20	10	46	135	48	224	57	117	26									
Sept			334	40												4943	29	20	13	14	150	48	242	25	133	68									Left to L. dead. 1/9/17. Ball I. 3/9/17.

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEP. ALICE PAY
Oct		433							133.68		
"	W.P. Son			5 ⁶ / ₁₉ x 267					131.01		
Nov	Can. a.P.								15.116.01		
	Balance transferred to N. E. Branch								116.01		
Jan 18	Apr 445 d. 1/17/17. 278			268					113.33		
	Apr 353 d. 1/17/17. 278			267					110.66		
	Apr 388 d. 1/17/17. 278			267					107.99	K. 30-1-18	
Feb 18	So. State - for sell 105/8								107.99		

Checked [Signature]