

31-5-18

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.....

A.F.B. 178-1

Cascard 2

1 R 12 2
1 pay card

Name BRISSETTE JOSEPH

Regt. No 477107 Rank Pte.

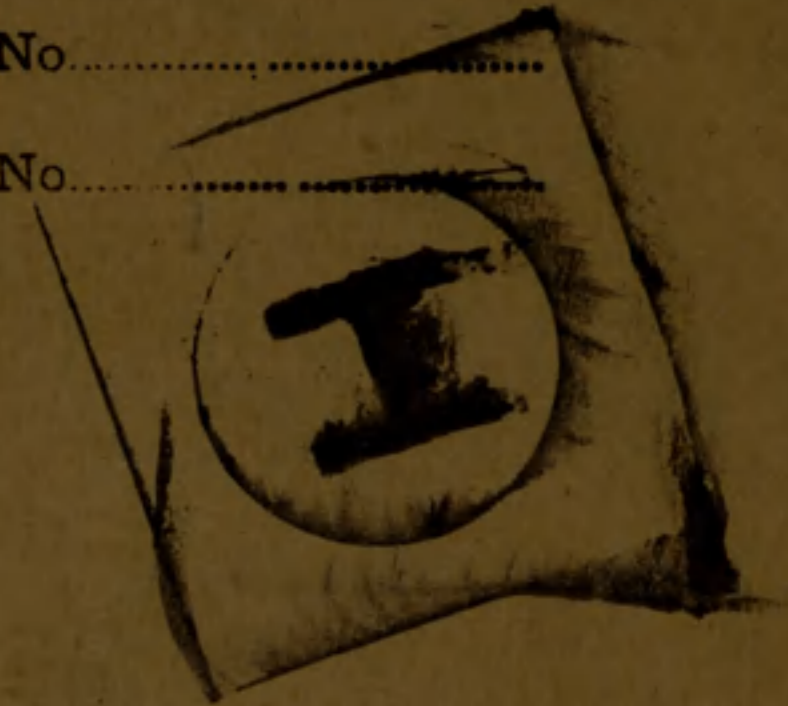
Corps Prof. Can. Regt.

KILLED IN ACTION 16-9-16

der William

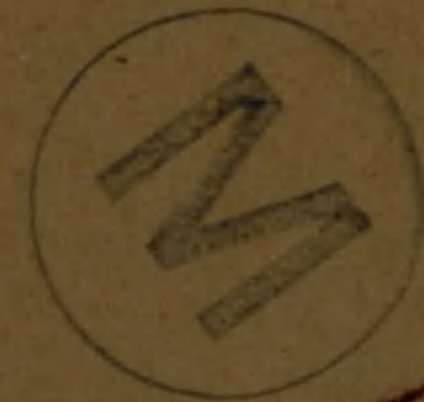
R. O. No.....

H. Q. No.....



39975

boards



1 Index - Removed 14/1/18
1 Part II
1 Casualty

2

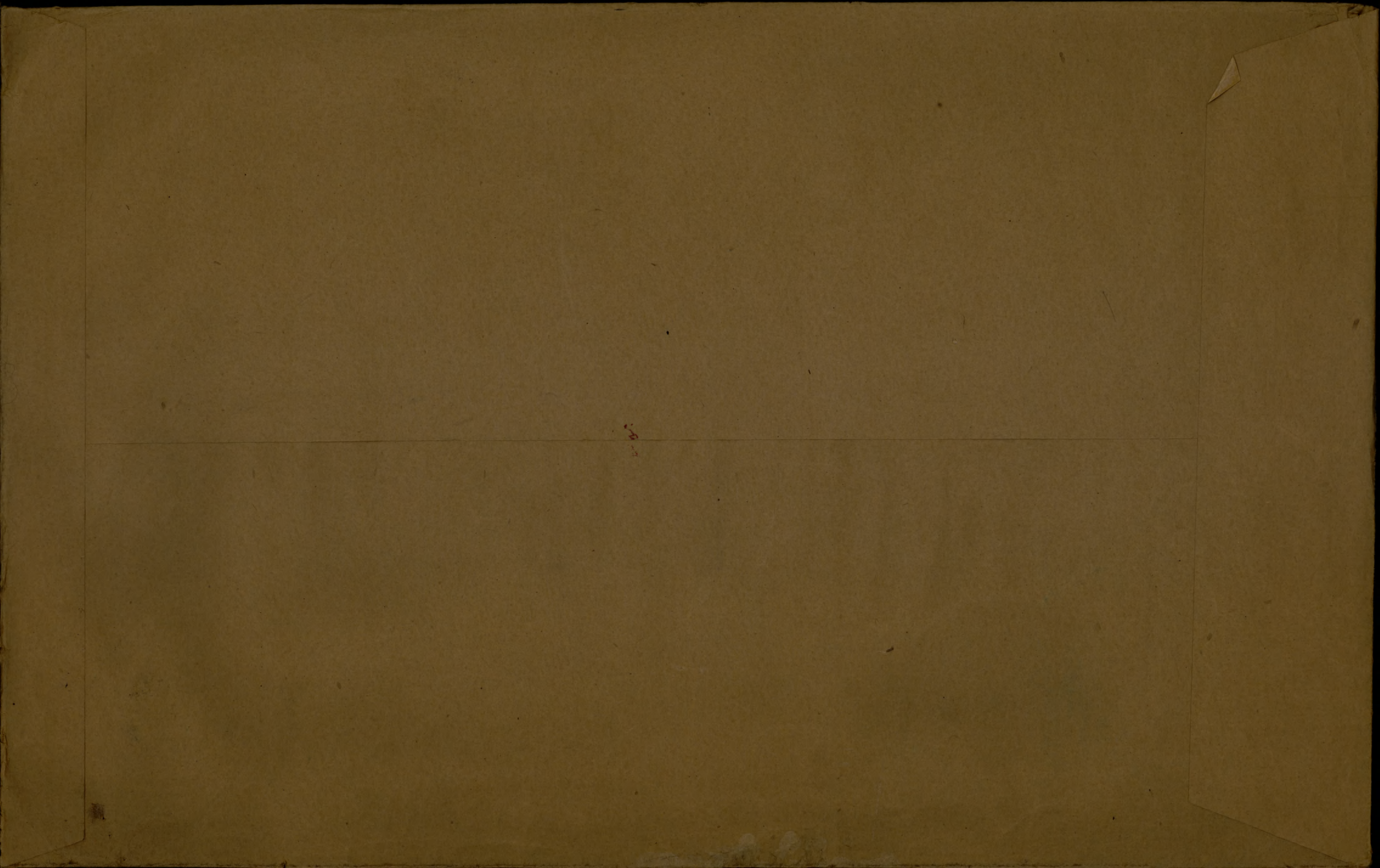
13-22

90-22

17-22

2

24/9/18



477107 23

ORIGINAL
No. 20093.

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Joseph Brissette,.....
2. In what Town, Township or Parish, and in what Country were you born?..... St. Pierre, France.
3. What is the name of your next-of-kin?..... Nil.
4. What is the address of your next-of-kin?..... Nil.
5. What is the date of your birth?..... November 18th., 1874.
6. What is your Trade or Calling?..... Glass Beveller.
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 } Yes.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

J. Brissette (Signature of Man).
[Signature] (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I,..... Joseph Brissette,....., 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.

J. Brissette (Signature of Recruit)
[Signature] (Signature of Witness)
 Date..... 21/8/15,..... 1915.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,..... Joseph Brissette,....., 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.

J. Brissette (Signature of Recruit)
[Signature] (Signature of Witness)
 Date..... 21/8/15,..... 1915.

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..... Halifax, N. S.,..... this..... day of..... August..... 1915.

[Signature] (Signature of Justice)
 J. P. for City and County of Halifax.

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

..... (Approving Officer)

16
74
42

Description of Joseph Brissette, on Enlistment.

Apparent Age 37 years 2 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. 6 1/2 ins.

Chest measurement { Girth when fully expanded 37 1/2 ins.
 Range of expansion 2 1/2 ins.

2 1/2" diam scar behind right internal malleolus.

Complexion Dark.

Eyes Brown.

Hair Brown.

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

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 191 .

[Signature]
 CAPTAIN
 Medical Officer.

Place Halifax, N. S.

*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:—

1-C R C R

CERTIFICATE OF OFFICER COMMANDING UNIT.

Joseph Brissette, 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] (Signature of Officer)

Date 191 .



COMDG. R. C. R.

MEDICAL HISTORY SHEET.

Surname Brissette Christian Name Joseph

Examined rd on 23 day of August 1914
 at Halifax
 Birthplace { City or Town St. Pierre
 County France

Approved by

J. Ross

Rank 1st Lt M.O. ife

Apparent age 36
 Trade or occupation Glass beveler
 Height 5 Feet 6 1/2 Inches.
 Weight 143 Lbs.
 Chest measurement { Minimum 35 inches.
 Maximum expansion 37 1/2 inches.
 Physical development Good
 Small-Pox Marks Nil

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.
1914	Good	(Sgd.) W. S. J. M.O.
		M.O.
		M.O.

When Vaccinated last 1910
 (a) Marks indicating congenital peculiarities or previous disease Scar on left ankle

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/15</u>	<u>IV/2</u>	(Sgd.) W. S. J. M.O.
		M.O.
		M.O.

Enlisted on 15th day of October 1914 at Toronto

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>R.C.R.</u>	<u>20093</u> <u>444107</u>		<u>15-10-14</u>
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.

Casualty Form—Active Service.

Regiment or Corps Royal Canadian Regiment

Regimental No. 457107 Rank Pte Name BRISSETTE, Joseph

Enlisted (a) 21-8-15 Terms of Service (a) for 1 year or duration of war Service reckons from (a) 21-8-15

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				
<u>1-11-15</u>	<u>W.C.H.C.P.</u>	<u>DISEMBARKED BOULOGNE</u>			<u>Now Recd.</u>
<u>22/7/16</u>	<u>C° 8. B. F. A.</u>	<u>Influenza</u>	<u>Admtd.</u>	<u>18/7/16</u>	<u>A. 36</u>
"	"	<u>Influenza</u>	<u>Trans.</u>	<u>18/7/16</u>	<u>A. 36</u>
<u>23/7/16</u>	<u>D.R.S. N° 3</u>	<u>Influenza</u>	<u>Admtd.</u>	<u>7/7/16</u>	<u>A. 36</u>
<u>19.9.16</u>	<u>OC. Unit</u>	<u>KILLED IN ACTION.</u>	<u>Field</u>	<u>16.9.16.</u>	<u>K.I. 137-1256 - DCS 127 and Pt. 2 O. 45, d/23.9.16.</u>

[Signature] Lieutenant for Lt Col. A. A. G.

(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				

R.C.R

Rank *Pte* Name **BRISSETTE Joseph** Reg'l No. **477107**

Unit **Royal Canadian Regt.** If in perm. Corps, }
 What Unit? }

Married or Single **Single**

Place and Date of Enlistment **21st August 1915. Halifax** Place of Birth **St Pierre, France.** X

Name and Address, Next-of-Kin **Nil**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship **Nil**

Separation Allowance \$ _____ Payable to _____ Relationship _____

R.F. N.E.R.B. 7
B-2156

MX
26/9/21 MJ

H

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				
2 NOV 1915	<i>"C"</i>	<i>Embarked for France.</i>			
31-5-16	R.C.R.	<i>Drunk to 7 days F.P. No 1 for drunk in camp about 2.15 PM.</i>	<i>In the Field</i>	<i>20-5-16</i>	<i>Pb. #. 22.</i>
30.6.16.	R.C.R.	<i>Sentenced to 10 days F.P. No 1. for "Drunk on train Road." 20.6.16.</i>	<i>Field.</i>	<i>18.6.16.</i>	<i>Pt. I. O. 26.</i>
22-8-16	---	<i>Adm. No 3. Div Rest Sta & by Hospth.</i>		<i>18.7.16</i>	<i>Col A 180 Influenza (52)</i>
23.9.16	R.C.R.	<i>Killed in Action</i>		<i>16.9.16</i>	<i>Pt II O 45. ✓</i>
27.9.16	---	_____		<i>16.9.16</i>	<i>Col A 204</i>

Rank *Pte.*

Name **BRISSETTE Joseph** ✓

Reg'l No. **477107**

Unit **Royal Canadian Regt.**

If in perm. Corps, What Unit?

Married or Single **Single** ✓

Place and Date of Enlistment **21st August 1915. Halifax**

Place of Birth **St Pierre, France.**

Name and Address, Next-of-Kin

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



Discharge Date and Place

Reason

Character

Killed in Action 16/9/16 C.P. 204 27/9/16

Date		No. of Days	PAY		Field Allowance		Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To		Rate	Amount	Rate	Amount			No.	Date						
1915																
1 Sept.	30 Sept.	30	1 ⁰⁰	30 00	30	1 ⁰⁰	3 00	33 00			33 00			33 00		
1 Oct.	31 Oct.	31	"	31 00	31	"	3 10	34 10			14 60			14 60	19 50	
1 Nov.	30 Nov.	30	"	30 00	30	"	3 00	33 00	2		4 46			4 46	48 04	
1 Dec.	31 Dec.	31	"	31 00	31	"	3 10	34 10	126 134 174		8 72 2 61 5 24			16 57	65 57	
1 Jan.	31 Jan.	31	"	31 00	31	"	3 10	34 10	193 237		2 62 2 61			5 23	94 44	
1 Feb.	29 Feb.	29	"	29 00	29	"	2 90	31 90	283 329		2 62 2 62			5 24	121 10	
1 Mar.	31 Mar.	31	"	31 00	31	"	3 10	34 10	374 418		2 62 2 61			5 23	149 94	
				213 00			21 30	234 30			84 33			84 33	149 94	

Cash found in effects *MR*

Statement of
MAY 23 1917
Account rendered

BALANCE TRANSFERRED TO NEW LEDGER.

Checked *Packson*
Settled

Surname *Brissette* Christian Name or Names *J* Reg. No. *477107*
 Rank *Pte* Unit *R.C.R. 15 (3rd Div.)* Co. Troop Batty
 Hospital *No 3 Div Rest Station & Eye Dept* Date of Admission *18-7-16*
 Transferred Hosp.

Hosp.
 Hosp.
 Hosp.
 Hosp.

Diagnosis *Influenza*
 (1)
 Later Diagnosis (if changed)
 (2)
 (3)

Additional Diagnoses: If more than one state present
Killed in Action 16. 9.16

DISPOSITION Date

C.L. 22-8-16 # 2100.
" 27. 9.16 2204

REMARKS
Rep from Base

A.M.D. 2 DEPT.
 Beh. of D.G.M.S. O.M.F.C. London.

487

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

SURNAME.

Brissette

CHRISTIAN NAMES

Joseph

REGL. NO.

477107

RANK

Pte

UNIT

R. C. R.

FORMER CORPS

Nil.

CARD NO.

16-9

D 6

FOLL.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Nil.

RELATIONSHIP TO SOLDIER

ADDRESS

Nil.

COUNTRY OF BIRTH

France, St. Pierre.

DATE

Nov. 18th 1874.

PLACE OF ATTESTATION

Halifax, N. S.

DATE

Aug. 25th 1915.

O/S. 26-8-15-204
2

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Glass Beveler.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

37

YEARS

2

MONTHS

HEIGHT

5-

FEET

6 1/2

INCHES

CHEST MEASUREMENT

37 1/2

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Dark

EYES

brown

HAIR

brown.

DISTINGUISHING MARKS

2 1/2 " diam. scar behind right internal malleolus.

MEDICAL EXAMINATION.

PLACE

Halifax, N.S.

DATE

Aug. 24th 1915.

Present address: Not stated.

Name *Brissette Joseph* Rank *Pte*Reg. No. *477107*Unit *R. C. R.**A. L. - 25 - B - 2156*Next of Kin *Canada*

Date <i>1916</i>	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18. 16.	7. <i>No. 3 Div. Rest Station</i> 9. <i>Reported from Base:-</i>	<i>Influenza</i>	<i>A. 2041</i>	<i>A 180.</i>	<i>0.1575.</i>	<i>27/9.</i>
	<i>Killed in Action</i>					

NAME

Brisette Joseph

REGT'L NO

477107

RANK AND CORPS

1st Royal Can Regt.

H. Q. FILE NO. 649-

FOLLOWS

No.

CABLE

NATURE OF CASUALTY

FOLLOWS

No.

DATE

Q 1575 27-9-16
R. 2640 30-9-16
A. F. B. 2094
Queen France 23.9.16

Killed in action Sept 16th
" " " " " " " "
Killed in action 16-9-16

✓
✓

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

A1803 ~~Widest State~~ Hosp
A204 Rept from Base

18-7-16

Influenza

16-9-16

Killed in action

No. 20093.

RANK

O6.

NAME

Brisette J.

T. O. S.

UNIT

Royal Law. Regt.

M. D. *6.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915.</i>	<i>1915.</i>			
<i>Jan.</i>		<i>✓.</i>		
<i>Feb.</i>		<i>✓.</i>		
<i>Mar.</i>		<i>✓.</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>✓</i>		
<i>Aug 1.</i>	<i>Aug 20</i>	<i>O.S.</i>		
<i>Aug 21</i>	<i>Aug 31</i>	<i>✓</i>		



m

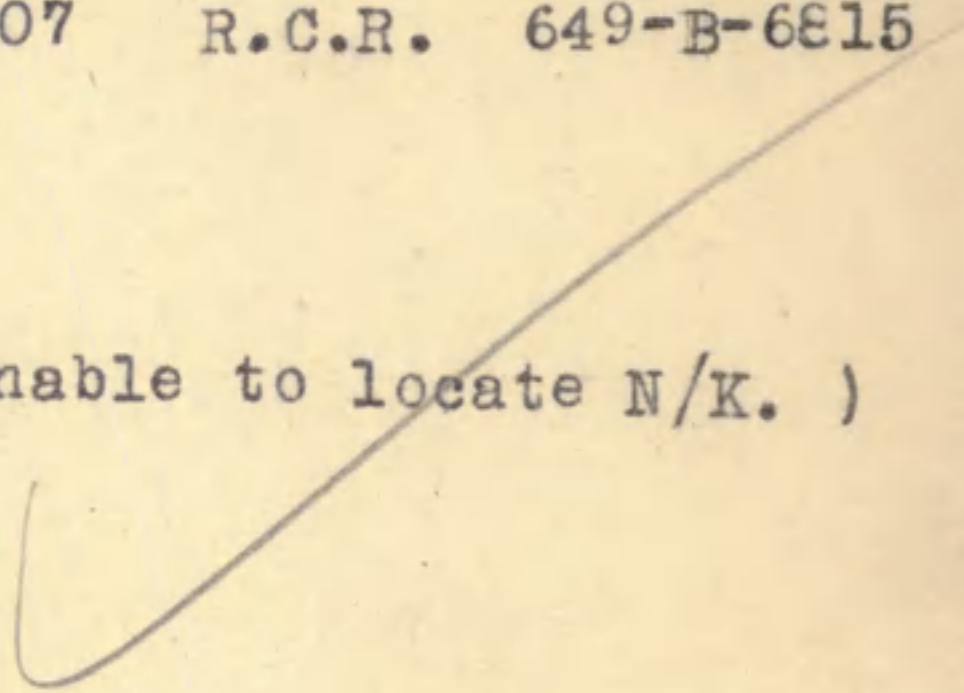
✓
Brissette. Jos., ✓ Pte. ✓ 477107 ✓ R.C.R. 649-B-6815

Med. & Dec. (NIL)

P. & S. (.NIL) (Unable to locate N/K.)

Ser. # 798618

Mem. Cross. (NIL)



*Eligible for star Pte. R.C.R.
Elig. " V.M.
Elig. " B.W.M.
M.A.*

56583

2

10
11
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14
15
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18
19
20

1918

Number *477107*

Rank *Pte*

1918
V

Surname *BRISSETTE*

Christian Name *Joseph*

Units *RCR* Theatre of War *France*

Date of Service *2-11-18* *II*

Remarks *Nil*

Latest Address

Roll No. *B. Page 22260.*

(This form to be filled in by all ranks on voyage to Canada.)

Rank

Number

RANK

SURNAME

INITIALS

UNIT

al address

(Street)

(City or Town)

(Province)

one person to be notified of arrival

Station in Military District to which a furlough warrant is required

Railway

d, is your wife on board

Number of children on board

tinuation

(Sgd.)

MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *St Pierre, France*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in action</i>	<i>16/9/16</i>	<i>Ch A 204</i>

REG'L NO. *477107* RANK *Pte* NAME *Brisette, Joseph* O ✓
cha 204
 IF IN PERM. CORPS | WHAT UNIT UNIT *M.P.C. 1st Bn* TRANSFERRED TO *17/9/16* DATE *17/9/16* AUTHORITY *cha 204*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Halifax N.S.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *21st Aug 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE *Killed in Action 16/9/16* REASON AND AUTHORITY *C.P. A 204, 27/9/16.*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *17/9/16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



PAY BOOK EXCHG.
 15-3-14
 Inland

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
																234 30																			
<i>1/4</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>								<i>33</i>	<i>00</i>																		
<i>3/5/16</i>	<i>31</i>	<i>100</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>								<i>34</i>	<i>10</i>	<i>524</i>	<i>18/5</i>	<i>569</i>	<i>29/5</i>							<i>255</i>	<i>256</i>			<i>740</i>	<i>12 51</i>	<i>199 03</i>	<i>7 days F.P. No. 1. DD 22. 31/5/16.</i>
<i>1/30/16</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>								<i>33</i>	<i>00</i>															<i>11 00</i>	<i>11 00</i>	<i>221 03</i>	<i>10 days F.P. No. 1. DD 26. 30/6/16</i>
<i>1/31/16</i>	<i>31</i>	<i>100</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>								<i>34</i>	<i>10</i>	<i>614</i>	<i>18/6</i>	<i>666</i>	<i>3/7</i>						<i>255</i>	<i>262</i>			<i>517</i>	<i>249 96</i>			
<i>Aug 1-31</i>	<i>31</i>	<i>100</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>								<i>34</i>	<i>10</i>	<i>742</i>	<i>2/7</i>	<i>755</i>	<i>20/7</i>						<i>262</i>			<i>524</i>	<i>248 82</i>	<i>Killed in action 14/9/16. Ch. A 204 7/16.</i>			
<i>Sept 1-30</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>								<i>33</i>	<i>00</i>	<i>829</i>	<i>2/8</i>	<i>893</i>	<i>2/9</i>						<i>262</i>	<i>262</i>			<i>524</i>	<i>306 58</i>	<i>Overpaid 1/2 day in Sept. To N.E. 17/8/16.</i>		
																												<i>15 40</i>	<i>15 40</i>	<i>291 18</i>					
<i>July 1/16</i>																														<i>291 18</i>			<i>0</i>	<i>#8978. In full, 15/7/17, N.E. V. 86.</i>	

Observed at *Halifax N.S.*
 366 210
 30/4
 1/30/16
 1/31/16
 Aug
 Sept
 Oct

Bal on left to N.E. Beh.

Statement of
 MAY 23 1917
 Amount rendered

Cash found in
 effects