

PP 24-8-11

2

DISCHARGE DOCUMENTS

M

R. O. No.....

H. Q. No.....



00091

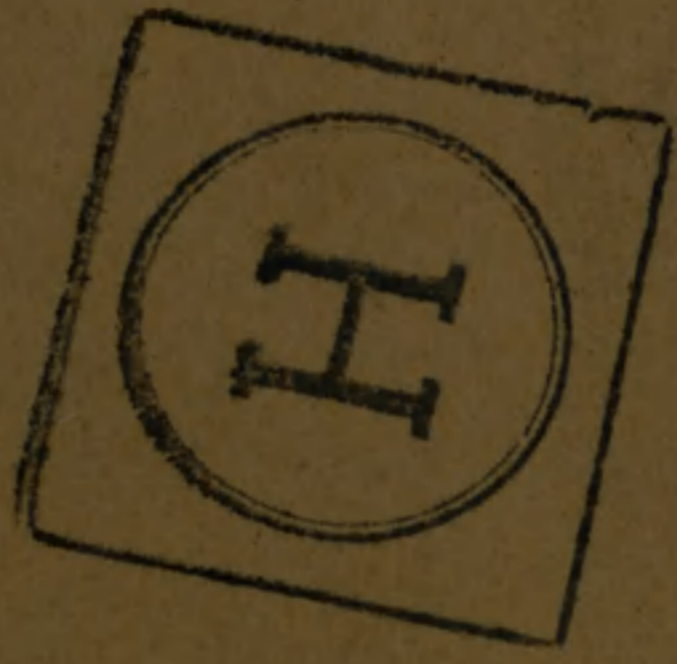
41

S

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... AX
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- 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..... 12
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

Name, CADDICK JOHN
 Regt. No, 455089 Rank, Pte
 Corps, 59th BN. C.E.F.

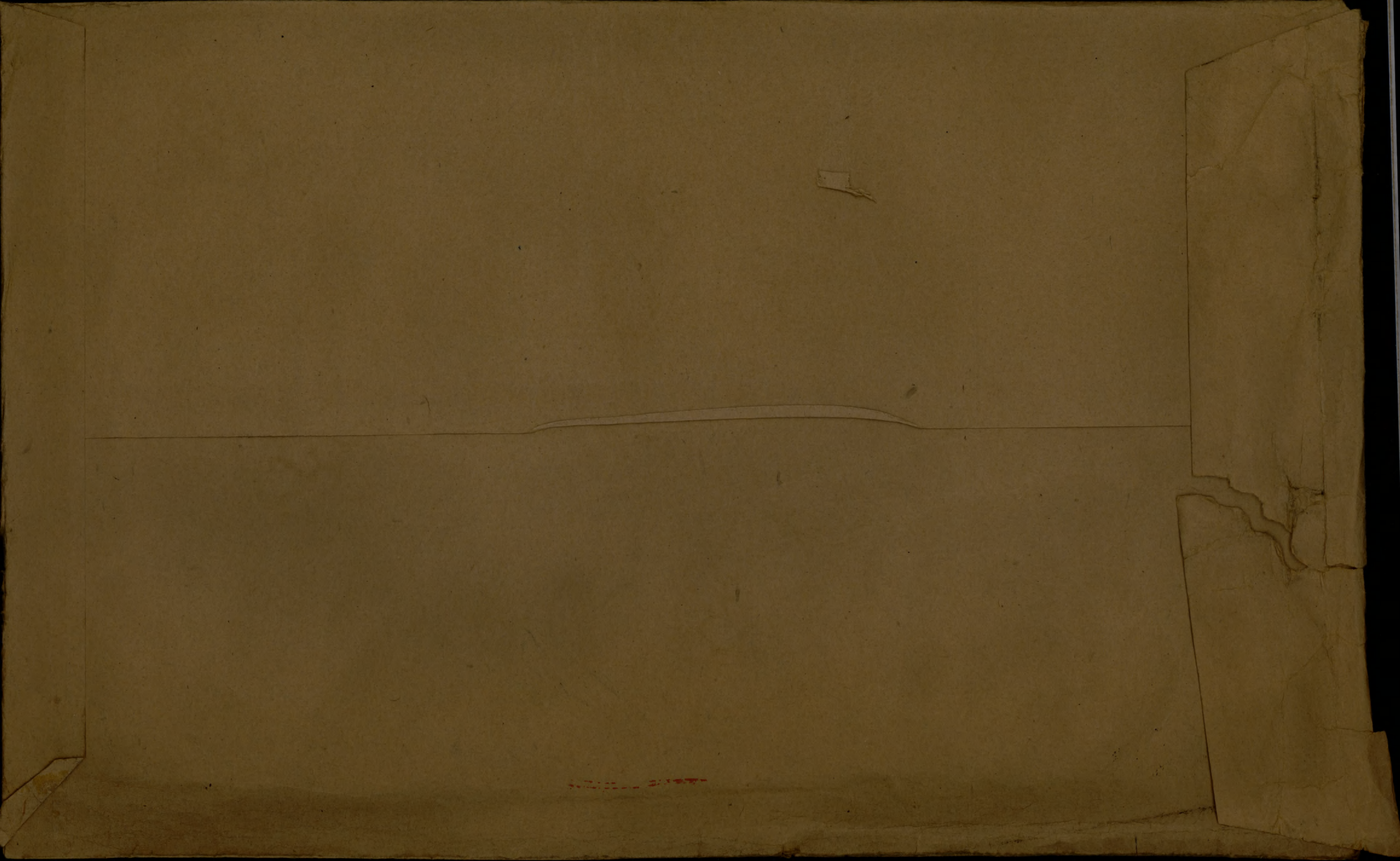
KILLED IN ACTION 9-9-16



8 17
8 17
7 17

a 7 B 122 - 1
 1 Pay card
 1 Cas card
 mka 2

SA
 [Handwritten signature]



Card No.

492

~~454089~~
A B
No. 454089
Folio.

ATTESTATION PAPER.

Duplicate
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... *John Caddick*
2. In what Town, Township or Parish, and in what Country were you born?..... *49 Braicley Lane Bradley, Eng.*
3. What is the name of your next-of-kin?..... *Mrs John Caddick*
4. What is the address of your next-of-kin?..... *26 Earl St Belleville, Ontario*
5. What is the date of your birth?..... *15th January 1883*
6. What is your Trade or Calling?..... *Boiler maker*
7. Are you married?..... *yes*
8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
9. Do you now belong to the Active Militia?..... *no*
10. Have you ever served in any Military Force?..... *no*
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *yes*
12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

John Caddick (Signature of Man).
J. Bond (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *John Caddick*, 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.

Date *July 29* 191*5* *John Caddick* (Signature of Recruit)
J. Bond (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *John Caddick*, 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 *July 29* 191*5* *John Caddick* (Signature of Recruit)
J. Bond (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 *Belleville* this *29* day of *July* 191*5*
W. M. [Signature] (Signature of Justice)

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

W. Dawson Lt. Col. (Approving Officer)
O. C. 59th Bn. C. E. F.

H. H. [Signature]

Description of John Caddick on Enlistment:

Apparent Age 31 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 4 1/2 ins.

small scar bottom of left shin

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 4 ins.

Complexion fair

Eyes blue

Hair light brown

Religious denominations. { Church of England yes
 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 July 29 1915

J. A. Stewart
Srnt SMC.
 Medical Officer.

Place Belleville

*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.

J. Caddick 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.

H. Dawson Lt. Col. (Signature of Officer)
 C. C. 50th Bn. C. E. F.

Date Aug 7 1915



No. 455089 RANK

Pte

NAME Coddick John

T. O. S.

UNIT 59th Battalion

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Aug 4	1915 Aug 31	✓		
	Sept	✓		
	Oct	✓		
	Nov	✓		
	Dec	✓		
	Jan 1916	✓		
	Feb	✓		
	Mar	✓		
	April	✓		

UNIT SAILED
APR 21 1916

Name **Caddick, J.**

Rank

Pte.

Reg. No. **455089**

Unit

2nd. Batt.*25 61700*

Next of Kin

Canada.

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9-9	KILLED IN ACTION			H 468n	O 1168	22-9
	DCS.362	18-9	C.21-9			
		<i>J.P.M.</i>				

Mrs. Sarah Caddick (mother)

11 More close st.,

Middletown, Manchester, Eng.

Eng

W-C. 188

M. C. 206

Caddick, Pte J.
455089

M 2nd Bn.

649-C-5021

Name & Address of Legatee

Mrs. Elizabeth Caddick (Widow)
26 Carle St.,
Belleville, Ont.

medals &
decorations
C of S. 679

Name & Address of Next of Kin

do
(Serial no. 760732)

Plaque
&
Scroll

Name & Address of Female Next of Kin

do DEC 14 1920 Reqn. No 74807

Plaque Desp. 7 1921 Reqn. No P5677 (over)

C of S. 679
Memorials
&

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A468

Rep. from Base

9-9-16.

Killed in action

NAME

REGT'L. NO.

455089.

RANK AND CORPS

CABLE

Caddick, John.
Pte Inf Bn. Form 59th Bn.

NATURE OF CASUALTY

NO.

DATE

NO.	DATE	NATURE OF CASUALTY
O1168	21-9-16	Killed in action Sept. 9 th / 1916.
B2090a Rowen	18-9-16	Killed in action Sept. 9 th 1916

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

DESP. JAN 6 1923
REGN. NO. 12578

u.m.m. *Mus*

Number 455-089 Rank Pl.

B

Surname CADDICK

Christian Name John

Units 2nd Ben Can Coy Theatre of War France

Date of Service 29-6-16 *D*

Remarks (W) Mrs. Elizabeth Caddick,

Latest Address 26 Earle St.,
Belleville, Ont.

Roll No. *B. Page 21477*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

Casualty Form—Active Service.

59th B'n, C.E.F.

Plan is B 8/32
 CERTIFIED COPY
 M. F. W. 54. (A. F. B. 103.)
 Canadian H. Q. 250M.—1-16.
 H. Q. 1772-39-920.
 Westminster House,
 7, Millbank, S.W.

Unit, Regiment or Corps 59th B'n, C.E.F.

Regimental No. 455089. Rank Private Name Caddick John
 C. E. F. D.O.W.

Enlisted (a) 29.7.1915 Terms of Service (a) _____ Service reckons from (a) _____

Date of promotion to present rank } _____ Date of appointment to lance rank } _____ Numerical position on roll of N. C. Os. } 29.7.1915

Extended _____ Re-engaged _____ Qualification (b) Boiler maker

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>28.6.16</u>	<u>59th Bu</u>	<u>Embarked Canada</u> <u>Debarked England</u> <u>Drafted to 2nd Batt C.E.F.</u>	<u>Halifax</u> <u>Liverpool</u> <u>FRANCE</u>	<u>5.4.16</u> <u>11.4.16</u> <u>28.6.16</u>	<u>Adjutant 59th Bn</u> <u>C. E. F.</u>
<u>29-6-16</u>	<u>C.B.D.</u>	<u>Taken on strength 2nd Batt C.B.D.</u>		<u>29-6-16</u>	<u>Part 11 No 27</u>
<u>12-7-16</u>	<u>C.B.D.</u>	<u>Left for Unit</u>	<u>On Route</u>	<u>12-7-16</u>	<u>Non Roll</u>
<u>16-7-16</u>	<u>O.C. Unit</u>	<u>Joined Unit</u>	<u>Field</u>	<u>13.7.16</u>	<u>B 213</u>
<u>13-9-16</u>	<u>O.C. Unit</u>	<u>KILLED IN ACTION</u>	<u>Field</u>	<u>9-9-16</u>	<u>K.I.137-1113 Part 11 No48</u> <u>dated 18-9-16.</u>

Prologau
 Captain,
 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, 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				
<div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.5;"> <p>THIS FORM IS TO BE FILLED OUT BY THE COMMANDING OFFICER OF THE REGIMENT OR BATTAL IN WHICH THE SOLDIER IS SERVING. IT IS TO BE KEPT IN THE OFFICE OF THE COMMANDING OFFICER AND IS TO BE SUBMITTED TO THE HEADQUARTERS OF THE DEPARTMENT OF THE ARMY AT THE END OF EACH YEAR.</p> </div>					

MEDICAL HISTORY SHEET.

Surname Laddick Christian Name John Original

Examined { on 29 day of July 1915
 at Bellville

Approved by A. E. Inveroll
 Rank Capt. M.O.

Birthplace { City or Town Bradley
 County Staffordshire, Eng.

Apparent age 31
 Trade or occupation boiler maker

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>4/8/15</u>	<u>fit</u>	<u>J. A. Stewart</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Height 5 Feet 4 1/2 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 32 inches.
 Maximum expansion 36 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right Left
 Number 3

Date	Result	VACCINATIONS.
<u>9/24/15</u>	<u>good</u>	<u>J. A. Stewart</u> M.O.
		M.O.
		M.O.

When Vaccinated last young

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>9/14/15</u>	<u>good</u>	<u>J. A. Stewart</u> M.O.
<u>9/24/15</u>	<u>good</u>	<u>J. A. Stewart</u> M.O.
		M.O.

Enlisted on 29 day of July 1915 at Bellville

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>49th Regt.</u>	<u>455089</u>		<u>29/7/15</u>
Transferred to.. ..	<u>2nd Battn.</u>	<u>13</u>		

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.

Particulars of Family of an Officer or Man Enlisted in C. E. F.

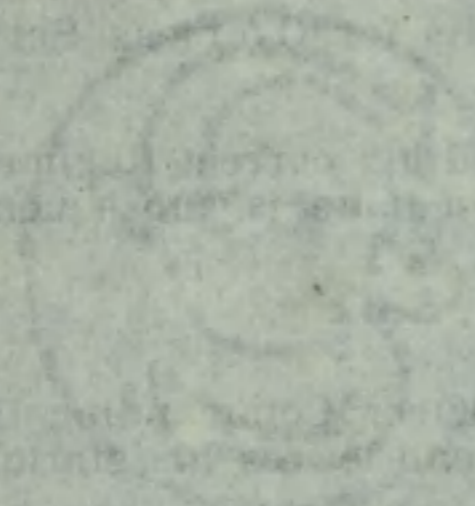
INSTRUCTIONS:—

- (a) This form is only regarded 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 man, to Officer Commanding Division or District at least seven days before man leaves his station to proceed Overseas.
- (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 59th Bn 687
- (2) Regimental Number 455089
- (3) Full Name of Soldier He no. Caddick
- (4) Place of Birth Bradley, Eng.
- (5) Are you married, or not? Yes
- (6) If married, state:
- (a) Full name of your wife Ediz Caddick
- (b) Present Postal Address 26 Carl St Belleverillc
- (7) Are you a Widower? —
- (8) Have you any Children? Yes
 If so, give number of Boys and Girls 2 boys 2 girls
 Also their Names and Ages Jack (5yrs) Ernest (8mos)
Florence (7yrs) Eva (13yrs)
- (9) Is your Father alive? No
 If so, state Name and Address in detail —
- (10) Is your Mother alive? Yes
 If so, state Name and Address in detail Sarah Caddick 13 Queen St Middleton Manchester Eng.
- (11) If your Mother is a Widow Yes
 Are you her sole support, or not? No
- (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 Yes
- (15) Are you insured? Yes
 If so, in what Company? L.O.F. and G.T.R.
- 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.

Particulars of Family of an Officer or Man Enlisted in C. E. F.

NOTE TO FORM



ROYAL RECORD

1. Name of Officer or Man Enlisted in C. E. F. _____

2. Regiment or Corps _____

3. Rank _____

4. Name of Wife or Family _____

5. Name of Children _____

6. Name of Parents _____

7. Name of Siblings _____

8. Name of Spouse (if any) _____

9. Name of Children (if any) _____

10. Name of Parents (if any) _____

11. Name of Siblings (if any) _____

12. Name of Spouse (if any) _____

13. Name of Children (if any) _____

14. Name of Parents (if any) _____

15. Name of Siblings (if any) _____

16. Name of Spouse (if any) _____

17. Name of Children (if any) _____

18. Name of Parents (if any) _____

19. Name of Siblings (if any) _____

20. Name of Spouse (if any) _____

21. Name of Children (if any) _____

22. Name of Parents (if any) _____

23. Name of Siblings (if any) _____

24. Name of Spouse (if any) _____

25. Name of Children (if any) _____

26. Name of Parents (if any) _____

27. Name of Siblings (if any) _____

28. Name of Spouse (if any) _____

29. Name of Children (if any) _____

30. Name of Parents (if any) _____

31. Name of Siblings (if any) _____

32. Name of Spouse (if any) _____

33. Name of Children (if any) _____

34. Name of Parents (if any) _____

35. Name of Siblings (if any) _____

36. Name of Spouse (if any) _____

37. Name of Children (if any) _____

38. Name of Parents (if any) _____

39. Name of Siblings (if any) _____

40. Name of Spouse (if any) _____

41. Name of Children (if any) _____

42. Name of Parents (if any) _____

43. Name of Siblings (if any) _____

44. Name of Spouse (if any) _____

45. Name of Children (if any) _____

46. Name of Parents (if any) _____

47. Name of Siblings (if any) _____

48. Name of Spouse (if any) _____

49. Name of Children (if any) _____

50. Name of Parents (if any) _____

51. Name of Siblings (if any) _____

52. Name of Spouse (if any) _____

53. Name of Children (if any) _____

54. Name of Parents (if any) _____

55. Name of Siblings (if any) _____

56. Name of Spouse (if any) _____

57. Name of Children (if any) _____

58. Name of Parents (if any) _____

59. Name of Siblings (if any) _____

60. Name of Spouse (if any) _____

61. Name of Children (if any) _____

62. Name of Parents (if any) _____

63. Name of Siblings (if any) _____

64. Name of Spouse (if any) _____

65. Name of Children (if any) _____

66. Name of Parents (if any) _____

67. Name of Siblings (if any) _____

68. Name of Spouse (if any) _____

69. Name of Children (if any) _____

70. Name of Parents (if any) _____

71. Name of Siblings (if any) _____

72. Name of Spouse (if any) _____

73. Name of Children (if any) _____

74. Name of Parents (if any) _____

75. Name of Siblings (if any) _____

76. Name of Spouse (if any) _____

77. Name of Children (if any) _____

78. Name of Parents (if any) _____

79. Name of Siblings (if any) _____

80. Name of Spouse (if any) _____

81. Name of Children (if any) _____

82. Name of Parents (if any) _____

83. Name of Siblings (if any) _____

84. Name of Spouse (if any) _____

85. Name of Children (if any) _____

86. Name of Parents (if any) _____

87. Name of Siblings (if any) _____

88. Name of Spouse (if any) _____

89. Name of Children (if any) _____

90. Name of Parents (if any) _____

91. Name of Siblings (if any) _____

92. Name of Spouse (if any) _____

93. Name of Children (if any) _____

94. Name of Parents (if any) _____

95. Name of Siblings (if any) _____

96. Name of Spouse (if any) _____

97. Name of Children (if any) _____

98. Name of Parents (if any) _____

99. Name of Siblings (if any) _____

100. Name of Spouse (if any) _____



E.T.

Rank

Name **CADDICK, John.**

Reg'l No. 455089

Unit

59th Battn.

If in perm. Corps, }
What Unit? } ✓

Married or Single **Married.**

Place and Date of Enlistment **Belleville. July 29th 1915.** Place of Birth **Bradley. Eng.**

Name and Address, Next-of-Kin **Mrs John Caddick.**

26 Earl St, Belleville. Ontario. Canada.

Relationship

Assigned Pay Monthly \$

Payable to

N/E. R.B. No.....
File R.L.....
Category..... KA

Relationship

Separation Allowance \$

Payable to

N E R B Serial No

Relationship

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>		<i>11 APR 1916</i>	
<i>28.6.16</i>	<i>59th Bn</i>	<i>Sgt drafted to 2nd Bn of</i>	<i>France</i>	<i>28.6.16</i>	<i>Plt Do 144 HQ 5th CTB 4072/5</i>
<i>7.7.16</i>	<i>OC 2nd</i>	<i>T.O.S. 2nd Bn</i>	<i>"</i>	<i>29.6.16</i>	<i>" 27</i>
<i>18.9.16</i>	<i>" "</i>	<i>Killed in Action</i>	<i>"</i>	<i>9.9.16</i>	<i>" 48 CH A/468 d 22.9.16</i>

MILITIA AND DEFENCE
ASSIGNED PAY

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

Sheet No. 2.

Eliz Caddick

OVERSEAS CONTINGENTS

Name of Soldier

Caddick John

PAYMENTS.

45-5089.

59th Bn, Coy. B, Co.

L. L. Job 95618-M. & D. 6555.

HMS

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20⁰⁰</i>
April	1916	<i>U 1590</i>	<i>20</i>	<div style="border: 2px solid red; padding: 10px; display: inline-block;"> <i>Casualties</i> </div>
May		<i>U 4612</i>	<i>20</i>	
June		<i>Q 8334</i>	<i>20</i>	
July		<i>E 8247</i>	<i>20</i>	
Aug.		<i>F 11380</i>	<i>20</i>	
Sept.		<i>W 16506</i>	<i>20-</i>	
Oct.				<i>Account closed Cas</i> <i>Stop 1/10/16 3M 26/9/16 b.A.W. 20/10/16</i> <i>Pension Granted 10-9-16</i> <i>#10¹⁰ Recovered through Pensions 10⁹/16</i> <i>J.A.B. 27-12-16</i> <i>120 E.S.X. 12/4/17</i>
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

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.				

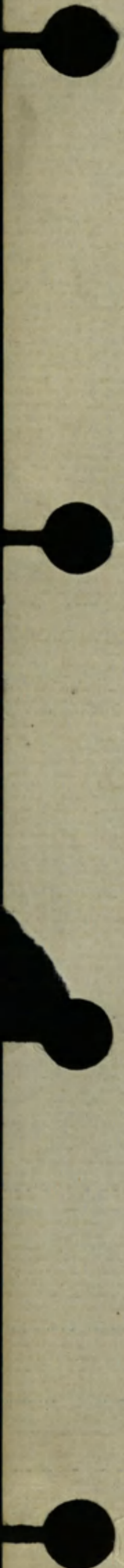
MILITIA AND DEFENCE
ASSIGNED PAY *2nd. Contingent*
OVERSEAS CONTINGENTS

To Whom *Mrs Eloy Caddick*
Address *26 Earl St
Bellville
Ont.*
Rate *70⁰⁰*

By Whom Assigned *Caddick John*
Regtl. No *455089*
Rank *Pte*
Corps *59th Batts. CEF
B.C.*

Apr 11/14 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid red; padding: 5px; display: inline-block;"><i>Casualties</i></div> <i>Killed in action Sept. 9/16. C.L. (C) 22/9/16</i> <i>J.H.S.</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
Marc'				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



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SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

E. Caddick,

(wife)
PAYMENTS.

Name of Soldier

Caddick, John
1916

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	N 679	20	20
May		4.5193	20	20
June		A 9009	20	20
July		89733	20	20
Aug.		H 11552	20	20
Sept.		M 15181	20	20
Oct.		O 18717	20	20
Nov.		Q 20483	20	20
Dec.		Q 24580	20	20 Q 24580, cancelled. W. 70
Jan.	1917		15-8 ⁰⁰	
Feb.			8318 ⁰⁰	Acct. closed pension granted. 10/9/16 W. 70
March				
April				
May				
June				54 ⁰⁰ Recovered through pensions as per pension list for Nov/1916 W. 70
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

ACCOUNT CLOSED

DATE.....PER.....

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

4-8-'15

MILITIA AND DEFENCE

188

SEPARATION ALLOWANCE

Name *Eliz Caddick*

Name of Soldier *Caddick Pro.*

Address *26 Earl
Belleville
Ont.*

Regtl. No. *455089 = 456189*

Rank *Pte.*

Corps *59th Battalion*

Relation to Soldier } *Wife*
wife, child or mother }

To what Corps belonging }
when called out }

PAYMENTS

42229 M. CO.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.		<i>N 3746</i>	<i>18</i>	<i>18</i>
Sept.		<i>7 9659</i>	<i>20</i>	<i>20</i>
Oct.		<i>L 4287</i>	<i>20</i>	<i>20</i>
Nov.		<i>0 8747</i>	<i>20</i>	<i>20</i>
Dec.		<i>9 18982</i>	<i>20</i>	<i>20</i>
Jan.	1916	<i>V 15626</i>	<i>20</i>	<i>20</i>
Feb.		<i>N 21051</i>	<i>20</i>	<i>20</i>
March		<i>0 24849</i>	<i>20</i>	<i>20</i>

ACCOUNT CLOSED
DATE.....PER.....*W*



Register No. D.6209.

WAR SERVICE GRATUITY
TO

Profile - 111
A.P. File No. 2636-248

DEPENDENTS OF DECEASED SOLDIERS

66

Regt'l No. 455189
455089 Name John Caddick
(Christian Name) (Surname)
Unit 59th Bn Rank Ota Date of enlistment.....
Date of casualty 9-9-1916 B.P.C. File No. 6385-
Was service performed overseas? yes

DEPENDENT

Name Mrs Elizabeth Caddick Relationship Widow
Address 24 Carl Street
Belleville Ont.

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

Amount of Special Pension Bonus \$ 64 Abstracted by J Maher

Eligible for Gratuity \$ 180.00
Less amount of Special Pension Bonus paid..... \$ 64.00
Less Debit Balance of S. A. or A.P..... \$ ✓
Total deductions \$ 64.00

08/18

Balance due \$ 116.00
Cheque No. 1891072 ✓ Date issued 14-7-20 *meff*

REMARKS :
.....
.....
.....

Clerk R. J. Harris

Audited by
Edith Howard
Date 14-7-20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53861—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

