BP. 12.11.18.

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 4-3

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..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power..... 1

Company Conduct Sheet..... 1

Clothing Transfer Certificate .....

Inventory of Kit.....

Last Pay Certificate.....

Cancard - V
Rim

M.X
30-7-21
R.R

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....

Name CARON. FRANCOIS. XAVIER.

Regt. No. 564956 Rank Spr.

Corps Can. Engrs. C.E.F.

07862

Killed in Action
17.12.16.

1
21—24
16—24
3—24
1

Original

CAN. ENGRS., C.E.F.

PIÈCE D'ATTESTATION.

No. 504956
Folio

CORPS EXPÉDITIONNAIRE CANADIEN D'OUTRE-MER

QUESTIONNAIRE REQUIS AVANT ATTESTATION

(RÉPONSES)

1. Quel est votre nom de famille ? Caron
1a. Quels sont vos noms de baptême ? Francois Xavier
1b. Quelle est votre présente adresse ? 366 Rue St Louis, Montreal
2. En quelle ville, village ou paroisse, et en quel pays êtes-vous né ? Ste Anne de Beaupré, Que
3. Quel est le nom de votre plus proche parent ? Mde. Delvina Caron
4. Quelle est l'adresse de votre plus proche parent ? P.O. Ste Anne de Beaupré, Que
4a. Quel est votre dégré de parenté avec icelui ? Mere
5. Quelle est la date de votre naissance ? 12 Septembre 1893
6. Quel est votre métier ou profession ? Armurrier ou mécanicien
7. Êtes-vous marié ? No
8. Consentez-vous à être vacciné ou revacciné et inoculé ? Oui
9. Faites-vous déjà partie de la Milice active ? Non
10. Avez-vous déjà fait du service militaire ? Non
(En ce cas, mentionner les états de service)
11. Comprenez-vous bien la nature et les termes de votre engagement ? Oui
12. Consentez-vous à être attesté pour service dans le **Corps Expéditionnaire Canadien d'outre-mer** ? Oui

DÉCLARATION REQUISE DU SUJET

Je, Francois Xavier Caron déclare solennellement que ce qui précède contient les réponses que j'ai faites au questionnaire ci-dessus, et que ces réponses sont véridiques, et que je consens à remplir les engagements que je prends maintenant, et je m'engage et consens à servir dans le **Corps Expéditionnaire Canadien d'outre-mer** et à être affecté à une arme quelconque dans le service de ce Corps pour le terme d'une année, ou pour la durée de la guerre actuellement engagée entre la Grande Bretagne et l'Allemagne si elle dure plus d'une année, et pour six mois après la conclusion de cette guerre dans le cas où Sa Majesté requerrait mes services d'autant, ou jusqu'à ce que je sois légalement libéré.

Francois Xavier Caron (Signature de la Recrue)

Date Mai 1 1916. Sappe McLaughlin (Signature du Témoin)

SERMENT REQUIS DU SUJET

Je, Francois Xavier Caron prête le serment d'être fidèle et de donner mon entière allégeance à **Sa Majesté le Roi George V,** ses Héritiers et Successeurs, de me faire un devoir de défendre honnêtement et fidèlement la Personne, la Couronne et la Dignité de Sa Majesté, et de ses Héritiers et Successeurs contre tous ennemis, et d'obéir ponctuellement à tous les commandements de Sa Majesté, de ses Héritiers et Successeurs, ainsi que de tous Généraux et Officiers placés au-dessus de moi. Ainsi Dieu me soit en aide.

Francois Xavier Caron (Signature de la Recrue)

Date Mai 1 1916 Sappe McLaughlin (Signature du Témoin)

CERTIFICAT DU MAGISTRAT

La Recrue ci-dessus nommée a été prévenue par moi que, s'il répondait faussement à aucune des questions ci-dessus, il serait passible des pénalités pourvues par la loi de l'Armée.

Les questions ci-dessus ont alors été lues à la Recrue en ma présence.

J'ai vu avec soin, à ce qu'il comprît chaque question, et à ce que les réponses à chacune fussent dûment inscrites telles que reçues, et la dite Recrue a fait et signé la déclaration et prêté le serment en ma présence, à Montreal ce 1 jour de Mai 1916.

A Charlebois Capt. (Signature du Juge)

M. F. W. 23a
40M.—12-15
1772-39-841.

Signalement de CARON, FRANCOIS XAVIER à l'Enrolement

Age apparent 23 ans ..... mois.
(Déterminable d'après les instructions contenues dans les règlements du Service Médical de l'Armée.

Taille 5 pieds 10 pouces

Mesure de la poitrine
- Tour de poitrine, à pleine expansion ~~31½~~ pouces 36½
- Marge d'expansion ~~36½~~ pouces 5

Teint Blond

Yeux Bleu

Chevelure Chatain

Confession religieuse
- Anglican.
- Presbytérien
- Méthodiste
- Baptiste ou Congregationaliste
- Catholique Romain Oui
- Juif
- Autres dénominations (Indiquer laquelle)

Signes distinctifs, et indices d'affections congénitales ou de maladies antérieures.

Si le Médecin-Officier est d'avis que la Recrue a fait du service antérieurement, il devra, à moins que l'engagé reconnaisse le fait, ajouter une note à cet effet pour l'information de l'officier approbateur.

Tatoo on right forearm
Scar on right eye

CERTIFICAT D'EXAMEN MÉDICAL

Ayant examiné le sujet ci-haut nommé, je constate qu'il ne présente aucune des causes de rejet spécifiées dans les règlements du Service Médical de l'Armée.

Il peut voir de chaque œil à la distance requise ; le cœur et les poumons sont sains ; il a le libre usage de ses articulations et de ses membres, et il déclare n'être sujet à aucune syncope quelconque.

Je le considère* Fit pour le **Corps Expéditionnaire Canadien d'outre-mer.**

Date May 1st 1916 — [signature]

Lieu Montreal — [signature]
Médecin-Officier.

* Insérer ici "valide" ou "non-valide".

NOTE.—Si le médecin-officier trouve le sujet impropre au service, il remplira le certificat ci-dessus dans les seuls cas où il y a eu attention et notera brièvement ci-dessous les causes d'invalidité :

CERTIFICAT DE L'OFFICIER COMMANDANT

Francois Xavier Caron ayant été finalement approuvé et examiné par moi ce jour, et le nom, l'âge, la date d'attestation et tous les autres détails réglementaires ayant été notés, je certifie être satisfait de l'exactitude de cette attestation.

A Charlebois Capt. (Signature de l'officier.)

Date 1 Mai 1916

R—122

A.G.R.

Rank

Name CARON, Francois Xavier

Reg'l No. 504956

Unit No. 16 Dft., C.E.

If in perm. Corps, What Unit?

Married or Single Single.

Place and Date of Enlistment Montreal, 1st May, 1916.

Place of Birth Ste. Anne de Beaupre, Que.

Name and Address, Next-of-Kin Mde., Delvina Caron, P.O. Ste. Anne de Beaupre, Que.

Relationship Mother.

Assigned Pay Monthly $ RL 25.6-245 Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ld.—7165-16.

Report. Date.	Report. From whom received.	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.
		Arrived in England	S.S. Missanabie	28 JUN 1916	
30-6-16	C.E. Dft.	Taken on strength.	S'Jeffe	29-6-16	Pr III 154 / a7.B.103 checked WER 7-8-16
1-8-16	"	Embarked for France.	7th Fld Coy	1-8-16	— " — 181
7-8-16	7th Fld Coy.	Taken on strength.	7 Field	2-8-16	Pt II 0. 17
3-1-17	3rd D.C.	Killed in Action	do	17-12-16	C.L. 171. ON.
30-12-16	7th L.C.E.	"	do	17-12-16	Pt-II 0. 61.

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.					

ORIGINAL CAN. ENGRS., C.E.F. ORIGINAL 504956

MEDICAL HISTORY SHEET

Surname CARON *Christian Name* FRANCOIS XAVIER

Examined { on 1st day of May 1916 / at Montreal

Birthplace { City or Town Ste Anne de Beaupré / County

Apparent age 23

Trade or occupation Armerer

Height 5 feet 10 Inches

Weight 153 lbs.

Chest measurement { Minimum 31½ inches / Maximum expansion 36½ inches

Physical development good

Small-pox Marks None

Vaccination Marks { Arm Right Left / Number 1

When Vaccinated last 3 years ago

(*a*) Marks indicating congential peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

varicocele left - medium not painful

Approved by [signature]

Rank Capt M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
14.6.16		APS	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
8.6.16		JMS.	M.O.
14.6.16		JMS	M.O.
			M.O.

Enlisted on 1st *day of* May 1916 *at* Montreal

CAN. ENGRS., C.E.F.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment		504956		1-5-16
Transferred to	7th Field Coy			

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 Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Baron Christian Name Francois Xavier

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

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

WSR.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps ENGINEER TRAINING DEPOT

Regimental No. 504956 Rank Sapper C. E. F. Name Caron François Xavier

Enlisted (a) 1-5-16 Terms of Service (a) ..... Service reckons from (a) 1-5-16

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) .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
			Embarked Canada		20-6-16
			Disembarked England		29-6-16
30-6-16		Taken on strength, C.E.T.D. (Canada)	Shorncliffe	29-6-16	Part II Order 154
1-8-16		Proceeded Overseas. 1st F. C.E.E. France.	Shorncliffe.	1-8-16	Part II Order No. 180
					O.C. Macphersn for Adjutant, C.E.T.D. Lt. C.E.
3-8-16	G.B.D.	Arrived & is taken on	Strength of the Fd	3/8/16	N Reg. Pte 17 Rg 7-8-16.
23-9-16	O.G.	Joined Unit in	Field	16-9-16	B213-65. 72 Rg 16-9-16.

(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				
23-12-16	O.C.	Killed by French Mortar Bomb.	Field	17-12-16	B. 213. P/2 61 Dy 30/12/16 D.G.S. 138 d/30-12-16.

M. C. Lockstott
Lieut. for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

L. L. Job 310—M. & D. 6574.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—4-16.
H. Q. 1772-39-819.

469

To Whom Mde. Delvina Baron

Address Ste. Anne de Beaupré P. Q.

Rate $15.00 JUL 1 - 1916

By Whom Assigned Baron F. X.

Regtl. No. 504956 F. X.

Rank Spr.

Corps Can. Eng.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			"Killed in Action" Stop 1 2/17
Sept.				3 M. 9 1/17 — R 14 2/17
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				Killed in Action 17/6
May				Dec 1916 CL (6) 3-1-17.
June				
July				
Aug.				
Sept.				
Oct.				6 7 C 30/1/17
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—4-16.
1772—39—819.

Sheet No. 2.

L. L. Job 310.—Req. 6574.

Mde. Delvina Caron

Name of Soldier Caron F. X. 470

504956

$15.00

JUL 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		V11679	15	
Aug.		G9989	15	
Sept.		C15575	15	
Oct.		C19997	15	
Nov.		C25426	15	P.F. 105.00 J.H. Goldsmith 3/4/17
Dec.		G31066	15	
Jan.	1917	C38918	15	105.00 Acct Closed Cas
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

R.L.T.

~~F. X. Rend. Date~~ Total $105.00
E.F.X. " Date 7/9/17 By S.B.

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.					

Burial Desp. SEP 30 1919 Regn. No. 7S3049
FEB 2 1922
Plague Desp. Regn. No. P 27822

M

Caron., Francois.Xavier, Spr. 504956 3rd D.E. 7th Fld Co Engrs. 649-C-7938

Med. & Dec. (Mother) Mrs. Delvina Caron.
Ste. Anne De. Beaupre.
P. Q.

P. & S. (Mother) Address as above.
(Ser. #800793.)

Mem. Cross. (Mother) " " "

not Eligible for 14-15 Star
Eligible for V.M
E " " " B.W.M

55490

P.R.

III Б 57335 А/8-21

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Carpenter. RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 23. YEARS — . MONTHS

HEIGHT 5'. FEET 10. INCHES

CHEST MEASUREMENT 36½. INCHES EXPANSION 5'. INCHES

COMPLEXION Fair EYES Blue. HAIR Lt. Brown.

DISTINGUISHING MARKS Scar over right eye. Tattoo on right forearm.

MEDICAL EXAMINATION. PLACE Montreal, P. Q. DATE May. 1st. 1916.

Present Address. 366 Rue St. Louis.
Montreal. P. Q.

(649-6-7938)

CARD No.

SURNAME. Caron,

CHRISTIAN NAMES François Xavier.

POLL. D

REGL. No. 504956. RANK Sapper.

UNIT Can. Eng. (16th R. D.)

FORMER CORPS Mil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Caron. Mrs. Delvina.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Ste. Anne de Beaupré. P. Q.

COUNTRY OF BIRTH Canada, Ste Anne de Beaupré, DATE Sept. 12th, 1893.

PLACE OF ATTESTATION Montreal, P. Q. DATE May, 1st, 1916.

O/S. 19-6-16 449/2

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

REGT'L NO 504956.

NAME Caron François Maurice

H. Q. FILE NO. 649-

RANK AND CORPS Spr. No 7 Fd Co Can Eng

FOLLOWS No. form 1617D

FOLLOWS

CABLE No.	CABLE DATE	NATURE OF CASUALTY
O. 7092	2-1-17	Killed in action Dec. 17th 1916.
B 2090.	19-10-16 Rouen	" " " Recd. 3-3-17

L. L. Job 8885—M. & D. 8146.

M. F. W. 42--25M.—4 10-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 171	Rep from Base	17-12-16	Killed in Action.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

R. 149.

Name CARON, Francois Xavier, *Rank* Spr. *Reg. No.* 504956.

Unit 3rd.Can.Div.Engineers. 7th.Fld.Coy.

Next of Kin Canada.

RL 2562456

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-12.	Reptd.from Base:-		Killed in Action.	A.171.	0. 7092.	3-1-17.

No. 504956 RANK Pte NAME Caron, F. X.

T. O. S. 10-5-16 (AO 1149 10-5-16) UNIT Canadian Engineers Training Depot

M. D. Halifax

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
May 10	May 31	✓		
June 1	June 17	✓	Proc o/s 17-6-16	AO 1444 of 20-6-16

HCB

Number 5-04955-6 Rank Spr

Surname CARON

Christian Name François Xavier

Units C.E. Theatre of War France

Date of Service 1-8-16.

Remarks (M) Mrs. Delvina Caron,

Latest Address Ste Anne De Beaupre, P.Q.

Roll No. B Pag 18384

200m.-6-21.

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

.....

R	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.....

tination.....

(Sgd.).....

DESP. NOV 17 1922 REGN. NO. 6A 833

EPITOME OF HOSPITAL TREATMENT.

Hospital	Adm.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

D.M.S. 1300.

Surname: Baron
Christian Name or Names: J. X.
Reg. No.: 504956

Rank: Spr.
Unit: 3rd. C.E.
Co.
Troop
Batty

Hospital
Date of Admission

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 17-12-16

DISPOSITION

Date

E.L. 3-1-17 A 171

REMARKS

Reptd. from Base

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

Married or Single: Single

Place of Birth: Ste Anne de Beaupre. Que.

Name and Address of Next of Kin: Mde., Delvina Caron, P.O. Ste, Anne de Beaupre, Que.

Relationship of Next of Kin: Mother

Name and Address of Next of Kin:

Relationship of Next of Kin:

Separation Allowance Monthly $ — Effective (Date):

Payable to:

Relationship of Dependant:

COMPILED BY ..... CHECKED BY .....

Casualties, Promotions, &c.

Particulars	Effective Date	Authority
Killed in action	17/12/16	GAII 61 30/12/16; GZ a171 3/1/17

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 504956 Rank Spr Name Caron, Francois Xavier.

If in Perm. Corps / What Unit: Unit CEFD

Permanent Force Allowances

Place of Attestation: Montreal

Date of Attestation: 1-5-1916

Transferred to 3rd Div. Eng. Date 11/9/16 Authority B.O. 181

Transferred to Non Eff Br Date 18/12/16 Authority GAII 61 30-12-16

Transferred to Date Authority

Transferred to Date Authority

PAY OFFICE, N.E. BRANCH, FEB 10 1917, CANADIAN CONTINGENT. P.B. No.

Assigned Pay Monthly $ ~~15.00~~ 15.00 c Date Effective ~~July 1/1916~~ stopped 1/2/17

Payable to: Mde. Delvina Caron ~~P.O. Ste Anne de Beaupre Quebec~~ Canada Relationship: Mother

Assigned Pay Monthly $ Date Effective

Payable to Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) 8/1/17 Effective 1-2-17 c Reason: Killed in Action 17/12/16 Cas. List a171 - 3-1-17

Discharge Date and Place Reason and Authority

Account Transferred to Non-Effective Branch (Date) 18/12/16

Account Transferred to Officers' Pay Branch (Date)

Entered on N.E. Card Index. Checked by H. Gillolson

Date 1916	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Rate	Amount $	Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay c	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
June 18			~~336 00~~				~~33 60~~							~~2 40~~	9																9..				6 in from Canada
July 31	44	1.00	44..		44	.10	4 40								48 40												15		15	42 40					2 shares 4.96 c returned from Ottawa for Eng Settlement Voucher 2-7-2 18 Sch
Aug 31	31		31		31		3 10								34 10	14	21/7/16	1339	15/7/16					9 73	9 73			15		39 32	37 18					
Sept 1-10	10		10		10		1 —								11 —			1297	4/7					~~4 86~~	4 86			15		15	33 18					Trans'd to 3rd Div Eng 11/9/16 B.O. 181
11-30/9	20		20		20		2								22 00			438	5/9	51	3rd Eng Br 13/8/16				3 49	3 49			6 98	48 20					
1-31/10	31		31		31		3 10								34 10	148	27/9	487	5/10					2 61	2 61			15		20 22	62 08					
1-30/11	30		30		30		3 00								33 00	522	2/11							5 23				15		20 23	74 85			74 85		
1-17/12	17		17		17		1 70								18 70	574	17/11	681	5/12					2 61	11 34			15		28 95	64 60					
	f.a.		18 30				18 30								210 90																				
~~1917~~ ~~1-31/1~~	~~31~~	~~100~~	~~207 90~~ ~~31 10~~												~~31 10~~												15 00		15 00	49 60					Trans to Non Effective Br Eff 18/12/16 "Killed in Action" GAII 61 30-12-16
																													Balance transferred to N. E. Branch.		49 60				
Aug/17																									49 60				49 60						D 49.60 To Old Account 30/7/17 V 1417A
March/18														992	992												992		992	992					Data from Ottawa for Cheque No 14 Z NE 30/15 Cheque "4303 d 8/3/18 V. 28/7 NE 32/32.

Checked H Butler

Checked Edward

Dem A.P. 105.00 In agreement with Ottawa Ship H.Q. 593-1-12 - 7/12/16.

Statement of JUN 28 1917 Account rendered

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	No.	Date	No.	Date												