

ATTESTATION PAPER.

No.

2293343

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | | |
|---|--------------------------------|--|
| 1. What is your surname?..... | CASTLE, | |
| 1a. What are your Christian names?..... | STEPHEN THOMAS, | |
| 1b. What is your present address?..... | L.S.H.(R.C). | |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Folkestone, Kent, Eng' | |
| 3. What is the name of your next-of-kin?..... | Mr S.F. Castle, | |
| 4. What is the address of your next-of-kin?..... | Uphill House, Folkestone, Eng' | |
| 4a. What is the relationship of your next-of-kin?..... | Father, | |
| 5. What is the date of your birth?..... | 24th July 1894, | |
| 6. What is your Trade or Calling?..... | Farmer, | |
| 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?..... | Permanent Force, | |
| 10. Have you ever served in any Military Force?.....
If so, state particulars of former Service. | No, | |
| 11. Do you understand the nature and terms of your engagement?..... | Yes, | |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | Yes, | |

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
14. If so, what was the nature of the disability?
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?
16. If so, what was the reason?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Stephen Thomas Castle, 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.

S. J. Castle (Signature of Recruit)

Date 6th April 1917. 191 . W. Cameron (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Stephen Thomas Castle, 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.

S. J. Castle (Signature of Recruit)

Date 6th April 1917. 191 . W. Cameron (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 Winnipeg, Man. this 6th day of April 1917. 191 .

Lawrence Leggat Captain, (Signature of Justice)
Commanding Strathcona's.

Description of Stephen Thomas Castle, on Enlistment.

Apparent Age...22.....years.....9.....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. 5 1/2 ins.

Chest measurement { Girth when fully expanded.....36 1/2 ins.
 Range of expansion.....5 1/2 ins.

Complexion.....Fair,

Eyes.....Blue,

Hair.....Lt Brown,

Nil,

Religious denominations. { Church of England.....Yes,
 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.....6th April, 1917......191 .

[Signature].....**Captain.**

Place.....Winnipeg, Man......

C.A.M.C.
**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.

Stephen Thomas Castle,.....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].....**Captain** (Signature of Officer)
Commanding Strathcona's.

Date.....6th April 1917......191 .

CARD NO.

8148

SURNAME.

Castle

CHRISTIAN NAMES

Stephen Thomas

FOLL.

REGL. No.

2293373

RANK

Pte.

UNIT

L. S. H. (7th. R.D.)

FORMER CORPS

L. S. H.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Castle, S. F.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

Uphill House, Folkestone, Eng.

COUNTRY OF BIRTH

England, Folkestone, Kent.

DATE

July 24th. 1894.

PLACE OF ATTESTATION

Winnipeg, Man.

DATE

Apr. 6th. 1917.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

22 YEARS

9 MONTHS

HEIGHT

5 FEET

5 1/2 INCHES

CHEST MEASUREMENT

36 1/2 INCHES

EXPANSION

5 1/2 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Lt. Brown

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Winnipeg, Man.

DATE

Apr. 6th. 1917.

Present address, Winnipeg, Man.

No. 2293373 RANK

Pte

NAME

Castle, S J

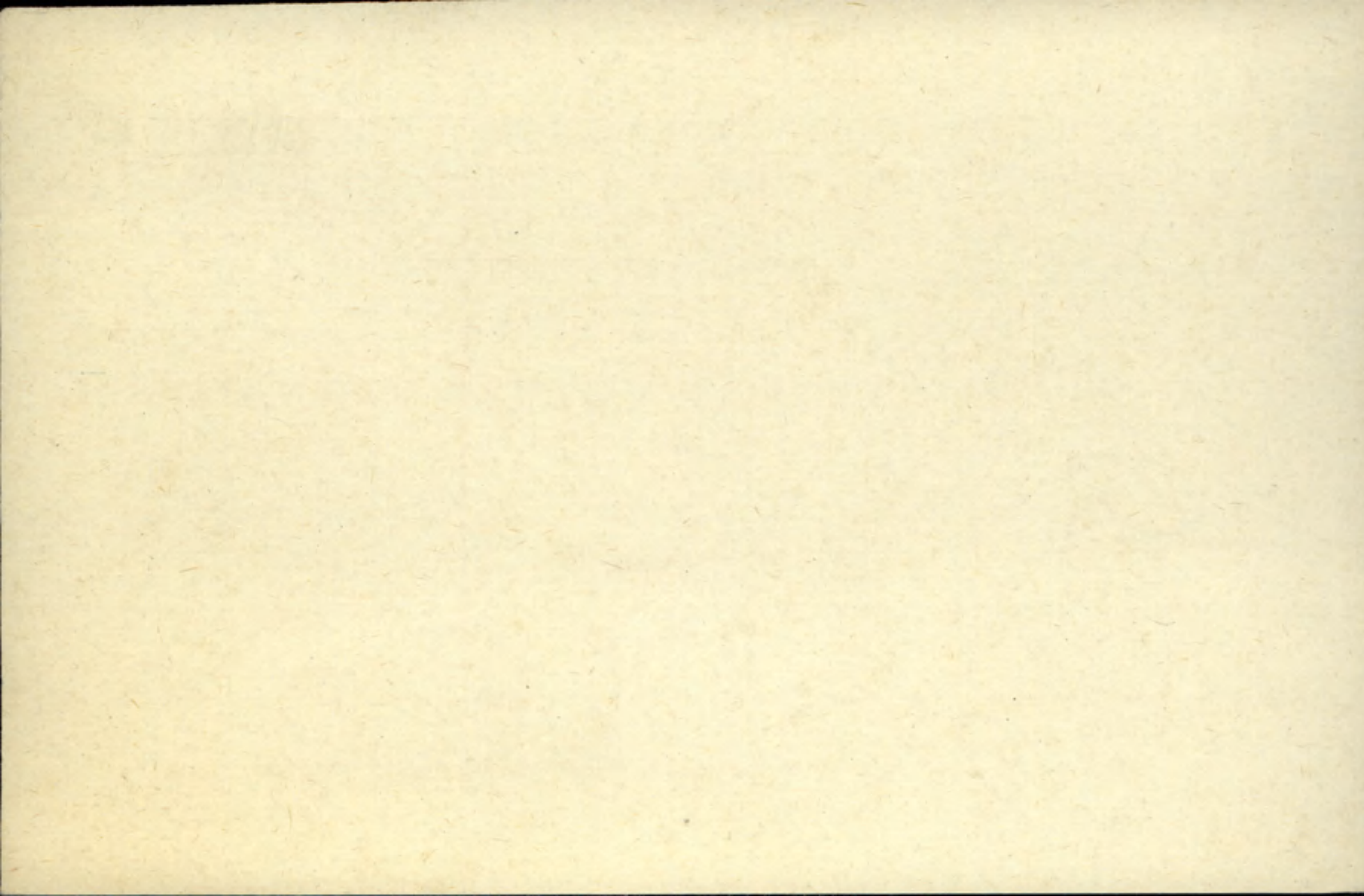
T. O. S.

UNIT

Lord Strathcona Horse (Depot Squadron)

M. D. *10*

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1917</i>	<i>1917</i>			
<i>June 17</i>	<i>June 31</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		



NAME

Castle Stephen Thomas

REGT'L. No. *2293373*
H. Q. FILE No 649

RANK AND CORPS

pvt U.S. 94.

FOLLOWS

NO.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

*H. 111.
A 23-10*

18-4-78 Killed in action March 30th 1918.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a1904. Kept from base.

30-3-58

Killed in action

Dr. ^{Stephen Thomas} Castle 649 E. 20497

#2293373 Not elig. for 1914-15 Star. L.S.H. medals + decorations

Name & Address of Legatee

5601

Stephen F. Castle (F)
Firs Farm, Hawkinge
Falkestone, Kent

M

Per # 750061
Name & Address of Next of Kin England.

H.S.

As above
Scroll Desp. 29-10-20 Reqn. No 234

Plaque Desp. Reqn. No P6981

med

Name & Address of Female Next of Kin

Memorable

Name

732

P



Number 2293373

Rank Pte

VB

Surname CASTLE

Christian name Stephen Thomas

Units R.S.H. (R. Co)

Theatre of War France

Date of Service 2.11.17

Remarks (S) Stephen T. Castle, III

Latest Address 2 Gros Farm, Hawkinge
Folkestone, Kent.

Roll No. B. Page 20450

Eng.

* DUE TO SERVICE
* NOT DUE TO SERVICE

HOSPITAL AS AN ADMISSION

(WHERE FROM)

INVALID

(WHERE TO)

CONDITIONS DIAGNOSED

ADDRESS

HOSPITAL

STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

DESP. MAJ 29 1923
3855
R. G. W. N. C.

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

Castle

S.S.

2293373

RANK

UNIT

Co.

TROOP

BATTY.

Pte

L.S.H.

HOSPITAL

Canadian Cavalry

DATE OF ADMISSION

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

R.F.B.

1.

2.

3.

Killed in Action 30.3.18

DISPOSITION

DATE

17.4.18 a 190-

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.

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps Reyth Depot, L.S.H. (R6)
 Regimental No. 2293373 Rank Private Name Stephen Thomas Little
 Enlisted (a) 6-4-17 Terms of Service (a) War of War Service reckons from (a) 6-4-17
 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) Furman

CERTIFIED CORRECT.
 5-10-1917
 LONDON

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				
8-5-17	O.C. - C.R.C.R. O.C. CRCR	Embarked Debarked. Taken on strength Can. Res. Cavalry Regt. S.O.S having proceeded overseas to L.S.H. France	Canada England Shorncliffe S,cliffe	29-4-17. 7-5-17. 7-5-17. 2/11/17	S.S. OLYMPIA. Part 11 Order No. 64. Part 11 Order No. 242. ASST. ADJUTANT, FOR OFFICER COMMANDING, CANADIAN RESERVE CAVALRY REGIMENT.
2-11-17	C.G.B.D	Landed in France as Reinfr LSH		2-11-17	NR 356 P ^t 298 2/6-11-17
5-12-17	do	Left Base for Unit	Fields	5-12-17	" 790
22-12-17	L.S.H	Joined Unit	"	18-12-17	B213
6-4-18	Do	Killed in Action	"	30-3-18	B213 Pr 11 031 d/ 13-4-18.

Chas. S. Chapman

Lieut. for Lieut-Col., A.A.G.
 Can. Sect., 3rd Echelon, G.H.Q.

(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.]

LTR

Rank

Name CASTLE, Stephen Thomas

Reg'l No. 2293373

Unit

7th dft. L. S. H. to Res. Cav Reg.

If in perm. Corps, }
What Unit? }

Married or Single Single.

Place and Date of Enlistment Winnipeg, 6th April 1917.

Place of Birth Folkestone, Kent.
England.

Name and Address, Next-of-Kin Mrs S.F. Castle.

Uphill House. Folkestone, England.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

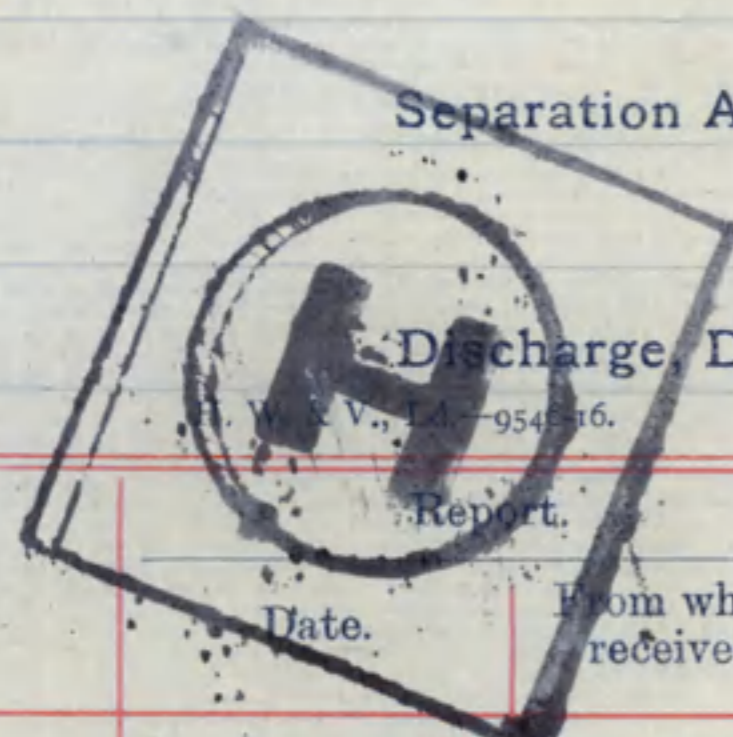
Relationship

N/E R.B. No. 1590
File R.L. 25-4-4376
Category S.A.

Discharge, Date and Place

Reason

Character



Report.

Date.

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.

C ARRIVED IN ENGLAND 7 5 17. S/S OLYMPIC.

8/5/17 BRER Taken on strength. Shorncliffe 7/5/17 Pt II 064

2. 11. 17 " S/S on Proceeding Overseas to L.S.H. " Pt 2. 11. 17 " 242 L.S.H. Pt II 098 6 1/2

13. 4. 18 L.S.H Killed in Action Field Pt 30. 3. 18 " 31

EXEMPTED CHECKED

ASSIGNED PAY.

616.

PAID IN CANADA.

To whom	<i>Mr. S. J. Castle</i>	By whom assigned	<i>Castle, S. J.</i>
Address	<i>The Firs Hawkinge Folkestone, Kent</i>	Regtl. No.	<i>2293373</i>
Rate	<i>\$16⁰⁰</i>	Rank	<i>Pte</i>
Date to Commence	<i>Father</i>	Corps, &c.	<i>L.S.H.</i>

Month.	Cheque No.	Amt.	Amt. Debited	REMARKS.
1917. Oct.				<i>Killed in Action 30.3.18 C.A. 190. 17.4.18.</i>
Nov.				
Dec.				
1918. Jan.				<i>Paid by Pay II K.</i>
Feb.				
March		<u>16 00</u>		
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1919. Jan.				
Feb.				
March				

221 ⁴/₁₈

[Handwritten signature]

ASSIGNED PAY.

Month.	Cheque No.	Amt.	Amt. Debited.	REMARKS.
1916.				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1917.				
Jan.				
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
1918.				
Jan.				
Feb.				
March				
April				
May				
June				

ORIGINAL MEDICAL HISTORY SHEET ORIGINAL.

Surname CASTLE, Christian Name STEPHEN THOMAS

Examined { on 17th day of January 1917.
 at Winnipeg, Man.

Approved by R. Bowditch Anderson

Birthplace { City or Town Folkestone,
 County Kent, England.

Rank Capt Amul M.O.

Apparent age 22 years,

Trade or occupation Farmer,

Height 5 feet 5 1/2 Inches

Weight 160 lbs.

Chest measurement { Minimum 31 inches
 Maximum expansion 36 1/2 inches

Physical development Normal

Small-pox Marks None

Vaccination Marks { Arm Right — Left 3
 Number Three

When Vaccinated last childhood

(a) Marks indicating congenital peculiarities or previous disease None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS
<u>4/4/17</u>	<u>Suc.</u>	<u>Hyonker</u>

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/3/17</u>	<u>y</u>	<u>Shucker Capt</u>
<u>15/3/17</u>	<u>y</u>	<u>Shucker Capt</u>
<u>24/3/17</u>	<u>y</u>	<u>Shucker Capt</u>
<u>27/3/17</u>	<u>T.A.S.</u>	<u>Shucker Capt</u>

Enlisted on 17th day of January 1917 at Winnipeg

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>L.S. 34 (rec)</u>	<u>6672</u>		
Transferred to	<u>F.G.H</u>	<u>2293373</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.

J. No

FORM OF WILL.

I. (Name in full)
Stephen Thomas Castle
Regimental Number 2293373 serving in Regiment
the Overseas Military Forces of Canada, do hereby revoke all former Wills Canadian Reserve Cavalry
by me made and declare this to be my last Will.
I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Stephen Paul Castle
Uphill House,
Folkestone Kent

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

In Witness whereof I have hereunto set my hand

this 13th day of May A.D. 1917.

S.T. Castle

Signature.

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.

Name of Witness J O Roberts
Address of Witness Strathcona's Horse
Occupation of Witness Soldier
Name of Witness G.P.D. Stanley
Address of Witness N.S.A. (S.C.)
Occupation of Witness Soldier

RECORDS REGISTRY O.M.F. OF C.	
GREEN ARBOUR HOUSE,	
OLD BAILEY, LONDON, E.C. 4.	
R.L.	
REF TO	<u>HTAS</u>
16 MAY 1918	
C/D	L/R
FILE CHARGED	SINCE
TO	
ACTED ON	

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch

Date 10th
May 1918

[Signature]
Lieut.
For OFFICER I/C ESTATES.

NOTE Died K in A. 30-3-18
Transferred

L.S.N. No. 2293373 Castle S.T.

25381

GS.
[Signature]

FORM OF WILL

1557-10-1-17

I, the undersigned, do hereby certify that the above is a true and correct copy of the original of the will of the deceased, and that the same is in my possession and control.

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

Notary Public for the State of _____

My commission expires this _____ day of _____ 19____.

In testimony whereof, I have hereunto set my hand and seal at _____ this _____ day of _____ 19____.

Notary Public for the State of _____

My commission expires this _____ day of _____ 19____.

In testimony whereof, I have hereunto set my hand and seal at _____ this _____ day of _____ 19____.

Notary Public for the State of _____

My commission expires this _____ day of _____ 19____.

In testimony whereof, I have hereunto set my hand and seal at _____ this _____ day of _____ 19____.

Notary Public for the State of _____

My commission expires this _____ day of _____ 19____.

In testimony whereof, I have hereunto set my hand and seal at _____ this _____ day of _____ 19____.

Notary Public for the State of _____

My commission expires this _____ day of _____ 19____.

In testimony whereof, I have hereunto set my hand and seal at _____ this _____ day of _____ 19____.

F. 559.
MARRIED OR SINGLE

PLACE OF BIRTH *Dolkestone, Kent, Eng.*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs S. J. Bastle
 Uphill House, Dolkestone Kent*
 RELATIONSHIP OF NEXT OF KIN *Father*

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in Action</i>	<i>30/3/18</i>	<i>A190. 17/4/18</i>

REG'L. NO. *2793373* RANK _____ NAME *Bastle, Stephen Thomas*
 IF IN PERM. CORPS WHAT UNIT *7th Dist L.S.H.* TRANSFERRED TO *b.l.b.k.* DATE *1. 5. 17* AUTHORITY *L.P. 6 ban*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *L.S.H.* DATE *1-1-18* AUTHORITY *98 6/1/17*
 PLACE OF ATTESTATION *Winnipeg* TRANSFERRED TO *W.E.K.* DATE *1/4/18* AUTHORITY _____
 DATE OF ATTESTATION *6. 4. 17* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

NAME AND ADDRESS OF NEXT OF KIN _____
 RELATIONSHIP OF NEXT OF KIN _____

ASSIGNED PAY MONTHLY \$ *16⁰⁰* DATE EFFECTIVE *1/5/17*
 PAYABLE TO *Mrs S. J. Bastle, Uphill House Dolkestone Kent* RELATIONSHIP *Father*
The Sims, Hawkinge, Dolkestone, Kent. *Ch. effec. 1st 7/18*

SEPARATION ALLOWANCE MONTHLY \$ _____ EFFECTIVE (DATE) _____
 PAYABLE TO _____
 RELATIONSHIP OF DEPENDANT _____

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	NAME OF HOSPITAL
<i>M.E. Statement Received July 30/18 on Balance 48⁰⁰</i>		

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____
 PAYABLE TO _____ RELATIONSHIP _____
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) _____ EFFECTIVE _____ REASON _____
 DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY _____
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

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
<i>1917</i>																											
<i>May 31</i>	<i>1st</i>		<i>34 10</i>						<i>34 10</i>																		<i>Net Bal. L.P. ban</i>
<i>June 30</i>			<i>33</i>						<i>33</i>	<i>264 2/3</i>	<i>3/5/17</i>							<i>37</i>		<i>39 29</i>	<i>27 81</i>					<i>at. may June</i>	
<i>July 31</i>			<i>34 10</i>						<i>34 10</i>									<i>16</i>	<i>7 75</i>	<i>23 75</i>	<i>38 16</i>					<i>P.O.R. 1490 12 6/17</i>	
<i>Aug 31</i>			<i>34 10</i>						<i>34 10</i>	<i>349</i>	<i>26/4/17</i>							<i>16</i>		<i>33 03</i>	<i>39 23</i>						
<i>Sep 30</i>			<i>33</i>						<i>33</i>	<i>691</i>	<i>12/11/17</i>							<i>64</i>	<i>7 75</i>	<i>96 07</i>	<i>71 04</i>						
			<i>168 30</i>						<i>168 30</i>									<i>80</i>	<i>7 75</i>	<i>141 76</i>	<i>71 04</i>						
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE								
		<i>27 04</i>							<i>27 04</i>		<i>Forward</i>				<i>19 46</i>		<i>16</i>		<i>35 40</i>								
<i>Oct</i>	<i>Meal pay</i>	<i>34 10</i>		<i>Amount</i>				<i>16</i>		<i>Dec</i>				<i>1685463</i>				<i>16</i>									
		<i>34 10</i>		<i>at. 196 15th chet.</i>	<i>9 74</i>			<i>16</i>	<i>35 40</i>	<i>Nov</i>	<i>Meal pay</i>	<i>33</i>		<i>4103A66 L.P.R. 25/10/17</i>	<i>62</i>				<i>20 08</i>								
<i>Nov</i>				<i>B61856</i>				<i>16</i>		<i>Dec</i>				<i>34 10</i>					<i>20 08</i>								
				<i>AR 926</i>	<i>26-10-17</i>	<i>9 73</i>								<i>67 10</i>					<i>32</i>					<i>50 42</i>			
				<i>" 895</i>	<i>12-10-17</i>	<i>9 73</i>																					
				<i>Forward</i>		<i>19 46</i>		<i>16</i>	<i>35 40</i>																		

L.P.R. 00494 25/4/18
English A P 16⁰⁰ per month from 1/5/17

2293373

The Castle S.J.

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	c.						\$	c.																

MONTH PARTICULARS **CR. 1** **CR. 2** **PARTICULARS** **DR. 1** **DR. 2** **DR. 3** **DR. 4** **BALANCE** DEFERRED PAY SEPA PAY **MONTH PARTICULARS** **CR. 1** **CR. 2** **PARTICULARS** **DR. 1** **DR. 2** **DR. 3** **DR. 4** **BALANCE** DEFERRED PAY SEPA PAY

1918 Jan	34 10																												
		34 10																											
Feb		30 80																											
Mar	30 80																												
	34 10																												
Apr																													

Charge # 3213 2/10/18
Settlement of State Ledger 48 78
1878