

61st O. BATTERY C.E.F.

15th O/S Brigade C. F. A.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Original

No.

331896

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Grant
- 1a. What are your Christian names?..... Robert
- 1b. What is your present address?..... 722, 15th St South, Lethbridge, Alta.
2. In what Town, Township or Parish, and in what Country were you born?..... Leven, Twp Shire Scotland
3. What is the name of your next-of-kin?..... William Grant: 722-15th St. S.
4. What is the address of your next-of-kin?..... Leven, Twp Shire Scotland
- 4a. What is the relationship of your next-of-kin?..... father
5. What is the date of your birth?..... 21st Oct. 1891
6. What is your Trade or Calling?..... Schmelterman
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, Robert Grant, 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 April 25 1916. Robert Grant (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Robert Grant, 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 April 25 1916. Robert Grant (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 Lethbridge this 25th day of April 1916

[Signature] (Signature of Justice)

Description of Robert Grant on Enlistment.

Apparent Age 28 years 2 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9 ins.

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

Complexion Tan

Eyes Blue

Hair Brown

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

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).

mole centre back

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 April 25 1916

Place Lebburidge

M. G. F. H. M.
Capt. A. M.
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.

Robert Grant 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.

M. G. F. H. M. (Signature of Officer)

Date April 25th 1916

REGIMENTAL DOCUMENTS

NAME

Grant Robert

REGT. NO.

331896

UNIT

H. Q. FILE NO.

NON-EFFECTIVE BY

DEATH

Category

23543

DISCHARGE

Category

DESERTION

CONTENTS

ATTENDANCE 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)

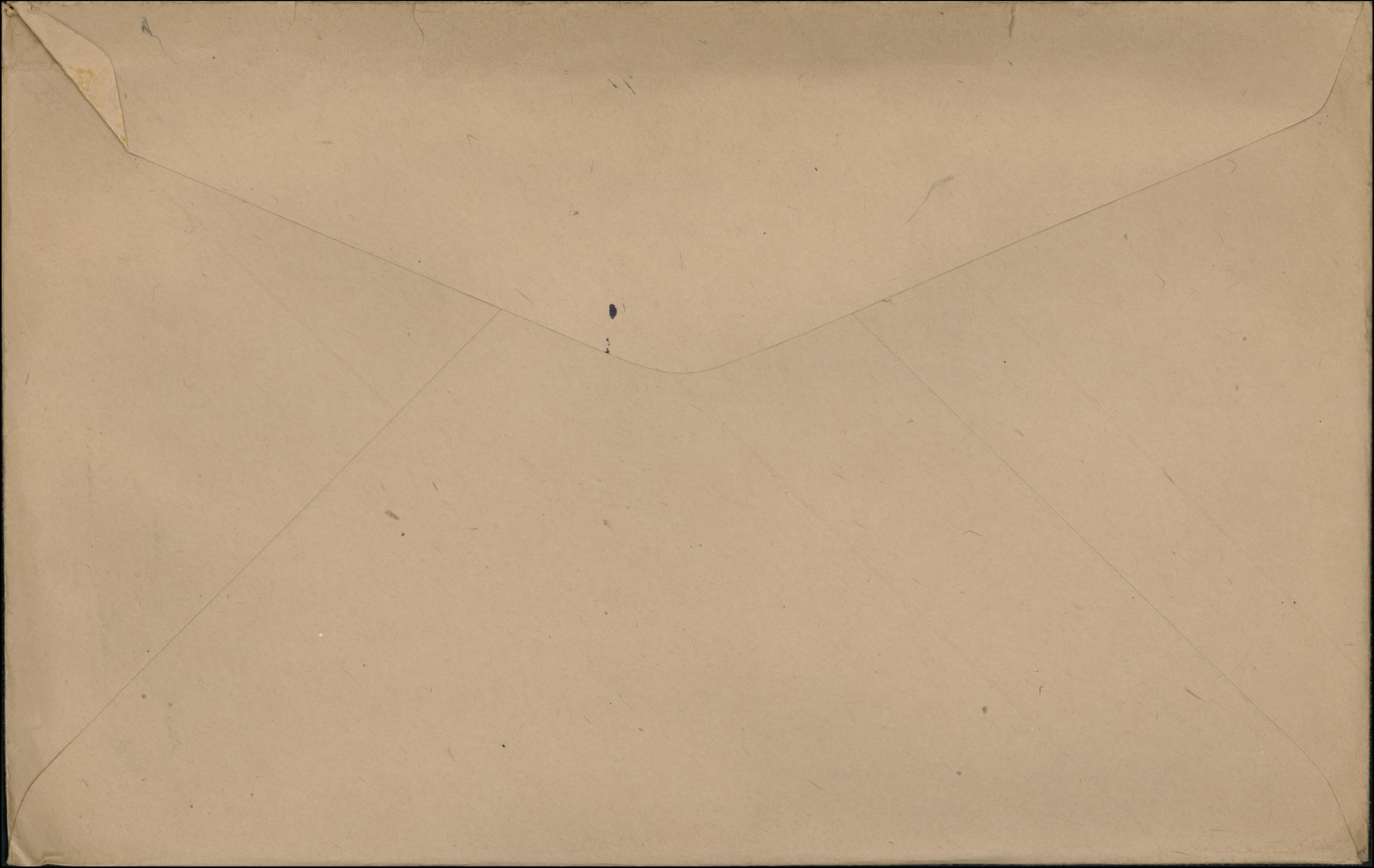
LAST PAY CERTIFICATE (M.F.W. 44)

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)

card
(will orig)
1 pc



P. 559.
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS

EFFECTIVE DATE

AUTHOR

Accidentally Killed

22-10-17

C.L.A. 81

ADMISSIONS TO HOSPITAL, &c.

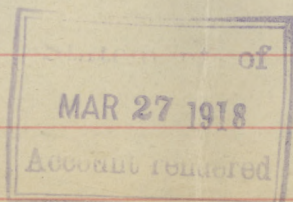
DATE ADMITTED

DATE DISCHARGED

V. OR A.

NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	c.			\$	c.			\$	c.				NO	DATE	NO.	DATE	NO.	DATE
1916																					
														10	10						
Sept	30	1.00	30		30	10	3								33		17	29-9-16			
Oct.	31		31		31		3	10							34	10	50	17	88	31	
Nov.	30		30		30		3								33		159	136	30		
Dec	31		31		31		3	10							34	10			192	22	
1914 Jan	21		21		21		2	10							23	10	228	16			
"	10		10		10		1	--							11						
Feb	28	1.70	30	80											30	80	269	5/2			
Mar	31		34	10											34	10		479	26	415	
Apr.	30		33												33					317 } 28/2 362 }	
May	31		34	10											34	10	77	23	36	16/4	
June	30		33												33		126	14	183	29/5	
July	31		34	10											34	10					
			367	40										10	377	40					



A. P. correct in

331896

Cran Grant

Robt

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS			
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		1	2	3	4	1	2	3	4				
			\$	C.			\$	C.					NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				
1917																								
Mar			367	40							10	374 40												
Aug.	31	1 ¹⁰	34	10								34 10												
Sep	30		33									33												
			434	50							10	444 50												

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. -RED. ALLG. PAY ENG.
Oct	Bal Fwd.								46 68	
	Mar		34 10	AP					15 65 48	
			34 10						15	
Nov				AR. 578. 16 7 40	446					
				610.	357					
					803				5775	
1918				501					55 08	
Jan				AR. 267 14. C.A. 24 17	267					
					267					
				Balance transferred to N. E. Branch.						
				Ottawa for Lett						
				VE 355-53/13-7/5/18					55 08	
May										

accidentally
D. O. 249

H PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
44	14.60			165	62	311.62	65	78			
				15		41.76	58	12			
30-				15		44.44	46	68			
68-											
42	14.60			195	62	297.82					

Rec'd

22.10.17

28.10.17

0.24.9.

10k? not sure

Number

331896

Rank

Sur ~~17~~

Surname

GRANT

Christian Name

Robert

Units

C. F. A.

Theatre of War

France

Date of Service

22-8-17

Remarks

Father

Latest Address

Mr. Wm. Grant

710-12th St. A. N.

Roll No.

Lethbridge Alta

200 .-2-21.

Page 13298

DESP. MAY 22 1922

REGN. NO.

46935

SURNAME.

*Grant.**(649-B-10048)*

CARD NO.

✓

CHRISTIAN NAMES

Robert.

FOLL.

REGL. No. *331896.*

RANK

*Sr.*UNIT *61st. Bty. (15th Bde.)*

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Grant,**William.*

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

~~*Seven, Fifeshire, Scot.*~~*710-12th. Ave., north, Lethbridge,**S.S.A.A.R. 10-1-17,**Alta.*

COUNTRY OF BIRTH

Scotland, Seven, Fifeshire,

DATE

Feb. 5th, 1891.

PLACE OF ATTESTATION

Lethbridge, Alta.

DATE

Apr. 25th, 1916.

MARRIED

SINGLE

Yes:

WIDOWER

TRADE OR CALLING

Smeltersman.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

25.

YEARS

2.

MONTHS

HEIGHT

5.

FEET

9.

INCHES

CHEST MEASUREMENT

37.

INCHES

EXPANSION

2.

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Brown.

DISTINGUISHING MARKS

mole centre of back.

MEDICAL EXAMINATION.

PLACE

Lethbridge, Alta.

DATE

Apr. 25th, 1916.

Present Address. 722. 15th. St. S., Lethbridge.
Alta.

No. 331896

RANK

Oto.

NAME

Grant, Robert.

T. O. S. 25-4-16 D. O. 15 of UNIT 61st Battery, C. E. H. (15th Bgde.)
26-4-16.

M. D. 18-3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Apr. 29 May June July Aug. Sept.	1916 Apr. 30	✓ ✓ ✓ ✓ ✓ ✓	Reported 29-4-16.	D. O. 15 of 26-4-16.



649-G-10048

331896 Gnr. Robert Grant. ~~61st. Bty.~~ ^{14th Bde C.F.A.}

not elig. for 14-155 Kan.

Medals & Dec.

(Father) Wm. Grant, Esq.,
710-12th St. A.N.
Lethbridge,
Alta.,

Plaque & Scroll.

(Father) Same as above.

Serial No 780097
Memorial Cross.

(Mother) Christina Grant,
Same as above

Scroll Desp. FEB 12 1921 gn. No 2-19195

87 Plaque Desp. JAN 20 1922 No 1-25969 30158

Desp. 8-11-20 (m) C 29600

476

Name GRANT.

Unit

Next of Kin

Robert

Rank *lpr*

14th Dec 67 A.

Canacta

R.L. 25-G-2337

Reg. No. 331896

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
22-10	Reported from Base			✓	W 1294	269
	<u>ACCIDENTALLY KILLED</u>				P.O.	249
	Ostana cabled 2-11-17			a-81	✓	28-10-17

[illegible]

SURNAME

CHRISTIAN NAME OR NAMES

FORM D M S 1300

REG. No.

GRANT.

R.

331896.

RANK

UNIT

Gnr.

C.A. 14^{Co.}B.

TROOP

BATTY.

HOSPITAL

DATE OF ADMISSION

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

2.

3.

R.F.B. ACCIDENTALLY KILLED. 22-10-17. ⁴⁰

DISPOSITION

DATE

C.L. 3-11-17. A81

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.

Surname Grant

Christian Name Robert

Examined { on 25 day of April 1916
at Lethbridge

Birthplace { City or Town Leven
County Wiltshire, Scot

Apparent age 25 yrs 2 mos

Trade or occupation Smelterman

Height 5 Feet 9 Inches.

Weight 165 Lbs.

Chest measurement { Minimum 35 inches.
Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right Left X
Number Child

When Vaccinated last Child

(a) Marks indicating congenital peculiarities or previous disease male centre of face

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

Approved by <u>M. D. G. Thomson</u>		
Rank <u>Capt. Amc</u> 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.
<u>1916</u>	<u>nil</u>	<u>M. D. G. Thomson</u> M.O.
		M.O.
		M.O.
Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>May 17</u>	<u>Typ</u>	<u>M. D. G. Thomson</u> M.O.
<u>May 17</u>	<u>Typ</u>	<u>M. D. G. Thomson</u> M.O.
<u>July 7/16</u>	<u>nil</u>	<u>M. D. G. Thomson</u> M.O.

Enlisted on 25 day of April 1916 at Lethbridge

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>61st Battery</u>	<u>331896</u>		<u>April 25/16</u>
	<u>14th Brigade C.F.A.</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.

J. Mo

Surname Frank-

Christian Name:

[illegible]

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

15th O/S Brigade C. F. A.

Unit, Regiment or Corps

Regimental No. 331896

Rank Private

Name

Grant, Robert

C. E. F.

Enlisted (a) 4/25/16

Terms of Service (a) War 76 mos

Service reckons from (a) 25/4/16

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)

Smelterman

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				
		Embarked, Canada	3 Halifax	11/9/16	
		Disembarked, England	Liverpool	22/9/16	
24.1.17	OC., 14th Bde, CFA.	Absorbed by 61st. Battery, 14th. Brigade, C.F.A.	Milford	22.1.17	Pt. 2, #22a, 22.1.17.
20 AUG 1917	OC. 14th Bde, CFA	Proceeded Overseas on service.	Witley Camp.	21.8.17.	Part 2 order No. 232
28.8.17	LR	LANDED IN FRANCE	HAVRE	22.8.17	885-3
22.10.17	14 Bde. C.F.A.	accidentally killed	Field	22.10.17	Letter R.A. 60 d/25.10.17. K.T. 16/27832. Part II 249 d/28.10.17.

Chas. S. McNeill

LIEUT.

OFFICER in RECORDS

CANADIAN SECTION G.H.Q.

3RD ECHELON

[P.T.O.]

(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.

CERTIFIED CORRECT.
20 AUG 31 AUG 1917
CAN. RECORDS, 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				

FORM OF WILL.

I, Robert Grant (Name in full)

Regimental Number 331896 serving in 61st Battery CEF

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

My Father Mr William Grant
722. 15th St South
Lethbridge Alberta

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

absolutely, and my personal estate I bequeath to

My Father William Grant
722. 15th St South
Lethbridge Alberta

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 7th day of September A. D. 1916

Robert Grant 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

Henry Jaught

Address of Witness

61th Battery C. F. A

Occupation of Witness

Soldier

**THE TWO
WITNESSES
MUST
SIGN HERE**

Signature of Second Witness

Joseph J. Hamilton

Address of Witness

61st Battery CFA

Occupation of Witness

Soldier

FORM OF WILL

I, *John Doe*, of the County of *Albany*, State of *New York*,

do hereby certify that I am of sound mind and memory,

and that I am not under any legal disability,

and that I am not under any legal obligation,

and that I am not under any legal restraint,

and that I am not under any legal compulsion,

and that I am not under any legal duress,

and that I am not under any legal fraud,

and that I am not under any legal coercion,

and that I am not under any legal force,

and that I am not under any legal violence,

and that I am not under any legal wrong,

and that I am not under any legal injury,

and that I am not under any legal damage,

and that I am not under any legal loss,

and that I am not under any legal harm,

and that I am not under any legal detriment,

and that I am not under any legal prejudice,

and that I am not under any legal disadvantage,

and that I am not under any legal disadvantage,

and that I am not under any legal disadvantage,

and that I am not under any legal disadvantage,

and that I am not under any legal disadvantage,

and that I am not under any legal disadvantage,

and that I am not under any legal disadvantage,

and that I am not under any legal disadvantage,

and that I am not under any legal disadvantage,

CHS Rank *sgt*

Name GRANT Robert

Reg'l No. 331896

R-122

U61st.Bty.15thBde.C.F.A. If in perm. Corps, }
What Unit? }

Married or Single Single

Place and Date of Enlistment Lethbridge. April.25th.1916 Place of Birth Leven Fifeshire
Scotland.

Name and Address, Next-of-Kin William Grant.

710 / 18TH ST. A. NORTH

722 - 15th.St.S.Lethbridge. Alta.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—7165-16.

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.

ARRIVED IN ENGLAND S S CAMERONIA 22-9-16

Now New I4th. Bde. Witley 22-I 17, Auth. 4th CDA 90 I 6I 24 I I7

20-8-17

"

Proceeded O/Seas

Gm Witley 21-8-17 Pt 0232

28-10-17

14th Bde

Acc. Killed

" Field 22-10-17 Pt 249

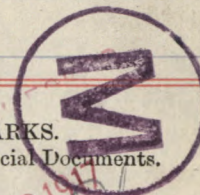
2-11-17

A

Accidentally Killed

" 22-10-17 CDA 81. b

N/L R.B. N.	2253
File R.L.	25 G-2337
Category	H.Did



28 AUG 1917

[illegible]

OVERSEAS CONTINGENTS

1772-39-819.

L. L. Job 4503. - Reg. 6832.

PAYMENTS.

Name of Soldier

331896

Gr.

61" Battery

\$15-00

Remarks

SEP 1 - 1916

#15-00

Remarks. SEP 1-1916

15. 5

15-0.

210.

15. 8

710-12th St - North 8/9/17

5 Mc closed 31-10-17 J. C. Cowan

6. 4. X to 31-10-17 210. J. C. 8-11-17

8491986 ans J. C. Cowan 8-11-17

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

OVERSEAS CONTINGENTS

M. F. W. 12

50m.—7-16

H. Q. 1772-39-819

To Whom

1-9-16
auth from Roll
8/9/17 JOB
Grant
William Grant

Address

710-12th St North
8/9/17 JOB
722-15th St South
Lethbridge
Alta

Rate

\$13.00

SEP 1 - 1916

By Whom Assigned

Grant
Grant Robert

Regtl. No.

331896

Rank

Im

Corps

61st Battery C.E.S.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



acc Pensions Notified Date... *8-11-17*
 Killed in Action }
 Died of Wounds } Date... *22-10-17*
 Missing }
 C. L. *24/5/17* Clerk... *J. C. Cowan*
 Date Noted... *8-11-1917*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch
OVERSEAS CONTINGENTS

Sep. 1st '16.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

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

PARTICULARS OF SEPARATION ALLOWANCE

No. *331896.*
Rank *Enr.* Promoted Reverted Discharge
Soldier's Name *Robert Grant.*
Battalion *61st Batty. C. E. F.*
Beneficiary
Relationship
Address

PARTICULARS OF ASSIGNMENT

Name *William Grant.*
Address *710-12th St. North Lethbridge*
Change of Address *Alta.*
1
2
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>					
<i>Dec. 31.</i>	<i>—</i>		<i>210.</i>	<i>210.</i>	<i>Acct. closed 31.10.17. C. F. X. to 31.10.17.</i>

accid. Pensions Notified Date *8-11-17.*
Killed in Action }
Died of Wounds } Date *22-10-17.*
Missing }
C. L. *24-5-11-17* Clerk.....
Date Noted *8-11-17.* 1917.

Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF ASSIGNMENT

4

M. F. W. 128.
40M. 6-7-1772-39-1141
L. L. 22320-M. & D. 7993.

NAME

Grant Robert

REGT'L No. 331896

H. Q. FILE No. 649.

RANK AND CORPS

Gnr. 14th Bde - C. F. A.

CABLE

NO.

DATE

C NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

m 6294

4-11-17

Accidentally Killed October 22nd 1917 ✓

Q. A. B.

2090a

Accidentally Killed Oct. 22nd 1917

Rouen

28-10-17

Rec 30-12-17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A81¹

Rep. from the Base

22-10-17

accidentally killed