

ATTESTATION PAPER.

No. 3081601

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|--|
| 1. What is your surname? | O'NEIL. |
| 1a. What are your Christian names? | Charles Henry, |
| 1b. What is your present address? | 28 1/2 Warren St. Roxbury, Mass. U.S.A., |
| 2. In what Town, Township or Parish, and in what Country were you born? | Co. Donegal, Ireland. |
| 3. What is the name of your next-of-kin? | Mrs. Catherine O'Neil, |
| 4. What is the address of your next-of-kin? | 28 1/2 Warren St. Roxbury, Mass. U.S.A. |
| 4a. What is the relationship of your next-of-kin? | Mother. |
| 5. What is the date of your birth? | 30th. June, 1894. |
| 6. What is your Trade or Calling? | Bookbinder. |
| 7. Are you married? | Single. |
| 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?
If so, state particulars of former Service. | No. C.H.O.N. |
| 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? | No. |
| 14. If so, what was the nature of the disability? | Not applicable. |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? | No. |
| 16. If so, what was the reason? | Not applicable. |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Henry O'Neil, 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.

Charles Henry O'Neil (Signature of Recruit)

Date 19th. January, 1918. Louis Berjean (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Henry O'Neil, 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.

Charles Henry O'Neil (Signature of Recruit)

Date 19th. January, 1918. Louis Berjean (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 Montreal this 21st. day of January, 1918.

[Signature] (Signature of Justice)

Description of Charles Henry O'Neil. on Enlistment.

Apparent Age 23 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 1 1/2 ins.

Chest measurement { Girth when fully expanded 32 ins.
Range of expansion 3 ins.

Complexion medium

Eyes blue

Hair auburn

Religious denominations. { Church of England
Presbyterian
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).

R.D. = 20
L.D. = 20
R.EAR M
L.EAR M

CERTIFICATE OF MEDICAL EXAMINATION.

Category A

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

Place Montreal

Declared FIT by MEDICAL BOARD
MOBILIZATION CENTRE, M. D. #4

J. H. Lang 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:—

Unrecalled

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Henry O'Neil. 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.

W. M. McWhorter Major
(Signature of Officer)
for C.C. 1st Depot Bn. 1st Quebec Regiment.

JAN 24 1918

Date 191

REGIMENTAL DOCUMENTS

NAME

O'Neil, Charles Henry

REGT. NO.

5081601

UNIT

1st Hospital Bn

M. F. W. 2505
REFERENCE

FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

NON-EFFECTIVE BY

ATTESTATION 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.B.W. 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)

DEATH

Category

DISCHARGE

Category

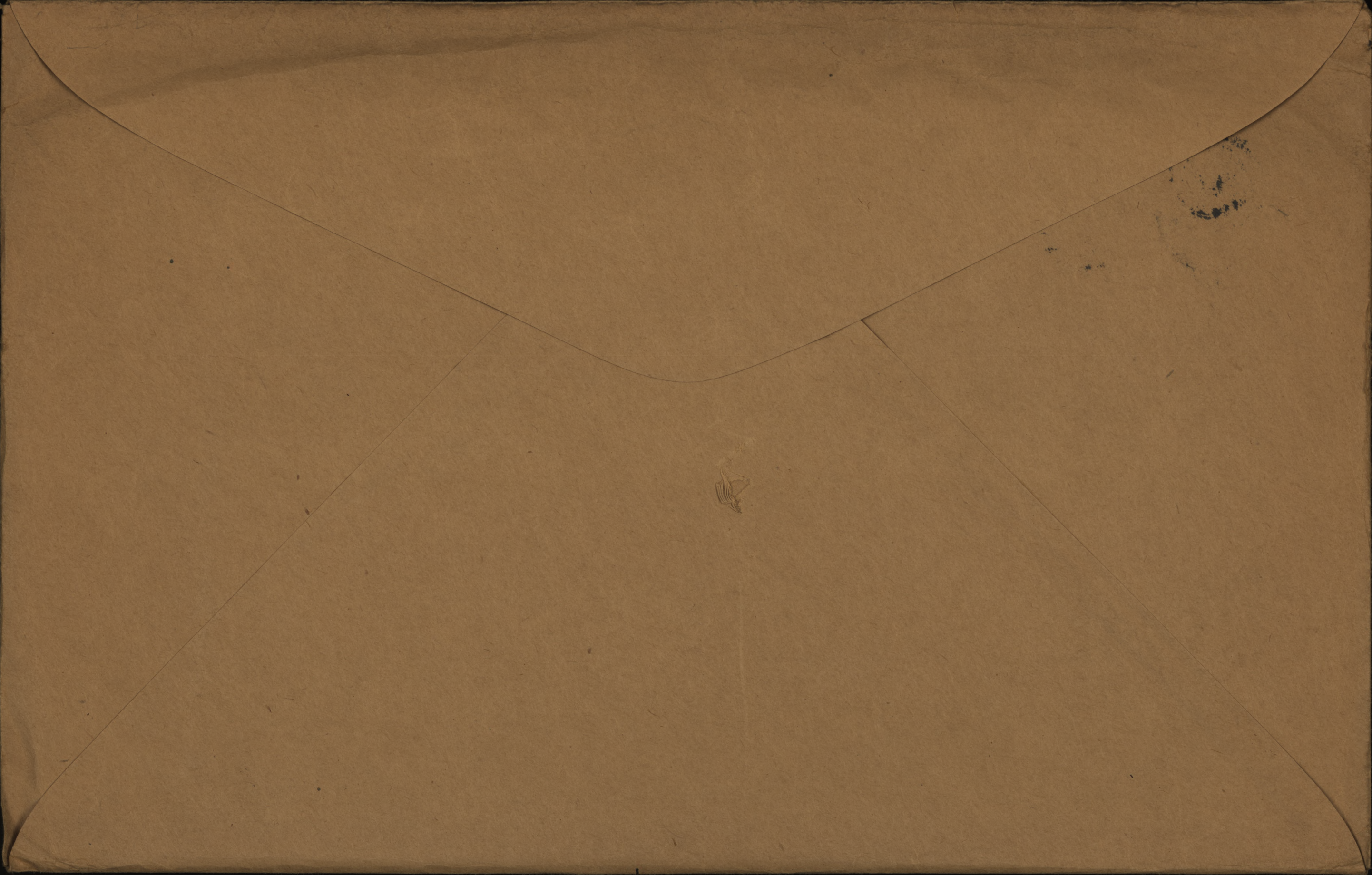
DESERTION

04490

34 — 4
13 — 5
4 — 5



914
24121
9145



NAME

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE NO

FOLLOWS

NO.

FOLLOWS

O'Neil Mrs Catherine, (Mother)

28 1/2 Warren St., Roxbury, Mass. U.S.A.

D. of wds. 14 Feb Amb. Aug. 28

1918. Plw. back. Lentg. Plw. R. Hand.

See back of card.

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A330-2.

(Ref. A309-3.9.18)
read. #4.

Due Regt.
have 2 10sp. to
Can fld. once.

✓ *O'Neil on a P.* *✓* *✓* H.Q. 649-0-2872.
O'Neil, Pte. Chas. Henry, #308601 5th Cdn. M. R. Bn.

M. & D. (Mother) Mrs. Catherine O'Neil,
28½ Warren St.,
Roxbury, Mass.

P. & S.
Mem. C.

(Ser. #7695"30)

Ditto.

Ditto.

Not Elig for 1914-15 Star

B. M.

B. & M. JUN 20 1921
Scroll Desp. Requi No. 2.47822

FEB 23 1922
Plague Desp. Requi No. P30334

91174.S

~~M~~ 643481 FEB 1 1921

725-

gm
Have

Number *23081601* Rank *At*

Surname *O'NEILL*

Christian Name *Charles Henry*

Units *5th C.M.P.* Theatre of War *France*

Date of Service *29-5-18*

Remarks *mother*

Latest Address *Mrs. Catherine O'Neill*
... 28 1/2 Warren St.

Roll No. *13" Page 7163.* *Roxbury Mass.*
U.S.A.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued _____

Yes
No

Date _____

Character on
discharge _____

Previous occupation _____

Date and place of
enlistment _____

Diagnosis _____

Date of Medical
Boards _____

Date _____

Remarks _____

*—Name will be given in full; surname first.

Name

O'NEIL

Rank

Pte

Reg. No.

3081601

Unit

5-6 M R

Mrs Catherine O'Neill

28 1/2 Warren St

Next of Kin

M SA

Roxbury

Mass. USA

Date

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

28-8-48

14 Can Field Amb Sev Back Injury
Hand

DIED. OF. WOUNDS.

Place of Death corrected to
W. 4. C. 7. Amb

Ref F/309 3.9.18.

F/330 27.9.18.

name to read O'NEIL and not
O'NEILL

A30

H291

35506

A330

A340

[illegible]

O'Neil

SURNAME

CHRISTIAN NAME OR NAMES

D.M.S. 1300-50M-21-11-17.

REG. NO.

O'Neill

B.H.

3081601

RANK

UNIT

Co.

TROOP

BATTY

HOSPITAL

DATE OF ADMISSION

14 b F. Amb 4. B. 7. Amb.

28.8.18

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

Subs Hand & Back pain.

2.

3.

Recd of Wounds 28.8.18 R

DISPOSITION

DATE

27.9.18 A309

REMARKS

27.9.18 A309 - 2. Note, the above man died
in 4. B. 7. Amb & not 14
4-10-18 A336 (3) Note Re Name on A309 - A330 R

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

4.3 a.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real-estate unto

..... Nil

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

absolutely, and my personal estate I bequeath to

Mrs. Catherine O'Neil, 28 1/2 Warren St.,

Roxbury, Mass., U.S.A.

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

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 21st day of January A.D. 1918

Charles Henry O'Neil.....Signature of Soldier.

*N.B. Personal estate includes ~~pay, effects, money in bank, insurance policy, and~~ 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..... Louis Berjean

Address of Witness..... 749 St. Louis Montreal P.Q.

THE TWO WITNESSES

Occupation of Witness..... Soldier

MUST
SIGN HERE

Signature of Second Witness..... *J. Stopkins*

Address of Witness..... *Gay St Barracks Montreal 1-2*

Occupation of Witness.....Soldier.....

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

M. F. W. 54. (A. F. B. 10s.

500M.—9-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps.

1st DEPOT BN. 1st QUEBEC REG'T.

Regimental No. 3081601 Rank Private Name O'NEIL Charles Henry

Enlisted (a) 19-1-19 Terms of Service (a) Service reckons from (a) 19-1-19

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) Bookbinder

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	18/1/18	Lafonia
		DISEMBARCKED	England	4-3-18	
15.3.18	23rd. Res. Batt'n.	Taken on strength from Canada	Bramshott.	5.3.18.	D.P.11 I.74
30/5/18	Do	Pasted to 5th C.M.P. Do		29/5/18	DP 11 0153 MB
30.5.18	b. I.B.D.	Landed + 405.5 C.M.P.	b. I.B.D.	30.5.18	N.R. Do 60
6.6.18.	C.I.B.D.	Left for	C.C.R.C.	6.6.18.	N.R. 1260.
7.6.18	CCRC	arrived	CCRC.	7.6.18	N.R. A134
15.6.18.	CC.R.C.	Left for	Unit	15.6.18.	N.R.d. 1030
22.6.18.	Unit.	Joined	Unit	16.6.18.	B. 213
28.9.18	O.C. 4 C.F.A.	Died of wounds received in action	4 C.F.A.	28.8.18	A36/8237, H/3148 D.O.91 d/3-9-18.

(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.

[illegible]

5th Inf. En, 1st Quebec

E.E.

Rank

Name O'NEIL, Charles Henry

Reg'l No. 3081601

Unit

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Montreal, 19th Jan. 1918

Place of Birth Co Donegal, Ireland

Name and Address, Next-of-Kin Mrs Catherine O'Neil,

28 1/2, Warren Street, Roxbury, Mass: U.S.A.

Relationship

Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

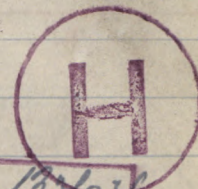
Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

*m + 24-1-21
9ms*



N/E. R.B. No. 13403
File R.L. 250-660
Category Defw

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	4 JUN 1918	4-3-18	S/S SAXONIA
15-3-18	21 st Res	S.O.S.	A. B. 103 C.H.	5-3-18	P.O. 74
30.5.18	Do.	S.O.S. to 5 C.M.R.	Rte Do.	29.5.18	Do. 150480.608/5-6-18
3-9-18	56 M.P.	Died of Wounds	Rte. 21d	28-8-18	Do 91
3.9.18	---	---	---	28.8.18	62 ^A 309

[illegible]

BCMR. No. 33919

G.M.K.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

1. Surname O'NEIL Christian name Charles Henry

2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....

3. Consecutive number on schedule of men reporting for service (if he appears on it).....

4. Address (including street and number, if any)..... 28 1/2 Warren St. Roxbury, St. Mass., U.S.A.,

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21st day of January, 1918. 1917, by the undersigned medical board sitting at Montreal.

5. Age as stated 23 Years 3 Months. 6. Apparent age 23 Years 3 Months

7. Height 5 Feet 11 1/2 Inches. 8. Weight 108 Pounds.

9. Chest measurement { Minimum 29 Ins. 10. Complexion medium { Eyes blue.
Maximum 32 Ins. { Hair aburn.

11. Physical development. Good { Good Fair Poor 12. Smallpox marks None

13. Number of vaccination marks { Right arm..... 14. When vaccinated last Child
Left arm 1

15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection Venecricle

The man denies having had { Rheumatism We find no evidence of past { Rheumatism
Tuberculosis Tuberculosis
Syphilis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

R. D. = 20
L. D. = 20
R. EAR M
L. EAR M

L. M. Lindsay Capt. W. A. H. Mas President. G. R. Ham Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>FEB 5 1918</u>		<u>H. Boone Capt</u> M.O.	<u>23</u>	<u>16</u>	<u>A. B. Vipond</u> M.O.
		M.O.	<u>27</u>	<u>16</u>	<u>A. B. Vipond</u> M.O.
		M.O.	<u>21</u>	<u>18</u>	<u>A. B. Vipond</u> M.O.

Joined 19th. day of January, 1918 at Montreal.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st DEPOT BN. 1st QUEBEC REG'T.</u>	<u>5081601</u>		
Joined on enlistment			
Transferred to.....			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Montreal</u>	<u>6.2.18</u>	<u>Fil</u>	<u>H. Boone</u>

N.B.—This sheet is 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.

Christian Name.

Charles Henry.

[illegible]

Register No.

00171

WAR SERVICE GRATUITY

TO

DEPENDENTS OF DECEASED SOLDIERS

A.P. File No.

013952-6-18

Regt'l No. 3081601. Name Chas. H. O'Neil.
(Christian Name) (Surname)
Unit 5th C.M.D. Rank Pte. Date of enlistment
Date of casualty 28-8-18. B.P.C. File No. 135440.
Was service performed overseas? Yes.

DEPENDENT

Name Mrs. Catherine O'Neil. Relationship W. mother.
Address 28 1/2 Warren St.,
Roxbury, Mass.,
U.S.A.

Amount of Special Pension Bonus \$ nil. Abstracted by J.M. Davidson.

Eligible for Gratuity \$

Less amount of Special Pension Bonus paid \$

Less Debit Balance of S. A. or A.P. \$

Total deductions \$

Balance due \$

Cheque No. Date issued

REMARKS:

Not eligible to S.A.
paid

Clerk

J. H. Court.

Audited by

Date

M.F.W. 2652
25M-6-20,
H.Q. 1772-30-1473

"Noted 27/8/20
D.Y. 80"

Three months pay and allowances after discharge.

Surname

Christian Name

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. 53961—M. & D. 9721~~

[illegible]

Remarks:

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

* Strike out whichever inapplicable.

ASSIGNED
PAY.

ENGLAND OR
CANADA.

SEPARATION
ALLOWANCE.

ENGLAND OR
CANADA.

EFFECTIVE
DATE:-

EFFECTIVE
DATE:-

NAME:- O'NEIL, Charles Henry

NUMBER:- 3081601

AMOUNT:- \$15.00

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE
WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

AUTHORITY

DATE
EFFECTIVE

RANK OR APPOINTMENT

Mrs Katherine O'Neil
28 1/2 Warren St,
Boston, Mass U.S.A.
A.M. 21-78. Mother

Plt

UNIT AND TRANSFERS

ORIGINAL UNIT:- 1st Dep Bn, 1st Q.R.D.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY

DATE
EFFECTIVE

DATE LEDGER
SHEET T'S'D

UNIT TRANSFERRED TO

60 - 30/5/18 1/6/18 19/6/18 56 M.D.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED
BY INSERTION OF DATE CHARGED IN RED INK

DATE OF
PAYMENT

NUMBER
OF A.R.

UNIT PAID BY

AMOUNT

DATE OF
PAYMENT

NUMBER
OF A.R.

UNIT PAID BY

AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBSCE
ALL'CE

PAY BOOK CHECKED.
Date 7/10/18
By B. Penfield
N.E. BLANCH.

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31-3-18	Bal. Fwd.								25.83	15-	
apl	P. Pay	33		AR 89 23 Res 15/4/18	7.30				18.53		
				AR 207 23 Res 30/4/18	7.30				51.53	30.	
		33			14.60				44.23		
May	P. P.	34/10							78.33		
				AR 378- 23 Res- 15/5/18	9.73				68.60	45	
				" 572. --- 31/5/18	7.30				61.30		
		34/10			17.03						
JUN	P. P.	33							94.30		
				AR 005/202 23 Res- 20/5/18	5.6				93.74		
				AR 732 305 SWARK. 11/6/18	13.57				90.17	60.	
				" 31. 8 C. 178. 22/6/18	13.57				86.60		
		33			7.70						
July	P.P.	34/10		AR 203. 5 C. 1. B. 16.7.18.	4.46				116.24		
				" 494 " 27.7.18	3.57				112.67	75	
		34/10			8.03						
AUG	P.P.	34/10		A.P. Can.				15	131.77		
				AR 705 " 17/11/18	4.46				127.31		
		34/10			4.46			15			
Nov	Monday	250							129.81		NESCAT. 2.1.19
Feb		250		On Bal trans to Ottawa	129.81				Nil		or 129.81
					129.81						

Date of Enlistment 19, 1, 18.

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch 0

OVERSEAS CONTINGENTS

2274

1 Aug. 1918.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.00			
-------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. _____
Rank _____ Promoted _____ Reverted _____ Discharge _____
Soldier's Name _____
Battalion 1st Depot Bn.
Beneficiary _____
Relationship _____
Address _____

PARTICULARS OF ASSIGNMENT

Name _____
Address _____
Change of Address _____
1 MRS. KATHERINE O'NEIL,
28 1/2 WARREN ST.,
BOSTON, MASS., U.S.A. 15 15.00
% 3081601 PTE C.H. O'NEIL
3 FIFTEEN DOLLARS
4

Date	Cheque No.	Amount S/A	Amount A/P	Total
Aug	2 38080		15	15
Sept	2 51984		15	15
Oct	2 66829		15	15
Nov	2 81403		15	15
Dec	2 98809		15	15
Jan 1919	2 112028		15	15
Feb	2 125198		15	15
Mar	2 137114		15	15
Apr	2 6164		15	15
May			15	15
			135	135

7-013952-C-18 REMARKS N. R. 703A

Account closed 30.4.19. Soldier A. of H. 28.8.18.
C. J. X. 1.5.19.
M.R.O. "Aes." L. H. 98173 - 6.5.19. C.H.M.

M. F. W. 128.
40M. 6-7-17238-1141
L. L. 22320-M. & D. 1933.

AUTHORITY FOR NEW ACCT. 27. 21 June 1918.
M. Hollerant.
6.8.18.

