

Original

1st. W.O.R.

ATTESTATION PAPER.

No. 2356019

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Thorne.
1a. What are your Christian names? Samuel Eugene.
1b. What is your present address? Sherman Hotel, Mt. Clemens, Mich.
2. In what Town, Township or Parish, and in what Country were you born? Port Jervis, New York U.S.A.
3. What is the name of your next-of-kin? Inez Thorne.
4. What is the address of your next-of-kin? 76 Pike St., Port Jervis New York, USA
4a. What is the relationship of your next-of-kin? sister
5. What is the date of your birth? Oct. 3rd, 1894
6. What is your Trade or Calling? clerk
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? 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? no
14. If so, what was the nature of the disability? none
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? none
16. If so, what was the reason? none

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Samuel Eugene Thorne, 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.

Samuel Eugene Thorne (Signature of Recruit)

Date Jan. 4th, 1918 (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Samuel Eugene Thorne, 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.

Samuel Eugene Thorne (Signature of Recruit)

Date Jan. 4th, 1918 (Signature of Witness)

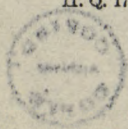
CERTIFICATE OF MAGISTRATE.

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 Windsor, Ont. this 4th day of January 1918

F. G. Stanbury, Mago. (Signature of Justice)



Description of Samuel Eugene Thorne on Enlistment.

Apparent Age 23 years 3 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. 9 1/2 ins.

Chest measurement { Girth when fully expanded..... 35 1/2 ins.
 Range of expansion..... 2 1/8 ins.

Complexion dark

Eyes brown

Hair dark brown

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

Hearing-----Normal.

Vision-----R.E. 20-20
 L.E. 20-20

CERTIFICATE OF MEDICAL EXAMINATION.

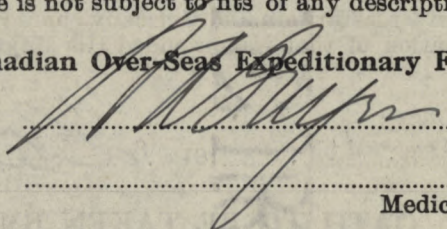
I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

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-Sea Expeditionary Force.

Date..... January 4th, 191 8

Place..... Windsor, Ontario



Medical Officer.

*Insert here "fit" or "unfit."

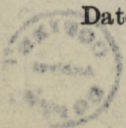
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Samuel Eugene Thorne 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.

A. L. Milligan (Signature of Officer)
 O. C. 1st Depot Battalion, W. C. R.

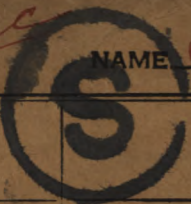
Date..... 8-1-18 191 .



Luc
NAME *Thorne, Samuel Eugene*

REGT. NO. *2356019* UNIT _____

H. Q. FILE NO _____



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

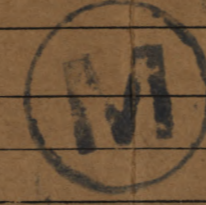
DISCHARGE

Category

DESERTION

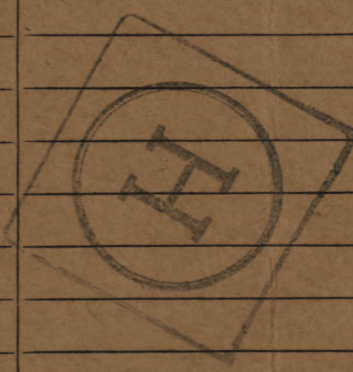
2
28-4
16-4
3-4

2



Handwritten signature/initials

11290



- 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.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)

1 Form of will
1 Receipt for will
1 Cas paid
1 R125

MV
2.9.20
gts



2356019

I.D. number

No. d'identification

THORNE

Surname

Nom de famille

SAMUEL EUGENE

Given names

Prénoms

**PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL**

**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location

Lieu

9672

**« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »**



142
P

~~B~~

Pte

Number 2356019 Rank _____

Surname THORNE

Christian Name Samuel Eugene

Units 44th Bn Cany Theatre of War Drause

Date of Service 10-5-18

Remarks _____

Latest Address Mrs Inez Quick

48. Jackson Ave

Roll No B Page 11415 Rutherford, N. J.

N.S.A.

200m.-2-21.M.

DESP. APR 15 1922

REGN. NO. *HC 9430*

NAME *Thorne Samuel Eugene*

REGT'L. No. 2356019

RANK AND CORPS *To 44th Bn (4 R)*

H. Q. FILE No. 649

Wish Outfit
From W.O. 1.
FOLLOWS
No. *J. 1st Depo Bn*
FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
<i>W. of 16.</i>	<i>now married.</i>	<i>u.s.a.</i>
<i>H. 328</i>	<i>21-9-18</i>	<i>Inez Thorne (Sister)</i> <i>76 Pike St. Port Jervis, N. Y. U.S.A.</i>
<i>N. of X. New address</i>	<i>C. F. O. 1-10-18.</i>	<i>Mrs. Norman Quirk, (Sister)</i> <i>48 Jackson Ave., Rutherford, N. J.</i>

name & address below.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6164	Penningsh Aldershot	13-3-18	T. W. G.
6285 ²⁶⁴	W. Rich.	22-3-18	" " " "
A323-1		8-9-18	Killed in action

D
89
18

CARD NO. X

SURNAME. *Thorne,*

CHRISTIAN NAMES *Samuel Eugene*

REGL. NO. *2356019* RANK *Pte.*

UNIT *West. Ont. Regt., 1st. Dep. Bn., (2nd R.D.)*

FORMER CORPS *nil.*

FOLL.

NAMES IN FULL *(Married name) Mrs Norman Thorne, Inez*

NEXT OF KIN.

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER *sister*

ADDRESS *76 Pike St., Port Jervis, N.Y., U.S.A.*

Rutherford N. J.

Auth. C.Y.B. 1/10/18.

COUNTRY OF BIRTH *U.S.A., Port Jervis N.Y.*

DATE *Oct, 3rd, 1894*

PLACE OF ATTESTATION *Windsor Ont.*

DATE *Jan. 4th, 1918*

From Halifax P.W.S. "Scotian" 27-1-18. 8. 1096

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

649-T-10266.

Thorne, Samuel E. Pte. ^{Eugene} 42356019, ^{44th} 47th, Bn.

Not Eligible for 14-15 Stars (from)

Med. and Dec. (Sister) Mrs. Inez Quick,
48 Jackson Ave.,
Rutherford, N.J., USA

P. & S. (mother) Mrs. A.W. Rennicks,
1705 East 6 St.,
Sedalia, Mo. U.S.A.

Ser # 797779

Mem. Cross " As above.

APR 7 - 1921
Serial Desc. 2.33923 Regn. No.

Desp. SEP 9 1920

(m) C 2207808

P. 746
JUL 30 1921
Plaque Desc. Regn. No.

gns

M

3/3

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Thorne.

S_E

2356019.

RANK

UNIT

Co.

TROOP

BATTY.

pt

W. Co

4 R.

Man. 44

HOSPITAL

DATE OF ADMISSION

Com. Hosp Aldershot

13. 3. 18

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

V. D. G. Ho

1.

2.

Killed in Action 8-9-18

3.

R

DISPOSITION

DATE

Ch. 21. 3. 18 C. 164

Di. 22. 3. 18

29. 7. 18 C. 264

19. 9. 18 C. 223

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.

[Faint, illegible markings or stamps at the bottom of the page]

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

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

350M.—5-16
H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Battalion W.O.R.

Regimental No. 2356019 ✓ Rank Pte Name Thorne, Samuel Eugene ✓

Enlisted (a) 4/1/18 Terms of Service (a) 8 of 5 on C. E. F. Service reckons from (a) #1-'18 ✓

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) Clerk

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				
18-1-18	1st Depot Bn. W.O.R.	Transferred O/S. London, Ont.	18-1-18.	H.Q. 593-67. 4/10-1-18	
		EMBARKED <u>22/1/18</u> CANADA DISEMBARKED <u>7/2/18</u> ENGLAND			H.M.T. <u>Scotians</u> H.M.T.

(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.



Casualty Form - Active Service

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				

CERTIFIED CORRECT,
 16 MAY 1918
 CAN. RECORDS, LONDON.

18-2-18	O.C. 4th Res. Bn.	T.O.S. 4th. Res. Bn.	Bramshott	6-2-18	Pt. 2 order No. 41 ✓
11-5-18	O.C. 4th Can. Res.	Having proceeded overseas to 47th. Battalion is SOB. 4th. Canadian Reserve Battn.	Witley	10-5-18	Pt 2 D.C. 112 ✓ <i>M</i>

[Signature] Lieut
Adj. for O.C. 4th. Can. Res. Battn.

DO. No. 40 d/21-5-18

11.5.18	C. I. B. D.	T. O. S. 37 TH BN ON ARRIVAL	FRANCE	11.5.18	N. R. 667.
23.5.18	C. I. B. D.	S. O. S. TO C. C. R. C.	FIELD	23.5.18	N. R.
23.5.18	C. C. R. C.	T. O. S.	"	23.5.18	N. R. 723.
	C. C. R. C.	S. O. S. TO UNIT	"		N. R.
	UNIT	JOINED UNIT	"		B. 213
14.8.18	all 9 SOB	47 Bn outtransfers to 44 Bn		14.8.18	NR 848. DO 73/1918
20	50	208 44 Bn from 47 Bn		15.8.18	50 DO 93/1918
17.8.18	44 Bn	joined			B 213
10.9.18	✓	killed in action	FIELD	8.9.18	Letter G. 8 H. 1. 17-1373 DO 109 1918

[Signature]
Lieut
for Lt Col AAG
Canadian Record



Draft 1st, Depot. Bn To-W. O Regt

~~WEST ONT. REGT.~~

ET. Rank Name THORNE, Samuel Eugene Reg'l No 2356019
 Unit If in perm. Corps }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Windsor. Jan. 4th. 1918. Place of Birth ~~Sharn~~ Port Jervis
 New York. U.S.A.
 Name and Address, Next-of-Kin Inez Thorne,
 76, Pike St, Port Jervis, New York. U.S.A. Relationship Sister

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship

Relationship

N/E. R.B. No. 12478
 File R.L. 251.218.
 Category K.A.

MT 20
 2-9-18
 J.A.E.

Discharge, Date and Place Reason Character

H. W. V., Ld.—9:46-16.

M

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	6-2-18	S/S SCOTIAN
18.2.18	4 th Res.	Taken on strength	Bishott	6.2.18	R# 041
11.5.18	"	505 to 47th Buops.	Witley Pa	10.5.18	" 112. 15 th 16 th 21 5 18
24.8.18	47 Bn	505 to 44 Bn	Pt Field	14.8.18	R# 73 214 #2 93d/26 8/18
6.9.18	44	Killed in Action.	Pt Field	8.9.18	Pl 109

COPIED
 Archive
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ORIGINAL. MEDICAL HISTORY SHEET

Surname Thorne Christian Name Samuel Eugene

Examined { on 4th day of Jan. 1918
 at Windsor, Ontario.
 Birthplace { City or Town Port Jervis, NY
 County U.S.A. Rank _____ M.O. _____

Apparent age 23 years 3 months
 Trade or occupation clerk
 Height 5 feet 9½ Inches M.O. _____
 Weight 139½ lbs. M.O. _____
 Chest measurement { Minimum 32 inches M.O. _____
 Maximum expansion 35½ inches M.O. _____
 Physical development fair M.O. _____
 Small-pox Marks nil M.O. _____

Vaccination Marks { Arm Right 0 Left 0
 Number _____
 When Vaccinated last never
 (a) Marks indicating congenital peculiarities or previous disease appendictory scar.
small fleshy tumor front og left ear

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

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>13/1/18</u>	<u>A</u>	<u>W. E. M. Lark Capt. M.O.</u>
		M.O. _____
		M.O. _____
		M.O. _____
		M.O. _____
		M.O. _____
Date	Result	VACCINATIONS
<u>8/1/18</u>		<u>H. J. Army of. Capt. M.O.</u>
		M.O. _____
		M.O. _____
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/1/18</u>		<u>H. J. Army of. Capt. M.O.</u>
<u>13/1/18</u>		<u>H. J. Army of. Capt. M.O.</u>
<u>25/1/18</u>		<u>R. W. S. Fullerton Capt. M.O.</u>

Enlisted on 4th day of January 1918 at Windsor, Ont.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Battalion, W. O. R.</u>	<u>2356019</u>		<u>5-1-18</u>
Joined on enlistment	4th CAN. RES. BATTALION.		
Transferred to	<u>47th Bn</u>		

Category A-2
EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>JAN 4 1918</u>	<u>Quickerhead of neck.</u>	<u>A</u>
<u>C. A. M. E.</u>		<u>C. A. M. E.</u>	
<u>examined by Med. Board: 11 members met. 13/1/18</u> <u>needs dental attention.</u>			<u>W. E. M. Lark Capt. M.O.</u>

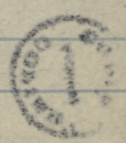
N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



Christian Name

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
CONNAUGHT, ALDERSHOT,		12	3	18	22	3	18	Gonorrhoea	11	Chl' & Prop. Slight. properly treated. Recovery. B. Phillips & Sons	



45E

FORM OF WILL

I, Samuel Eugene Thorne (Name in full)
 Regimental Number 2356019 serving in
 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

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

absolutely, and my personal estate I bequeath to Sister

Inez Thorne } Name and Address
76 Park St } of person or
Port Jervis N.Y. U.S.A. } persons to receive
 personal estate*
 (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

this 15 day of January A.D. 1918
 This must be signed and Dated by
 THE SOLDIER HIMSELF. Samuel Eugene Thorne 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 [Signature]
 Address of Witness [Address]
 Occupation of Witness Soldier
 Signature of Second Witness E. A. Rose
 Address of Witness London Ont
 Occupation of Witness Soldier

MEDICAL HISTORY SHEET

Surname Thorne Christian Name Samuel Eugene

Examined { on 4th day of Jan. 1918
 at Windsor, Ontario.
 Birthplace { City or Town Port Jervis, NY Rank _____ M.O. _____
 County U.S.A.

Apparent age 23 years 5 months
 Trade or occupation clerk
 Height 5 feet 9 1/2 Inches M.O. _____
 Weight 139 1/2 lbs. M.O. _____
 Chest measurement { Minimum 32 inches M.O. _____
 Maximum expansion 35 1/2 inches M.O. _____
 Physical development fair M.O. _____
 Small-pox Marks nil M.O. _____

Vaccination Marks { Arm Right 0 Left 0
 Number _____
 When Vaccinated last never
 (a) Marks indicating congenital peculiarities or previous disease appendectomy scar. M.O. _____
small fleshy tumor front of left ear M.O. _____

(b) Slight defects but not sufficient to cause rejection
none
 Date Result ANTI-TYPHOID INOCULATIONS, ETC.
8/1/18 H. J. Armyok. Capt. Amc. M.O. _____
13/1/18 H. J. Armyok. Capt. Amc. M.O. _____
25/1/18 H. W. S. ... M.O. _____

Enlisted on 4th day of January 1918 at Windsor, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Battalion, W. O. R.</u>	<u>2356019</u>		<u>5-1-18</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD Category A-2

STATION	DATE	DISEASE	RESULT
<u>Windsor, Ont.</u>	<u>JAN 4 1918</u>	<u>Stomach needs dental attention</u>	<u>Amc.</u>
<u>C. A. M. E.</u>		<u>C. A. M. E.</u>	
<p><i>examined by Medical Board, St Thomas Ont, 13/1/18 A. C. E. Mc Hardy Capt. Amc. Pres.</i></p>			

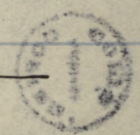
N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



Christian Name

Surname

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				



P. 559
 MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Port Jervis, N.Y.*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs Thorne*
76 Pike St., Port Jervis, N.Y.
 RELATIONSHIP OF NEXT OF KIN *Sister.*
 NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L No. *2356019* RANK *Private* NAME *THORNE, Samuel Eugene*
 IF IN PERM. CORPS | *1st W.O.R.* UNIT
 WHAT UNIT
 PERMANENT FORCE ALLOWANCES
 PLACE OF ATTESTATION *Windsor, Ontario*
 DATE OF ATTESTATION *5/1/18*

TRANSFERRED TO *4th Res Bn* DATE AUTHORITY
 TRANSFERRED TO DATE AUTHORITY
 TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ *Nil* 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)

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

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

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 \$ c.	NO. OF DAYS	RATE	AMOUNT \$ c.				NO. OF DAYS	RATE	AMOUNT \$ c.	1 NO. DATE	2 NO. DATE	3 NO. DATE	4 NO. DATE	1				2	3				4	CREDIT	DEBIT
<i>1918</i>																												
<i>Jan</i>																												
<i>Feb</i>																												
<i>March</i>																												

Jan. 31st Balance from Canada 22.55
March 1st to March 31st 64.90
Apr 1st 28th 29.20
Apr 29th 24th 2.43
Apr 29th 11 days 6.60
Apr 29th 4 Res. 31.63
660
49.22.30

ASSIGNED PAY.	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-		EFFECTIVE DATE:-	
AMOUNT:-		AMOUNT:-	

NAME:- *THORNE, Samuel Eugene*
NUMBER:- *2356019*

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
				<i>Pte</i>

PARTICULARS OF RANK OR APPOINTMENT		
<i>Reservist Acton</i>	<i>8.9.18</i>	<i>Class 23-19/9/18</i>

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

UNIT AND TRANSFERS			
ORIGINAL UNIT:-	<i>1st W.O.R.</i>		
DATE ACCOUNT FIRST OPENED:-	<i>1-2-18</i>		
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			<i>44th Reg Bn</i>
<i>48</i>	<i>11/5/18</i>	<i>19/6/18</i>	<i>47th Bn</i>
	<i>1-9-18</i>	<i>20-9-18</i>	<i>44th Bn</i>
	<i>1-11-18</i>	<i>16/10</i>	<i>W.O.R.</i>

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS-CE ALL'CE
	<i>1.00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:-											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>3/31/18</i>	<i>Balanced Forward</i>								<i>492</i>	<i>30-</i>	
<i>apl.</i>	<i>30 Pte</i>	<i>33</i>		<i>OR 151 2/4/18 4 Res</i>	<i>730</i>						
				<i>OR 005 3. 1.3.18.</i>	<i>26</i>						
				<i>OR 29/4 H Res</i>	<i>973</i>				<i>6493</i>	<i>45-</i>	
<i>May</i>	<i>31 Pte</i>	<i>33</i>		<i>OR 493 10/5/18 H Res</i>	<i>17.29</i>						
<i>June</i>	<i>Pte Pra.</i>	<i>34 10</i>		<i>OR 516 4/4/18 4 W. C. B. L. L.</i>	<i>4.57</i>				<i>9416</i>	<i>600</i>	
		<i>33</i>		<i>" 510 30/4/18 5 Bn. C. P. T.</i>	<i>3.57</i>						
<i>July</i>	<i>Pte Pra.</i>	<i>33</i>		<i>OR 4005. 32 7/5/18 4 Res</i>	<i>72</i>				<i>1184.</i>	<i>75</i>	
		<i>34 10</i>		<i>OR 785 15/7/18 5 Bn. C. P. T.</i>	<i>3.57</i>						
<i>Aug</i>	<i>P. Pay</i>	<i>34 10</i>		<i>" 960 31/7/18 "</i>	<i>3.57</i>				<i>14537</i>	<i>90</i>	
		<i>34 10</i>		<i>OR 695 26/8/18 10 B. P. B.</i>	<i>3.57</i>				<i>17947</i>		
<i>Sept</i>	<i>P. Pay</i>	<i>33</i>		<i>OR 742 44 6.9.18</i>	<i>3.57</i>				<i>17590</i>	<i>105</i>	
		<i>33</i>			<i>7.14</i>				<i>20176</i>	<i>120</i>	
<i>Oct</i>		<i>34 10</i>							<i>738</i>	<i>60</i>	
		<i>34 10</i>							<i>73586</i>		
<i>1919</i>									<i>425</i>		
<i>Feb.</i>	<i>Int on def. pay.</i>		<i>1425</i>	<i>OCR: Pay Cr in Error</i>		<i>3410</i>			<i>20601</i>		
				<i>OR 67795-P213-8.3.19</i>							
				<i>Cor Bal + Ottawa</i>	<i>20601</i>						
			<i>425</i>		<i>20601</i>	<i>3410</i>					

Statement recd. 8.1.18
Cor Bal. 20601

