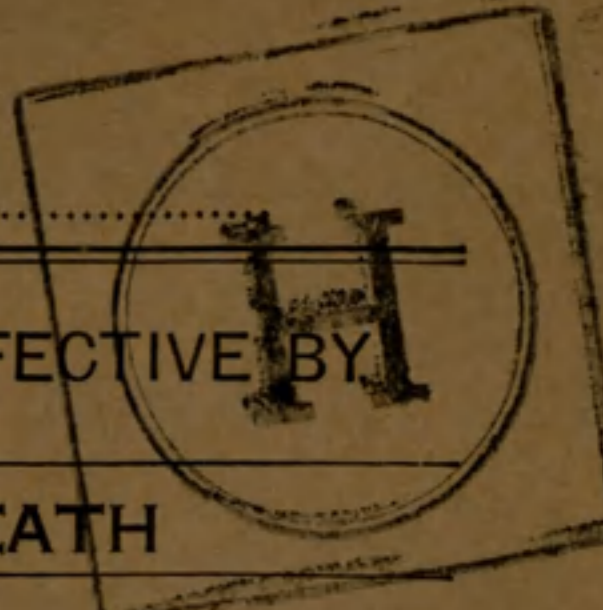


NAME ALLEN TRUEMAN MOORE

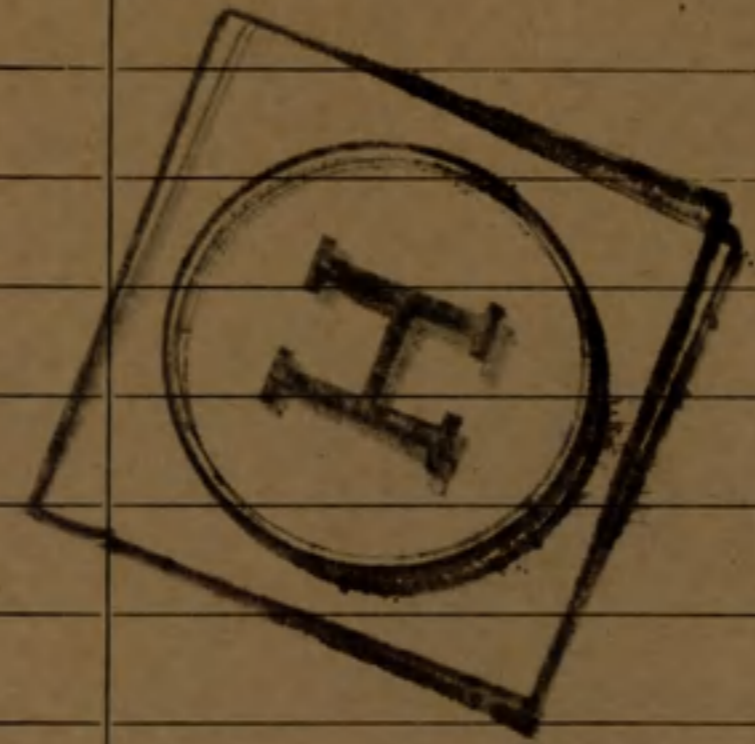
C.E.F. REGIMENTAL DOCUMENTS

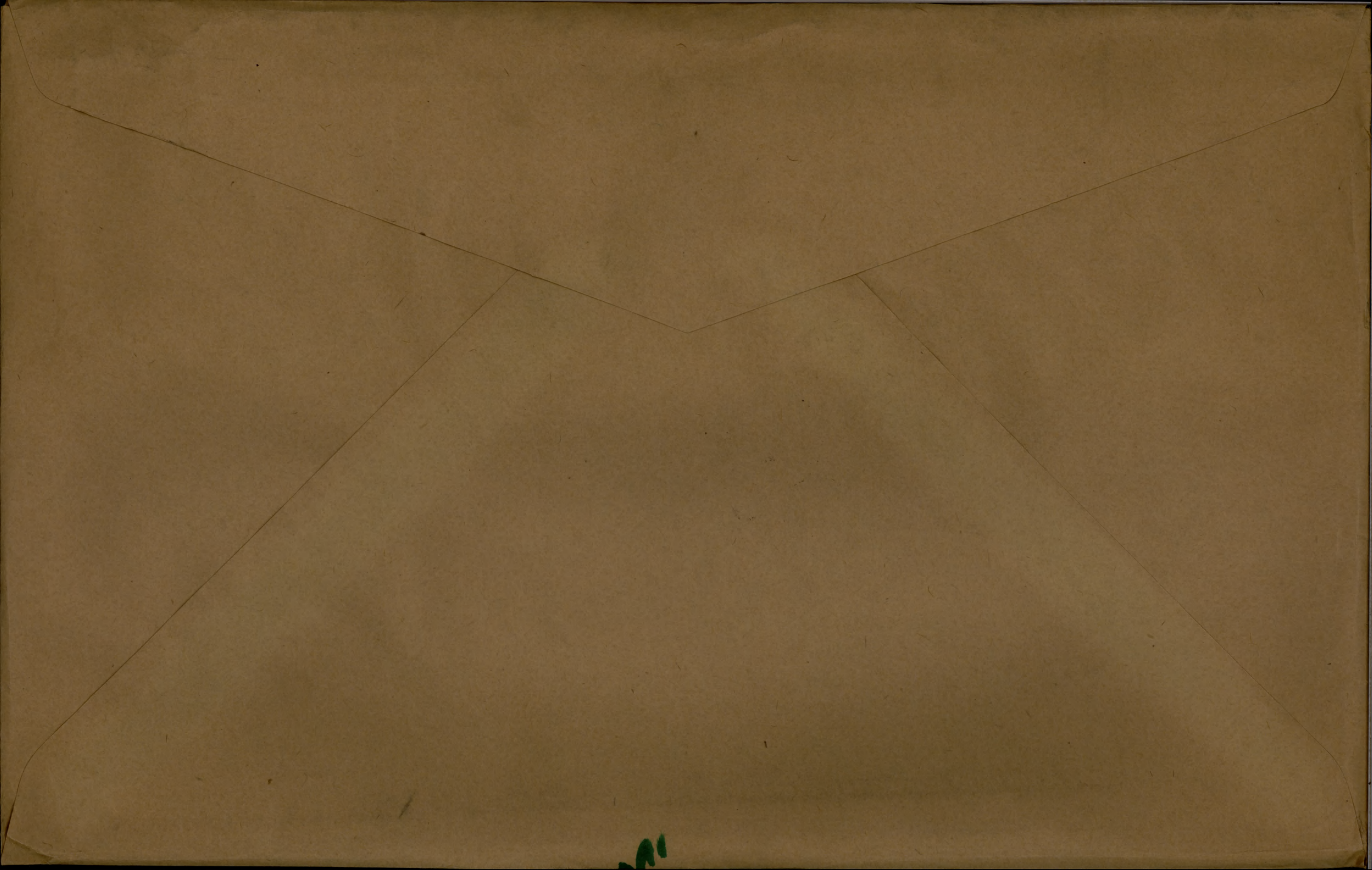
REGT. No. 282690 UNIT.....

H. Q. FILE No. 6266



| CONTENTS | DATE RECEIVED | TO WHOM FORWARDED | DATE FORWARDED | M. F. W. 2505 REFERENCE | NON-EFFECTIVE BY |
|--|---------------|-------------------|----------------|-------------------------|------------------|
| ATTESTATION PAPER (M.F.W. 23, 133 or 51) | | | | | DEATH |
| CASUALTY FORM (M.F.W. 54 or A.F.B. 103) | | | | | CATEGORY |
| 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. 17d) | | | | | DISCHARGE |
| DENTAL HISTORY SHEET (M.F.B. 465) | | | | | CATEGORY |
| 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) | | | | | DESERTION |
| 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) | | | | | |
| CARDS | | | | | |
| PAY-SHEETS | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |





ATTESTATION PAPER.

No. 287690

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Allen*
- 1a. What are your Christian names? *Truman Moore*
- 1b. What is your present address? *Carleton Yarm. Co.*
2. In what Town, Township or Parish, and in what Country were you born? *Richfield Yarm. Co. N.S. Can*
3. What is the name of your next-of-kin? *Gran Allen*
4. What is the address of your next-of-kin? *Carleton Yarm. Co. N.S. Can*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *19th January 1898*
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? *Yes 29th Battery C.H.*
10. Have you ever served in any Military Force? *No Recruit*
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, *Truman Moore Allen*, 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, 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 *13th March* 191*6*. *Truman Moore Allen* (Signature of Recruit)
P. J. McEwen (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Truman Moore Allen*, 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 *13th March* 191*6*. *Truman Moore Allen* (Signature of Recruit)
Charles Scott (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 *Yarmouth N.S.* this *13th* day of *March* 191*6*.

T. M. Seely, J.P. (Signature of Justice)

A Justice of the Peace in and for the County of Yarmouth.

Description of Allen, Truman Moore, on Enlistment.

Apparent Age 18 years 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. 6 3/4 ins.

Chest measurement { Girth when fully expanded..... 35 ins.
 Range of expansion..... 4 ins.

Complexion Light

Eyes Blue

Hair Light

Religious denominations { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist Baptist
 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 March 13th 1916

Place Yarmouk - N.S. W. Williamson M.D.
 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.

Truman M. Allen.....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.

Date Mar. 13th 1916.
W. Williamson (Signature of Officer)
 Comd'g. 219th. "Overseas" Highland B'n. C.E.F.

Canadian Ordnance Corps.
Liphook. Hants.
1917.

This is to certify that I have this day raised No. *282690*
Re Allen from *Ciii* to *Bij*.

W. J. Smith

Capt.
M.O.No.2 Detachment.
Canadian Ordnance Corps.

ORIGINAL MEDICAL HISTORY SHEET.

287690
ORIGINAL

Surname Allen Christian Name Freeman Moore

Examined { on 13 day of March 1916
at Yarmouth
Birthplace { City or Town Richfield
County Yarmouth

Approved by S. M. Williamson M.D.

Apparent age 18
Trade or occupation Farmer
Height 5 Feet 6 1/2 Inches.
Weight 132 Lbs.

Rank _____ M.O.

Chest measurement { Minimum 31 inches.
Maximum expansion 35 inches.

Physical development Fair
Small-Pox Marks Nil

Vaccination Marks { A r m Right Left
Number Nil

When Vaccinated last Feb

(a) Marks indicating congenital peculiarities or previous disease Nil

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

| Date. | Fit or Unft. | EXAMINED FOR RE-ENGAGEMENT. |
|-------|--------------|-----------------------------|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | VACCINATIONS. |
|---------------|-------------|-------------------------|
| <u>4-7-16</u> | <u>Good</u> | <u>S. M. Williamson</u> |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date. | Result. | ANTI-TYPHOID INOCULATIONS, ETC. |
|----------------|---------------|---------------------------------|
| <u>10-5-16</u> | <u>Good</u> | <u>S.P.</u> |
| | | M.O. |
| <u>7-6-16</u> | <u>Good</u> | <u>S.P.</u> |
| | | M.O. |
| <u>24/1/17</u> | <u>1.0.13</u> | <u>S.P.</u> |
| | | M.O. |

Enlisted on 10 day of Mar 1916 at Yarmouth, N.S.

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|--|----------------|---------|-----------------------------------|
| Joined on enlistment | <u>219th. "Overseas" Highland B'n. C. E.</u> | | | <u>10/3/16</u> |
| Transferred to | <u>No 2 Det. L.C. Co.</u> <u>17th Regt. P.M.</u> <u>85th</u> | <u>2826 90</u> | | <u>12-7-17</u> <u>11-10-17</u> |

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| STATION | DATE. | DISEASE. | RESULT. |
|---------------------|--|-------------------------|----------------------------------|
| <u>Camp, Hants.</u> | <u>11-12-16</u> | <u>Defect in Vision</u> | <u>Clean Bill</u> |
| <u>11 DEC. 1916</u> | <u>11-12-16</u> | <u>Major,</u> | <u>C. Cooper</u> |
| APPROVED | <u>D.A.D.M.S. for A.D.M.S.,</u> | | MEDICAL BOARD, BRAMSHOTT. |
| | <u>Canadian Troops, Bramshott Camp</u> | | <u>C iii</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.

Surname *Allen* Christian Name *Sumner*

| 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 | | | | |
| <i>Aldershot</i> | | <i>31</i> | <i>5</i> | <i>10</i> | <i>31</i> | <i>5</i> | <i>6</i> | <i>Cornuskes</i> | <i>1</i> | <i>Med Cox</i> | <i>F F Smith Capt</i> |
| <i>"</i> | | <i>14</i> | <i>6</i> | <i>16</i> | <i>26</i> | <i>6</i> | <i>16</i> | <i>Measles.</i> | <i>13.</i> | <i>Recovered.</i> | <i>F F Smith Capt</i> |
| <i> Bramshott</i> | | <i>10</i> | <i>2</i> | <i>17</i> | <i>5</i> | <i>3</i> | <i>17</i> | <i>Bumps</i> | <i>12</i> | <i>do</i> | <i>R. W. ...</i> |

Duplicate Medical History Sheet
posted to here. *7. S.*

R. W. ...
Camp Sanitary Officer
Bramshott Camp,

6.13

FORM OF WILL.

I, Truman Moore Allen (Name in full)

Regimental Number 282690 serving in 219th C.S.B. C.E.F.

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

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

absolutely, and my personal estate I bequeath to

| | |
|-----------------------|---|
| <u>Mrs Oran Allen</u> | } Name and Address of person or persons to receive personal estate* (See note). |
| <u>Carleton Place</u> | |
| <u>N.S.</u> | |

I hereby appoint Mrs Oran Allen as my sole executrix
this 20 day of September A. D. 1916

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF.

Truman Moore Allen 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Stephen J. Labeau

Address of Witness C. Coy 219th C.S.B. C.E.F.

Occupation of Witness Soldier

Signature of Second Witness David Crosby

Address of Witness "C" Coy 219th C.S.B. C.E.F.

Occupation of Witness Soldier

FORM OF WILL

I, the undersigned, of lawful age and sound mind, do hereby declare that this is my last will and testament, and I give and bequeath all that I own unto the following persons and in the following manner to wit:

I give and bequeath unto my dear wife, the sum of one thousand dollars, to be paid to her at her death, and I give and bequeath unto my dear son, the sum of two thousand dollars, to be paid to him at his death, and I give and bequeath unto my dear daughter, the sum of three thousand dollars, to be paid to her at her death.

I hereby certify that the foregoing is a true and correct copy of the original will, and that the same has been read to me, and I have acknowledged the same to the undersigned.

Witness my hand and seal this 1st day of January, 1910, at the city of New York.

WILLIAM W. WILSON
 My Son
 My Daughter
 My Wife
 My Executor

85th Rec

A.G.R.

Rank

Name

ALLEN, Trueman Moore

Reg'l No.

282690

Unit

219th Bn.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment Yarmouth, N.S., 13th March, 1916

Place of Birth Richfield, Yar. Co. NS

Name and Address, Next-of-Kin

Oran Allen,

Carleton, Yar. Co., N.S., Canada.

Relationship

Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E R.B. No. H-542
File R.L. 25-A-1698
Category D.R.

Discharge, Date and Place

Reason

Character

PT-8 PL239

| 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. |
|------------------|---------------------|--|-----------|----------|---|
| | | Arrived in England S.S. Olympic | | 18/10/16 | |
| 5-1-17 | O.C. 219 Bn. | S.O.S. Trans. to C.C.A.C. | Bramshott | 11-12-16 | Pt. II W.O. #5 |
| 16-1-17 | leleab | T.O.S. of Com 219 th for G/3 | Hastings | 11-12-16 | 26 |
| 5-1-17 | O.C. 219 Bn. | Attached for duties, Rating, Pay, Duty, & Discharge leave to be attached to 219 Bn. | Bramshott | 11-12-16 | Pt. II W.O. #5 |
| 23-1-17 | do | On attachment to 17th Res. Bn. Attol. to 17th Res. Bn from C.C.A.C. | Bramshott | 23-1-17 | Pt II W.O. # 23 |
| 23-1-17 | O.C. 17 Bn. | On ceasing to be attol. to 219 Bn ceases to be attol. to 17 Bn | do | 23-1-17 | " " 18 |
| 27-1-17 | do | attol. to C.C.A.C. Liphook | do | 27-1-17 | " " 22 & 28 Liphook |
| 18-5-17 | NSRD. | T.O.S. on post from 17 Res. shown on Com. C.O.C. Liphook | ✓ | | St. No. 70 Attached by Com 17/18 |
| 29-5-17 | ✓ | S.O.S. on 219th Res. Liphook | ✓ | 26-5-17 | Attol. 8/12 C.O.C. No 148 d/29/17 |



N/E

MS

MS

| 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. | | | | |
| 12.7.17 | caac | SOS to 17th Res - Bn | Liphook R. | 12.7.17 | PT II DO 193. ^{17th Res. Pte 172} d/23.7.17. (17.17) |
| 11-11-17 | 17 Res. | SOS to 85th Bn | W. B. shot | 10-11-17 | + Pte 131 d/21/1/85 Bn. ^{269.} |
| 18-8-18 | 85th Bn | DIED OF WOUNDS | " Field | 9-8-18 | CL-A 294 |
| 24-8-18 | do | DIED OF WOUNDS | " " | 9-8-18 | PT II DO 90 |

129240

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

Allen J. M.

E.

..... 11-12-1916.

No. *282690* Rank *PLT* Name *Allen James Mason*

Local Unit *219 Troop* Overseas Unit Age *18 1/2*

Examination held at Bramshott, Hants. *Wiltshire*

DISABILITY *Defective Vision*

Overseas--Local
(scratch one out)

PRESENT CONDITION

*Specialist's report - R.E. = 4/6 L.E. Light
Wear spectacles by glasses.*

This man states that his right eye is practically blind, the result of injury in childhood, and that his left eye is good.

Board recommends:

- 1. Fit for Duty
- 2. Fit for Duty after.....weeks physical training
- 3. Fit for Base dutyweeks
- 4. Fit for Permanent Base Duty *C III*
- 5. Discharge

Signatures :

Members { *C. E. Cooper* Pres. Major, C.A.M.C.
 { *H. [unclear]*
 {
 {

Approved.

Bramshott..... 11-12-1916.

P. Stewart
for G.O.C. & A.D.M.S.
Canadian Troops, Bramshott.

125210

EXAMINATION

Handwritten notes in the top right corner, possibly including a name or initials.

EXAMINATION BOARD

Main body of text, including several lines of dotted lines and some blue ink markings.

EXAMINATION

125210

Text in the lower right quadrant, possibly a signature or a set of instructions.

Text in the lower middle section, including a list of items or a set of instructions.

Text in the bottom left quadrant, including a list of items or a set of instructions.

Approved

Signature line at the bottom right.

Text at the bottom left, possibly a date or a reference number.

EXAMINATION

BY

STANDING MEDICAL BOARD, BRAMSHOTT.

11-12-1916

No. 282690 Rank Pte Name Allen Freeman Moon

Local Unit 219 Bin Overseas Unit Age 18 1/2

Examination held at Bramshott, Hants. Miltly

DISABILITY Defect in Vision

Overseas--Local (scratch one out)

PRESENT CONDITION

Specialist's report - R.E. = 6/6 L.E. Light
No improvement by glasses.

This man states that his right eye is practically blind, the result of injury in childhood, and that his left eye is good.

Board recommends:

- 1. Fit for Duty
- 2. Fit for Duty after.....weeks physical training
- 3. Fit for Base dutyweeks
- 4. Fit for Permanent Base Duty C III
- 5. Discharge

Signatures :

C. E. Cooper Cole Pres
Major, C.A.M.C.

Members
H. Jackson Capt

Approved
Bramshott 11-12 1916

P. Stewart Maj
for G.O.C. & A.D.M.S.
Canadian Troops, Bramshott.

EXHIBIT

1948

STATE OF NEW YORK

IN SENATE
January 15, 1948

REPORT OF THE COMMISSIONERS OF THE STATE DEPARTMENT OF TAXATION

FOR THE YEAR 1947

(PART I)

INCOME TAX

Chapter 1

Section 1

Income tax imposed on individuals

Section 2

Income tax imposed on corporations

Section 3

Section 4

Section 5

Section 6

Section 7

Section 8

Approved

January 15, 1948

For the State Department of Taxation
Charles G. ...

No 282690

Will

pt. Allen J M

27001

1. a.

153010

610

20

Perforated sheet for Will from Pay Book of Reg.

No. 282690

Name J. M. Allen

Unit 17th Res. Troop

original with 219th Regt. C. I. C.

Military Will

I hereby give
deed of gift
the whole of my
property and effects
to my mother
Mrs. Ivan Allen
Carlton, Va. Co.
Virginia.

Signature Allen J M

Rank and Regt. Pte. 17th Res. Troop

Date Aug - 13/17

85 Ba.

Doj W 9818

127-818

365/1

THE ORIGINAL WILL FILED

11-9-18

RECORDED IN VOLUME

ESTATES BRANCH

SEP 26 1918

MILITIA DEPT.

173010

1918

10-282-04



MILITIA DEPT.
 SEP 26 1918
 ESTATES BRANCH

✓

Ophthalmic Department
Military Hospital,
Bramshott.

To the M.O. i/o 219 -

Name Allen, J. M. No. 28269D

Unit Co

Report.

Visual Acuity:-

R.E.

4/6

L.E.

light

" "

R.E.

not improved

L.E.

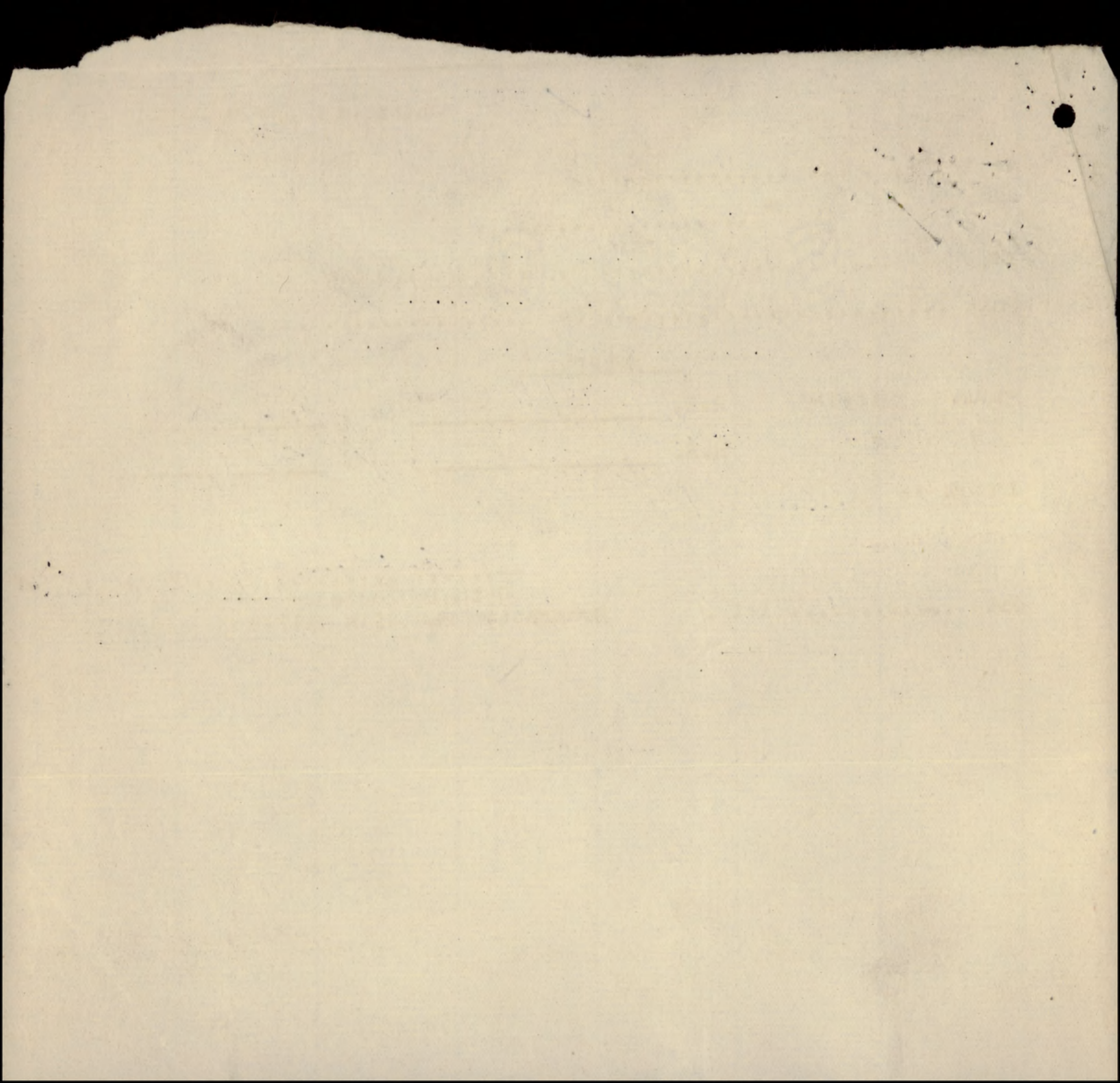
not improved

Remarks:-

Amfit

Date Nov 24 1916

W. E. Ainley Capt, C.A.M.C.
Ophthalmologist.
Bramshott Canadian Military Hospital.



Ophthalmic Department
Bramshott Camp

Date 28-6-17

To, M.O. COC Bn.

Rank and Name Platoon Allen Number 282690

Unit _____ Bn. _____

Visual Acuity R.E. 6/6 L.E. 6/6

" " with glasses R.E. _____ L.E. _____

~~Unfit~~ Fit

Glasses not ordered

Remarks

*Specialist Report Dec. 11/16
Left Eye Light
unfit not improved with glasses
Mount cap came.*



Signed A. H. Deitch
Captain C.A.M.C.

(over)

Capt. Justill

She never has $\frac{1}{8}$ more in
both eyes - & is abruptly fit

Verdict,

His former examination - I know
nothing about.

V



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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *4th 219th OS for 13th B. & F.*
 Regimental No. *282690* Rank *2nd Lt* Name *Allen, Truman Moore Allen*
 Enlisted *(5) 10-3-16* Terms of Service *(6) D. of W. & C. units* Service reckons from *(a) 10-3-16*
 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) Gunner*

| 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 Halifax | | 12-10-16 | |
| | | Disembarked England Liverpool | | 19-10-16 | |
| | | Transferred to 17th Can. Res. Bn. Bramshott | | 18/10/16 | |
| 5/1/17 29/12/16 | 219th Bn. | Transferred to C. C. A. C. Bramshott | | 11/12/16 | Part II order # 18 |
| 23-1-16 | " | 3 attached 219th Bn. ceases to be attached to 219th on attachment to 17th | " | 23-1-16 | Part II C. 18 |
| 23/1/17 | OC 14th | attached from B. C. A. C. | " | 23/1/17 | " " " 18 |
| 27-1-17 | " | Ceases to be Attached on attachment to COC Liphook | Bramshott | 27-1-17 | Part II Order "22" |
| 28-1-17 | D. G. D. O. S. | attached to Detachment C. O. C. | Liphook | 27-1-17 | Part II D. O. 28 |
| 8-5-17 | C. O. C. No 2 Det. C. O. C. | Attached to No 2 Det C. O. C. from Nova Scotia Reg. Depot | Liphook | 13-3-17 | Part II D. O. 127. |

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

282690

Allen L M

| 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 | | | | |
| 28-5-17 | a.l. 2 Det. b.o.b. | ceases to be attached to No 2 Det b.o.b. | Liphook | 26-5-17 | Pt. IV D.O. 148 |
| 28-5-17 | a.l. 2 Det b.o.b. | Taken on the strength of No 2 Det. b.o.b. | Liphook | 26-5-17 | Pt. IV D.O. 148. |
| 12-7-17 | O.C. 2 Det. C.O.C. | S.O.S. of 2 Det. C.O.C. on transfer to 17th Res. Bn. | Liphook | 12-7-17 | Part D.O. 193. |
| | | | <i>J. D. Potter</i> Capt. O.C. Detachment C.O.C., Liphook, Hants. | | |
| 12-7-17 | O.C. 17th | Temporarily attached pending transfer. | Bramshott. | 12-7-17 | Part 11 Order 164. |
| 23-7-17 | O.C. 17th | Taken on strength. | Bramshott. | 21-7-17 | Part 11 Order 172. |
| 10-11-17 | O.C. 17th | PROCEEDED OVERSEAS FOR SERVICE WITH 8 5th BATTN. | Bramshott | 10-11-17 | Part 11 Order 269 Lieut., Asst. Adjt., 17th Canadian Res. Batt. |
| 7/6/17 | C.C.A.C. 219th | J.O.S. & on Com 219th | Hastings | 11/12/16 | Part II 626 |
| 5/1/17 | 219th | Att. for 2nd. R.P. D. & D. | Bramshott | 11/12/16 | " " 5 |
| 23/1/17 | - | Ceases Att. to 219th on | - | 25/1/17 | " " 23 |
| 18/5/17 | N.S.R.D. | Attachment to 17th Res. Bn. J.O.S. from 17th Res. & on Com to C.O.C. Liphook. | - | 27/1/17 | " " 70 |
| 7/5/17 | - | S.O.S. to No 1 Det, C.O.C. ceases on Com at C.O.C. Liphook. | - | 26/5/17 | " " 81 |

CERTIFIED CORRECT.
 CAN. RECORDS - LONDON.

A. Proak LIEUT.

Casualty Form - Active Service.

Regiment or Corps... 85th Can. Battalion...

Rank... Pte. Surname... Allen Christian Name... J. M.

Religion..... Age on Enlistment..... years months

Enlisted (a) 10/3/16 Terms of Service (a)..... Service reckons from (a) 10/3/16.....

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b).....
 or Corps Trade and rate.....

Occupation..... Signature of Officer.....

| Report | | Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty | Date of Casualty | Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|----------|-----------------------------|--|-----------------------------|------------------|---|
| Date | From whom received | | | | |
| | | Embarked ... | | | |
| | | Disembarked | | | |
| | O. C. 4 CIBD. | Landed in France | Taken on | Nom. Roll d/- | 11.11.17. |
| | | Strength 85th Bn. | | Pl. II D. O. 131 | d/- 21.11.17. |
| | | Left for C.C.R.C. | | N. R. d/- | 14.11.17 |
| | O. C. C.C.R.C. | Arrived -do- | | Field | 14.11.17 N.R. 41 |
| 14.11.17 | C.C.R.C. | Left for Unit | Field | 17.11.17 | N.R. 59 |
| 24/11/17 | 85 Bn | Joined Unit. | | 23/11/17 | B 213 |
| 8/6-18 | " | Stay with unit | " | 8/6-18 | K.D. 18-1204. |
| 11-8/18 | No. 2 Cavalry Field Amb. | G.S.W. face. adm. | 2 Cav. 7 Amb. | 9-8/18 | 236/197360. |
| 23/8/18 | do | Died of wounds received in action | " | 9-8/18 | Wife O.36. Rev K.A.T/16321 DD. 90 d/- 24.8/18 |
| | | <i>J. M. Allen</i> | Lieut. for Lt Col. A. A. G. | | |

(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.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

P. W. S. 51 1/4

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

To Whom *Oran*
~~Mrs. Allen~~ *Allen*
 Address *Carleton Farmville Va.*

By Whom Assigned *Allen Freeman Moore*
 Regtl. No. *282690*
 Rank *Pte*
 Corps *219. Ops Batt*

Rate *20.00* . *OCT 1. 1916*

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 | | | | |

Consolidated acct



Faint, illegible markings or ghosting of text, possibly bleed-through from the reverse side of the page.



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS
 PAYMENTS.

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

21/17
P. W. S. W.

Sheet No. 2. *Mrs. Orant Allen.*

2000

Name of Soldier *Allen Freeman Moore*
272690. 1st 2190pt Batt.

L. L. Job 4503. - Req. 6832.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|--------|-------------|----------------|-----------|--------------------|
| | | | | OCT 1, 1916 |
| April | 1916 | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | <i>196261</i> | <i>20</i> | <i>✓</i> |
| Nov. | | <i>28924</i> | <i>20</i> | |
| Dec. | | <i>37380</i> | <i>20</i> | |
| Jan. | <i>1917</i> | <i>435799</i> | <i>20</i> | |
| Feb. | | <i>42370</i> | <i>20</i> | <i>20 R</i> |
| March | | <i>48515</i> | <i>20</i> | <i>20 L</i> |
| April | | <i>H176</i> | <i>20</i> | <i>✓ 20.8</i> |
| May | | <i>H6349</i> | <i>20</i> | <i>20</i> |
| June | | <i>H12910</i> | <i>20</i> | <i>20. Cu</i> |
| July | | <i>H 19949</i> | <i>20</i> | <i>20</i> |
| Aug. | | <i>J 27140</i> | <i>20</i> | <i>20</i> |
| Sept. | | <i>1 33865</i> | <i>20</i> | <i>20</i> |
| Oct. | | | | <i>240, ✓</i> |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

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. | | | | |

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

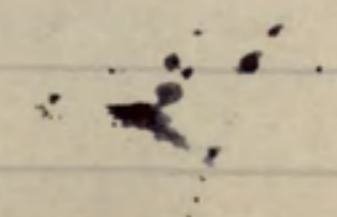
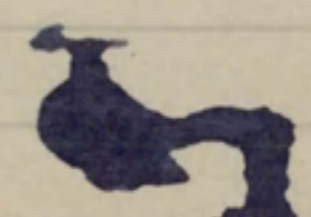
PARTICULARS OF ASSIGNMENT

| | | | | |
|----------------|----------|----------|-----------|--|
| No. | | | | |
| Rank | Promoted | Reverted | Discharge | |
| Soldier's Name | 10 50 | 11 | 11 | |
| Battalion | | | | |
| Beneficiary | | | | |
| Relationship | | | | |
| Address | | | | |

| | |
|-------------------|--|
| Name | |
| Address | |
| Change of Address | |
| 1 | |
| 2 | |
| 3 | |
| 4 | |

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|------|------------|------------|------------|-------|---------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

M. F. W. 128
400M-6.17-1772-39-141
L. L. 22320-M. & D. 7383.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A

1812

Oct 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

RATE OF ASSIGNMENT

| | | | |
|----|--|--|--|
| 20 | | | |
|----|--|--|--|

PARTICULARS OF SEPARATION ALLOWANCE

No. 282690
 Rank Plt Promoted Reverted Discharge
 Soldier's Name Freeman Moore Allen
 Battalion 219 Bn.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Dean. Allen.
 Address Carleton Yarmouth Co.
 Change of Address N. S.
 1
 2
 3
 4

| Date | Cheque No. | Amount S/A | Amount A/P | Total | REMARKS |
|------------|------------|------------|------------|------------|---------|
| Sept 30 17 | | | 240 | \$ 240 | |
| Oct | C 50620 | | 20 | 20 | |
| Nov | D 51772 | | 20 | 20 | Bn |
| Dec | C 60142 | | 20 | 20 | Bn |
| Jan 18 | C 65175 | | 20 | 20 | on |
| Feb | B 91730 ✓ | | 20 | 20 | |
| March | G 98945 | | 20 | 20 | |
| April | G 8915 | | 20 | 20 | R |
| May | A 11672 | | 20 | 20 | C |
| June | B 14555 | | 20 | 20 | C |
| July | Y 27525 | | 20 | 20 | ✓ D. |
| Aug | a 30029 | | 20 | 20 | D. |
| | | | <u>460</u> | <u>460</u> | |

REMARKS 0239-T-35
E. F. Read. 15/4/19. At 6206/19
Killed at wounds 9/8/18.
Pensions notified 5/9/18.
OP. closed 31/8/18. mRO. 12010

M. F. W. 128
 4009; 6-17-1772-39-1141
 L. L. 22320-M. & D. 7553.



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

ALLEN

T.M.

282690. ✓

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

NS. 85.

HOSPITAL

DATE OF ADMISSION

2 Cav F.A.

9-8-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

GSW. Face.

1.

2.

3.

DIED OF WOUNDS 9-8-18. *R*

DISPOSITION

DATE

CL. 18-8-18. A294.

REMARKS

A.M.D. 2 DEPT.

Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Not elig. for 1914-15 Star.

ALLEN, ^{T. M. *Trueman*} ^{over} PTE.

#282690 ✓

649-B-8530

85 My Paw

MEDALS. *Decorations*

743 ✓

The father, Oran Allen Esq.,
Forest Glen, Yar. Co., N.S.

PLAQUES. *Ser. 4798436* APR 9 - 1921

The father, as above. Scroll Desp. _____ Reqn. No *2.34503*

C OF S. Plaque Desp. *16.8.21* Reqn. No *P 2636*

The mother, Mrs. Georgina Allen,
Carleton, Yarmouth Co.,
N.S.

A *Resp. 1/4/20 (4002)*

OK

NAME

REG. NO

FILE NO.

DATE IN

DATE OUT

P.A. OR B.F.

DATE
REQUIRED

REMARKS

M

NAME

Allen Duesman Moore

REGT'L No

282690

H. Q. FILE No. 649.

RANK AND CORPS

Pte. 85th Bn. Inf. 219

FOLLOWS
No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

| NO. | DATE | NATURE OF CASUALTY |
|-------------------------------|----------|---|
| 4257 4447/10-2. | 19-8-18. | W. 2 Car. U.S. Army. Aug 9 th 18. G.W. Pace |

W.K. Allen (father) Carlisle, Va. Co. N.S.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

| LIST No. | HOSPITAL | DATE OF ADMISSION | REMARKS |
|----------|----------------|----------------------|------------------------|
| 1294. | 2 Casp Id. amb | 9-8-18 | 20 of rods - Lsu. Face |

No. 282690

RANK

Pte.

NAME

Allen, J.

M.

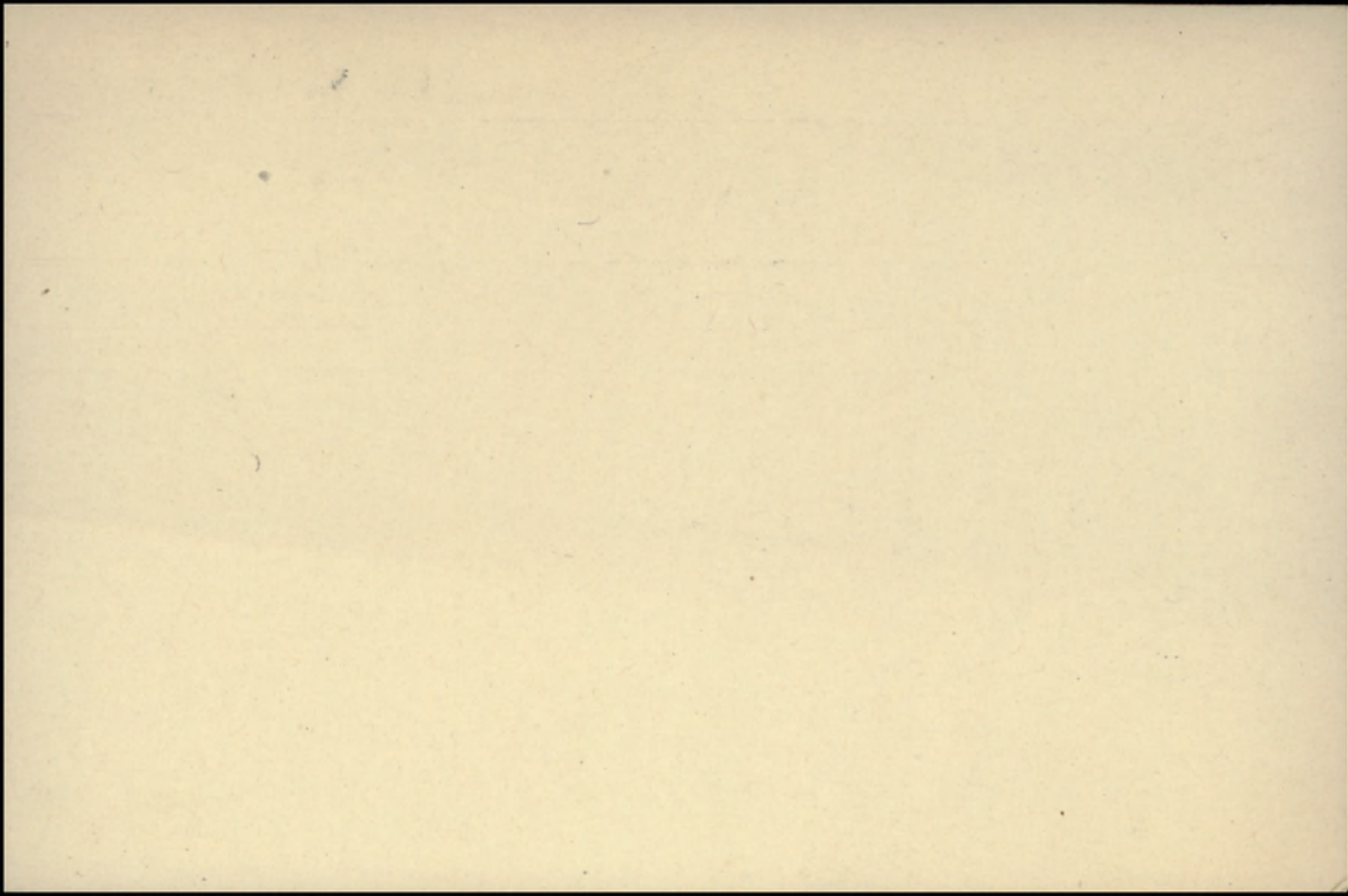
T. O. S. 10-3-16 D. O. 220 UNIT

219th Battalion, C. E. F.

1-27-3-16.

M. D. 6.

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|--------------|------------|---------------------|---|-------------------|
| | | | PARTICULARS | AUTHORITY |
| 1916 | 1916 | | | |
| Mar. 10 | Mar. 31 | ✓ | | |
| Apr | | ✓ | | |
| May | | ✓ | | |
| June | | ✓ | | |
| July | | ✓ | | |
| Aug | | ✓ | | |
| Sept | | ✓ | | |
| Oct | | ✓ | | |
| | | | aw 2 168 hrs det 31-8-16 | D 015-0 of 1-9-16 |



TRUEMAN MOORE

R.L. 25-A-1698

Name ALLEN

Rank PTE

Reg. No. 282690

Unit 80th Bn.

ORAN ALLEN

Next of Kin CANADA

CARLETON, YAR. CO. N.S., CANADA

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|------|-----------------------|-------|----------|----------|-----------------|-----------|
| 1918 | 2 Cav. Hld. Amb. | | G.S.W. | | | |
| 9-8 | DIED OF WOUNDS | | Face | A2942 | 34900 | 34900 |

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

Number...

282690

Rank...

Plt.

Surname...

ALLEN

Christian Names...

Irueman Moore

Unit...

85th Bn.

Can. Inf.

Theatre of War...

France

Date of Service...

11-11-17

Remarks...

father

Latest Address...

Mr. Oran Allen

Forest Glen

Roll No.

Gar. Co. 71st S.B
Page 3471

B

X

P

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

1781 - 1911
MAJ
- change
8/14/18
D.S.

F. 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

Single
Richfield, yarbo. Md.
Cran Allen.
Carterton, yarbo. Md.
Father

CASUALTIES, PROMOTIONS, &c.

| PARTICULARS | EFFECTIVE DATE | AUTHORITY |
|-------------|----------------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 282690. RANK *Private* NAME *Allen, Truman Moore*
 IF IN PERM. CORPS } UNIT *219 BATT* TRANSFERRED TO *17 Rec Bn.* DATE *1/2/17* AUTHORITY *R0 69*
 WHAT UNIT }
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *COC.* DATE *21/5/17* AUTHORITY *DLT H/ica*
 PLACE OF ATTESTATION *Yarmouth Md.* TRANSFERRED TO *85th Piv* DATE *1/1/18* AUTHORITY *H.R.*
 DATE OF ATTESTATION *12-3-16.* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *20.* DATE EFFECTIVE *Oct 1/16.*
 PAYABLE TO *Mrs Cran Allen, Carterton, Md.* RELATIONSHIP *Mother*
 ASSIGNED PAY MONTHLY \$ *20.* DATE EFFECTIVE *Oct 1/16.*
 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 | | | | BALANCE | | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE (Canada) | REMARKS | | |
|-----------------|-------------|------|------------|----|-----------------|-----------|--------|-----------|------------------------|------|--------|----|----------------------|---------------|---------------|-------------------|------|-----|------|-----------|-----------|-----------|-----------|---------------|---------------|--------------|------------|-----------|-----------|--------------------------|----------------------------------|--|---|--|
| | NO. OF DAYS | RATE | AMOUNT | | NO. OF DAYS | RATE | AMOUNT | | NO. OF DAYS | RATE | AMOUNT | | | | | 1 | | 2 | | 3 | | 4 | | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | CREDIT | DEBIT | | | | | | |
| | | | \$ | C. | | | \$ | C. | | | \$ | C. | | | | No. | DATE | No. | DATE | No. | DATE | No. | DATE | | | | 1 | 2 | 3 | | | | 4 | |
| <i>1916</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <i>30/10/16</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <i>Asst. pay, paid by A.P. Branch recovered on Oct Pay (Canada)</i> | |
| <i>NOV 30</i> | <i>10</i> | | <i>30</i> | | <i>30</i> | <i>10</i> | | <i>3</i> | | | | | | <i>974</i> | | | | | | <i>73</i> | <i>90</i> | | | <i>15</i> | <i>40</i> | <i>48</i> | <i>30</i> | | | <i>6</i> | <i>20</i> | <i>Bal from Canada P. 61850 forfeited in 500 pay advt. Rly Warr. 5/10/1600</i> | | |
| <i>DEC 31</i> | <i>10</i> | | <i>31</i> | | <i>31</i> | <i>10</i> | | <i>3</i> | | | | | | <i>2</i> | | | | | | <i>20</i> | | | | <i>22</i> | <i>44</i> | | | <i>9</i> | <i>86</i> | <i>5</i> | <i>46</i> | <i>Inf. C. B. 12/12/16 27/1/17</i> | | |
| <i>Jan 31</i> | <i>10</i> | | <i>34</i> | | <i>10</i> | | | <i>10</i> | | | | | | <i>3</i> | | | | | | <i>20</i> | | <i>20</i> | | <i>19</i> | <i>56</i> | | | | | <i>04005-403- 2/1/17</i> | | | | |
| <i>Feb 28</i> | | | <i>30</i> | | <i>80</i> | | | | | | | | | <i>7</i> | | | | | | <i>20</i> | <i>57</i> | <i>27</i> | <i>87</i> | <i>22</i> | <i>49</i> | | | | | <i>04005-403- 2/1/17</i> | | | | |
| <i>Mar 31</i> | | | <i>34</i> | | <i>10</i> | | | | | | | | | <i>4</i> | | | | | | <i>20</i> | | <i>20</i> | | <i>26</i> | <i>57</i> | | | | | | | | | |
| <i>April 30</i> | | | <i>33</i> | | | | | | | | | | | <i>33</i> | | | | | | <i>20</i> | | <i>37</i> | <i>03</i> | <i>32</i> | <i>56</i> | | | | | | | | | |
| <i>May 20</i> | | | <i>22</i> | | | | | | | | | | | <i>22</i> | | | | | | <i>20</i> | | <i>20</i> | | <i>34</i> | <i>56</i> | | | | | | | <i>Inf. C.O.C. Auth. Deb. 10/1/17</i> | | |
| <i>May 11</i> | | | <i>12</i> | | <i>10</i> | | | | | | | | | <i>12</i> | | | | | | <i>20</i> | | <i>12</i> | <i>17</i> | <i>34</i> | <i>49</i> | | | | | | | | | |
| <i>June 30</i> | | | <i>33</i> | | <i>00</i> | | | | | | | | | <i>33</i> | <i>00</i> | | | | | <i>20</i> | | <i>32</i> | <i>17</i> | <i>35</i> | <i>32</i> | | | | | | | | | |
| <i>July 31</i> | | | <i>34</i> | | <i>10</i> | | | | | | | | | <i>34</i> | <i>10</i> | | | | | <i>20</i> | | <i>20</i> | <i>00</i> | <i>49</i> | <i>42</i> | | | | | | | | | |
| <i>Aug 31</i> | | | <i>34</i> | | <i>10</i> | | | | | | | | | <i>34</i> | <i>10</i> | | | | | <i>20</i> | | <i>27</i> | <i>30</i> | <i>56</i> | <i>22</i> | | | | | | | | | |
| <i>Sept 30</i> | | | <i>33</i> | | <i>00</i> | | | | | | | | | <i>33</i> | <i>00</i> | | | | | <i>20</i> | | <i>62</i> | <i>30</i> | <i>35</i> | <i>58</i> | <i>87</i> | | | | | | | <i>62404005-1103327 29/11/7</i> | |
| | | | <i>367</i> | | <i>40</i> | | | | | | | | | <i>910</i> | <i>37</i> | <i>50</i> | | | | <i>41</i> | <i>38</i> | <i>14</i> | <i>60</i> | <i>24</i> | <i>33</i> | <i>73</i> | <i>220</i> | <i>16</i> | <i>59</i> | <i>317</i> | <i>63</i> | <i>58</i> | <i>87</i> | |

ASSIGNED PAY: ~~ENGLAND OR~~ CANADA. SEPARATION ALLOWANCE. ~~ENGLAND OR~~ CANADA. NAME: ALLEN, Inman Moore
EFFECTIVE DATE: October 1st 1916 EFFECTIVE DATE: NUMBER: 282690
AMOUNT: 20⁰⁰ 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 Cran Allen, (Mother) 18/8/17 Pte.
Barleton, N. Scotia

UNIT AND TRANSFERS
ORIGINAL UNIT: 219th Batt.
DATE ACCOUNT FIRST OPENED: Nov 1st 1916
AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'D UNIT TRANSFERRED TO
R069 27/17 1/2/18 85 Bn
22.3.19 Pay II 0

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 |
|-----------|------|------|--------|---------------|
| | 1 00 | 10 | | |

CTX correct.

PARTICULARS OF RENDERING NON-EFFECTIVE:-

| 1918 MONTH | PARTICULARS | CR. 1 | CR. 2 | PARTICULARS | DR. 1 | DR. 2 | DR. 3 | DR. 4 | BALANCE | DEFERRED | SEPARATION |
|------------|-----------------|-------|-------|--------------------------------------|--------------|-------|-------|-------|---------|----------|------------|
| Mar | Balance Forward | | | | | | | | 36 66 | | |
| Apr | May | 33 | | Cap. AR 6 6/4/8 85 Bn 167 27/4 | 4 46 4 46 | | | | | | |
| | | 33 | | | 8 92 | | | 20 | 40 76 | | |
| May | " " | 34 10 | | Cap. AR 135 8/5 193 18/5 | 3 57 4 46 | | | 20 | 46 81 | | |
| | | 34 10 | | | 8 03 | | | 20 | | | |
| June | " " | 33 | | Cap. AR 261 3/6 322 19/6 | 3 57 4 46 | | | 20 | 51 78 | | |
| | | 33 | | | 8 03 | | | 20 | | | |
| JUL | " " | 34 10 | | Cap. 384 2/7 407 10/7 | 3 57 4 46 | | | 20 | 57 85 | | |
| | | 34 10 | | | 8 03 | | | 20 | | | |
| Aug | " " | 34 10 | | Cap. AR 504 4/8/19 | 3 57 | | | 20 | 68 38 | | |
| | | 34 10 | | | 3 57 | | | 20 | | | |
| Sept | " " | | | | | | | | | | |
| 1919 | Feb | | | AR 60891. 2nd Ottawa | 68 38 | | | | 0 | | |
| | | | | | 68 38 | | | | | | |

Statement Rend 9/12/17
10^x Bal 68 38

#282690

ALLEN - Freeman Morse