Unit A..M.C.T.D.No 10 *Rank* Lieut *Name* Watt, Mary, Swan

ORIGINAL

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE ANSWERED BY OFFICER

[ANSWERS]

1. (*a*) What is your Surname ? ..... Watt
   (*b*) What are your Christian Names ? ..... Mary Swan
2. (*a*) Where were you born ? (State place and country) ..... Monifieth Scotland
   (*b*) What is your present address ? ..... 186 Kennedy St Winnipeg Man
3. What is the date of your birth ? ..... Oct 21st 1886
4. What is (*a*) the name of your next-of-kin ? ..... George Watt
   (*b*) the address of your next-of-kin ? ..... 186 Kennedy St Winnipeg Man
   (*c*) the relationship of your next-of-kin ? ..... Borther
5. What is your profession or occupation ? ..... Professional Nurse
6. What is your religion ? ..... Pres.
7. Are you willing to be vaccinated or re-vaccinated and inoculated ? ..... Yes
8. To what Unit of the Active Militia do you belong ? ..... No
9. State particulars of any former Military Service ..... No
10. Are you willing to serve in the
    CANADIAN OVER-SEAS EXPEDITIONARY FORCE ? ..... Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

Mary Swan Watt (*Signature of Officer.*)

Taken on strength (place) ..... Winnipeg Man

(date) ..... April 2nd 1917

Caven Keyes

(*Signature of Commanding Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider ~~her~~ ..... fit ..... for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date ..... April 2nd ~~1917~~ 1917

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

Caven Keyes

Medical Officer.

*Insert here "fit" or "unfit

M. F. W. 51
100m.—4-16.
H. Q. 1772. 39-917

M

M.F. 1-10-18

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No. 392-23-170

Name Watt Mary S

Regt. No. ..... Rank n/s

Corps C A M C

Resigned

Boots with Cert 4-9-19 Pts.

Returned 4-9-19 Pts.

13-11-19

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... W

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate..... 1

Deceased 4-11-58

W.A.C. 57/10-1

M. F. W. 51 — 1

M. F. W. 67 —

09767

M. F. W. 62.
100m.—6-17.
H.Q. 1772—39—935.

SURNAME. Watt

CHRISTIAN NAMES Mary Swan

REGL. No. RANK Nursing Sister

UNIT C.A.M.C.

FORMER CORPS Mil.

CARD NO.

S.O.S. Dis 15-7-18 II
FOLL.
Pt. II 90 of 16-7-18 " 11 D.D.
Per. to resign

NEXT OF KIN.

NAMES IN FULL Watt. George

RELATIONSHIP TO SOLDIER Brother

ADDRESS ~~186 Kennedy St., Winnipeg. Man.~~
1046 Eveleigh St., Vancouver, B.C.
S.9.9.P. 29/6/18

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland Monzieth

DATE Oct. 21st 1886

PLACE OF ATTESTATION Winnipeg. Man.

DATE Not stated.

O/S. 29-5-17-7229
T

P.C. 4-7-18: 186/3 II

L. L. 10437. M. & D. 7253.

M. F. W. 22. 100M.—11-16. H. Q. 1772-39-339.

MARRIED SINGLE WIDOWER

TRADE OR CALLING Professional Nurse RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Winnipeg. Man. DATE Not Stated

Present Address 186 Kennedy St; Winnipeg. Man.

Number ..... Rank N. S.

Surname Watt

Christian Name MARY SWAN

Units ..... Theatre of War ENGLAND.

Date of Service 29.5.'17

Remarks .....

Latest Address 4607 Main St.
Vancouver, B.C.

Roll No. a Page 5043

200m.-6-21.

(This form to be filled in by all ranks on voyage to Canada.)

.....

R RANK SURNAME INITIALS UNIT

....

al address..... (Street) ..... (City or Town) ..... (Province)

one person to be notified of arrival.....

.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

l, is your wife on board..... Number of children on board.....

tination.....

(Sgd.).....

DEP. MAY 20 1925 REGN. No 13619

2362.

- 9.

1269.

To be made out in duplicate. H.Q. 54-21-23-53

ORIGINAL

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins..... A.M.C.T.D.No 10 C E F

(2) Regimental Number..... Nursing Sister

(3) Full Name of Soldier..... Watt . Mary Swan

(4) Place of Birth..... Monifieth Scotland

(5) Are you married, or not ?..... No

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower ? .....

(8) Have you any children ?.....

If so, give number of boys and girls.....

Also their names and ages.....

M. F. W. 67.

500M.—9-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ?.....No.....

If so, state name and address .....

(10) Is your Mother alive ?.....No.....

If so, state name and address.....

.....

(11) If your Mother is a widow.....

Are you her sole support, or not ?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

.....

.....

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

.....George Watt brother.....

.....186 Kennedy St Winnipeg Man.....

.....Canada.....

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance ? If not, this must be done.

.....

(15) Are you insured ?.....No.....

If so, in what Company ?.....

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Cameron Kenzie

.....

Officer Commanding.

Date.....March.....30th...1917

CANADIAN EXPEDITIONARY FORCE

JT-11-13
FH

Certificate of Service

ISSUED TO OFFICERS AND NURSING SISTERS

M

This is to Certify that (Rank) Nursing Sister

(Name in full) Mary Swan WATT

Enlisted in Canadian Army Medical Corps

CANADIAN EXPEDITIONARY FORCE on the [illegible]

day of [illegible] 191[illegible] AND WAS APPOINTED to COMMISSIONED RANK

in Canadian Army Medical Corps.

CANADIAN EXPEDITIONARY FORCE on the Twenty-eighth day

of March 191 7.

He SERVED in CANADA, and ENGLAND with the C.A.M.C.

Ont.Mil.Hosp. Orpington. Kitchener War Hospital, Brighton.

and was STRUCK OFF THE STRENGTH on the Fifteenth day

of July 191 8 by reason of Permitted to Resign

Dated at Ottawa, this Second day

of September 191 9.

Captain for Director of Personal Services.

M. F. W. 2618a
30m.—4-19.
1772-39-1428.

Certificate of Service

CANADIAN EXPEDITIONARY FORCE

3075

M.D. 11

CANADIAN CONTINGENT EXPEDITIONARY FORCE

No. 11 District Depot

C.E.F.

LAST PAY CERTIFICATE

No. 19

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. ..... Rank Nursing Sister Name Watt, M.S.

Corps C.A.M.C. ..... who was* Struck off

On July 15th, 191 8, to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1st, 1918, to July 15th, 1918, the inclusive date of transfer or discharge.

DEPT MILITIA & DEFENCE SEP 16 1918 H.Q. CANADA

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from ~~prev. month~~ L.P.C.	39		Bal. Cr. from prev. month		
Advances by Cheques No.			Regt'l Pay 15 days at $ 2 c.	30	
Advances by Cheques No.			Field Allow. 15 days at $ 60 c.	9	
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* 15 dys. Subs.	25	50
Payment on ~~transfer~~ or discharge No.	25	50	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	64	50	Total	64	50

*Give particulars.

A monthly stoppage of $ NIL (†) has ..... (‡) been paid on account of Assigned

{Pay for the month of ..... 191....
and Sep'n Allce. for month of ..... 191....} (to) Assignee .....

(Address) .....

.....

CHECKED BY W.H.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted No.

(3) cause of discharge D/O 126 authority 11 District Depot

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date 23-8-18

Place Victoria, B.C.

A. E. Caddell

Capt.
Paymaster, District Depot, M.D. XI
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

300M—2-18.
H. Q. 1772-39-903.

Forms R. 150.
3232. 15 M. 14/12/16.

E.T. **Surname** WATT **Christian Names** Mary Swan

Rank Nursing Sister **Name and Address of Next-of-Kin** Brother.

Promotion George Watt.

186, Kennedy St. Winnipeg.

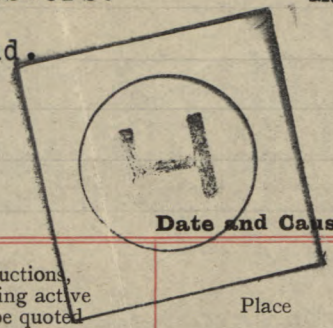
Unit Reinf. C.A.M.C. Nursing Sisters. Manitoba. Canada.

Place of birth Monifieth. Scotland.

Married (Yes or No)

Appointments

Date of leaving Canada **Date and Cause of Resignation**



Report Date	Report 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
		T.O.S. Canc. C.H. on ars. fr. Can.			
22-6-17	Dms.	& posted to Canc.	Depot	29-5-17	Co. 499.
22-6-17	Dms	Posted to Ontario on. Hospital		8-6-17	Co 802
20-7-17	Dms.	Posted to C. Mil. Hp. Basingstoke		18-7-17	Co. 947.
13-8-17	Dms.	Posted to Canc.	Depot	10-8-17	Co. 1058
31. 8. 17	Do	Att. to. Kitchener Mil. Hp.	Brighton.	10. 8. 17	Co. 1142.
12-10-17	do	Posted to No 10 Can Gen Hp	Brighton	5-10-17	Co. 1331
29 to 31-12-17	10.C.G.Hp.	Granted leave from	31-12-17 to	16-1-18	P.S. 2 0/18.
22 to 30-6-18	do	SOS to C.A.M.C. ~~Depot~~ Can. Dep. (amend G.R.O. 1291 d 20-7-18)		26.6.18	P.S. 2 0/26.
13-7-18	Hqrs OMFC	SOS. returned to Canada for disp by A.G.			
		Resigned Commission		7-7-18	RO 4342
18-7-18	do	Permitted to resign Appointment		7-7-18	RO 4365

7928

A.F.B. 153.
16 AUG. 1918

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				

Temporary Original not Available

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.

Asst. Adjutant, District Depot, M.D. XI

Unit, Regiment or Corps C. A. M. C.

Regimental No. ..... Rank N/S. C. E. F. Name W.A. Mary S.

Enlisted (*a*) ..... Terms of Service (*a*) ..... Service reckons from (*a*) .....

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*) .....

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				
13.7.18	Overseas	T. O. S. District Depot XI.	Victoria, B. C.	16.7.18	D. O. Pt II 90/536. 1918
15.7.18		S.O.S.D.D XI G.O. 763(E) of 5-7-18	Victoria B.C	16.7.18	D.O. Pt II 90/538. 1918

Certified Correct

R. McCuaig

Asst. Adjutant, District Depot, M.D. XI

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

a 283
1-7-9-18.

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 AUG. 1918
CANADIAN RECORD OFFICE

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

N/S

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps A M C T D No 10 C E F

Regimental No. Nurse Rank Lieut Name Watt, Mary Swan

Enlisted (a) Terms of Service (a) C. E. F. C E F Duration Service reckons from (a) 29.5.17

Date of promotion to present rank. Date of appointment to lance rank Numerical position on roll of N. C. Os. 1

Extended Re-engaged Qualification (b)

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	Halifax	29.5.17	
		Disembarked	Liverpool	8.6.17	
25.6.17	C.A.M.C.D.	TAKEN ON STRENGTH	Westerhanger	29.5.17	Pt II D.O. 146
25.6.14	"	Posted to C Mobile Orpington	Westerhanger	8/6/17	Pt II D.O. 146 M Nelson LIEUT. COL. COMMANDING C.A.M.C. DEPOT.
23.6.17.	O.M.H.	Taken on strength	Orpington	8.6.17.	Pt.11.D.O.149.
18.7.17.	O.M.H.	S.O.S. Canadian Military Hospital Basingstoke	Orpington	18.7.17.	Pt.11.DO.170 R S Barclay Capt C.A.M.C.
20-7-17	Basingstoke. S.O.S. Can. Mil. Hosp.		Basingstoke.	18-7-17.	Pt II. A.C. No 70. 20-7-17.
12-8-17	"	S.O.S to Kitchener Hosp Hospital Brighton	" "	10-8-17	Pt II D.O 93. R Beamish Capt

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

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				
16/8/17	K. M. of F.	Duty with Lt. Kitchener Mot. Sect.	Brighton	16/8/17	A.F.W. 151
15/10/17	16 C.G.H.	Taken on strength on ceasing to be attached	K.M. of F.	5/10/17	A.F.W. 5.
30/6/18	"	S.O.S. to C.F.M.C. Depot.	"	26/6/18	A.F.W. 26
20/7/18	"	A.F.W. 26. 30/6/18 is amended to read "S.O.S. Casualty Depot Shorncliffe Depot" and not as therein stated.	Brighton	26/6/18	A.F.W. 26
20.7.18	Came Rep'd	T.O.S. from W.O. to C.G.H.	S'cliffe	26.6.18	A.F.W. 63 2/7/18
20.7.18	— " —	S.O.S. on proceeding to Canada	— " —	7.7.18	A.F.W. 63/20.7.18
		Permitted to resign Appointment			

CAPT. & ADJT.
FOR O.C.
No. 10. CANADIAN GENERAL HOSPITAL.

Gordon Gunn
CAPT. & ADJT.
FOR O.C.
No. 10. CANADIAN GENERAL HOSPITAL.

Front. Office Record.
for O.C. Sheliffe Depot Hosp.

MEDICAL HISTORY SHEET

ORIGINAL

Surname Watt *Christian Name* Mary Swan

Examined { on ..... day of 191
at Winnipeg Man

Birthplace { City or Town Monifeith
County Scotland

Apparent age 30

Trade or occupation Nurse

Height 5 feet 4 ½ Inches

Weight 137 lbs.

Chest measurement { Minimum 36 inches
Maximum expansion 38 inches

Physical development Normal

Small-pox Marks None

Vaccination Marks { Arm Right Left
Number 2

When Vaccinated last Childhood

(*a*) Marks indicating congential peculiarities or previous disease

None

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

None

Approved by Cunnackenzie

Rank ..... 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
22.4.17	good	R Gardiner Lt Col M.O.
		..... M.O.
		..... M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
1-4.17	good	R Gardiner Lt Col M.O.
13-4.17	good	R Gardiner Lt Col M.O.
26.4.17	good	R Gardiner Lt Col M.O.

Enlisted on ..... *day of* ..... 191 *at* Winipeg Man

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	A.M.C.T.D.No 10			
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.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Watt Christian Name Mary Swan

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

Ernst

M. F. W. 41
100m-1-18.
1772-39-892.

Name N/Sister . Watt. M. S.

Regimental No.

Unit C. A. M. C.

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

T. for P. 1/7/18

Date and place discharged

Reason for discharge Struck off 15/7/18 D/O 126.

Character on discharge

1046. Eveleigh St. Vancouver. B. C.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
Aug. 1/7	15/7	15	2 00/xx	30 00	15	.60	9 00	25 50	64.50			25 50		39 00	64.50	

M. F. W. 41
100M-1-18.
1772-39-889.

Name .....

1.

Regimental No. .....

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Watt, Mary Swan
Surname Christian Name

Regimental Number

Rank W/S.

Unit C.A.M.C.

Original Unit

District where paid M.D.11

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

L.L. 58961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
236 60		16-1-19	78 00		17-2-19	78 00		16-3-19	80 60		236 60

Remarks:

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

File No. 015359-M-18

WAR SERVICE GRATUITY.

Dnd. 14-11-19

Register No. W 1372

Reg. No. N/S.

Name Mrs. Mary S. Watt-Rogers

Address 767 Kingsway
Vancouver
B.C.

Pay Soldier $ 80 60

S W Graham,
Grayburn,
Clerk J W Burnside

Dependent

Address

Pay Dependent $

Days 122 Rate 2 60 Due 317 20

Less P.D.P. credited 236 60

Less further Dr. Bal. or overpayment.

Net 80.60

Recd. W.103 11/ 28/19.

Date	Ck. Order	Ck. No.	Amount		Remarks.	Date	Ck. Order	Ck. No.	Amount.	
1 25-11-19	44831	541821	80	60		1				
2						2				
3						3				
4						4				
5						5				
6						6				

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
M. B.
Date 22-11-19

R Rowan
14/11/19

L.L. 19226—M. & D. 7814.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m—4-17.
H. Q. 1772-39-819.

To Whom George Watt

Address 186 Kennedy St
Winnipeg Man

Rate 35cts

By Whom Assigned Watt M.S.

Regtl. No.

Rank N.S.

Corps A.M.C.

JUN - 1917

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 ACCOUNT 1F1

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
18m.—4-17.
1772—39—819.

Sheet No. 2. George Watt
(Assignee)

PAYMENTS.

Name of Soldier Watt M S. 9 M C N.S.

L. L. Job 19227—M. & D. 7814.

35 W

JUN - 1917

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June		V 19619	35	
July		W 28502	35	
Aug.		M 36041	35	
Sept.		Z 42420	35	
Oct.		M 45969	35	
Nov.		X 52716	35	
Dec.		J 63923	35	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

W88

245 00

M B

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.				

FORM P. 15
5986–25M–19/1/17

ASSIGNED PAY. | **UNIT.** NAME OF | DATE | AUTHORITY | **RANK.** | DATE | AUTHORITY | **NAME.**

Beneficiary — C.A.M.C.D. — Pay $2.00 Pd. — N.S. — mess $8 6/17 Off 27 5/17 Dm. S.C.O. 799 d/22 6/17 L.P.C. — Name Watt

Address — Fa. 60 " — Initials M. S. 19/17

Amount. $35.00 £1 6/17 Can ✓ — Mess 1.00 . — Bank of Montreal 1/7

Separation Allowance issued. Yes or No..... — ~~London Country & Westminster~~ Exmouth Pont Strathcona Square

1917-18

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1917								
June 28.	P.A@N/S rate £27 5/17. Mess £-8 6/17. No 9417.		114					
	Bank.	9224		79		35		
July. 19	July Pay (R)		111 60					
" 18.	a P. Canada (2 mths).				70	76 60		
23	Bank.			76 60		0		
Aug 18	August Pay (R)		111 60					
"	a P. Can				35	76 60		
- 21	Bank	16996		76 60		0		
Sep. 17	Sept Pay (R)		108					
12	a P Can.				35	73		
21	Bank	21813		73		0		
Oct 15	October Pay (R)		111 60					
12	a P Can				35			
19	Bank	26291		76 60		0		
Nov 15	November Pay (R)		108					
14	A P. Can.				35			
20	Bank.	30681		73		0		
Dec 10	A. P. Canada.				35			
7	Dec. Pay R.		111 60					
" 13 1918	Bank.	35096		76 60		0		
Jan 15	A. Pay. Canada.				35			
15	Jan. Pay. (R.)		111 60					
22	Bank	39501		76 60		0		
Feb.	Feb. Pay (R)		100 80					
" 12	A. Pay. Can.				35			
21	Bank.	40996		65 80		0		

FORM P.15
5986--25M--19/1/17

ASSIGNED PAY. | UNIT. NAME OF / DATE / AUTHORITY | RANK. / DATE / AUTHORITY | NAME.

Beneficiary

Address

Canada

Amount. $ 35 000/000

Separation Allowance issued. Yes or No.....

N.S

Name Watt
Initials N.S
Bank of Montreal
Trafalgar. Square.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1918 15	Mch Pay (R.)		111 60					
12	a Pay Can				35			
25	Bank			76 60				
Apls.	Travalle 9/6/17.	31					3/6.	

FORM P. 15. 12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY. | **UNIT.** NAME OF: CAMCD. RATE OF P. AND A. | **RANK.** NPS. DATE 8 6/17 AUTHORITY | **NAME.**

Beneficiary
Address

Pay $2.00 Pd.
F.A. 960 "
Messing $1.00 "

Eff. 27 5/17 DMSCO 799
22 6/17 L PC

Name Watt
Initials M. S.
Bank of Montreal Tray Sqr.

Amount. $35 00 Can

Separation Allowance issued. Yes or No..... Retd. to Canada Displ. A.G. Ottawa Resgd. Demob. 4/18 H.Q.R.O. 4342 d/ 13 7/18

1918-19

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS
april 16	a. Pay Can.				35			
	April Pay (R.)		108					
26	Bank.	1187.		73		"		
May	May Pay (R.)		111 60					
14	a. Pay Can.				35			
17	Trav allce. 25 5/17 to 31 5/17	16581					2-9-4 $12 00	
23	Bank.	2683.		76 60		"	10/6/18 Returning to Can	
June	June Pay (R.)		108				Returned to Canada	
	a. Pay Can				35		Ottawa to 30/6/18	
26	Bank.	4166.		73.		"	Proceeded on Leave	
							Duties ceased	

From ledger 9 to ledger 12 8 7/18

FORM P. 15.
12519—16M—1-3-18 H.W.V.Ld.—3717-18.

ASSIGNED PAY.	UNIT. NAME OF	RATE OF P. AND A.	RANK. DATE	AUTHORITY	NAME.
Beneficiary		Pay			Name
Address		F.A.			Initials
		Messing			Bank
Amount. $					
Separation Allowance issued. Yes or No.....					

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case.	INITIALS

1620

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

B.1233

1. No.

2 Rank. Nursing Sister

3. Name. Watt, Mary Swan

4. Unit. C. A. M. C.

5 Date of Discharge | | Place

6 Reason for Discharge.....

Deceased 4-11-58

7. Authority.

8. Proposed Residence after Discharge.....

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?.....

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....

Signature.....

(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

OK 4

WAR SERVICE BADGE CLASS "A" NO. B

M.D. 2 D.A. F

REGTL.NO. 3032037 RANK Pte

NAME Cabana Nicola
(SURNAME) (CHRISTIAN NAMES IN FULL)

REGT.OR CORPS 1st C.G.R.D.

UNIT N. Wing C.C.C.

ORIGIN L UNIT 1st Dep. Batt. 1st C.G.R.

Category A PLACE OF BIRTH Italy

OCCUPATIONAL GROUP 3 SERVICE GROUP 33

RELATIONSHIP OF NEXT/OF/KIN Father

PLACE OF RESIDENCE Timmins P.C. Ont
(POST OFFICE ADDRESS IN FULL)

RELIGION R.C.

P.O. OR BANK DESIRED Timmins P.C. Ont

DOCUMENTS

PROCEEDINGS ON DISCHARGE (M.F.B.218a)

L.P.O.and Duplicate & War Service Gratuity attached

Pay Book (A.B. 64)

Form 39 Enclosed in Special Envelope

Form 39a

Attestation Paper

Casualty Form

Medical History Sheet

Long of Short Board Form

Dental Certificate

Field Conduct Sheet

Disposal Certificates

D.C.S.2

Sundry Documents

No.1 (M.F.B.218a) to be used as inside cover for Documents and will contain Documents in same order as shown above. When all documents are complete they will be pinned to No.1 (M.F.B.218a) with the exception of No. 2 (P.851) and (P.851a) and No. 3 (A.B.64) No. 4 (Form 39) and (Form 39a) will be attached to (Form 218a).

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

Husband, John Rogers, 4607 Main St., Vancouver, B.C

MILITARY DEFENCE
AUG 23 1918
H.Q. CANADA

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR OFFICERS

AUG 9 Rec'd

MEDICAL HISTORY OF AN INVALID

Station New Westminster, B.C.

No Xl.C.C.

Date August 8th, 1918.

1. (a) Unit C.A.M.C.
   (b) Rank ~~Lieutenant~~, Nursing Sister
   (c) Surname Rogers (nee Watt) (d) Christian name Mary Swan
2. Age last birthday 33 Date of birth Oct 21st, 1884
3. Date of appointment to the C. E. F. (for officers of the C. E. F.) Apr 3rd, 1917.
   Date of reporting for duty (for officers of the Active Militia attached to Units, for duty, or at Annual Training) April 3rd, 1917.
4. Personal description:
   (a) Height 5'4½" (b) Weight 115#
   (c) Complexion medium (d) Colour of hair brown
   (e) Colour of eyes blue (f) Scars or tattoo marks 2 vac left
5. (a) Address after being struck off the strength of the C. E. F. or after resignation (for use of the Board of Pension Commissioners) 4607 Main St. Vancouver, B.C.
   (b) Address of O. C Unit to whom notification of decision of Board of Pension Commissioners, Ottawa, is to be sent O.C. M.D. NoXl. Victoria, B.C.

A. D. M. S.
MILITARY DISTRICT No. II

6. Former trade or occupation Nurse

7. (a) Service — Years 1 4/12 — Days AUG 9 1918

	Periods From	Periods To (VICTORIA, B. C.)
Canada	April 3rd, 1917	June 7th, 1917
England	June 7th, 1917	July 10th, 1918
Canada	July 10th, 1918	present

(b) Has she been Overseas? Yes in England

8. Disease or disability (use authorized nomenclature if possible). Debility
   (a) Date of origin December 1917 (b) Place of origin England
   (c) Cause* unknown

*(Here include original disease or injury.)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions.)
Is 16½# lbs. under weight at time of leaving for Overseas. Is somewhat anaemic. Apex beat ¾ inches external to nipple line. Heart is regular, at rest 70 after slight exertion 96. Recovers itself in one minute. There is a systolic murmur present over whole of cardiac area and it is transmitted to axilla. Some oedema of ankles, particularly of left, urinalysis negative. She complains of palpitation, dizziness and smothering sensation in praecordial region. These symptoms are particularly present at times of excitement, or after exertion, such as walking fast or climbing stairs. Blood pressure 145 Syst. 90 Diastolic.

(cont. page 4.)

[After describing all abnormalities, anatomical and functional, contributing to incapacity (see Question 11) state whether such incapacity is directly due to (a) weakness (b) loss (complete or partial) of an organ or member or of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

M. F. B. 380.

50M.—9-17.
1772—39—274.

10. Give a full description of wounds, scars, deformities, signs or symptoms, or abnormal conditions present, but not included in answer 8.
[Answer to this question cannot be made without stripping the officer and subjecting him to a thorough physical examination.]

Vacc 2 left.
Had none of present symptoms before joining the service.

11. To what extent, state in percentages, is incapacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each and that due to all combined.

12. Did the disability arise on or off duty? On duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service?

~~Yes~~ No N.App.

(If the answer is in the affirmative, state in percentages, to what extent the pensioner is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? No

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions if there is more than one? 6months.

17. Treatment (Case reports, general or special, should be secured and attached where possible).

None, except tonics from M.O.

18. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?

No.

19. Can the former trade or occupation be resumed? Could take charge of easy cases.

20. Recommendations.

Discharge Category "E"
medically unfit

(sgd) B.E.Lang, Capt.
Medical Officer by whom the case is brought forward.

(Sections 8, 9 and 10 are to be read to the Officer.)

I, the undersigned Mary Swan Watt Rogers have heard the description of my disability read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of V.E.D.C.

M. S. Watt Rogers
Signature of Officer examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Concurs

22. Is the Officer fit for (*a*) General service (Category A.) (~~Yes~~ or No.)
(*b*) Service abroad (not general service) (" B.) (~~Yes~~ or No.)
(*c*) Home service (Canada only) (" C.) (~~Yes~~ or No.)
(*d*) Temporarily unfit (" D.) (~~Yes~~ or No.)
(*e*) Unfit for service in Categories A, B and C. (" E.) (Yes or ~~No.~~)

23. It is certified that the Officer

(*a*) ~~Does require treatment.~~
(*b*) Does not require treatment.
(*c*) Should pass under his own control.
(*d*) ~~Should not pass under his own control~~.

(Strike out condition not applicable.)

24. It is recommended that the Officer be discharged. (When not for discharge add special recommendation.)

Discharge Category "E"
medically unfit

R. Brodeur Lt.-Col. President.

Station New Westminster, B.C.
Date April 3rd, 1918. Aug 8th

F. G. Lawson Capt. Member.

APPROVED BY

Date AUG 16 1918

For Assistant Director of Medical Services.

APPROVED BY

Date 29.8.18

J. A. Grant Lt.-Col. Director General of Medical Services.

B. P. C. FOLDER FALSE DOCKET

24

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.

2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.

3. In answering the questions, Medical Officers will carefully obtain and record the officer's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the officer concerned, from witnesses, or from documents.

4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space at the foot of this page.

5. The nomenclature of diseases to be followed is that described in "List of Diseases, printed in the order in which they appear in the Annual Report on the Health of the Army", published in London, (1915) by Messrs. Harrison & Sons.

Appetite fair. Sleeps well. She can go quietly along with work in the wards and do a fairly full day but any attempts at hurrying brings on palpitation and dizziness.

Incapacity due to general debility.

M. F. W. 41
1 0M—7-16
1772-39 889.

Nurse Name Watt, Mary Swan

Regimental No. 397-23-170

Unit C.A.M.C.

Name and address of next-of-kin 234-36th Ave., E. South Vancouver, B.C.

Date of enlistment C.A.M.C.

Place of "

Married (yes or no)

Date and place discharged Resign. Commission

Amount of pay assigned monthly $ 35.00 to Canc. 7/18 Eng. Reason for discharge M.D. #11, 7/18 P.O. 797.

To whom payable S.O.S.

Character on discharge

OLYMPIC 26/6/18 arr 3/7/18 Pub Exp L.P.&C. clear 30/6/18 1 Copy 8P.

L. A. Job 5351—M. & D. 6880.

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
																328

M. F. W 41
1 0M —7.16
1772-39 889.

Name.....

Regimental No.

Unit

Date of enlistment

Place of "

Married (yes or no)

Amount of pay assigned monthly $

To whom payable

Name and address of next-of-kin

Date and place discharged

Reason for discharge

Character on discharge

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

June 1/17.

RATE OF SEPARATION ALLOWANCE

W 3068

RATE OF ASSIGNMENT

35.			

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank N.S. Promoted Reverted Discharge

Soldier's Name M. S. Watt. A.M.C.

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name George Watt

Address ~~186 Kennedy St~~

M.R.O. 1 Rendered 25-6-18. Change of Address ~~Winnipeg Man.~~

1 1046 Eveleigh St - Vancouver B.C.

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Dec 31	———		245 -	245		..... A/C Closed 31-7+18.
Jan 18	71735 L		35	35		Ret'd per Olympic
Feb	71250 R		~~35~~	~~35~~	T	Date 8-7-18
March	90757 X		35	35	L	..... Clerk BRL for T. W.T.W.187 rend. 8-7-18.
April	12869 W		35	35	L	J.3039 Mailed 28-6-18. M.R.O. 41014 rend. 8-7-18. Dest.
~~May~~	~~18663 W~~		~~35~~	~~35~~	L	W 18663 cancelled per N. 3701
~~June~~	~~2649H~~ 26494		~~35~~ 35	~~35~~ 35	L	A.C.O. L.P. 9500 rendered 25-6-18.
~~June~~	~~26494 R~~		~~35~~	~~35~~	L	~~R.2649H Returned and Cancelled 18-7-18. BRL~~
June	3039 J.		35	35	L	R.2649H Remailed 18-7-18.
July	21798 B.		35	35	L	Struck off Strength C.E.F. routine order 13-7-18.
			490	490		~~Acct.~~

M. F. W. 128
400M.—6-17—172-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

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—1772-39-1141
L. L. 2252)—M. & D. 7983.

197

AUDITOR | PAYMASTER

M. OR S. | PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES | REGT. No. | RANK Lieut | NAME (IN FULL) WATT, Mary Swan (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN — RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? — DATE EFFECTIVE

TO WHOM PAID — RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. — IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION — TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY $ — DATE EFFECTIVE

PAYABLE TO — RELATIONSHIP ~~ANY CHANGE IN ASSIGNEE OR~~ ADDRESS

Jo Rogers
767 Kingsway
Vanc. B.C.

ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE — DATE 15/7/18 — REASON — AUTHORITY D.O. 126 — IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																						
WAR GRATUITY																																						
Service Typ 1 mo.																																						
												Jan 16		Feb 17		Mar 16																						
												6381		B.6153		5011		78	-	78	-	8060										236	60					
									236	60																													
									B 236	60																							B 236	60					

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received.

Capt.,
Officer i/c War Service Gratuity
M.D. No. 11

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. NO. 1		COL. NO. 2		COL. NO. 3		COL. NO. 1		COL. NO. 2		COL. NO. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	