

ATTESTATION PAPER.

TRIPPLICATE

No. 223017

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... Thomas Carson Crosby
2. In what Town, Township or Parish, and in what Country were you born?..... Yarmouth N.S.
3. What is the name of your next-of-kin?..... Mrs Susan Crosby father
4. What is the address of your next-of-kin?..... Yarmouth N.S.
5. What is the date of your birth?..... 3rd Sept 1896
6. What is your Trade or Calling?..... Carpenter
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?..... vaccinated J.C.C. yes
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?.....
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

Thomas Crosby (Signature of Man.)
 [Signature] (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Thomas Crosby, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date: 30th Oct 1915
 Thomas Crosby (Signature of Recruit)
 B. S. Colp (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thomas Crosby, 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: 30th Oct 1915
 Thomas Crosby (Signature of Recruit)
 B. S. Colp (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 [Signature] this 31st day of Oct 1915.

[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

[Signature] (Approving Officer)

Description of

Brookby Tho. C.

on Enlistment.

Apparent Age 19 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 5-4 ft. ins.

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

Complexion Medium

Eyes Brown

Hair Light brown

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

Scar inside of right knee.

Receipt 122.

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 30/10/1913

Place Halifax N.S. Lieut Col 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:—

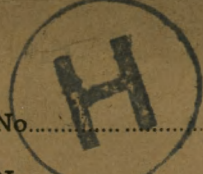
CERTIFICATE OF OFFICER COMMANDING UNIT.

Thomas C Brookby 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. H. Bradley (Signature of Officer)
..... Lt. Colonel

Date DEC 20 1913 1913 Comd'g 85th "Overseas" Batt'n. C. E. F. (Nova Scotia Highlanders.)

DISCHARGE DOCUMENTS



R. O. No.
H. Q. No.

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

Attestation Papers..... *1-3*

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms..... *1*

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..... *1*

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Name *Crosby Thomas Carleton*

Regt. No. *223017* Rank *Pte*

Corps *85th Bn*

45881

Died of wounds. 13.6.17



A. J. B. 122-1

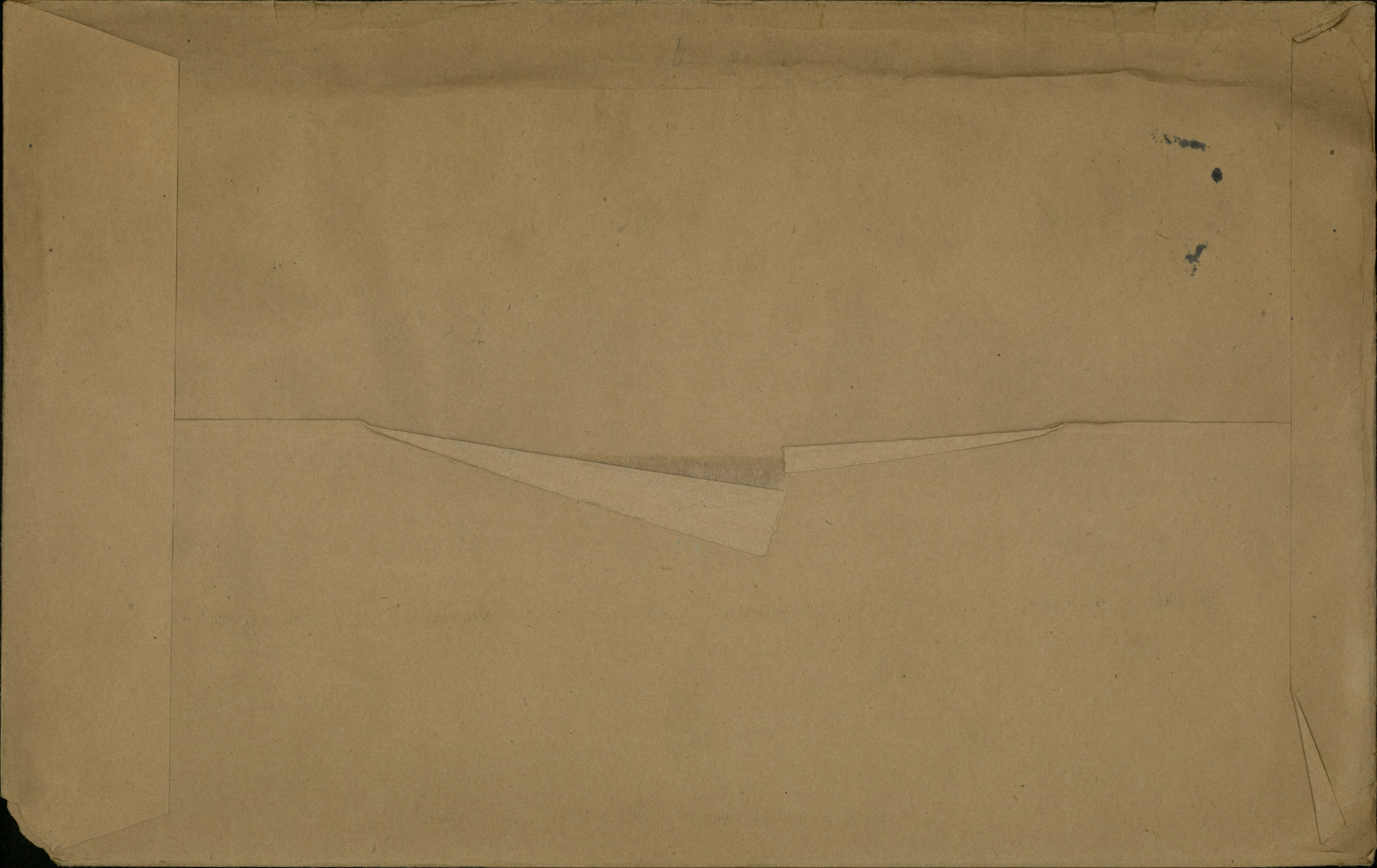
Card - 2 paycard

Wills 1 copy 1 orig

189122

m+ 9-3-21 m+ m+

*42-15,
17-15
9-15
15*



NCS.

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 85th Overseas Bn Nova Scotia Highlanders C.E.F

Regimental No. 223017 Rank Oto Name Thomas Crosby
 Enlisted (a) 30 10/12 Terms of Service (a) War C. E. F. Carleton
 Service reckons from (a) 30 10/12

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) _____

CERTIFIED CORRECT.
 7 FEB. 1917
 CAN. CORPS. (AMPS)

Report Date	From whom received	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 38, or other official documents.
		Embarked, Canada Disembarked, England	Halifax Liverpool	OCT 19 1916 OCT 18 1916	
10/2/17	Ob 85 Bn	Proceeded overseas for service	Witley	10/2/17	Part II Order no 36 <i>[Signature]</i> MAJOR For Officer Com'dg 85th Overseas Bn. C. E. F.
10.2.17	Hehl	Disembarked	Boulogne	10.2.17	LR 7558.
12.5.17	O.C. 85 Bn	Appointed Lt/Corporal	Field	10.5.17	B 213, Pt II O. 75 d/ 5.6.17.
16.6.17	6 C. 8. S.	Died from wounds received in action	6 C. 8. S.	13.6.17	C20 Report - 178. Ref. K.H. 16-10588 D.O.S. 43. Pt II O. 79 d/ - 2.6.17.

Lieut. for Lt-Col., A. A. G.
 Canadian Section. G. H. Q. 3rd Echelon. B E F.

(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.]

SECRET

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				

N.S

I, (Name in full.)

Regimental Number 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 be ueath all my real estate unto

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

absolutely, and my personal estate I beqweath to

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

Mrs Susie B Crosby
Box 60 Yarmouth

In Witness whereof I have hereunto set my hand

this day of .D.191 .

Signature.

X 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.

Name of Witness

Address of Witness

Occupation of Witness

Name of Witness

Address of Witness

Occupation of Witness

C A Withrow
85th Bata G I Witley Reg
Soldier
Geo. Colley
85th Bata, G.I Witley. Reg
Soldier.

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch.

.....Lieut.
for Officer i/c Estates.O.M.F.C.

.....July, 1917.

NOTE. Died

Taken from living

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FORM OF WILL

I, Thomas Carson Crosby (Name in full)

Regimental Number 223017 serving in 85th Batt'n. 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 devise 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

Mrs Susie E Crosby
Box 66 Yarmouth
Nova Scotia

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

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 28 day of Dec 28th A.D. 1916

T C Crosby 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 C. R. Withrow

Address of Witness 85th Batt C I Witley Eng

THE TWO
WITNESSES

Occupation of Witness Soldier

MUST
SIGN HERE

Signature of Second Witness Geo. Colley.

Address of Witness 85th Batn C I Witley, Eng.

Occupation of Witness Soldier.

Handwritten signatures:
Charles R. Withrow
George Colley

FORM OF WILL

I, the undersigned, being of sound mind and memory, do hereby declare this to be my last will and testament, and I do hereby give, devise and bequeath all that I own at the time of my death to my heirs at law, to be divided equally among them.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at my dwelling house, on this 10th day of March, 1901.

Testimony of the said testator, as above, and that he is of sound mind and memory, is given by me, the undersigned, at the time and place above stated.

In presence of me, the undersigned, Justices of the Peace for the County of [] State of []

Subscribed and sworn to before me this 10th day of March, 1901.

Notary Public for the County of [] State of []

Witness my hand and seal at the City of [] State of []

this 10th day of March, 1901.

Notary Public for the County of [] State of []

Witness my hand and seal at the City of [] State of []

this 10th day of March, 1901.

Notary Public for the County of [] State of []

WILLIAM T. []

JAMES W. []

[]

[Faint handwritten text]

record. 13411 ✓ ✓

86336

FORM OF WILL.

I, Thomas Carson Crosby (Name in full)

Regimental Number 223017 serving in 85th Batt'n, 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 & Address of person or persons to whom it is to go.
.....	
.....	

absolutely, and my personal estate I bequeath to

<u>Mrs Susie E. Crosby</u> <u>Box 6, Yarmouth</u> <u>Nova Scotia</u>	} Name & Address of person or persons to receive personal estate* (see note).
.....	

In Witness whereof I have hereunto set my hand

this 27 day of Dec 27th A.D. 1916.

T. C. Crosby Signature.

* 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.

ESTATES BRANCH

AUG 7 1917

MILITIA DEPT.

Name of Witness C. S. [unclear]
Address of Witness 85th Batt'n C. E. F.

Occupation of Witness Soldier

Name of Witness Geo. Colley

Address of Witness 85th Batt'n C. E. F. [unclear] Eng.

Occupation of Witness Soldier

FORM OF WILL

I, the undersigned, do hereby revoke all former Wills of mine, and declare this to be my last Will.

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

Name & Address of person or persons to receive personal estate.

In witness whereof I have hereunto set my hand and the seal of my said estate at the city of New York, this 1st day of January, 1900.

Witness my hand and the seal of my said estate at the city of New York, this 1st day of January, 1900.

Signature of Testator
Signature of Witness
Signature of Witness
Signature of Witness
Signature of Witness

85th Bn

FH

Rank

L/Cpl

Name

CROSBY, Thomas Carleton x

Reg'l No. 223017 x

Unit

85th. Bn.

If in perm. Corps,
What Unit? }

Married or Single **Single** x

Place and Date of Enlistment

Halifax, 30. Oct. 1915. x

Place of Birth

Yarmouth, N.S. x
Can.

Name and Address, Next-of-Kin

Mrs. Susan Crosby x

Yarmouth N.S. Can. x

Relationship

Mother x

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

*m + 21
9-3
m N.S.*

N/E. R.B. No. 1939
File R.L. 25-6-3386
Category DW.

Discharge, Date and Place

Reason

Character

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.				
	"0"				A.F.B. 103 CHECKED 17 FEB 1917
	Arrived in England S.S. Olympic			18/10/16	
	10-2-17 OC 85 Bn	PROCEEDED OVER EAST WITLES		10.2.17	*DO36
5.6.17	✓	App L/Cpl. to Com. Estab	Field	10.5.17	Pt II 75.
19.6.17	"	*6 h.l.s. reports tied by wounds	"	13.6.17	C.A. 80. Was not stated
21.6.17	✓	Do Do	Do	13.6.17	Pt II 79.

DUPLICATE

B

223017

MEDICAL HISTORY SHEET.

Surname Crisby Christian Name Thos. C.

Examined { on 30th day of Oct. 1915
at Halifax
Birthplace { City or Town Chebogue
County _____

Approved by Joseph Hayes
Rank Lieut Genl M.O.

Apparent age 19
Trade or occupation Fisherman
Height 5 Feet 4 Inches.
Weight 122 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 35 inches.
Physical development Good
Small-Pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left Arm
Number 2
When Vaccinated last 8 years ago
(a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	VACCINATIONS.
<u>12/6/16</u>	<u>Good</u>	<u>Hayes</u> M.O.
		M.O.
		M.O.

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4-5/16</u>	<u>Good</u>	<u>Hayes</u> M.O.
<u>12/9/16</u>	<u>good</u>	<u>Hayes</u> M.O.
<u>12/9/16</u>	<u>good</u>	<u>Hayes</u> M.O.

Enlisted on 15th day of Oct 1915 at Halifax

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>85th. Overseas B'n, C. E. F. Nova Scotia Highlanders.</u>	<u>22 30 17</u>		<u>15/10/15</u>
Transferred to.. ..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

To Whom *Mrs. Susan Crosby* By Whom Assigned *Crosby Thos. C.*
 Address *Box 66* Regtl. No. *223017*
Yarmouth, N.S. Rank *Pte.*
 Corps *B. Coy 85th Battrn.*
 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				

Pensions Notified Date *24-6-17*
 Killed in Action }
 Died of Wounds } Date *13-6-17*
 Missing }
 O. L. *25-20/6/17* Clerk *Stewart*
 Date Noted *24-6-17* 101

1881
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1898
1899
1900

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Susan Crosby *Mother*
(Assignee)

Name of Soldier

Crosby Thos. C.

PAYMENTS.

223017

Pte. B. Coy. 85th Bn.

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$ 20 ⁰⁰
				OCT 1 - 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		26222	20	
Nov.		29486	20	
Dec.		35262	20	
Jan.	1917	37857	20	
Feb.		44289	20	20 R
March		48835	20	20 Ch
April		880	20	20 W.
May		7236	20	67x 30/6/14 180 ⁰⁰ Stewart 24
June		14033	20	20 Brv A/c closed 30/6/14 Stewart 24
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Cof 3

W. 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.				

Surname **Crosby** Christian Name or Names **T.C-** Reg. No. **223017**
Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____
L3c Hospital **85th Bn** Date of Admission _____

6.C.C. - tat.13-6-17

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

13

Died of Wds. 13-6-17



DISPOSITION

Date

C.L.19-6-17 A80

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.

NAME

Crosby, Thomas Carleton

REGT'L. No. 223017

H. Q. FILE NO. 649

RANK AND CORPS

Lt/Pl. 85th Bn.

FOLLOWS

No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

M 5595

19-6-17

Died of wounds #6 las. cl. stab.
June 13th 1917. ✓

Brogsa

Rauen

21-6-17

Died of wounds #6 las
cl. stab France. 13-6-17. Rec'd 29-8-17.

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A80 06th 6th Cal. Co. Stat. rept 13-6-17 Wound of wound all W. no. not stat

No 223017 RANK

Pte

NAME

Crosby Thos. C.

T. O. S.

15-10-15

UNIT

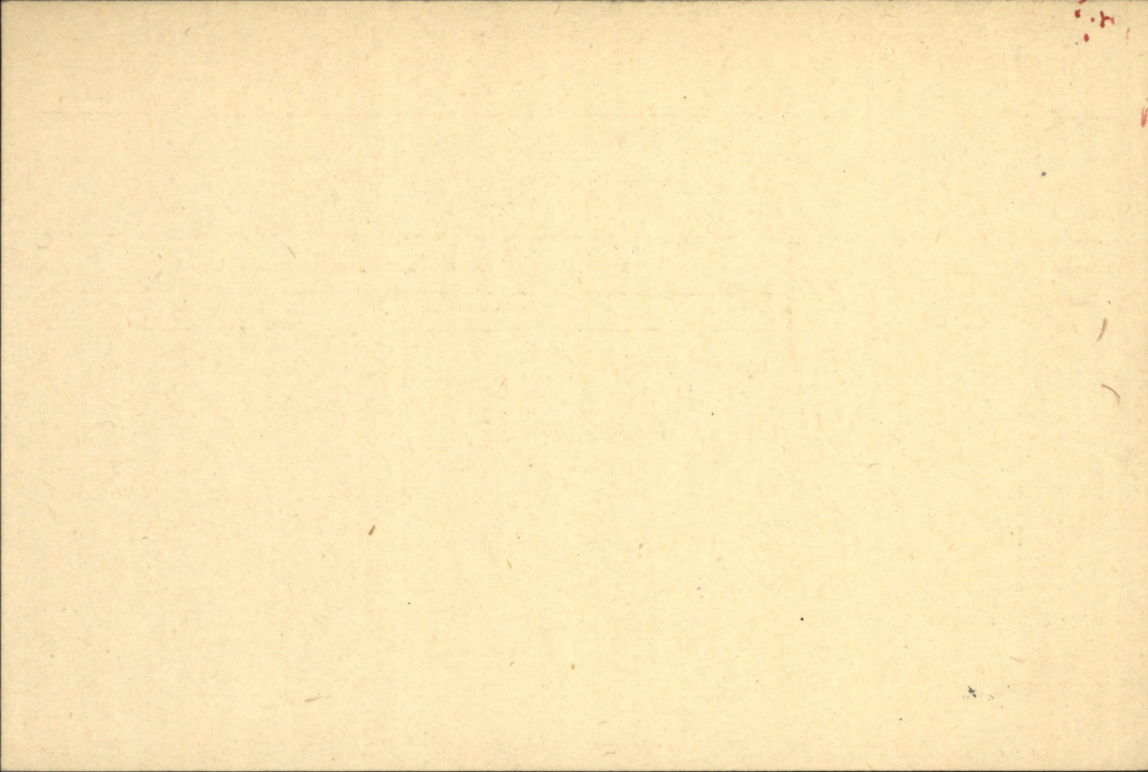
85th Battalion C. & G.

(No. payroll)

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Oct. 15	1915 Nov. 30	✓		
	Dec.	✓		
1916 Jan.	1916	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May	✓		
	June	✓		
	July	✓		
	Aug.	✓		
	Sept.	✓		
	Oct.	n.		

UNIT SAILED
OCT 12 1916



93P
M

2/6/17
B

Number 223017

Rank

Surname

CROSBY

Christian Name

Thomas Carleton

Units

85 Bn Can Inf

Theatre of War

France

Date of Service

10-2-17

Remarks

(M) Mrs. Susan Crosby,

Latest Address

Box 66,

Yarmouth, N.S.

Roll No.

Page 21000.

200m.-6-21.M.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CA

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

DESP. MAR 28 1923
REGN. NO. 3467
[Signature]

✓ ✓ ✓ ✓ ✓
CROSBY, T.C. (L/Cpl) #223017, 85th Bn.

649-C-12657 *m*

MEDALS & DECORATIONS.

(Mother) Mrs. Susan Crosby,
Box 66,
Yarmouth, N.S.

APR 1 1921
Scroll Desp. Reqn. No. 224699

PLAQUES & SCROLLS.

(Father) Thomas A. Crosby, Esq.
Address as above.

Reqn. No. P47 53

MEMORIAL CROSS.

(Mother) Mrs. Susan Crosby,
Address as above.

*Not Elig for 1914-15 88as
" " 8. M.
" " 8. W. M.*

50922

*B -
MWS*

1126

MAR 16 1921

M/48118

pi:

049-C-12657

CARD NO.

SURNAME.

Crosby

CHRISTIAN NAMES

Thomas, Carleton

REGL. No. *223017*

RANK

1st Lt. ~~Pl.~~

UNIT *85th*

Batt.

FORMER CORPS

Nil

FOLL.

D

NEXT OF KIN.

NAMES IN FULL

Crosby, Mrs. Susan

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Yarmouth, N.S.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Yarmouth

DATE

PLACE OF ATTESTATION

Halifax, N. S.

DATE

Oct 20, 1915

Sailed from Halifax per S.S. Olympic 12/10/16

596.13
5

MARRIED

SINGLE

yes

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

P. 559
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Single

Yarmouth N.S.

Mrs. Susan Crosby
Box 66 Yarmouth N.S.

Mother

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Died of Wounds	13-6-17	62850 19-6-17
appt. 62/6pl	10-5-17	6075 5-6-17

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
			For Supplementary
			Red Cross Oct. 16

REG'L. No. 223017 RANK

IF IN PERM. CORPS
WHAT UNIT

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

DATE OF ATTESTATION

ASSIGNED PAY MONTHLY \$

PAYABLE TO

ASSIGNED PAY MONTHLY \$

PAYABLE TO

STOP-PAYMENT FORM (Assigned Pay) RENDERED (DATE)

DISCHARGE DATE AND PLACE

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

L/Cpl
St.

NAME

UNIT 85th Batt'n, C. T.

TRANSFERRED TO

TRANSFERRED TO

TRANSFERRED TO

DATE EFFECTIVE

Mrs Susan Crosby, Box 66, Yarmouth N.S.

DATE EFFECTIVE

REASON

21st June 1917 EFFECTIVE 1st July 1917 REASON Died of Wounds 13-6-17

REASON AND AUTHORITY

20 SEP 1917

Checked by H. Sillerton

26 JUN 1917

1-7-17

Authority
80.19.6.17

SEP 21 1917
OFFICE

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		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT												
			\$	C.			\$	C.			\$	C.																												
1916																																								
30 th	30 th	3000		3010	300																																			
31 st	31 st	2100		310	310																																			
1917																																								
31 st	31 st	2100		310	310																																			
28-2	28 th	1 st	3080																																					
MAR 31			3410																																					
Apr	30 th		33																																					
May	31 st		34 10																																					
June	30 th	1 st	34 50																																					
	31 st	1 st	14 95																																					
Oct.																																								
"																																								

REMARKS
From Canada

Balance transferred to N. E. Branch

268
268
268
268
~~268~~

Statement of
JAN 2 1918
Account rendered

Statement of
OCT 18 1917
Account rendered

D.J.O

222017 Pte Crosby J. E.

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		NO. OF DAYS	RATE				AMOUNT		1		2		3					4					CREDIT	DEBIT
			\$	C.						\$	C.	No.	DATE	No.	DATE	No.	DATE				No.	DATE					
1918 Jan										Balance forward																	
									8.04	8.04									74.86								

~~74⁸⁶ To Ottawa for Sett D19-1-18-024~~
~~NE 26/34~~
 74⁸⁶ To Ottawa for collection
 D 22-1-18 030^d NE 26/40

939

M. D. 912

Calgary

(6429) W 8466/P1968 1,000,000 1/19 Mc A & W Ltd (E 4374)

D378

Army Form W3997.

10

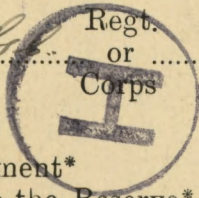
Regtl. No. 22 58323 Rank Private

Name William De Mille
(Christian Names in full) (Surname)

list
also

Unit 2nd M. G. Regt. or Corps M. G. Depot

Date of { Discharge*
Disembodiment*
Transfer to the Reserve* } 191.....
* Strike out whichever inapplicable.

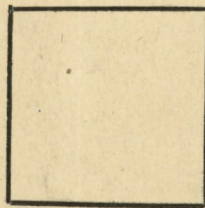


COVER

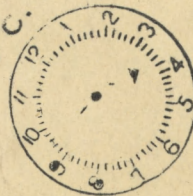
FOR

DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F Z.22 is included among the documents the letter Z is to be stamped in the space provided below.



Headquarters M. D. 13
LENT. C. R.



AUG 1 1919

Army Form 100-10

UNITED STATES GOVERNMENT

REGISTRATION NO. _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

DATE OF BIRTH _____

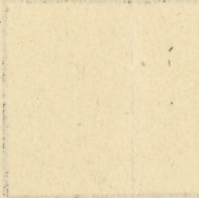
DATE OF REGISTRATION _____

COVER

FOR

DISCHARGE DOCUMENTS

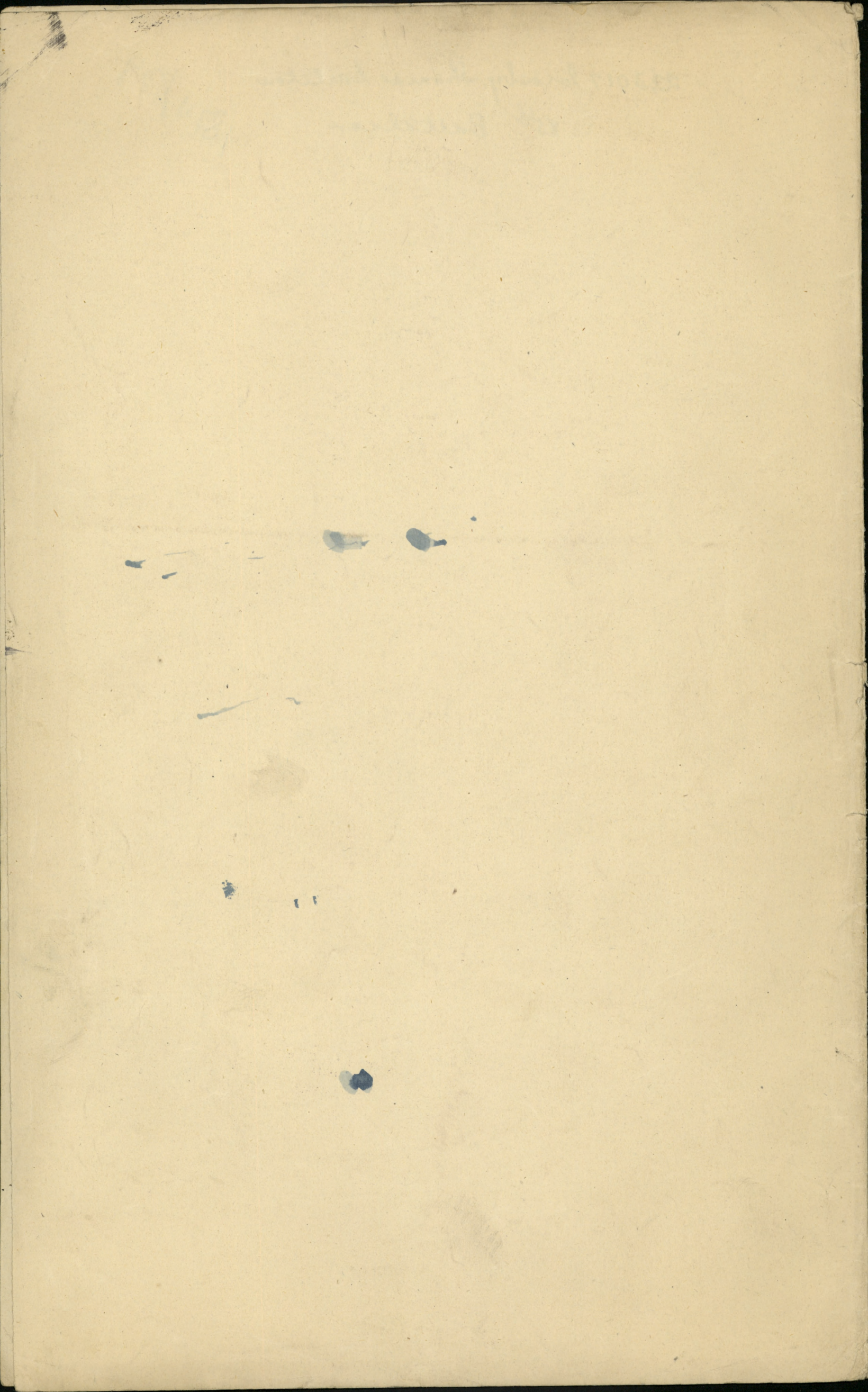
NOTE:—In every case where A.F. No. 1 is included among the documents the
 label is to be stamped in the space provided below.



223017 Crosby, Thomas Carleton,

85th Battalion

18711/39^o



85-40 Batter

Pop W. 13. 6. 17

6. 4. 17

