

Original

ATTESTATION PAPER

No. 524556

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

1. What is your name?..... Findlay Howard McDiarmid.
2. In what Town, Township, or Parish, and in what Country were you born?..... Kenora., Ont.
3. What is the name of your next-of-kin?..... Mrs. Ida McDiarmid.
4. What is the address of your next-of-kin?..... Cor. Columbia & First Ave. Kamloops. B.C.
5. What is the date of your birth?..... 4th July 1893.
6. What is your trade or calling?..... Carpenter. ²⁴
7. Are you married?..... No.
8. Are you willing to be vaccinated or re-vaccinated? & inoculated..... Yes.
9. Do you now belong to the Active Militia?..... No.
10. Have you ever served in any Military Force?..... No.
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.



F H McDiarmid (Signature of Man.)
W C Gibbons (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Findlay Howard McDiarmid, 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 Sept. 29th, 1915 1915.
F H McDiarmid (Signature of Recruit.)
W C Gibbons (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Findlay Howard McDiarmid, 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 Oct 4 ~~Sept. 29th~~, 1915.
F H McDiarmid (Signature of Recruit.)
W C Gibbons (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 Vernon this fourth day of October 1915

J J [Signature] (Signature of Justice.)

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

A W Bagnall (Approving Officer.)
Capt. Cairne

103/4

DESCRIPTION OF Lindley Howard McDermid ON ENLISTMENT.

Apparent Age 22 years 2 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 36 ins.
Range of expansion 5 1/2 ins.

Complexion Fair
Eyes Brown
Hair Black

Scar on 3rd finger left hand
Scar on left thigh

Religious Denominations { Church of England
Presbyterian Yes
Methodist
Baptist or Congregationalist
Other Protestants (Denomination to be stated.)
Roman Catholic
Jewish
156

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 29th Sept 1915

Place Vernon Camp

A. P. Mustard
Capt. R.A.M.C. 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

Lindley Howard McDermid 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 Oct 19 1915 J. P. Ryan (Signature of Officer.)
Papp Captain

O. C. B. Section, No. 1 Field Ambulance, C.E.F.

28813

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Arrestation Papers..... *XX*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- 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.....

2 JB 122 - 1

R 122 - 1

MX
31-3-21

DISCHARGE DOCUMENTS

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

Name, *McDIARMID F. H. award*
 Regt, No, *524556* Rank, *Pte.*
 Corp, *C.A.M.C. No 1 Field Amb Depot*
Decor of Wounds 7-11-17

- Index Card.....
- Casualty Card.....
- Non-Effective Card.....
- Part II Order Card.....
- Change of Address Card.....
- Honour & Award Card.....

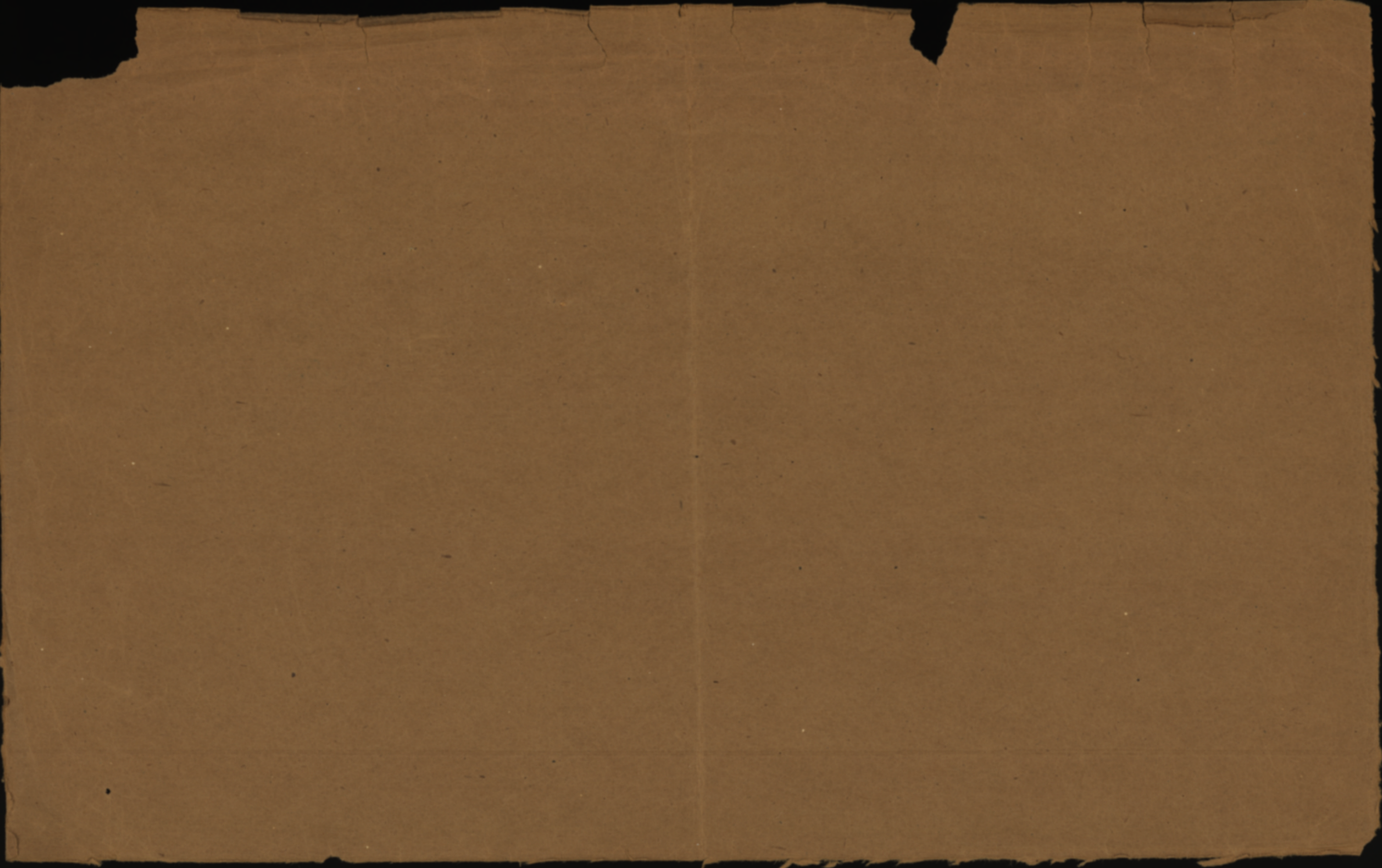
07209

Bot 6688

8 - 15
8 - 15
6 - 15

(1)





524556

I.D. number
No. d'identification

McDIARMID

Surname
Nom de famille

FINDLAY HOWARD

Given names
Prénoms

D.O.W. 7-11-17

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

6688

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



Number *574556* Rank *pl*

Surname *McDIARMID*

Christian Name *Sindley Howard*

Units *C.A.M.C.* Theatre of War *France*

Date of Service *2-6-16*

Remarks *D*

Latest Address *James M. McDiarmid Esq.*

3 First Ave

Roll No. *B. Page 8401* *Hamloops, B.C.*

DESP. DEC 10 1861
REGN. No. *YD 2355*

l.

M.

J.

scroll Desp. _____ Reqn. No. 2,50520

✓ Plague Desp. MAR 8 1922 Reqn. No. P98021

✓ ✓ ✓ ✓ ✓
McDiarmid, F.H., Pte. 524556 C.A.M.C. 649-M-26123

2nd 7th. Amb.

JM

Med. & Dec. (Father) James M. McDiarmid, Esq.,
3 First Ave.,
Kamloops, B. C.

P. & S. (Father) Address as above.

(Ser. #791359.)

Mem. Cross. (Mother) Mrs. Ida E. McDiarmid,

Address as above.

*not elig. 14/15 star
6 lig. O.M.
48 .. B.W.M.*

52339

12-

p.a.

M - C 49775 APR 23 1921

1148

REGT'L No. 524356

NAME

McKiarnid Finley Howard

W. O. FILE NO. 649.

RANK AND COPPS

Clt. No 2 Field Amb Depot

FOLLOWS

R. D.

No.

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

53-3
M6358

17-11-17

B

Died of wounds No 1 Field Amb Depot. Nov 7th. 1917. G.W. skull fractured.

A. H. B
Rouen

2090A
11-11-17

died of wounds rec'd in action in the field France or Belgium 7-11-17 Rec'd. 17-1-18

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

c.a.m.e.

262⁽¹⁾

no. 1 Cam. 7ld. Amb.

7-11-17

Sw. skull fract. seq.

SURNAME.

McDiarmid

(649-M-26193)

CARD NO.

CHRISTIAN NAMES

Findlay Howard

FOLL.

REG. NO.

524556

RANK

Pt.

UNIT

*"B" Sect. 7th Div. Amn. (6th R.O.)
Mil.*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

McDiarmid, Mrs. Ida

RELATIONSHIP TO SOLDIER

R.O.S.

ADDRESS

*Cor. Columbia & 1st Ave.
Hamloope, B.C.*

COUNTRY OF BIRTH

Canada, Kenora Ont.

DATE

PLACE OF ATTESTATION

Vernon, B.C.

DATE

Oct. 4th 1915.

*9/5th 3/16 - 333
3.*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

SURNAME

CHRISTIAN NAME OR NAMES

FORM D M S 1300

REG. NO.

Mc DIARMID.

F.H.

524556.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.
HOSPITAL

C.A.M.C. 2FA.

DATE OF ADMISSION

1. C.F. Amb.

7-11-17.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

S.W. Skull Fra, Leg.

2-

3.

DIED OF WOUNDS. 7-11-17. (to

DISPOSITION

DATE

C.L. 15-11-17. A62

REMARKS

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL

13

MEDICAL HISTORY SHEET.

McDIARMID

Surname McDiarmid

Christian Name Friday Howard

Examined { on 29 day of Sept 1915
at Vernon B.C.

Approved by

Birthplace { City or Town Vernon
County Ont.

Rank _____ M.O.

Apparent age 22 yrs 2 mts

Trade or occupation Carpenter

Height 5 Feet 6 3/4 Inches.

Weight 156 Lbs.

Chest measurement { Minimum 36 inches.

{ Maximum expansion 5 1/2 inches.

Physical development good

Small-Pox Marks none.

Vaccination Marks { Arm Right Left

{ Number none.

When Vaccinated last _____

(a) Marks indicating congenital peculiarities or previous

disease nil

(b) Slight defects but not sufficient to cause rejection

none.

Enlisted on 29th day of Sept. 1915 at Vernon Camp

	CORPS.	REG'T L. NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>B. SECTION</u> <u>No. 1 Field Ambulance Depot</u> <u>C. A. M. C. C.E.F.</u>	<u>524556</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.

2 CFA

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

CERTIFIED CORRECTION
 Canadian Section, G. H. Q. Signal School,
 1600, 10-15,
 1772-34-920
 Westminister House,
 7, Millbank, S.W.
 McDIARMID

CSG

B. SECTION

No. 1 Field Ambulance Depot
 C. A. M. C. C.E.F.

Casualty Form—Active Service.

Unit, Regiment or Corps

Regimental No. 524556 Rank Private Name Findlay Howard McDiarmid
C. E. F.

Enlisted (a) 29 Sept 15 Terms of Service (a) _____ Service reckons from (a) 29 September 15

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				
	<u>Paraker Camp. Sibgate</u>				<u>2 - JUN 1916</u>
		TRANSFERRED FROM C.A.M.C. TRAINING SCHOOL			<u>Overseas Garrison</u> CAPT. C.A.M.C. COMMANDING C.A.M.C. TRAINING SCHOOL
<u>3.6.16</u>	<u>CB D</u>	<u>Taken on strength of C.A.M.C. General on arriving in France as Reinforcement.</u> <u>Auth: hon. Roll CB D of 3/16</u>	<u>Horre</u>	<u>3.6.16</u>	<u>Pt II Ord No 23 of 7/16</u>
<u>27.6.16</u>	<u>do.</u>	<u>Struck off Cam C Gen & posted to 2 CFAmb. Auth: Nom roll CB D of 27/16</u>	<u>Field</u>	<u>27.6.16</u>	<u>Pt II Ord No 28 of 14/16</u>
<u>4/7/16</u>	<u>A.A.G.</u>	<u>taken on 2 CFAmb as Reinforcement</u>	<u>Field</u>	<u>28/6/16</u>	<u>KRA-405</u>
<u>1/7/16</u>	<u>2 CFAmb.</u>	<u>Auth: R.D.M.S. P. Cam Div 8/763 of 30/16</u>		<u>28/6/16</u>	<u>B213 Pt II Ord 28. 14/7/16</u>
<u>13/10/17</u>	<u>"</u>	<u>Granted Good Conduct Badge</u>	<u>"</u>	<u>28/9/17</u>	<u>B213 " 75 20/10/17</u>
<u>7/11/17</u>	<u>16.7. Amb</u>	<u>Doc. of wounds received in action. Place of burial: Valmertinghe New Military Cemetery.</u>	<u>"</u>	<u>7/11/17</u>	<u>K.M. 16/30084 " 81. 11/11/17</u>

W. E. Bease
 Capt. 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.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Canadian Section, G. H. Q. Signal School, B. E. F.

E.T.

Rank *Pte* Name **McDIARMID, Findlay Howard** *2nd Amb* Reg'l No. 524556
 B. Sec. No. 1.F.A. Unit to. **C3A.M.C. T.D.** 'If in perm. Corps, }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Vernon, Sept 29th 1915.** Place of Birth **Kenora, Ont.**

Name and Address, Next-of-Kin **Mrs Ida McDiarmid.**

Cor. Columbia & First Ave, Kamloops. B.C. Can Relationship

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No. **1376**
 File No. **25-M-6090**
 Category **DW**

Discharge, Date and Place Reason Character

Pte

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.				
26.3.16.		Arrived in England Via. S.S. Metagama		26.3.16.	
29.3/16	Camb. Is.	Taken on Strength	Sandgate	26.3/16	Pte 92. A.S.B. 102. 86/16
2.6.16	Lt	Proceeding courses	Libgate	2.6.16	Pte 11.0.157
7.6.16	do	Taken on strength	France	3.6.16	Pte 23
14.7.16	do	Quoted strength posted to 2nd Can Hld Amb.	In the field	7.6.16	Pte 028
—	do	Taken on Strength	—	28.6.16	— 28
20.10.14.	"	Granted 4 conduct Badge.	"	30.9.14.	" 45.
11.11.14.	"	Died of Wounds received in action	"	7.11.14	" 81. <i>LOF A.62 7/14/17</i>

mt 31 3-21
28
2nd Amb

M

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				

778

Rank

Name

McDIARMID, Findlay, Howard.

Reg'l No. 524556.

Unit B. Sec. No. 1 F.A.
to C.A.M.C. T.D.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Vernon, Sept. 29th 1915.

Place of Birth Kenora
Ont.

Name and Address, Next-of-Kin Mrs. Ida McDiarmid.

Cor. Columbia & First Ave. Kamloops. B.C. Canada. Relationship

Assigned Pay Monthly \$ 20⁰⁰ 1/3/16 Payable to *next of kin James McDiarmid*
3-1st Ave Kamloops B.C.
Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1916																	
Mar	31.	31.	1 ⁰⁰	31.	31.	10	310	10	4410			973.20			2973	1437	10 ⁰⁰ 6/1/19 61 from Canada

Checked *W.K.W.*

BALANCE TRANSFERRED TO NEW LEDGER.

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

2nd Contingent

M. F. W. 12.
20m.—9-15.
H. Q. 1772-39-819.

To Whom

Address

Rate

Wm
James McDiarmid,
3 - 1st Ave,
Kamloops B.C.

By Whom Assigned

Regtl. No.

Rank

Corps

McDiarmid, J. A.

524556.

Pte.

"B" Sec. #1. Field Amb. Depot.

C. A. M. C.

\$ 20.00 MAR 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		P 16862	20.	



Pensions Notified Date. 30-11-17
 Killed in Action }
 Died of Wounds } Date. 7-11-17
 Missing }
 O. L. 10-19-11-17 Clerk. *M. J. Gault*
 Date Noted. 30-11-17 191

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

2nd Contingent

M. F. W. 12a.
 60m.-12-15.
 1772-39-819.

Sheet No. 2.

James McDiarmid

Name of Soldier

McDiarmid J. A.

L. L. Job 89002.-Req. 6213

PAYMENTS. #

524556, P/E

B. Sec # 101210

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>20.00</i>	<i>\$20.00</i>
April	1916	<i>K 1915</i>	20	
May		<i>L 4331</i>	20	
June		<i>S 2563</i>	20	
July		<i>T 9560</i>	20	
Aug.		<i>B 13231</i>	20	
Sept.		<i>J 17689</i>	20	
Oct.		<i>J 22162</i>	20	
Nov.		<i>H 27472</i>	20	
Dec.		<i>H 33335</i>	20	
Jan.	1917	<i>T 39928</i>	20	
Feb.		<i>T 45870</i>	20	
March		<i>K 51701</i>	20	<i>20.8.</i>
April		<i>J 3324</i>	20	
May		<i>J 99684</i>	20	<i>20.8.</i>
June		<i>I 15820</i>	20	<i>20</i>
July		<i>J 23738</i>	20	<i>20 R</i>
Aug.		<i>B 37335-4 29760</i>	20	<i>u-29760 can. C.A.S.</i>
Sept.		<i>X 41092</i>	20	
Oct.		<i>Y 43464</i>	20	
Nov.		<i>P 50002</i>	20	
Dec.		<i>Z 58629</i>	20	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MAR 1 1916

*420 \$420.00 P.D. to 30-11-17
 as 258679 cancelled } 30-11-17
 account closed } J. Brady*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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.				

LAST PAY CERTIFICATE.

PARTICULARS.

- 1. L.P.C. Issued, date 1.5.18
- 2. Authority DPW bLa 62 14.11.17
- 3. Discharged to _____
- 4. Pay Book Verified _____
- 5. Balance shown on L.P.A. \$ 132⁰⁰
- 6. Balc. shown on Ledger Sheet \$ 132⁰⁰
- 7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount	
			Debit	Credit

- 8. Ass'd Pay Cancelled A3M forms rendered stopped if 1.12.17
- or
- 9. Sep. Alice, and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment

Burham
Certified Correct.

Left
Officer i/c Group " 9 "



Year	Amount	Description
1830		
1831		
1832		
1833		
1834		
1835		
1836		
1837		
1838		
1839		
1840		



By the Comptroller, _____

of the State of New York, at the City of New York, this _____ day of _____ 18____.

Witness my hand and the seal of the Office of the Comptroller, at the City of New York, this _____ day of _____ 18____.

Office of the Comptroller

Comptroller General

524556 Pte Mc Diarmid J.A.

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			
			468.60					10 -	478.60					50.67	41.28	17.48		280 -		389.43	89.17				
May 31	10		34.10						34.10									20.		20.	103.27				
June 30			33 -						33		88 1/2							20.		25.30	110.97				
July 31			34 10						34 10	282 1/7				2 67				20.		22.67	122.40				
Aug 31			34 10						34 10	245.17/6				2.68				20.		22.68	133.82				
Sept 30			33						33	484 2/9 389 6/3	207 5/6 148 18/5			2 67	2 68			20.		38.92	128.10				
																		380							

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DATE	REMARKS
	Balance								380	12/31/10	Bl.
Oct	Pay	34.10							20		
	27 Amb 479 3/8				2.68				162.20		
	6 Details 327 1/2				5.35				30.71		
	157.0 526 12/9				2.68				121.49		
Nov	34.10	34.10							20		
	2674 157.0 1/10				4.46				164.49		
	619 15/10				3.57				32.49		
	677 3/4				4.46				132		
	33				12.49				20		
June	7/1/17								420		φ
	AVON 76386 - Bal trans to Clu.				132						

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Mar 16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>20</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *524556*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *J. H. Mc Diarmid*

Battalion *B Sec. #1 Fld. Amb. Depot C.A.M.C.*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *James Mc Diarmid*

Address *3 - 1st Ave Kamloops B.C.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i>			<i>420</i>	<i>420</i>	<i>a. p. a/c closed</i>
<i>Dec 31</i>			<i>x</i>		

Pensions Notified Date *30-11-14*...

Killed in Action

Died of Wounds } Date *7-11-17*...

Missing

C. L. *19-11-17* Clerk.....

Date Noted *30-11-1917*

Last a. p. cheque issued Nov 1917

D. P. 14 12 17

M. F. W. 128
 4004 617-1772-89-1141
 L. L. 22820-M. & D. 7893.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____
Rank _____ Promoted _____ Reverted _____ Discharge _____
Soldier's Name _____
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
6004-617-1772-38-111
L. I. 2220-M. & D. 1960