

PTE.

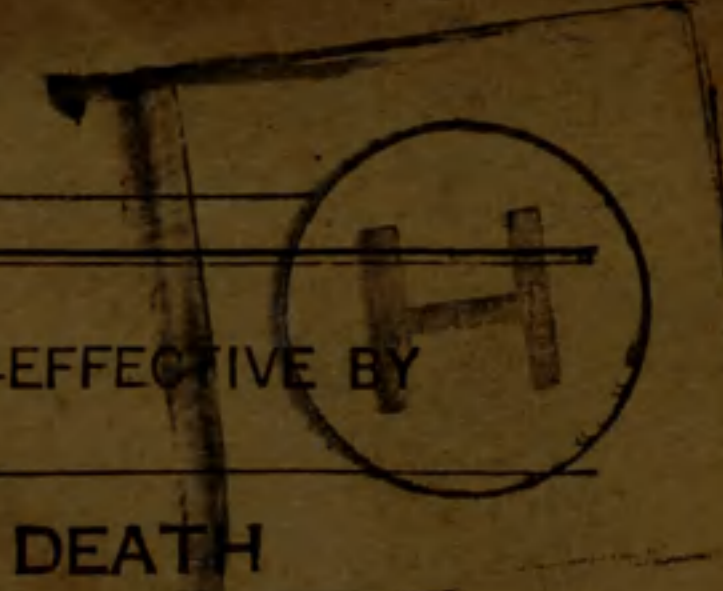
REGIMENTAL DOCUMENTS

34132

NAME **BOYD THOS. CHAS. JOSEPH.**

REGT. NO. **639258**

UNIT **3rd Bn C.M.G.** H. Q. FILE NO.



**S**

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

1 DENTAL HISTORY SHEET (M.F.B. 465)

1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

1 MEDICAL EXAMINATION (M.F.W. 129)

2 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

1 LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

1 PARTICULARS OF CHARACTER (A.F.W. 3225)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

3 *DMS 1394*

1 *623*

3 *mis*

1 *MFW. 67*

1 *AM card*

1 *...*

1 *...*

1 *...*

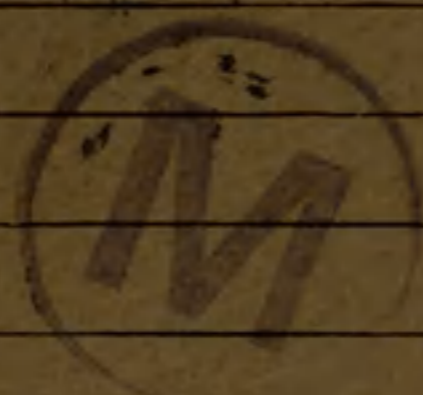
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1 *...*

1 *...*



**DEATH**

Category

**DISCHARGE**

Category

*Demob.*

**DESERTION**

*2-12*  
*21-13*  
*33-13*







Original

156th Battakon C E F Prescott, Sworn in Jan 10/16

ATTESTATION PAPER.

No. 639258

156th OVERSEAS BATTALION, C.E.F. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? Boyd
1a. What are your Christian names? Thomas Charles Joseph
1b. What is your present address? Prescott, Ont.
2. In what Town, Township or Parish, and in what Country were you born? Prescott, Ont.
3. What is the name of your next-of-kin? Mrs John J Boyd
4. What is the address of your next-of-kin? Prescott, Ont.
4a. What is the relationship of your next-of-kin? Mother
5. What is the date of your birth? July 6th 1885
6. What is your Trade or Calling? BAKER
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? No
10. Have you ever served in any Military Force? No
11. Do you understand the nature and terms of your engagement? Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date Jan 10/16 1916

J.C.J. Boyd (Signature of Recruit)
W. Whitley (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Thos. Chas. Joseph Boyd, 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 Jan 10th 1916

J.C.J. Boyd (Signature of Recruit)
W. Whitley (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 Prescott this 10 day of Jan 1916.

Chas. Rhoads (Signature of Justice)



# Description of Thomas Charles Joseph Boyd Enlistment.

Apparent Age 30 years.....months.  
To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height.....5 ft. 7 1/2 ins.

Chest measurement { Girth when fully expanded.....34 1/2 ins.  
 Range of expansion.. 3 ins.

Complexion.....dark

Eyes.....brown

Hair.....dark brown

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him\* fit for the Canadian Over-Seas Expeditionary Force.

Date.....Jan 10<sup>th</sup> 1916

Place.....Quebec

W. J. Keefe  
Thos. Aub  
 Medical Officer.  
Chas. R. W. W. W. W.

\* 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 Charles Joseph Boyd.....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.

W. W. W. W. Lieut. Col. (Signature of Officer)  
 Commanding 156th Overseas Battalion

Date.....JAN 17 1916.....1916

M. F. W. M.  
 1916-3-10  
 11-11-16-3-10



# CANADIAN EXPEDITIONARY FORCE

War Service Badge

Class "A" No. \_\_\_\_\_

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 639258 (Rank) Private

Name (in full) Boyd, Thomas Charles Joseph enlisted in  
the 156<sup>th</sup> Batt

CANADIAN EXPEDITIONARY FORCE at Prescott Out on the 10<sup>th</sup>  
day of January 19 16

HE served in 3<sup>rd</sup> Bn Can Machine Gun Corps

and is now discharged from the service by reason of  
Demobilization.  
Medical Unfitness.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age 33 yrs

Height 5' 7 1/2"

Complexion Dark

Eyes Brown

Hair D Brown

Marks or Scars \_\_\_\_\_

scar on left chin

from childhood

Chas J Boyd  
Signature of Soldier

A. C. Dean  
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT  
MAR 28 1919  
TORONTO

For  
O.C. No. 2 District Depot.  
Rank

Date MAR 28 1919 19 \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.







A.F.R. 103 CHECKED  
3 APR 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.				
7-3-18	101 <sup>st</sup> Bn	S.O.S. on train to Can. In. Gun Depot. Willey	Witley	7-3-18	BMGD. P.I. DO # 6748-3-18.
28-3-18.	BMGD.	S.O.S. to MG Pool, Overseas.	Seaford	Pte. 27-3-18	P.I. DO # 30719478 MG Pool
22-4-18	MG Pool	S.O.S. to 3 <sup>rd</sup> Bn 6 <sup>th</sup> Corps	Field	" 31-3-18	P.I. DO # 43422-4-18 3rd Bn C in 9 Corps
12-2-19	3 <sup>rd</sup> Bn CMEC	Att <sup>ch</sup> of 6 Corps Camp B Shott	Field Pte	25-1-19	G/O 14 Bailing No 41 date 17.3.18 Dis. Area- 1
17-3-19	3 CMEC	S.O.S. to Can. S.S. Olympic	B Shott Pte	17-3-19	— 24 Disp Dft 10031



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

10482

Nov 5, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15.			
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## PARTICULARS OF SEPARATION ALLOWANCE

No. **639258**  
 Rank **Pte** Promoted Reverted Discharge  
 Soldier's Name **J. Boyd**  
 Battalion **15-6 Battrn**  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name **Mrs Sarah Boyd**  
 Address **Box 445, Prescott, Ont**  
 Change of Address  
 1  
 2  
 3  
 4

Oct 31-17

180 - 180 -

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Nov 30	F 53795		15	15	
Dec	F 58718		15	15	m
Jan	F 63954		15	15	hd
Feb	C 93897		15	15	✓
March	A 101189		15	15	✓
Apr.	C 5100		15	15	✓
May	B 11911		15	15	✓
June	D 19904		15	15	✓
July	X 34294		15	15	✓
AUG.	B 31885		15	15	✓
SEP	D 38003		15	15	✓
OCT.	F 41896		15	15	✓
NOV	B 53477		15	15	✓
DEC	C 66605		15	15	✓
JAN- 1919	A 69506		15	15	✓
FEB	I 78665		15	15	
MAR	F 85096		15	15	
APR			435		

01959-T-10

M. F. W. 128  
 400M-6-17-1772-39-1141  
 L. L. 22320-M. & D. 7493.

AUDITED

...A/c Closed 31-3-19  
 Ret'd per... *Olympic*  
 Date 26-3-19 P X 3-4-19  
 ...Clerk... *M. de. 2* M.O. 87901









MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

Sheet No. 2. *Miss Sarah Boyd*

Name of Soldier *Boyd J.*

L. L. Job 4503 - Req. 6832.

**PAYMENTS.**

*639258 156 Bttn. Pte.*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>\$13.00</i>
				<b>NOV 1916</b>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
<i>b</i> Nov.		<i>H29319</i>	<i>15</i>	
Dec.		<i>g 34277</i>	<i>15</i>	
<i>bo</i> Jan.	1917	<i>A39010</i>	<i>15</i>	
Feb.		<i>a 43983</i>	<i>15</i>	<i>15-R</i>
March		<i>BH8994</i>	<i>15</i>	<i>15-B</i>
April		<i>W5-10</i>	<i>15</i>	<i>15-L</i>
May		<i>Y7177</i>	<i>15</i>	<i>15-B</i>
June		<i>y 13344</i>	<i>15</i>	<i>15-Ch</i>
July		<i>B 21905</i>	<i>15</i>	<i>15</i>
Aug.		<i>E27554</i>	<i>15</i>	<i>15</i>
Sept.		<i>E34337</i>	<i>15</i>	<i>15</i>
Oct.		<i>R 47947</i>	<i>15</i>	<i>180-00</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*for*



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.				



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

To Whom *Mrs. Sarah Boyd*  
 Address *Box 445*  
*Prescott*  
*Ont.*

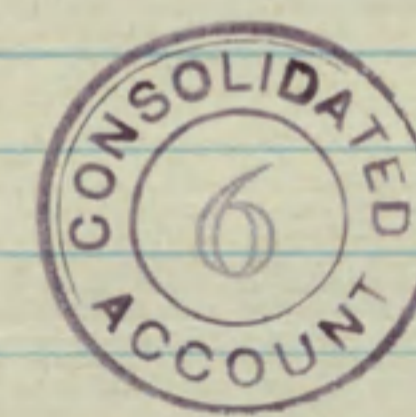
By Whom Assigned *Boyd J.*  
 Regtl. No. *639258*  
 Rank *pte.*  
 Corps *156 Bttn*

Rate *\$13.06*

**NOV 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				





1184

1185

2



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

War Service Badge  
Class "A" No. ....

# Casualty Form—Active Service.

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

Unit, Regiment or Corps 156<sup>th</sup> O/S Bn C.E.F. H. C.M.G.O.  
 Regimental No. 639258 Rank Private Name Boyd, Thomas Charles Joseph  
 Enlisted (a) 10-1-16 Terms of Service (a) C.E.F. D of W Service reckons from (a) 10-1-16  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. G. Os. }  
 Extended ..... Re-engaged ..... Qualification (b) (Civil) (Baker) book

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	Embarked Canada		Halifax	18.10.16	
	Disembarked England		Liverpool	28.10.16	
1.11.16	Transferred to 109 <sup>th</sup> BATTALION CANADIAN INFANTRY, 156 <sup>th</sup> Bn.		Witley	1-11-16	Part II Order 246 E. J. Kyle CAPTAIN ADJUTANT FOR O/C 166 <sup>th</sup> "OVERSEAS" BATTALION, C.E.F.
6-2-11-16	O.C. 156 <sup>th</sup>	Taken on strength of 109 <sup>th</sup> Battalion	Witley	2-11-16	D.O. Pt. 11. 311
8.12.16	O.C. 109 <sup>th</sup>	Transferred to 124 <sup>th</sup> Bn.	Witley	8.12.16	D.O. Pt. 3 Adjutant 100 <sup>th</sup> Overseas Battalion, C.E.F.
9-12-16	124 <sup>th</sup> Bn.	Taken on strength of 124 <sup>th</sup> Bn., C.E.F.	Witley Camp	8-12-16	Part ii Orders 265 Major Adjutant, 124 <sup>th</sup> BATTALION C.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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.



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				
6/17	124th En. 7-1-17	124th. Br. C. I. B.	Transferred to 156th. Br. Witley	Witley Camp 5-1-17	5-1-17 Part II D.O. No. 6 Adjutant, 124th BATTALION C.I.F.
7/1/17	O.C. 156 <sup>th</sup>	Taken on strength	Witley Camp	5-1-17	Part II D.O. 7
13/3/17	O.C. 156 <sup>th</sup>	Transferred to 161 <sup>st</sup> Bn. C.I.	Witley	13/3/17	Part II # D.O. 72 Lient. Asst. Adj. For O.C. 156 <sup>th</sup> Bn. C.I.
14-3-17	161 <sup>st</sup> Bn	Taken on strength or transfer from 156 <sup>th</sup> Bn	Witley	13-3-17	Part II Order # 7
15.1.18	by 161 <sup>st</sup> Bn	Awarded Good Conduct Badge	Witley	10.1.18	Part II Order # 9
7.3.18.	161 <sup>st</sup> En.	Transferred to Cdn. Mch. Gun Depot, Seaford, and S.O.S. 161s: Cdn Inf Bn.	Witley.	7.3.18.	P. II No. 40. Lieut. Adjutant for O.C. 161s <sup>+</sup> Canadian Infantry Battalion.
28-3-18	Com. M.G.D. Com. M.G.D.	Taken on Strength, Transferred to Pool of seas	Seaford	27-3-18	Auth. Depot Order Pt. II No. 87 Depot Order Pt. II No. 87 A/Adjutant, C.M.G. Depot.
28-3-18	OC MGCBD	Arrived in France and Taken on Strength Can MG Corps (CMGR Pool)		28-3-18	N. R. 240 P. II. O. 30, d/19-4-18

SERIALIZED  
 INDEXED  
 APR 9 1918  
 COMMUNICATIONS SECTION



War Service Badge

Casualty Form - Active Service.

Class 'A' No. .... Regiment or Corps *CMGC*  
 Rank *PRIVATE*, Surname *DOYD*, Christian Name *THOMAS CHARLES JOSEPH*

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

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

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

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

Occupation ..... Signature of Officer

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked ...			
3-4-18	CCRC	Transf. to 3rd Bn 6 mg corps	7 miles	31-3-18	NR 345 P.II. 0.31 8/12/18
3-4-18	do	To 5 3rd Bn 6 mg corps	✓	1-4-18	P.II. 0.43 8/12/18
6-4-18	ob unit.	joined unit for out fit	✓	1-4-18	B-13.
11-1-19	do	Grants leave of absence from 11/19 to		25-1-19	B-213 P.II. 0.7/1919.
9-2-19	ang	attached 6th corps camp, Bronshott on expiration of leave.		25-1-19	ka 38376 P.II. 0.14/1919
15-3-19		Struck of strength of 0 m 7 C to Canada			
					Lieut. for Lt. Col., AAG, Canadian Section

(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) Signaller, Shoeing Smith, &c.



Lieut.  
For O. C. Depot.  
Director Depot.

*W. J. ...*

MAR 28 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 94  
MAR 1, 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO. 1919 PART II D. O. 94

Adjutant, No. 8 Trans-Atlantic Conducting Staff  
Capt.

*W. J. ...*

Discharged S. S. O. S. O. S.  
Southampton  
Mar 17 1919

Report  
Date  
From whom received  
Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 218, Army Form A 36, or in other official documents. The authority to be quoted in each case.  
Place of Casualty  
Date of Casualty  
Remarks  
Taken from Army Form B 213, Army Form A 36, or other official documents.



639258

A-11

ORIGINAL

# MEDICAL HISTORY SHEET.

Surname Boya Christian Name Flor. Char. Joseph

Examined { on 10<sup>th</sup> day of January 1916  
{ at Prescott, Ontario, Canada  
Birthplace { City or Town Prescott  
{ County Granville, Ontario

Approved by W. J. Keefe  
Rank Capt. amb. M.O.

Apparent age 30 years  
Trade or occupation baker  
Height 5 Feet 7 1/2 Inches.  
Weight 145 Lbs.  
Chest measurement { Minimum 3 1/2 inches.  
{ Maximum expansion 34 1/2 inches.  
Physical development fair  
Small-Pox Marks none

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
<u>Jan 10 1916</u>	<u>Fit</u>	<u>W. J. Keefe</u> M.O.
<u>10/1/16</u>	<u>Fit</u>	<u>for Blue Jean</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right None Left None  
{ Number None

Date	Result	VACCINATIONS.
<u>28/8/16</u>	<u>Good</u>	<u>J. H. Blair</u> M.O.
		M.O.
		M.O.

When Vaccinated last.....  
(a) Marks indicating congenital peculiarities or previous disease None

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/11/16</u>	<u>Good</u>	<u>J. H. Blair</u> M.O.
<u>6/7/16</u>	<u>Good</u>	<u>J. H. Blair</u> M.O.
<u>13/7/16</u>	<u>Good</u>	<u>J. H. Blair</u> M.O.
<u>25/7/16</u>	<u>Good</u>	<u>J. H. Blair</u> M.O.
<u>10/11/16</u>	<u>Good</u>	<u>J. H. Blair</u> M.O.

Enlisted on 10<sup>th</sup> day of January 1916 at Prescott, Ontario, Canada

	CORPS.	REGT. NUMBER	HABITS.	DATE.
Joined on enlistment	<u>156th Bn. C. E. F.</u>	<u>639258</u>		<u>Jan 10-16</u>
Transferred to.. ..	<u>109th OVERSEAS BATTALION, C. E. F.</u>			<u>1-11-16.</u>
	<u>124th OVERSEAS BATTALION C.E.F.</u>			<u>8-12-16.</u>
	<u>161st Bn. C. E. F.</u>			<u>5-1-17.</u>
	<u>M. G. Pool</u>			<u>12-3-17</u>

## 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.



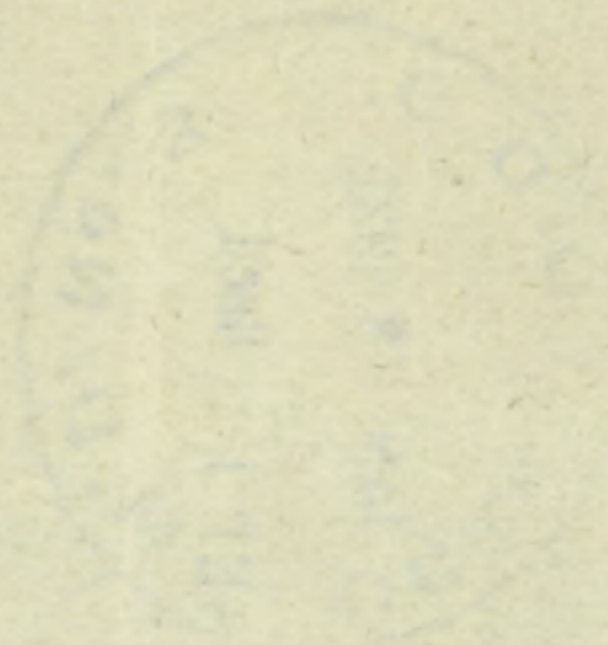
Surname *Boyd* Christian Name *Thos. Chas Joseph*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
No 12, CAN. GENERAL HOSPITAL,		2	19	4	3	19	Influenza	25	Mild attack no chest involvement fit for discharge to base	W. Graydon Capt	









Handwritten text, possibly a signature or name, located in the lower right quadrant of the page. The text is very faint and difficult to read.





# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 639238 Rank Pte Surname Boyd  
(Given name in full)  
Thomas Charles Joseph  
 Unit or Corps 3rd Batt C.M.B.C. Birthplace Prescott Ont.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

**1. GENERAL DESCRIPTION:**

Physique Good Weight 140 lbs. Height 5 ft. 7 1/2 in. Colour of Eyes Brown  
 Nutrition Good  
 Pulse 72 - Regular  
 Condition of arteries Soft  
 Vision Rt. 2/12 Left 4/12  
 Hearing (conversational voice) Rt. 20 ft. Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin.)

Scar left shin from childhood

Opinion as to general health and physical condition Good

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)**

Nervous System no Genito Urinary System no Cardio-Vascular System no  
 Special Senses no Integumentary System no Respiratory System no  
 Disturbance of mentality no Muscular System no Digestive System no  
 Osseous and Joint System no Any other general condition no

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

4/2/19 Influenza. Recovered.  
no disability.



# EXAMINATIONS.

## THIS SECTION FOR USE OVERSEAS—

Examined at.....*Gumboll*.....(Overseas)

Date .....*8/3/19*.....

Signed .....*P. J. Gault*.....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....*C. J. Bayel*.....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date .....

Signed .....M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

*[Handwritten scribble]*

[OVER]



147836

D.M.S. 1394.

PROCEEDINGS OF A MEDICAL BOARD

Dated at March 21st 1917

No. 639258 RANK: Pt NAME: Boyd J. C.

LOCAL UNIT 161st Bn OVERSEAS UNIT —

Examination held at Witley Apr 31

DISABILITY -  
Overseas - Local.  
(strike one out)

Deafness hearing.

PRESENT CONDITION

R. Ear 21' L 15'

Is undergoing treatment will be an  
A class man on completion of treatment

D3

BOARD RECOMMENDS:-

1. Fit for duty \_\_\_\_\_
2. Fit for duty after \_\_\_\_\_ weeks' physical training.
3. Fit for Temporary Base Duty \_\_\_\_\_ weeks.
4. Fit for Permanent Base Duty \_\_\_\_\_
5. Discharge. \_\_\_\_\_

Signatures:-

Members. { H. Cook Capt President.  
J. W. Wainwright Capt  
 \_\_\_\_\_  
 \_\_\_\_\_

APPROVED

Dated Mar 21st 1917. S. Campbell Major for A.D.M.S.,



INSTITUTION ON A SPECIAL BOARD

Date of

at

of the

of the

SECRETARY

Address - Local  
(Letters one only)

BOARD RECORDS

Date of

Date of

Date of

Date of

Date of

SECRETARY

APPROVED

Date of

Date of



SPECIALIST'S REPORT

Ward.....18.....

To:- Officer i/c .....Department.  
No. 12 Canadian General Hospital.

Kindly examine.....

With Special regards to.....

Date.....17-2-1918., .....Capt. CAMC  
M.O. i/c Ward.

R E P O R T

.....  
.....had case of Traveler's mouth.  
.....  
.....I found in that dishes are  
.....kept separate -  
.....Have patient report such day  
.....to me Lt Col Mac Laurin  
.....Capt.

.....Capt. CAMC  
Officer i/c Department .



Handwritten text, possibly a signature or name, written in cursive on lined paper. The text is faint and difficult to decipher, but appears to include the words "John" and "Smith".



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. *156<sup>th</sup> O/S Bn*  
*C E F.*
- (2) Regimental Number *639258*
- (3) Full Name of Soldier *Private Thomas Charlie*  
*Jos. Boyd*
- (4) Place of Birth *Prescott Ont*
- (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? *No*
- (8) Have you any children?.....

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

Also their names and ages.....



(9) Is your Father alive?..... yes

If so, state name and address John F. Boyd,

(10) Is your Mother alive?.....

If so, state name and address Mrs. Sarah Boyd,

Prescott Ohio

(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.

(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?..... yes

If so, in what Company? Prudential Life Insurance Co

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.

W. A. Bredell..... Lieut. Col.  
Commanding 156th Overseas Battalion  
Officer Commanding.

Date.....

08974 + 1918



Surname

Christian Name or Names

Reg. No.

BOYD

T.C.J.

639258

Rank 1.

Unit 1.

2 Pte.

2. MGC 3 B.

3.

3.

4.

4.

Cas List.

Hospital and Diagnosis.

Date

21-3-19 C419

12 CGH Bramshott

9-2-19

24. 3. 19 C421

Influenza  
Discharged

4. 3. 19

A.M.D. 2 DEPT.

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

A.M.D. 2 DEPT.

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







MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Baker

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

30

YEARS

- MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

Dr Brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Prescott, Ont.

DATE

Jan 10<sup>th</sup> 1916

Present Address

Prescott, Ont.



SURNAME.

Boyd

CARD NO.

X141

CHRISTIAN NAMES

Thomas, Charles, J.

FOLL.

2

REGL. NO.

6319 258

RANK

Pte.

UNIT

156<sup>th</sup>

Sos. 28-3-19  
Do 94 1/4/19 250 Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Boyd, Mrs. John J.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Prescott, Ont.

COUNTRY OF BIRTH

Canada Prescott, Ont.

DATE

July 6<sup>th</sup> 1885

PLACE OF ATTESTATION

Prescott, Ont.

DATE

Jan 10<sup>th</sup> 1916

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M. -8-16. H. Q. 1772-39-339.

R/C. 24-3-19 290  
26 Pte.



No. 639258 RANK *Pte.*

NAME *Boyd Thos. Charles J.*  
*Chas. J. Oct. pylet.*

T. O. S. *11-1-16* UNIT *156 th. B att alion C. E. H.*  
*D.O. 13 of 17-1-16*

M. D. 3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Jan. 11</i>	<i>1916 Jan. 31</i>	<i>v</i>		
<i>Feb.</i>		<i>v</i>		
<i>Mar.</i>		<i>v</i>		
<i>Apr.</i>		<i>v</i>		
<i>May</i>		<i>v</i>		
<i>June</i>		<i>v</i>		
<i>July</i>		<i>v</i>		
<i>Aug.</i>		<i>v</i>		
<i>Sept.</i>		<i>v</i>		
<i>Oct.</i>		<i>v</i>		

UNIT SAILED  
OCT 17 1918















NAME

Boyd. J. C. J.

REGT. No.

63920-8

RANK AND UNIT

Pte

3rd Bn

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

6419  
6421.

12 C. G. Bramm.  
" " " his.

9-2-19  
4-3-19.

Influenza  
..



*nom*

Number *639,258*

Rank *P/O*

*W.D.*  
Surname *BOYD*

Christian Name *Thomas Charles Joseph*

Units *Can. M. G. Bde.* Theatre of War *France*

Date of Service *27-3-18*

Remarks *Sent to East-51-*

Latest Address *Prescott Ant.*  
*(Y.P.O.)*

Roll No.

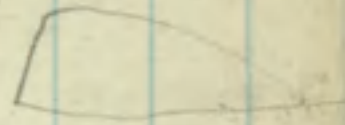
*B. Page 19685*

200m. -6-21.



DESP. APR 3 1924

REGN. NO. 3160





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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 149)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). *3 Duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2505).
15. Sundry Documents.

Group B.  
 Checked by No. 14  
adm.  
 Date 12-3-19

War Service Badge  
 Class "A" No. 138093

SHORT FORM.

O.G. 12.  
 N.O. E

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

*Embark S.S. Olympic Southampton 12-3-19.*

1. No.	<u>639258</u>	
2. Rank.	<u>Private</u>	
3. Name.	<u>Boyd, Thomas Charles Joseph</u>	
4. Unit.	<u>3 Bu. Can. Machine Gun Coy</u>	
5. Date of Discharge	<u>MAR 28 1919</u>	Place <u>Toronto, Ont</u>
6. Reason for Discharge	<u>Demobilization</u>	
7. Authority.	<u>No. 2 D.D., Part II, D.O. No. 94</u>	
8. Proposed Residence after Discharge	<u>Prescott Street</u>	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?.....</p> <p style="text-align: right;"><u>Chas. J. Boyd</u> Signature of Soldier.</p>		
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place <u>TORONTO, ONT.</u></p> <p>Date <u>MAR 28 1919</u></p> <p style="text-align: right;"><u>A. C. Dean</u> Signature <u>For O.C. No. 2 District Depot</u> (O. C. Discharging Unit.)</p>		



APR 15 Ent

PROCEEDINGS ON DISCHARGE

SHORT FORM

Demobilization

1. Name of Soldier		2. Date of Discharge	
3. Name of Hospital		4. Name of Discharge Officer	
5. Name of Discharge Officer		6. Name of Discharge Officer	
7. Name of Discharge Officer		8. Name of Discharge Officer	
9. Name of Discharge Officer		10. Name of Discharge Officer	
11. Name of Discharge Officer		12. Name of Discharge Officer	
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93. Name of Discharge Officer		94. Name of Discharge Officer	
95. Name of Discharge Officer		96. Name of Discharge Officer	
97. Name of Discharge Officer		98. Name of Discharge Officer	
99. Name of Discharge Officer		100. Name of Discharge Officer	

CERTIFICATE TO BE SIGNED BY SOLDIER

I hereby acknowledge that at the date stated above and that I received my discharge certificate

M. P. W. J.

Signature of Soldier

CONFIRMATION

The history of the above named man is hereby confirmed

LIST OF DISCHARGE DOCUMENTS

- 1. Discharge Certificate
- 2. Discharge Certificate
- 3. Discharge Certificate
- 4. Discharge Certificate
- 5. Discharge Certificate
- 6. Discharge Certificate
- 7. Discharge Certificate
- 8. Discharge Certificate
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- 49. Discharge Certificate
- 50. Discharge Certificate











ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME: <b>BOYD, Thomas G. J.</b>
EFFECTIVE DATE: <b>November 1<sup>st</sup> 1916</b>		EFFECTIVE DATE: -		NUMBER: <b>639258</b>
AMOUNT: <b>15.00</b>		AMOUNT: -		PARTICULARS OF RANK OR APPOINTMENT:

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<b>Mrs Sarah Boyd (Mother) Box 445, Prescott, Ontario</b>				<b>Private</b>

UNIT AND TRANSFERS			
ORIGINAL UNIT: <b>156<sup>th</sup> Batta</b>			
DATE ACCOUNT FIRST OPENED: <b>Nov. 1<sup>st</sup> 1916</b>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
<b>No 72- D/067</b>	<b>26-3-17</b>	<b>8-3-18</b>	<b>161<sup>st</sup> Batta</b>
<b>B.O. 43</b>	<b>22-4-18</b>	<b>1-5-18</b>	<b>C.M.G.D.</b>
			<b>3<sup>rd</sup> - M.G. Bn</b>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<del>4<sup>th</sup> 1919</del>	<del>904</del>	<del>4<sup>th</sup> Batta</del>	<del>17.60</del>				

PARTICULARS OF RENDERING NON-EFFECTIVE: **Trans to Can 1<sup>st</sup> 1919. Ref N.R.K 4128. 5<sup>th</sup> 1919. Bissett & Bissett M.D. 2. or Bal 15<sup>th</sup> 1919**

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
3/31/18	Brought Forward								26.22		
April	P.P.	33		C.A.P.				15			
				A.R. 312 24.4.18. 3 <sup>rd</sup> M.G.Bn	3.57						
				" 8 14.4.18 "	4.46				36.19		
		33			8.03			15			
May	"	34	10	Leave A.P.				15			
				A.R. 431 7.5.18 "	4.46						
				" 812 19.5.18 "	3.57				47.26		
		34	10		8.03			15			
June	PP	33		" 885 4.6.18 "	4.46						
				b.a.p.				15			
				" 1058 17.6.18 "	3.57				57.23		
		33			8.03			15			
July	"	34	10	b.a.p.				15			
				A.R. 1223 5.7.18 3 <sup>rd</sup> M.G.Bn	4.46						
				" 1399 13.7.18 "	3.57						
		34	10		8.03			15	68.30		
Aug	"	34	10	b.a.p.				15			
				" 1610 6.8.18 "	3.57						
				" 1755 23.8.18 "	3.57				80.26		
		34	10		7.14			15			
Sept	"	33		b.a.p.				15			
				" 2066 24.9.18 "	7.14				91.12		
		33			7.14			15			
Oct	"	34	10	b.a.p.				15			
				" 2198 5.10.18 "	3.13						
				" 2330 20.10.18 "	3.13				102.96		
		34	10		7.46			15			



NUMBER *639258* RANK *PTE.*

NAME *BOYD T. B. J.*

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>Oct 31</i>	<i>Bal fwd</i>								<i>102 76</i>		
<i>Nov</i>	<i>Dec Jan</i>	<i>101 20</i>		<i>CBP 2491 3-11-18 3-11-18</i>	<i>3 73</i>						
				<i>" 2733 15-11-18 "</i>	<i>9 33</i>						
				<i>" 2957 30-11-18 "</i>	<i>3 73</i>						
				<i>" 3133 12-12-18 "</i>	<i>3 73</i>						
				<i>bal P</i>				<i>45</i>	<i>138 44</i>		
		<i>101 20</i>			<i>2052</i>			<i>45</i>			
<i>Feb</i>	<i>pp v</i>	<i>30 80</i>		<i>3250 21<sup>1</sup>/<sub>2</sub> 18</i>	<i>3 73</i>						
	<i>pp March</i>	<i>34 10</i>		<i>3486 9<sup>1</sup>/<sub>2</sub> 19</i>	<i>9 33</i>						
				<i>3360 7<sup>1</sup>/<sub>2</sub> 19</i>	<i>3 73</i>						
				<i>L 326 8<sup>1</sup>/<sub>2</sub> 19</i>	<i>97 33</i>						
				<i>6 P 10362 24<sup>1</sup>/<sub>2</sub> 19</i>	<i>14 60</i>						
				<i>6 P 18097 28<sup>1</sup>/<sub>2</sub> 19</i>	<i>9 73</i>						
				<i>4925 19<sup>1</sup>/<sub>2</sub> 19 12. C. S. H.</i>	<i>4 87</i>						
				<i>6 a p Feb</i>	<i>14 330</i>			<i>15</i>			
				<i>March</i>				<i>15</i>			
				<i>904 4<sup>1</sup>/<sub>2</sub> 19 4. 666</i>	<i>14 60</i>						
		<i>64 90</i>			<i>157 92</i>			<i>30</i>	<i>15 42</i>		

*S. C. S. Jan. 173. 19.*  
*S. L. 41 1046*



PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 639258 RANK Pte. NAME (IN FULL) BOYD T.C.J.

M. OR S.

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 IS SEPARATION ALLOWANCE PAID? *ml* ✓ DATE EFFECTIVE \_\_\_\_\_  
 TO WHOM PAID \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

PARTICULARS \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ORIGINAL UNIT C.E.F. *156th* IF IN P.F. WHAT UNIT? *Same* (BLOCK LETTERS SURNAME FIRST)  
 PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 DATE OF ATTESTATION *10-1-16* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_  
 ASSIGNED PAY \$ *15.00* DATE EFFECTIVE \_\_\_\_\_  
 PAYABLE TO *15.00 & closed by Ottawa 31.3.19* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS  
 ADDRESS *Mrs. Sarah Boyd, Mother, Box 445, Prescott, Ont.*  
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_  
 DISCHARGED \_\_\_\_\_ PLACE *Toronto* DATE *28-5-19* REASON *Demob.* AUTHORITY *D.O. 94* IF ENTITLED TO POST DISCHARGE PAY \$ \_\_\_\_\_

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		DEBIT	CREDIT
			\$	C.																					
31.3.19		<i>11.00</i>																							<i>T.O.S. 17/3/19 94</i>
																									<i>15.42</i>
																									<i>CR 110.55</i>
																									<i>4.87 5.00</i>
																									<i>105.00</i>
																									<i>70.00</i>
																									<i>120.42</i>
																									<i>Due Soldier</i>
																									<i>73.30 346.70</i>
																									<i>1st W.S.G. Paid by #2 D.D.</i>
																									<i>143.30 276.70</i>
																									<i>713.30 706.70</i>
																									<i>783.30 136.70</i>
																									<i>353.30 66.70</i>
																									<i>420</i>
																									<i>420</i>
																									<i>416.40</i>
																									<i>3.30</i>
																									<i>420</i>

*[Signature]* CAPTAIN PAYMASTER WAR SERVICE GRATUITY



22  
220  
110  

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4430