

**109th OVERSEAS BATTALION, C. E. F.
ATTESTATION PAPER.**

12
No. 724288

TRIPPLICATE
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- | | |
|---|------------------------------------|
| 1. What is your surname?..... | <i>Hyde</i> |
| 1a. What are your Christian names?..... | <i>Norman</i> |
| 1b. What is your present address?..... | <i>141 Ontario St Toronto, O.</i> |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | <i>Octon Ontario</i> |
| 3. What is the name of your next-of-kin?..... | <i>Bella Hyde</i> |
| 4. What is the address of your next-of-kin?..... | <i>141 Ontario St Toronto, Ont</i> |
| 4a. What is the relationship of your next-of-kin?..... | <i>Mother</i> |
| 5. What is the date of your birth?..... | <i>July 12th 1897</i> |
| 6. What is your Trade or Calling?..... | <i>Class cutter</i> |
| 7. Are you married?..... | <i>No</i> |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | <i>Yes</i> |
| 9. Do you now belong to the Active Militia?..... | <i>No</i> |
| 10. Have you ever served in any Military Force?..
If so, state particulars of former Service. | <i>No</i> |
| 11. Do you understand the nature and terms of your engagement?..... | <i>Yes</i> |
| 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } | <i>Yes</i> |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Norman Hyde*, 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 *MAY 24 1916* 191 *N. Hyde* (Signature of Recruit)
L. Dissonnette (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Norman Hyde*, 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 *MAY 24 1916* 191 *N. Hyde* (Signature of Recruit)
L. Dissonnette (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 *Lindsay* this *MAY 24 1916* day of *May* 191 *L. Jordan* (Signature of Justice)

Description of Norman Heyde on Enlistment.

Apparent Age.....18 years 10 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 ins.

Chest measurement { Girth when fully expanded.....31 ins.
 Range of expansion.....2 ins.

Complexion.....Fair
 Eyes.....Brown
 Hair.....Dark Red

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

*scar on back of left elbow
 scar on right knee cap*

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.....MAY 24 1916..... 191

[Signature]
 Medical Officer
109th Overseas Battalion, C. E. F.

Place.....Lindsay.....

*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.

.....Norman Heyde..... 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.

[Signature] Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date.....MAY 24 1916..... 191

C.E.F. REGIMENTAL DOCUMENTS
WAR SERVICE RECORDS D.V.A.

HEYDE NORMAN

724288

21ST BN

23063

DEMOB



1870



gr
Serial Number 724288

Rank Pte

Surname

HEYDE

Christian Name

Roman

Units

2nd Bn Can Inf, Theatre of War France

Date of Service

6th - 10 - 16

Remarks

281 Berrard St. E
Toronto

Latest Address

217 Parliament St,
Toronto Ont

Roll No.

200m.-2-21.M.

BB
Page 13864

DESP JUN 8 1922

REGN. NO.

81137706

REGT'L. No. 724 288

H. Q. FILE NO. 649

NAME Heyde M.

RANK AND CORPS Pte

21st Bn. E O R

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A310-2	Mo 9 Can. Fld Amb	30-8-18	Debility general
A314 2	Disc	2-9-18	" "

Name **Heyde Norman** Rank **Pte**

724288

Reg. No. ~~724558~~Unit **21st Bn.**(Next of Kin) **Bella Heyde, 141, Ontario St., Toronto.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1919						
30-8	A.C.F.A.	Genl. Debility		2310		35956
2-9	A.C. Brich. to Univ	Do		2314		36087
	Ref A 510 d/4.9.15			2314		
	Regt No to read as above please					

SURNAME.

Heyde,

14-5-19.
H. 3. CARD NO.

CHRISTIAN NAMES

Norman

*S.O.D. No. 24-5-19.
FOLL. *Wernholz*
P.A. II No. 148 of 28-5-19.
F/3.W.W.*

REGL. No.

724288

RANK

Pte.

UNIT

109th #. 3.W.W.

Bn.

FORMER CORPS

Inf.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Heyde, Mrs. Bella

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*141 Ontario St., Toronto, Ont.
217 Parliament St.,*

(auth. S.A. No. 3110/17)

COUNTRY OF BIRTH

Canada, Ont.

DATE

July 12th 1897.

PLACE OF ATTESTATION

Lindsay, Ont.

DATE

May 24th 1916.

Sailed from Halifax

*per S.S. Olympic 23/7/16. 488
22-5-19 829
R/L. M. F. W. 22. 250M. -2-16. H. Q. 1772-30-339. 16
127.*

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Glass Cutter

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18 YEARS

10 MONTHS

HEIGHT

5' FEET

6 INCHES

CHEST MEASUREMENT

31 INCHES

EXPANSION

2 INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

D. Red.

DISTINGUISHING MARKS

Scar on back of left elbow. Scar on right knee cap.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

May 24th 1916.

Present address, 141 Ontario St., Toronto, Ont.

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Heyde

W.

~~724888~~
724288

RANK

UNIT

Co.

TROOP

BATTY

Pfc.

E.O. 21.

HOSPITAL

DATE OF ADMISSION

9. 6. 7. Amb.

30. 8. 18.

1. HOSP.

2. HOSP.

3. HOSP.

4. HOSP.

DIAGNOSIS

Debility. general ad

1.

2.

3.

DISPOSITION

DATE

Dis. 2. 9. 18

REMARKS

4. 9. 18. A310. v.

9. 9. 18 a 314 ①

9. 9. 18 a 314 ② note. ref. A310. Regimental no.

Should read. 724288.

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.

12

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.....
 **109th OVERSEAS BATTALION, C. E. F.**

(2) Regimental Number **724288**.....

(3) Full Name of Soldier **Norman Heyde**.....

(4) Place of Birth **Acton Ontario Canada**.....

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

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

 (b) Present Postal Address **Nil**.....

(7) Are you a widower? **No**.....

(8) Have you any children? **No**.....
 If so, give number of boys and girls **Nil**.....
 Also their names and ages **Nil**.....

(9) Is your Father alive? No.

If so, state name and address Nil.

(10) Is your Mother alive? Yes.

If so, state name and address Isabella Hegde; 141 Ontario St.

Toronto Ontario Canada.

(11) If your Mother is a widow Yes.

Are you her sole support, or not? Yes.

(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.

\$45.00 per month. No younger children at home.

(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.

Nil.

(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.

Yes.

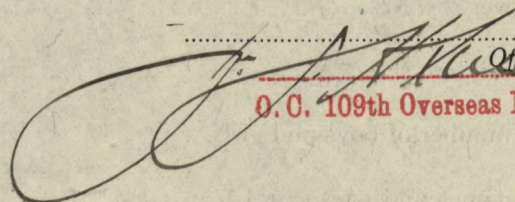
(15) Are you insured? Yes.

If so, in what Company? Metropolitan Life Assurance Coy.

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

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

Date July 4, 1916.


Officer Commanding.
O. C. 109th Overseas Battalion, C. E. F.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" No. 277486

THIS IS TO CERTIFY that No. 724288 (Rank) Private
Name (in full) Norman Heyde enlisted in
the 109th Battalion
CANADIAN EXPEDITIONARY FORCE at Windsor on the 24th
day of May 19 16
HE served in England and France
in 21st Div
Demobilization.
and is now discharged from the service by reason of
~~Medical Unfitness.~~

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

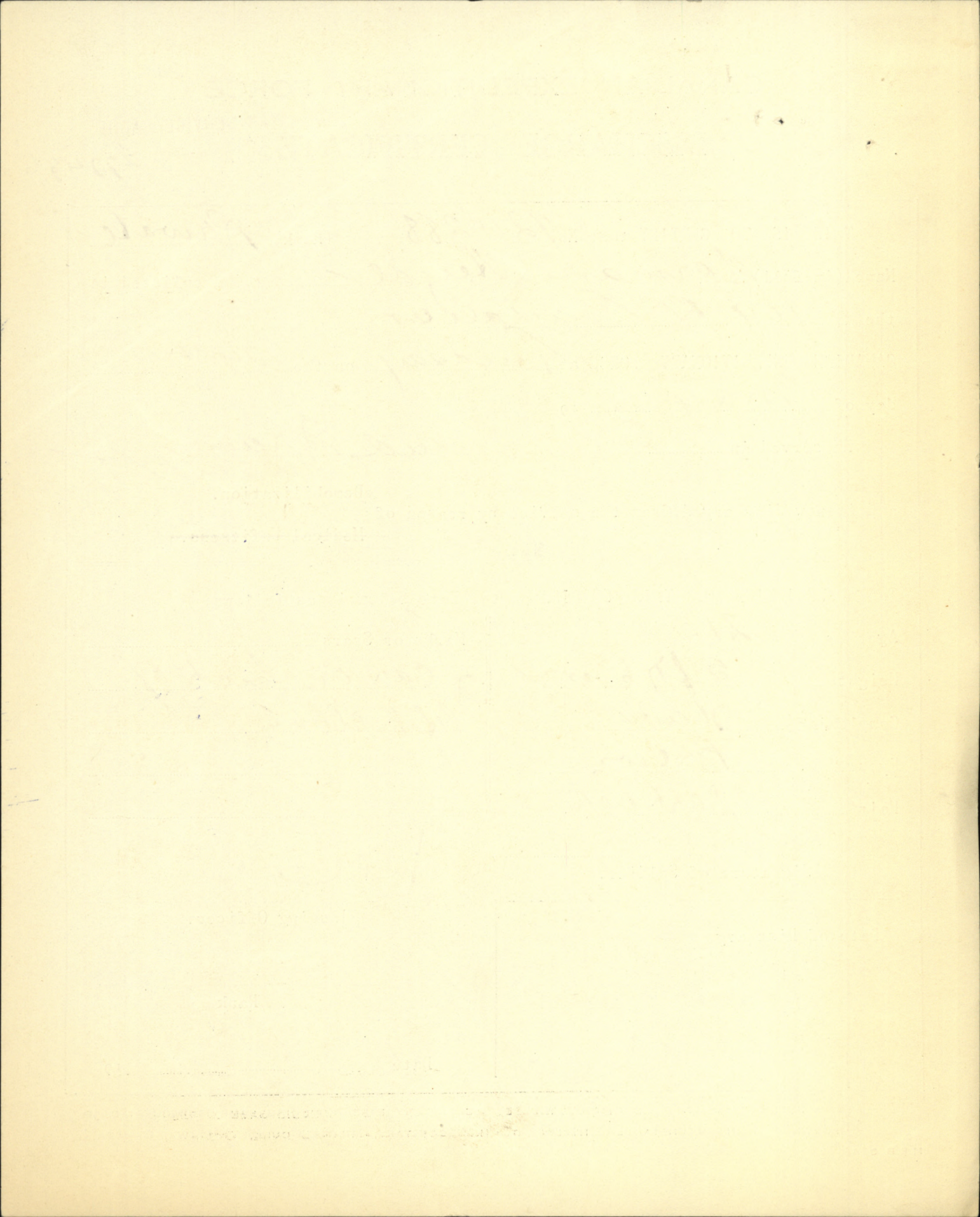
Age.....	<u>21.</u>	Marks or Scars.....	
Height.....	<u>5 ft 6 in</u>	<u>Scar on back of</u> <u>left elbow.</u>	
Complexion.....	<u>Fair</u>		
Eyes.....	<u>Brown</u>		
Hair.....	<u>Dark Red</u>		
Signature of Soldier.....	<u>N Heyde</u>		

M. L. ... Captain
For O. C. Dispersal Area Station 11
Issuing Officer.
Rank.....
Date..... 19.....



Date of Discharge.....

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.
M.F.B. 39A.



No. 724288. RANK *Plt.*

NAME *Heyde, N.*

T. O. S. 24-5-16.

UNIT

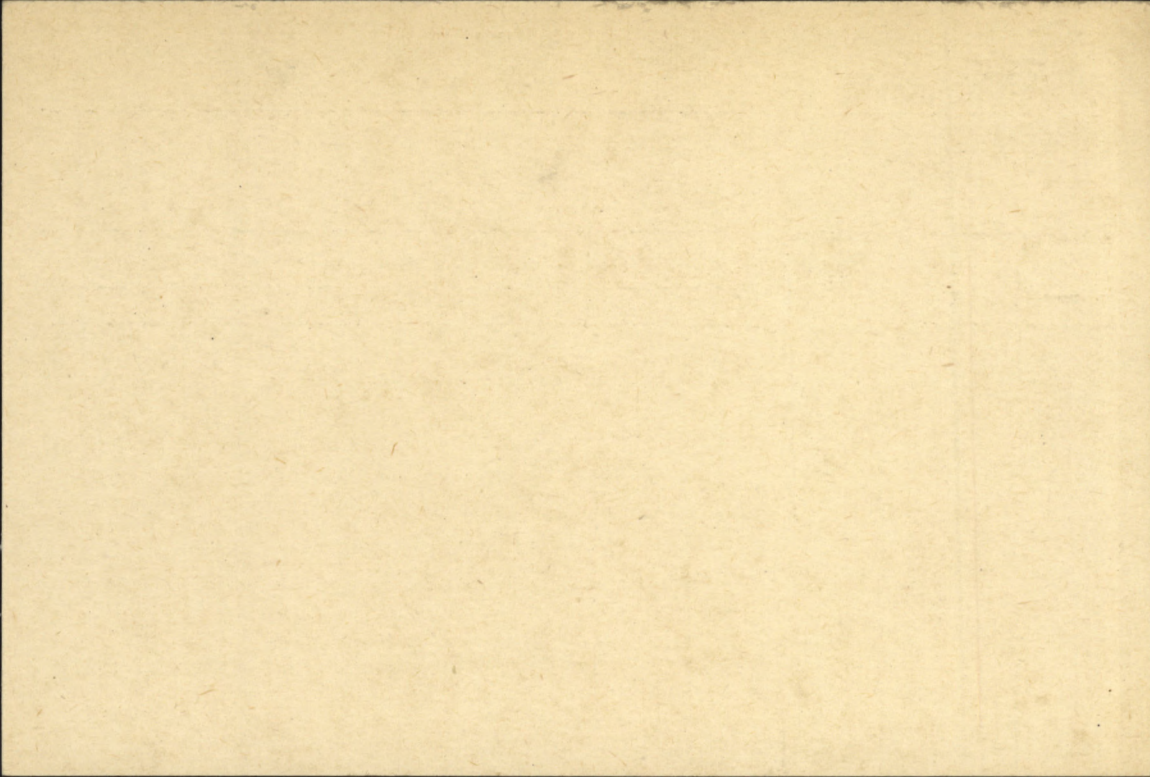
109th Battalion.

(N.O. 160 of 25-5-16).

M. D. *J.*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916 May. 24</i>	<i>1916 May. 31</i>	<i>v.</i>		
	<i>June.</i>	<i>v.</i>		
	<i>July.</i>	<i>v.</i>		

UNIT SAILED
JUL 23 1916



Group 12

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) *Norman HEYDE*

REGIMENT *21st Can Bn* RANK *Pte* No. *724288*

Date of Examination in England *6/4/19* Date of Examination in France _____

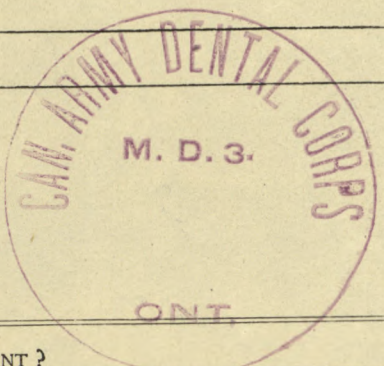


DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

PRESENT DENTAL REQUIREMENTS

1. FILLINGS *30. 31.*
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower



HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England *yes.*
- (c) In France

Signature of Dental Officer *E. Muller Capt.*

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
MEMORANDUM FOR DEMOBILIZATION

TO : SAC, [illegible]
FROM : [illegible]
SUBJECT: [illegible]

[Faded typed text, mostly illegible]

10.02

- () in Cash
- () in Travel
- () in Expenses

Special Agent in Charge

Group
No. 12

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. 7214288 Rank Pt. Surname HEYDE
(Given name in full)

Unit or Corps 21st CANADIAN BATTALION Birthplace Normand
Toronto Ont.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 130 lbs. Height 5 ft. 6 in. Colour of Eyes brown
Nutrition Good
Pulse 73 Regular
Condition of arteries normal
Vision Rt. 44 Left 44
Hearing (conversational voice) Rt. 4 ft.
Left 4 ft.

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

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 Sytem 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.

Shrapnel wound Rt hip - Aug 1918
No disability now

ALD. MED. SER. MEDICAL OFFICER
T. C. [Signature]
WITLEY, SURREY

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Woolley (Overseas)

Date 6 4 19

Signed W. A. Chushe 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 W. A. Chushe

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

THIS SECTION FOR USE IN CANADA—

Examined at Barrfield, Ont (Canada)

Date May 21 19

Signed L. C. Burns 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 L. C. Burns

(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.)

APPROVED

24-5-19

R. R. Macdonald
Capt. A. M. C.
For A. D. M. S. No. 3

[OVER]

724288

ORIGINAL

12

MEDICAL HISTORY SHEET. ORIGINAL

Surname Heyde Christian Name Norman

Examined { on 24 day of May 1916
at Lindsay

Approved by J. McCulloch Medical Officer
Rank 109th Overseas Battalion, C.M.O.

Birthplace { City or Town Acton
County Ontario

Apparent age 18 years

Trade or occupation Glass cutter

Height 5 Feet 6 Inches

Weight 110 Lbs.

Chest measurement { Minimum 29 inches

Maximum expansion 32 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left One
Number One

When Vaccinated last May 24^e 1916

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection

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.
<u>24.5.16</u>	<u>Good</u>	<u>J. McCulloch</u>
		M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4.6.16</u>	<u>Good</u>	<u>J. McCulloch</u>
<u>26.6.16</u>	<u>"</u>	<u>J. McCulloch</u>
<u>29.9.16</u>	<u>"</u>	<u>J. McCulloch</u>
		<u>W. Boyd</u>
		M.O.
		M.O.
		M.O.

Enlisted on 24 day of May 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109^e Am. C.E.F.</u>	<u>724288</u>		<u>24.5.16</u>
Transferred to	<u>21st Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Barnfield Ont</u>	<u>24/5/16</u>	<u>nil</u>	<u>J. McCulloch</u>

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

W.S.B. CLASS "A"

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

W.R.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.

Regimental No. 424288 Rank Private Name Alexander Gourman

Enlisted (a) 24.5.16 Terms of Service (a) D of W Service reckons from (a) 24.5.16

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

Extended _____ Re-engaged _____ Qualification (b) Glass Cutter

CERTIFIED CORRECT.
12 OCT. 1916
CAN. RECORDS LONDON

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. 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.
		Embarked Canada	Halifax	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	
		Transferred for Overseas Service with <u>21st Batt</u> OCT 5 1916			<u>D.O. Pt. 11 No. 279</u> Capt.
	<u>C.B.D.</u>	Arrived & Taken on Strength	<u>C.B.D.</u>	<u>6/10.</u>	<u>ADJUTANT</u> <u>109th Overseas Battalion, C. E. F.</u> <u>P.F. II. O. 58. 4/9-10-16.</u>
	<u>So.</u>	<u>Left for unit.</u>	<u>en route.</u>	<u>20/10.</u>	<u>N.R. 29/10.</u> <u>ADJUTANT,</u> <u>109th BATTALION CAN. INFANTRY.</u>
<u>21st BATTALION</u>		<u>Joined unit.</u>	<u>21st BATTALION</u>	<u>22/10.</u>	<u>B. 213. 27/10.</u>
<u>15/9</u>	<u>Do.</u>	<u>Sick to</u>	<u>Field Amb</u>	<u>10/9/17</u>	<u>B 213</u>
<u>29/9.</u>	<u>Do</u>	<u>at duty from</u>	<u>unit.</u>	<u>19/9</u>	<u>B-213.</u>
<u>19/5</u>	<u>Do</u>	<u>Wounded (at duty)</u>	<u>Field</u>	<u>12/5</u>	<u>B-213.</u>
<u>17/11</u>	<u>Do</u>	<u>Proceeded on Course</u>	<u>Field.</u>	<u>11-11-17</u>	<u>B 213.</u>
<u>29.12.17</u>		<u>GRANTED 14 DAYS LEAVE.</u>		<u>8.12.17</u>	<u>B213 Part II Ord. 2 4/8-1-18</u>
<u>5/1</u>	<u>Do</u>	<u>Rejoined from Leave</u>	<u>Field</u>	<u>2-1-18</u>	<u>B 213.</u>
	<u>9 C.F.A.</u>	<u>gone debility adm</u>	<u>9 C.F.A</u>	<u>30-8-18</u>	<u>H. 5670.</u>
	<u>Do</u>	<u>Discharged to</u>	<u>Duty</u>	<u>2-9-18</u>	<u>H 6153.</u>

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

724288

Heyde. N.

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				
7/9	21 st BN.	Rejoined unit	Field	2-9-18	B 213.
30/11/18	Do	GRANTED 14 DAYS LEAVE		25/11/18	B 213. P/o 103/1918.
	Can. Corps Rejn. Camp.	Arrived	Can. Corps Rejn. Camp.	23-12-18	N.R. 1931,
3/1/19	21 st BATTALION Cdn. Embarkation Camp.	JOINED UNIT	21 st BATTALION	26-12-18	B 213.
		Proceeded To	England	8 APR 1919	
					<i>A. Mansel</i> Lieut. for Lt. Col., A.A.G., Canadian Section
		S.O.S. O.M.F.C. TO C.E.F. ¹³ 28			
		P.T. II ORDER No. 14 ¹³ DATED 8-5-19			
		14-3-19 T.O.S. 3.10.19			
		Discharged. 24-5-19			
		Kingston Pt. 2 Order. 148.			
		Major			
		O.C. Dispersal Area Station			
		Sailed L'pool 14-5-19			

TLH. Rank Name HEYDE, Norman, Reg'l No. 724288
 Unit 109th. Bn. If in perm. Corps, }
 What Unit? } Married or Single Single
 Place and Date of Enlistment Lindsay, May 24th. 1916. Place of Birth Acton, Ont.
 Name and Address, Next-of-Kin Bella Heyde
141, Ontario Street, Toronto, Ont. Relationship Mother
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character

N. H. B. No. 12435
 File R. L.
 Category Can. O.R.

H. W. & V., Ltd.—7165-16.

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.				
		Arrived in England per H. M. T. 2810		31-7-16	
5-10-16	109 th Bn	S.O.S. to 21 st Btn	Bramshott	5-10-16	Pt II. 50-279
9-10-16	21 st Btn	Taken on strength.	Field	6-10-16	" II 58.
5-4-19	"	Proceeded to England	Le Havre	3-4-19	-17
		60. H. 10		15-19.	
9-4-19	P. Army	T.O.S. from 21 st Btn	Witley	4-4-19	-2
13-5-19	-	S.O.S. to Canada	-	13-5-19	-28

A.F.B. 103 CANCELLED
 11 OCT 1916

ASSIGNED PAY

Sheet No. 2.

L. L. Job 310.-Req. 6574.

OVERSEAS CONTINGENTS

PAYMENTS.

Name of Soldier

Heyde Norman

#724288. Pte. "6607" 109 Batt

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$15.00	AUG 1 1916
April	1916			
May				
June				
July				
Aug.		<i>J 15172</i>	<i>15</i>	
Sept.		<i>J 16687</i>	<i>15</i>	
Oct.		<i>I 21228</i>	<i>15</i>	
Nov.		<i>K 26585</i>	<i>15</i>	
Dec.		<i>Q 31606</i>	<i>15</i>	
Jan.	1917	<i>Z 39684</i>	<i>15</i>	
Feb.		<i>Z 45017</i>	<i>15</i>	
March		<i>W 47122</i>	<i>15</i>	<i>15 P.</i>
April		<i>R 2324</i>	<i>15</i>	<i>156</i>
May		<i>R 8598</i>	<i>15</i>	
June		<i>614811</i>	<i>15</i>	<i>15. P.</i>
July		<i>U 21799</i>	<i>15</i>	<i>cu</i>
Aug.		<i>Z 31174</i>	<i>15</i>	<i>L.</i>
Sept.		<i>S 41264</i>	<i>15</i>	<i>lo</i>
Oct.		<i>O 46820</i>	<i>15</i>	
Nov.		<i>A 41619</i>	<i>15</i>	
Dec.		<i>T 58903</i>	<i>15</i>	
Jan.	1918		<i>255</i>	
Feb.				
March				
April				
May				
June				
July				

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.				

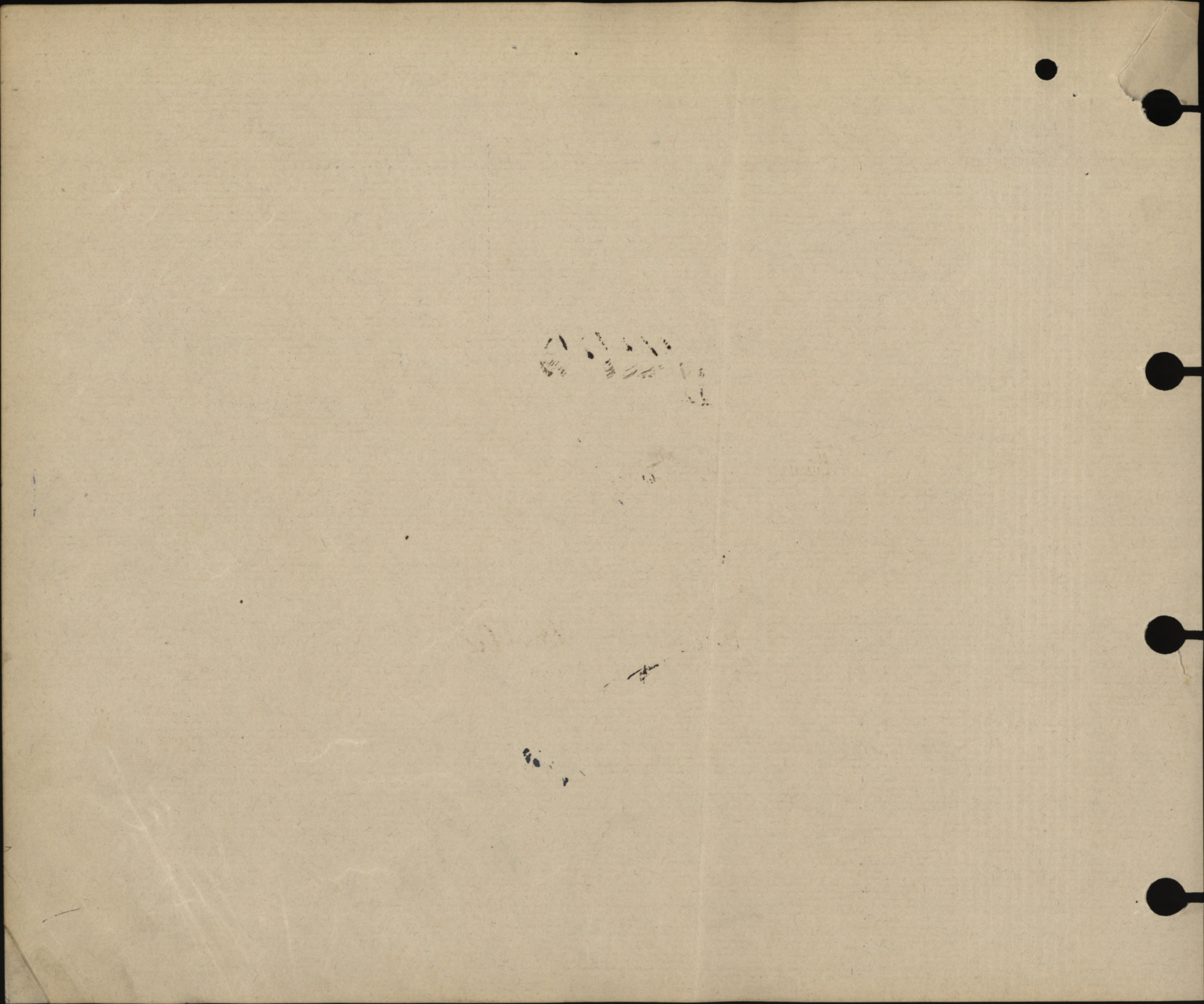
MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom Mrs. Isabella Heyde By Whom Assigned Heyde Norman
 Address 141 Ontario St. Regtl. No. 724288
Toronto, Rank Pte.
Ont. Corps 109 Batt C. Co.
 Rate \$15.00 **AUG 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				





24-5-16

MILITIA AND DEFENCE

M. F. W. 11.
50m.-4-16.
H. Q. 1772-39-318.

SEPARATION ALLOWANCE

Name *Isabella Heyde*Name of Soldier *Heyde Norman*Address ~~141 Ontario Street~~Regtl. No. *724 288*# *217 Parliament Toronto Crest*Rank *Pte.*Corps *109th O.S. Battⁿ*

Relation to Soldier

To what Corps belonging

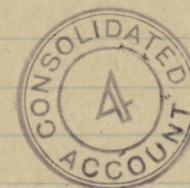
wife, child or mother

} *W. Mother.*

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



11/18

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

M. F. W. 11a.
50m.-4-16.
1772-39-818.

OVERSEAS CONTINGENTS

Sheet No. 2. Isabella Heyde

W. Mother
PAYMENTS.

Name of Soldier Heyde Norman
Pte.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July		D544 1	44	44
Aug.		W12786	20	20
Sept.		K16709	20	20
Oct.		L19586	20	20
Nov.		Q21845	20	20
Dec.		Q25423	20	20
Jan.	1917	W28364	20	20
Feb.		U31471	20	20
March		U34552	20	20
April		V1097	20	20
May		W4267	20	20
June		X7748	20	20
July		U00188	20	20
Aug.		W14203	20	T
Sept.		R19769	20	B
Oct.		M20529	20	m
Nov.		L23539	20	T
Dec.		D28289	20	20
Jan.	1918		384	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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.				

MARRIED OR SINGLE

Single

PLACE OF BIRTH

Acton Ont

NAME AND ADDRESS OF NEXT OF KIN

*Bella Heyde
141 Ontario St. Toronto Ont Can*

RELATIONSHIP OF NEXT OF KIN

Mother

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHOR

ADMISSIONS TO HOSPITAL, &c.

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

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS					
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3	
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE
<i>July 31</i>																					
<i>Aug 31</i>	<i>31</i>	<i>100</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>310</i>							<i>410</i>	<i>410</i>						
<i>Sept. 30</i>	<i>30</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>3</i>	<i>3</i>								<i>33</i>	<i>5431816</i>	<i>15/16</i>				
<i>Oct. 1-5</i>	<i>5</i>	<i>5</i>	<i>5</i>		<i>5</i>	<i>50</i>	<i>50</i>								<i>550</i>						
<i>6/31</i>	<i>26</i>	<i>26</i>	<i>26</i>		<i>26</i>	<i>260</i>	<i>260</i>								<i>2860</i>					<i>133914-10</i>	
<i>Nov. 30</i>	<i>30</i>	<i>30</i>	<i>30</i>		<i>30</i>	<i>3</i>	<i>3</i>								<i>33</i>					<i>12530-9</i>	
<i>Dec 31</i>	<i>31</i>	<i>31</i>	<i>31</i>		<i>31</i>	<i>310</i>	<i>310</i>								<i>3410</i>	<i>180027-11</i>					
			<i>1530</i>			<i>1530</i>	<i>1530</i>														
<i>1917</i>																					
<i>Jan 31</i>	<i>31</i>	<i>110</i>	<i>3410</i>												<i>3410</i>	<i>192329-10</i>					
<i>Feb 28</i>	<i>28</i>	<i>3080</i>	<i>3080</i>												<i>3080</i>	<i>206828/1</i>					
<i>Mar 31</i>	<i>31</i>	<i>3410</i>	<i>3410</i>												<i>3410</i>	<i>208791-2</i>	<i>748 X-3</i>				
<i>Apr 30</i>	<i>30</i>	<i>33</i>	<i>33</i>												<i>33</i>	<i>3474</i>					
<i>May 31</i>	<i>31</i>	<i>3410</i>	<i>3410</i>												<i>3410</i>	<i>6902/4</i>					

Checked *W. Martin*

MOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY

REG'L. No. *724288* RANK *Pte* NAME *Heyde Norman*
 IF IN PERM. CORPS } UNIT *109th Bn* TRANSFERRED TO *21st Bn* DATE *5/10/16* AUTHORITY *DO 279*
 WHAT UNIT }
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Lindsay Ont* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *May 24th 1916* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15⁰⁰* DATE EFFECTIVE *Aug 1st 1916*
 PAYABLE TO *Bella Heyde 141 Ontario St* RELATIONSHIP *Mother*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE *Toronto Ont Can*
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

HOSPITAL, &c.

ACQUITTANCE ROLLS					
2		3		4	
No.	DATE	No.	DATE	No.	DATE

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
<i>Bal. from Canada</i>							<i>410</i>				
	<i>973</i>			<i>15</i>		<i>2473</i>	<i>1347</i>				
<i>86</i>	<i>15/16</i>	<i>730</i>	<i>730</i>	<i>15</i>		<i>2960</i>	<i>1687</i>				
				<i>15</i>		<i>15</i>	<i>737</i>				<i>DO 279 Jan 21st Bn 5/10/16</i>
			<i>436</i>			<i>1409</i>	<i>2188</i>				
			<i>943</i>								
		<i>262</i>		<i>15</i>		<i>1762</i>	<i>3726</i>				
		<i>892</i>		<i>15</i>		<i>2372</i>	<i>4764</i>				
		<i>261</i>									
		<i>436</i>		<i>15</i>		<i>2197</i>	<i>5977</i>				
		<i>262</i>									
		<i>261</i>		<i>15</i>		<i>2023</i>	<i>7034</i>				
<i>748</i>	<i>11-3</i>	<i>261</i>	<i>261</i>	<i>15</i>		<i>3546</i>	<i>7898</i>				
<i>2168</i>	<i>5/3</i>	<i>262</i>	<i>573</i>	<i>15</i>		<i>1832</i>	<i>9366</i>				<i>6178 Clgs Mar 17</i>
		<i>261</i>		<i>15</i>		<i>1761</i>	<i>11015</i>				

724288 Pte Heyde N.

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS					
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				1	2	3	4	1	2	3	4		
1917																						
June 30	100	33									33	155	175	194	26					267	535	
July 31		34	10								24	10	238	7/6						536		
Aug 31		34	10								34	10									535	
Sept 30		33									33		121	247	312	717	466	7/8	2185	30% P.R.O.	268	268

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SER. ALLCE. ENG.	MONTH	PARTICULARS	CR. 1
									15757			Mar	P.P.	3410
Oct.	P. Pay	3410		Can a.p.					15					
				AR. 519. ²⁴ / ₈ 21 Bn.	535									
				AR. 588. ¹³ / ₉ " "	268									
				AR. 293. ¹⁵ / ₉ 10.7. Amb.	267				16597					
Nov.	P. Pay	3410		AR. 654. ¹³ / ₁₀ 21 Bn.	446				15					3410
				AR. 766. ¹⁰ / ₁₁ " "	892									
				AR. 620. ²² / ₉ " "	267									
				AR. 727. ²⁷ / ₁₀ " "	357									
				AR. 13400. ¹⁴ / ₁₁ 1st Army School.	178									
				Can. a.p.					15					
Dec. 17	P.P.	3410		" "					15					
1918		6710		" "	2740				30					
an		3410		" "					15					
				C.P. 14030. ²⁸ / ₁₁ 1st Army Sch.	1784									
				A.R. 3.E.V. - 2397. ¹⁷ / ₁₁ 21 Bn.	9733									
				C.P. 42838. ²⁴ / ₁₂ 17	7300									
				Rem 46392. ²⁹ / ₁₂	973									
				AR. 14153. ⁴ / ₁₁ 1st Army Sch.	892									
Feb.	P.P.	3410		Can. a.p.					15					
				AR. 952. ¹⁷ / ₁₁ 21 Bn.	446				605 Dr Bal.					
				AR. 1051. ⁹ / ₁₁ " "	714				15					
					1160									
									185 Dr Bal.					

at Pay. \$15.

CASH PAYMENTS				ASSIGNED PAY #15	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
				15		23 02	126 13				
				15		2036	13387				
	535			15		2036	14761				
	268			15		23 04	15757				

CLASS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	REMARKS
			loan AP				15	185 Dr Bal.	
			1897 9/18 W3069	237					
			B-68 4/18 "	16					
			AR 1100 2/18 212nd	444					
			AR 3798 10/18 1st A. Camb	357				669	
	3410			1056			15		

*Strike out whichever inapplicable.

ASSIGNED PAY.	* ENGLAND or CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:-	1-8-16	EFFECTIVE DATE:-
AMOUNT:-	15 ⁰⁰ / ₁₀₀	AMOUNT:-
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS WORD "SAME", ONLY TO BE WRITTEN
Mrs Bella Heyde, (Mother)		
141 Ontario St., Toronto,		
Ontario, Can.		
Stopped off. 1-5-19		

6431
Bakoth
M.P.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES BY INSERTION OF DATE CHARGED IN RECORD			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID	AMOUNT
2/3/19	533		3 73				
6/4/19	122		43 80				
			47 53				

PARTICULARS OF RENDERING NON-EFFECTIVE				
MONTH	PARTICULARS	CR. 1	CR. 2	PAID
1st Nch.	Bal Forward			
Apl.	P.P.	33 -		Can 6 AR 32
May	P.P.	33 -		64 AR 159 19
June	✓	34 10		56 AR 245 7/6
July	✓	33 -		296 AR 7/7
Aug	✓	34 10		AR 5 8/7 641 2/7 562 AR 5991 952
Sept	✓	33		" 1088,
Oct	✓	33		
Nov.	P.P.	34 10		AR 69159- 568
Dec	✓	34 10		867

Via. Can. 1/5/19. N.R. 6431-70

COMPILED BY D. A. Lambert
CHECKED BY K. P. Bates

SEPARATION ALLOWANCE.

ENGLAND or CANADA.

NAME:- HEYDE

Norman B

EFFECTIVE DATE:-

NUMBER:- 724288

AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

PRIORITY { 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

Pte.

6431 B'shott m.d.3

UNIT AND TRANSFERS

ORIGINAL UNIT:- 109th Bn

DATE ACCOUNT FIRST OPENED:- 1-8-16.

AUTHORITY

DATE EFFECTIVE

DATE LEDGER SHEET T'S F'D

UNIT TRANSFERRED TO

21st Bn

BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

MONTH DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY

PAY

F.A.

P.F.A.

SUBS'CE ALL'CE

1 - 10

ACTIVE Vis. Ban. 1/5/19. N.R. 6431. M.D. 3. B'shott 9/4/19 B'shott Led. Lt. Bal. 9/30/25 L.P. Lt. Bal. 1/4/28

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							669		
33 -		Can A.P.				15 -			
		AR 32 7/4/18 21 Bn	446				2023		
33 -			446			15 -			
34 10		Can A.P.				15 -			
		AR 159 195-18 21 Bn	357						
34 10			357			15 -	3576		
33 -		Can A.P.				15 -			
		AR 245 7/6/18 21 Bn	446						
		296 23/6	357				4573		
33 -			803			15 -			
34 10		Can A.P.				15 -			
		AR 7/7/18 21 Bn	-32						
		AR 5 8/7	892						
		641 21/7	1249						
34 10		5602 22/7 C.A.B.	1428				2882		
		A.P.	3601			15 -			
34 10		AR 5991 4/8/18 C.A.B.	446						
34 10		952 24/8 21 Bn	357				3989		
		C.A.P.	503			15 -	5180		
33		" 1088, 3/9/18, 21 Bn	357			15 -	5437		
33		C.A.P.	357			15 -	9342		
34 10						15 -			
33						15 -			
		AR 6959- 24/1/18 C.A.P.	9732						
		568 16/1/18 21 Bn	373						
34 10		Cap				15 -			
		867 12-12-18 "	378						
		over 10479							

NUMBER

724788

RANK

Pte

NAME

HEYDE, N.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2
1919		67 No			10479	
Jan.	PP	3410		cap		
		10120		cap	10479	
Feb	Feb March	6490		A.R. 4681 20/2/19 + B.S.B.	373	-
				✓ -1798 24/2/19 + B.S.B.	389	-
				✓ ✓ 2241 8/1/19 ✓	377	-
				✓ -2863 23/1/19 ✓	873	-
				✓ ✓ 3477 7/2/19 ✓	373	-
				✓ ✓ 4299 26/2/19 ✓	1885	-
				cap March	373	-
				✓ 4663 6/3/19 ✓	365	-
				✓ 5173 17/3/19 ✓	2673	-
					1875	-
		6490			4448	
Apr.	PP	3300		cap		
				A.R. 5563 27/3/19 + B.S.B.	365	
				122 6/4/19 ✓	4380	
				854 23/4/19 P.CCC + L.P.C. Endorsed	487	
				2307 9/5/19 ✓ do.	5257	
					973	
					6705	
		33-				

205 SP 60 MD 3/1/19 EOR

HEYDE, N.

ARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	10479			20	1542		
				15	2483		
	10479			43			
				15			
20/2/19 ✓	373	-					
24/2/19 ✓	389	-					
8/1/19 ✓	377	-					
23/1/19 ✓	873	-					
7/1/19 ✓	373	-					
26/2/19 ✓	1885	-					
	373	-					
Transfr	2259			15			
1/3/19 ✓	365						
1/3/19 ✓	2673				1825		
	1825						
	4448			30			
				15			
7/3/19 ✓	365						
6/4/19 ✓	4380						
13/4/19 ✓	1487						
13/4/19 ✓	5257						
1/5/19 ✓	973				2880		
	6205			15			

1428

Group 12

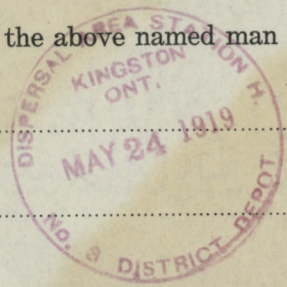
D. A. H.
O. G. 9

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

WAR SERVICE BADGE.
CLASS "A" No. 277476



1. No. 724268	
2. Rank. Private	
3. Name. HEYDE. Norman	
4. Unit. 21st Battalion	
5. Date of Discharge	24-5-19
Place	Kingston Ont
6. Reason for Discharge Demobilization.	
7. Authority. P.O. 1420	
8. Proposed Residence after Discharge. For out. out	
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. P. 39	
Signature of Soldier. N. Heyde	
10. CONFIRMATION. The discharge of the above named man is hereby confirmed.	
Place	
Date	
Signature. [Signature] Captain for O. C. Dispersal Area Station (O. C. Discharging Unit.)	

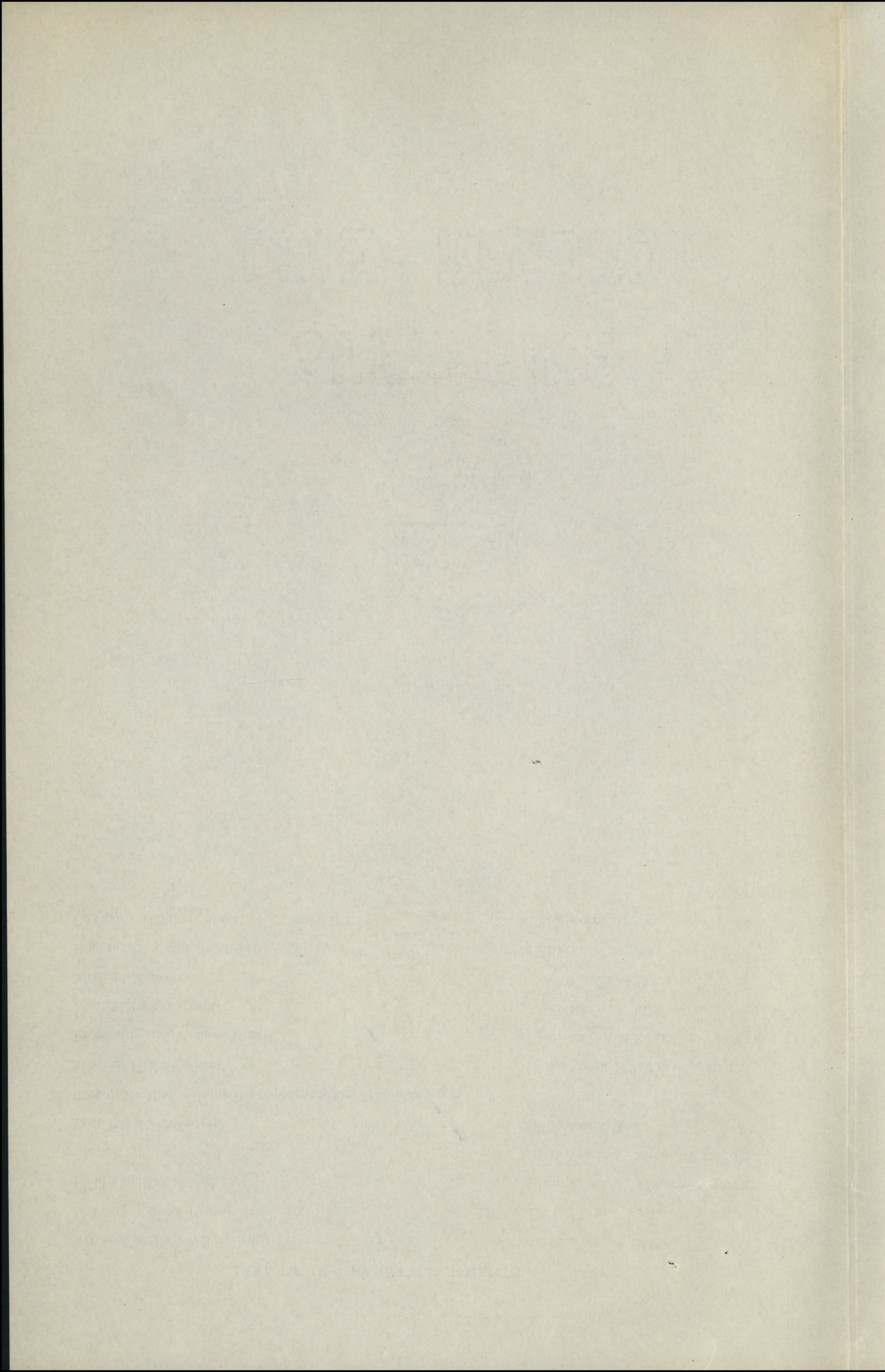


ark.

PROCEEDINGS OF THE BOARD

OF THE STATE OF TEXAS

No.	Name of the Corporation or Individual	Capital
1	The Texas and Pacific Railway Company	1,000,000
2	The Texas Cattle Company	500,000
3	The Texas Oil Company	2,500,000
4	The Texas Land Company	750,000
5	The Texas Sugar Company	1,200,000
6	The Texas Cotton Company	300,000
7	The Texas Lumber Company	400,000
8	The Texas Iron Company	600,000
9	The Texas Coal Company	800,000
10	The Texas Glass Company	200,000
11	The Texas Paper Company	350,000
12	The Texas Brick Company	150,000
13	The Texas Cement Company	250,000
14	The Texas Cement Company	250,000
15	The Texas Cement Company	250,000
16	The Texas Cement Company	250,000
17	The Texas Cement Company	250,000
18	The Texas Cement Company	250,000
19	The Texas Cement Company	250,000
20	The Texas Cement Company	250,000
21	The Texas Cement Company	250,000
22	The Texas Cement Company	250,000
23	The Texas Cement Company	250,000
24	The Texas Cement Company	250,000
25	The Texas Cement Company	250,000
26	The Texas Cement Company	250,000
27	The Texas Cement Company	250,000
28	The Texas Cement Company	250,000
29	The Texas Cement Company	250,000
30	The Texas Cement Company	250,000
31	The Texas Cement Company	250,000



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. 129)
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),
J Dup
12. Last Pay Certificate (P. 851),
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

Group..... B

Checked by No. 30

Date 29-4-19

AUDITOR *PM* PAYMASTER *PTIS*

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

M. OR S.

REGT. NO. *724288* RANK *Plt.* NAME (IN FULL) *HEYDE Herman*
 IF IN P.F. WHAT UNIT? *109th Bn* (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN *Mrs. Isabella Heyde, mother* RELATIONSHIP
 ADDRESS *217 Parliament St., Toronto, Ont.*
 IS SEPARATION ALLOWANCE PAID? *Yes* DATE EFFECTIVE *24-5-16*
 TO WHOM PAID *Yes* RELATIONSHIP
 ADDRESS *Mrs. Isabella Heyde, mother 217 Parliament St., Toronto, Ont.*

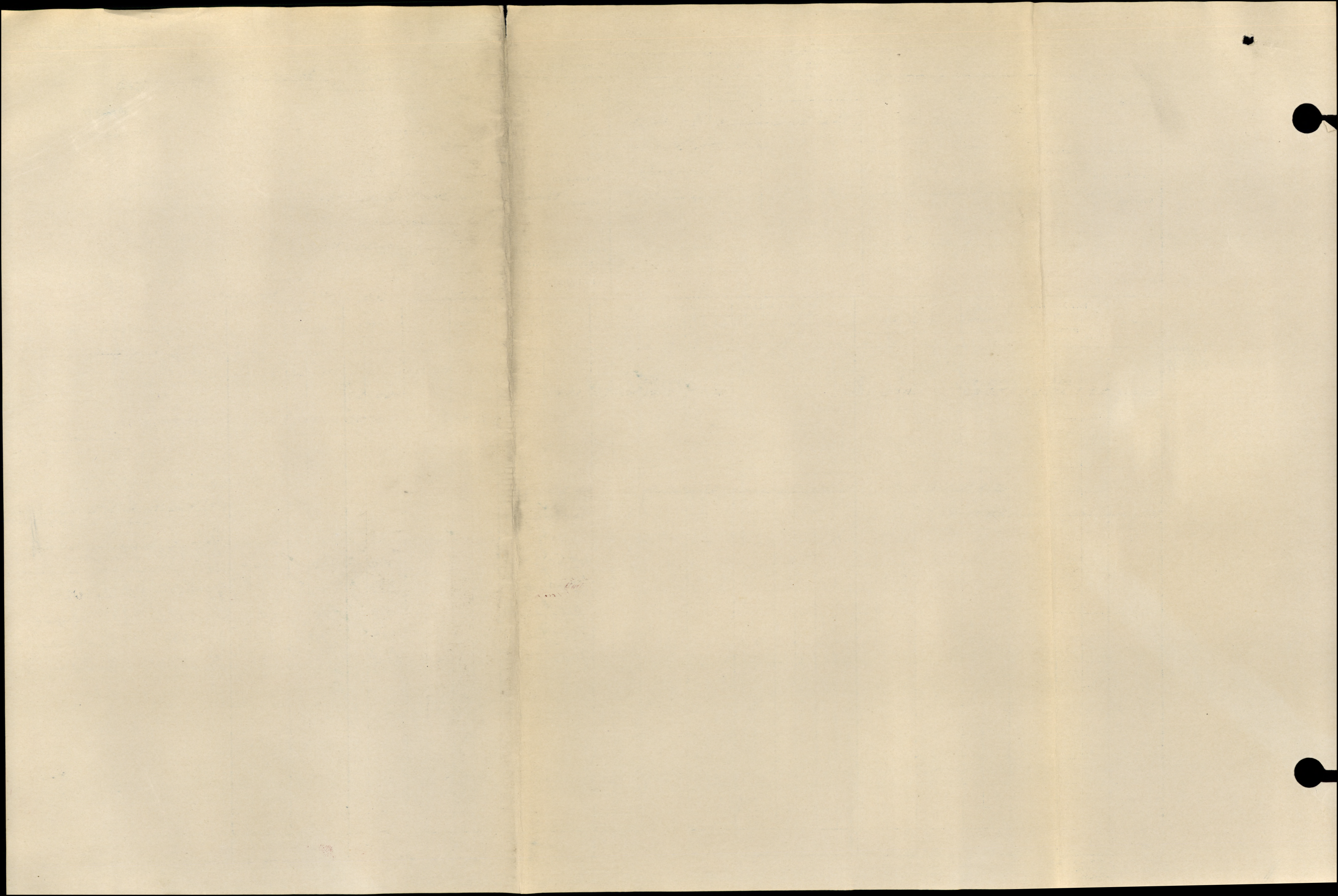
PARTICULARS *PA. Herman Heyde, Bank of Montreal Toronto, Ont.*
 EFFECTIVE DATE
 AUTHORITY

ORIGINAL UNIT C.E.F. *109th Bn*
 PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY \$ *15.00* DATE EFFECTIVE *1-8-16*
 PAYABLE TO *Mrs. Isabella Heyde, mother* RELATIONSHIP ANY CHANGE IN ASSIGNEE OR ADDRESS
 ADDRESS *217 Parliament St., Toronto, Ont.*
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE
 DISCHARGED *Kempton* PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY *24-5-19 - Demob.*

BALANCE FROM PREVIOUS ACCOUNT

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			COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3					DEBIT	CREDIT	
			\$	C.														
May	29	1.10	31.90	35.00	136.90				4.87	14.60	33.15	15.00			14.28	14.28	Returned "Colonial"	
				70.00										5.50	5.50	5.50	Bal. per Eng L. P. C., Clothing Allee. and 1st Payment W. S. G. Pay to Estimate date of discharge. Advances in England. Rent Money, Train Money. Overpaid 5 days on discharge.	
<hr/>																		
				183 days at minimum 420.00	180.00													M. J. W. 259 Rec
																		1253 Pay. T. W. J. & J. A. City. 273432 5/6/19
																		of P. J. A. - 6 days
																		6.929891-892 June 17/19
																		Balance as above.
																		6.946889-890 July 21/19
																		6.1293832-833 Aug 20/19
																		6.1313887-888 Sep 22/19
																		6.1328141-142 Oct 21/19

OT REM



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

24-5-16

Separation and Assigned Pay Branch

H

12536

Aug 1-16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25	30
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PC 3257 1-9-18.
P.B. 2153.
M.O. 22346.

RATE OF ASSIGNMENT

N			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 724288
 Rank Plt Promoted Reverted Discharge
 Soldier's Name Norman Heyde
 Battalion 109 Bn C co.
 Beneficiary Mrs. Isabella Heyde
 Relationship W. Mother M.F.W. 2554-2578
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Isabella Heyde
 Address 141 Ontario St
 Change of Address Yoronto Ont
 1 217 Parliament St.
 2
 3
 4

72844
AR

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					8568-N-1
Dec 31		384	255	639	M.F.W. 2504 Ret'd 17 ⁸ 118.
1918	Jan F 65098	30	15	45	Dr.
	Feb Y 72762	25	15	40	
	Mar I 91097	25	15	40	
	Apr I 13344	25	15	40	
	May D 8885	25	15	40	
	June A 19237	25	15	40	✓
	July W 34251	25	15	40	✓
	Aug D 33904	25	15	40	
	Sept S 41710	25	15	40	✓
	Oct E 48377	25	15	40	✓
	Nov C 56442	25	15	40	✓
	Dec 7 64458	45	15	60	✓
	Jan C 75409	30	15	45	✓
	Feb B 82049	30	15	45	✓
	Mar E 87417	30	15	45	✓
	Apr D 4174	30	15	45	
	May R 7470	30	15	45	✓
A/c Closed 31/5/19		510		1369	
Ret'd per. <u>Caronia</u>					
Date <u>22/5/19</u> M.F.W. 151				11087	
Clerk <u>G. Beestman</u>				24/5/19	

M. F. W. 128
400M-637-1772-39-1141
L. L. 22320-M. & D. 1903.

AUDITED



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

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