

Born 25th Feby 1900

authy A.G. 3A(2)

2-J-644 dated 22/1/18

ATTESTATION PAPER.

No. *PA 178*

Folio.

CANADIAN OVER-SEAS **TRIPPLICATE** EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Jefford*
- 1a. What are your Christian names?..... *William*
- 1b. What is your present address?..... *Little Britain, Cal.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Parish of Northampton, Eng.*
- 3. What is the name of your next-of-kin?..... *Susan Jefford*
- 4. What is the address of your next-of-kin?..... *46 St. Manning Street, Eng.*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *February 25th 1900*
- 6. What is your Trade or Calling?..... *Railway*
- 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*
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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Jefford*, 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 thereby 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.

William Jefford (Signature of Recruit)

Date *MAR 27 1916* 191 . *J. H. Mc* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Jefford*, 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.

William Jefford (Signature of Recruit)

Date *MAR 27 1916* 191 . *J. H. Mc* (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 *Reading* this *MAR 27 1916* day of 191 .

J. H. Mc (Signature of Justice)

Description of William Jeffard on Enlistment.

Apparent Age.....16 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. 5 1/2 ins.

Chest measurement { Girth when fully expanded.....36 ins.
 Range of expansion.....4 ins.

Scar on right chest.

Complexion.....Fair

Eyes.....Blue

Hair.....Light Brown

Religious denominations.
 Church of England.....
 Presbyterian.....
 Methodist.....Yes
 Baptist or Congregationalist.....
 Roman Catholic.....
 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 he declares that he is not subject to fits of any description.

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

Date.....MAR 27 1916.....191

J. McCulloch Capt.
 Medical Officer.
 109th Overseas Battalion, C. E. F.

Place.....Reading

*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.

William Jeffard.....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.

J. A. Miller Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date.....MAR 27 1916.....191

Jan 18

30/31/18.

(S)

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

74 X 2008

Name JEFFORD, W.M.
 Regt. No 724178 Rank Pvt
 Corps #3 base unit
 med unfit

(M)

(H)

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

04219

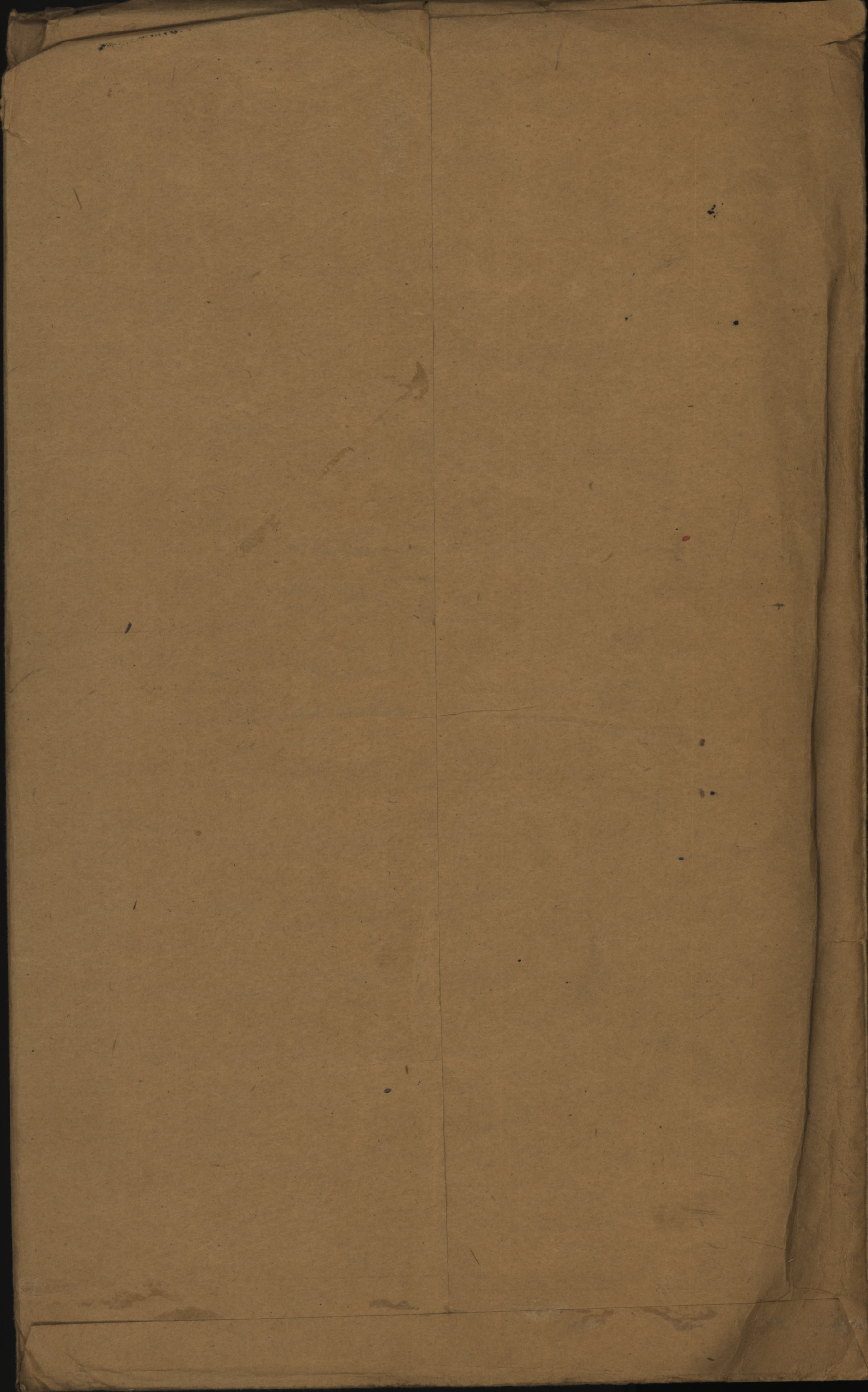
board 1 Part II
casualty

~~Handwritten scribbles and signatures~~

AM 13
 Disch certificate 1
 122
 1 cas card
 a.308
 misc
 M.F.W. 62
 100m-6-17
 H. Q. 1772-30-935

(H)

5-23
19-23
32-23
2



Casualty Form—Active Service.

Regiment or Corps 109th Overseas Battalion C.C.F.Regimental No. 724178 Rank Private Name Jefford William

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

Date of promotion } _____ Date of appointment } _____ Numerical position on }
to present rank } to lance rank } 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				
5 FEB 1918	TAKEN ON STRENGTH C.D.D, BUXTON Pt.		11 ORDER No. 30. Commanding	<i>St. Lock Lt. Col.</i>	Lieut.-Col. Canadian Discharge Depôt.
	EMBARKED FOR CANADA FROM LIVERPOOL			<i>St. Lock Lt. Col.</i>	Lieut.-Col. Canadian Discharge Depôt.
2/4/18	<i>Taken on strength no 3 Cas. Unit from Overseas.</i>		<i>Fort Henry 17/3/18</i>	<i>S.O. Pt. 2, no 39, Appendix 2/4/18</i>	
18/4/18	<i>Taken on strength of no 3 Cas Co. Dist Depot.</i>		<i>Fort Henry 18/4/18</i>	<i>S.O. Pt. 2, no 1, Appendix 18/4/18</i>	

(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.

[P.T.O.]

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

NOT TO BE SENT OVERSEAS UNTIL 19 YEARS OF AGE

OSM

BORN 2nd Feb 1900
 Arthur A. G. 3A(2)

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

Casualty Form—Active Service.

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

Dated 22/1/18
 20 J-644

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

Regimental No. 724148 Rank Private Name Jefford William

Enlisted (a) 24.3.16 Terms of Service (a) D of W. Service reckons from (a) 24.3.16

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) Laborer.

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	24.7.16.	
		Disembarked England	Liverpool	31.7.16.	

CERTIFIED CORRECT.
 12 DEC. 1916
 CAN. RECORDS LONDON.

4.12.16	109th Bn	wounded overseas for service with 38th Bn.	Witley	3.12.16	
---------	----------	--	--------	---------	--

Autsetting Capt.
 ADJUTANT
 109th Overseas Battalion, C. E. F.
 D.O. 11. 339.

Autsetting Capt.
 ADJUTANT
 109th Overseas Battalion, C. E. F.

6.12.16		C.B.D. TAKEN on STRENGHT 38th Havre		6.12.16	N. R.
13.2.17		Left to #1 Tunneling Coy FIELD 16th Div.		13.2.17	N. R.
10.2.17	#1 LC (Cn)	Attached for duty with #1 Can. Tunneling Coy.	Field.	5.2.17	B. 213. DCS.

N. R. 200.242-13.12.16

B213 KR1-419-aal Can Dec.

PR#0.27d.6.3.17.

(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.

724178
Jefford
W.

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				
23.6.17	1st C.T.C.	Evac. sick.	Field	16.6.17	B213 Dec 2132.
"	140 Fl. Det.	Peakies	140 Fl. Det.	16.6.17	2936/847422200135
"	"	"	"	"	"
"	50cc8	"	"	17.6.17	"
21.7.17	"	"	Field	21.7.17	a36-24723 " 136.
28.7.17	1st C.T.C.	Returned to Duty.	"	21.7.17	" 85709 " 140.
13.10.17	H.C.P.D.	T.O.S. for Board	Board	13.10.17	B213 Dec 2141.
18.10.17	1st C.T.C.	Leave to be taken to 1st C.T.C. Regt.	"	11.10.17	NR 108-118117 ds. 10.17.
17.10.17	H.C.P.D.	Class: Dep't Dep't	Base ✓	17/10/17	B213. Attd 982/26/1919
17-11-17.	dr.	J.O.S.	Wp to English.	17-11-17.	W3339 Rtd 178 (H.E. 20051/X)
Johnston			N.R. Antl KE 20051/2. A.C.I. dt. 13-11-17 P.E.I. O. 108 dt. 21-11-17 Lt. for Lt-Col., A. A. G. Canadian Section. G. H. Q. 3rd Echelon B		
			18-11-17	E.O.R.D.	Posted from 38th B.S.H. Detailed to Depot Coy.
15.12.17	oc. E.O.R.D.	Furlough from 14.12.17 to 25.12.17. Free Railway Warrant # 64/140796/97	Seaford	14.12.17	Rt. II No. 278.
5.2.18	oc. E.O.R.D.	On Command C.D.D. Buxton	Seaford	24.2.18	P.V. ad. 36.
			Lieut. & Asst. Adjutant, for Officer Commanding, East. Ont. Regt'l Depot.		

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 724178 (Rank) Private
Name (in full) Jefford, William enlisted in
the 109th Overseas Battalion
CANADIAN EXPEDITIONARY FORCE at Lindsay on the 27th
day of March 1916
HE served in England and France
and is now discharged from the service by reason of Medical unfitness
"Sickness" Send 88-J-107 Dated 10/5/18

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

Age 18 years 6 months
Height 5 feet 7 inches
Complexion Fair
Eyes Blue
Hair Light Brown

Marks or Scars

Scar on right
cheek.

W. Jefford
Signature of Soldier

Charles Sear Capt. & Adj.
District Officer No. 3

Date of Discharge 17/5/18

Rank

Signed at Kingston this 17th day of May 1918

Appointment

in Military District No. 3

File Reference No. 3-J-89

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.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 724178 (Rank) Private Name Jefford, William

Unit No 3 District Depot

Address on Discharge Lindsay Ont.

Character and Conduct Very Good

Former Occupation Labourer

Special Qualifications of Value in Civil Life

Medals and Decorations For service in Canada

England and France

Remarks

Signed at Kingston this 17th day of May 1918

Name of Officer [Signature] Capt. & Adj.
District Depot No. 3
Rank

Appointment

ORIGINAL
724178
MEDICAL HISTORY SHEET.

ORIGINAL

Surname Jeffard Christian Name William

Examined { on 27 day of March 1916
 { at Sudbury
 Birthplace { City or Town Barnet
 { County Hertfordshire England

Approved by McCulloch Capt.
 Medical Officer
 Rank 109th Overseas Battalion, C.E.F.

Apparent age 16 years
 Trade or occupation Labourer
 Height 5 Feet 5 1/2 Inches.
 Weight 129 Lbs.
 Chest measurement { Minimum 32 inches.
 { Maximum expansion 36 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		22 NOV 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good
 Small-Pox Marks None
 Vaccination Marks { Arm Right None Left Five
 { Number Five

Date.	Result.	VACCINATIONS.
<u>31.3.16</u>	<u>Good</u>	<u>McCulloch</u> M.O.
		M.O.
		M.O.

When Vaccinated last March 31st 1916
 (a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25.5.16</u>	<u>Good</u>	<u>McCulloch</u> M.O.
<u>4.6.16</u>	<u>"</u>	<u>McCulloch</u> M.O.
<u>12.6.16</u>	<u>"</u>	<u>McCulloch</u> M.O.

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

Enlisted on 27 day of March 1916 at Sudbury

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn - C.E.F.</u>	<u>724178</u>		<u>27.3.16</u>
Transferred to	<u>38 Bn - 2/12/16</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Fort Henry,</u>	<u>7-5-17</u>	<u>Emce. but not enlactean deurus.</u>	<u>E. Mycoglin Capt. Lane</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.

CANADIAN

4

OPINION OF THE MEDICAL BOARD

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

YES

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does require treatment~~ (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
 - (c) Should pass under his own control.
 - (d) ~~Should not pass under his own control~~
- (Strike out condition not applicable).

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

CATEGORY "E" DISABILITY DUE TO SERVICE.

M. Rogers CAPT CAMC President
[Signature] CAPT CAMC }
 CAPT CAMC } Members.

STATION FORT HENRY BARRIEFIELD, Ont.,

DATE May 4, 1918

APPROVED BY

DATE MAY 13 1918

[Signature] Captain A. M. C.
 For A. B. M. S. M. D. Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

DUPLICATE

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..... **724178.**

(3) Full Name of Soldier..... **William Henry Jefford.**

(4) Place of Birth..... **Shenley. Herts. England.**

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

(6) If married, state, **No.**

(a) Full name of your wife.....

(b) Present Postal Address.....

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

(8) Have you any children..... **No.**

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

Also their names and ages.....

(9) Is your Father alive?.....Does not know.....

If so, state name and address

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

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

...C/o Mrs. Kayes... & King Edward Road... Shenley... Herts... Eng.....

(11) If your Mother is a widow.....Does not know.....

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.

.....None.....

(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.

.....None.....

(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.

.....No.....

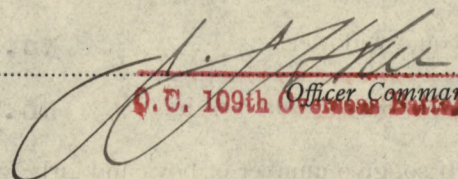
(15) Are you insured?.....No.....

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

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

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

Date.....June 30th...1916.....

.......... Lt. Col.
Officer Commanding
Q. U. 109th Overseas Battalion, C. E. F.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

NAME OF PATIENT

BASE

NO.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35

Condition	Upper	Lower	Remarks
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on
2. On findings of report, record in same to be made in red ink
3. Condition on finding
4. Condition on examination in red

Only such entries to be made on this sheet as will show

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DATE

NAME BY SOURCE

REGIMENT

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32

TOOTH	EXAMINATION	RESTORATION	EXTRACTION	PROPHYLAXIS	PERIODONTICS	ORTHODONTICS	PROSTHETICS	ENDODONTICS	ORAL SURGERY	OTHER
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										

INSTRUCTIONS

1. Complete this form for each tooth.
 2. Use the following key for the condition of the tooth:
 0 - Good
 1 - Fair
 2 - Poor
 3 - Missing
 4 - Restored
 5 - Proximal caries
 6 - Periodontal disease
 7 - Orthodontic
 8 - Prosthetic
 9 - Endodontic
 0 - Oral surgery
 1 - Other

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

TRIPPLICATE

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

Regimental No. 724178 Rank Pts. Name Jefford, W.

Corps. 109th Battalion who was* Discharged

On May 17th 1918 to Category "E"

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from May 1st 1918, to May 17th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....		
Advances by Cheques { No.....			Reg'tl Pay..... <u>17</u> days at \$ <u>1</u> c.	<u>17</u>	<u>00</u>
Assigned Pay and Sep'n Allice. No.....			Field Allow. <u>17</u> days at \$ c. <u>10</u>	<u>1</u>	<u>70</u>
Other charges			Separation Allowances* (Monthly)		
Payment on transfer or discharge No. <u>2363</u>	<u>26</u>	<u>70</u>	Other Allowances*		
Balance Cr. (to be paid by the new unit).....			Other Credits*..... <u>Clothing</u>	<u>8</u>	<u>00</u>
Total.....	<u>26</u>	<u>70</u>	Bal. Dr. (to be deducted by new unit).....		
			Total.....	<u>26</u>	<u>70</u>

* Give particulars.

A monthly stoppage of \$ Nil (†) has..... (‡) been paid on account of Assigned Pay for the month of..... 191..... } (to) Assignee..... }
 and Sep'n Allice. for month of 191..... }
 (Address)

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

On Transfer of an Officer

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

REMARKS:—

- State (1) date of enlistment March 27th, 1916
- (2) if married and if a Separation Allowance Card has been submitted No
- (3) cause of discharge..... authority 3MD 89-J-107
- (4) authority for transfer.....

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

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

Date May 17th, 1918

Place Kingston, Ont.

W. P. [Signature] CAPTAIN
 PAYMASTER, NO. 3 DISTRICT DEPOT Paymaster.

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

M. F. W. 44.

cheque #2363 attached

Surname

Christian Name or Names

Reg. No.

Jefford

W.

724178

Rank

Unit

Co.

Troop

Batty.

Pte
Hospital

38th Bn

Date of Admission

140 D.Amb. 16-6-17

Transferred

50 C.C.Stat 17-6-17 Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis Scabies *Rw.*

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

C.L.18-7-17 A248

To Duty 21.6.17
REMARKS

8.8.17. a265

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.

yes
7m

13

✓

Number 724 178 Rank Pfc

Surname JEFFORD

Christian Name William

Units 38th Bn C. Inf Theatre of War France

Date of Service 6/13/16

Remarks

Latest Address ~~P.O. Lindsay~~

Little Britain Ont.

Roll No. B Page 13944 Ont

200m.-2-21.M.

DESP. JUN 10 1922
REGN. No. *HC 20677*

NEW YORK CENTRAL

SURNAME.

Jefford

CARD NO. ✓

CHRISTIAN NAMES

William

*DOB. Dis 17-5-18. 3
at 26-5-18.*

REGL. NO.

724178

RANK

Pte

UNIT

109th

Bn.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Jefford^{Mrs} Susan

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

*% Mr. Manning, The Queens, Shenley,
Eng.*

COUNTRY OF BIRTH

England, Barnet, Herts.

DATE

Feb. 21st 1900

PLACE OF ATTESTATION

Lindsay

DATE

Mar. 27th 1916

% 823-7-16. ⁴⁸⁸/_{18.}

P/C. 17/3/18. ⁶/_{19. 3}



Sailed from Halifax 23-7-16 per S.S. 'Olympic'

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

labourer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

16 YEARS

1 MONTHS

HEIGHT

5 FEET

5 1/2 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

light Brown

DISTINGUISHING MARKS

Scar on the right cheek.

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Mar. 27th 1916

24404

REG. NO. 724178. NAME Jefford W. H.
(SURNAME FIRST)

RANK Pte. CORPS basuetry

AGE 18. SERVICE Eng. 4/12 92.12/12

NAME OF HOSPITAL General PLACE Kingston

DATE OF ADMISSION 5-4-18.

DISEASE (Ear Trouble Deafness)

DISCHARGE 30-4-18.

OPERATION

DISCHARGED TO DUTY yls.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD.

REMARKS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

0248 # 140 Old Anat

16-6-17

Scabies

0248 # 50 Cas. Clear Stru

17-6-17

0265 Lv. Daily

21-7-17.

Scabies

NAME

RANK AND CORPS

REG'TL No.

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Jeffard

Pvt

21

38th Bn

724128

No. 724178. RANK Pte.

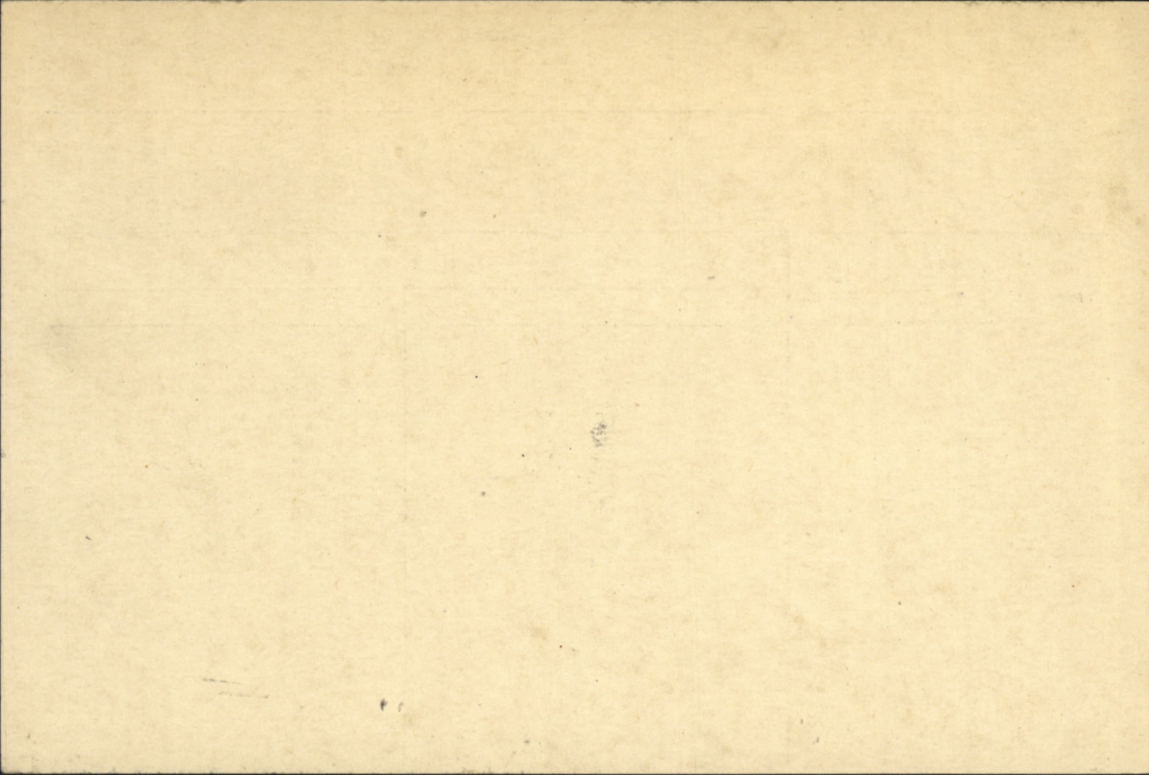
NAME Jefford, Wm.

T. O. S. 24.3.16. UNIT 109th Battalion.
(S.O. 114 of 1-4-16)

M. D. 3.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916. Mar. 27.	1916. April 30.	v.		
	May.	v.		
	June.	v.		
	July.	v.		

UNIT SAILED
JUL 23 1916



724178

Pte. Jefford W

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		1		2		3		4	
			\$	c.						\$	c.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE
B/2			367	40				17 55	384 95					48 68	14 60	39 56			
July	31	100%	34	10					34 10										
Aug	31		34	10					34 10										
Sept	30		33						33										
			468	60				17 55	486 15					48 68	14 60				

A80060
 300 18677 3-1-18
 337 3617 1-2-18
 206 2444 1-2-18
 646 27/1 1st June 18
 690 6/8 do A 175870

2 68
 2 68
 2 62
 268
 6 25
 54 47
 108 94

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DIV. PAY
Oct 1917	PP	154 80							154 80	
		34 10					15			
				A223069						
				AR 895. 10/9. Mol. Linn. Co.	268 ✓					
				" 9/6. 2/9. do	267 ✓				168 55	
		24 10			535		15			
				B33275 £ 3-1-8			15			
				AR 1002. 5/10. 1st June Co.	357 ✓					
		33								
				C 7275 £ 3-1-8 Dec.			15			
		34 10								
				AR 796. 2/10. 4 clld	446 ✓					
				AR 843. 31/10. "	446 ✓					
				AR 804. 2/8. 1st June Co.	268 ✓					
				AR 755. 14/8. do	357 ✓					
				AR 964. 15/11. 2 clld	1338 ✓				173 53	
		67 10			3212		30			
		34 10		651239 £ 3-1-8			15			
				AR 314. 6/12/17.	730 ✓					
				AR 317. 15/12/17.	4867 ✓				136 66	
		34 10			5597		15			
		550							142 16	
				AR 72. 6/12/18.	1460 ✓					
				" 20/19/18 endorsed.	970 ✓				117 83	
		560			2433					
				Q4005 + a 5596. 30/1/17.	170					
				✓ #375. 4/18. 10/1/17.	202					
				AR 290. 30/1/17.	970 ✓				104 39	
					1344					
				Q4005						
				815 8/18 Bux End.	368				100 71	
					369					
				Apr DN	100 71				Nil	
					100 71					

CASH PAYMENTS

1500 E

2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
						CREDIT	DEBIT			

1460	3756		165	360	26944	11551				
			15		15	13461				
	2 68 2 68 2 62		15		2298	14573				
	268 625		15		1393	15480				
460	5447 10894		210	360	33135					
			15							

A 3 M. FORM REVENUE *Sept* 1-2-18
 DIS. *Canada* 5-2-18
 PAY. *Extract from*
 CT. BAL. *114.11* L.F.C. REN. 5-2-18
 AUTHY. *H.Q. CRO-3812-3112-17*

Disposal
 Checked *Guidibouray*

This space to be for numbers.



Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	724178	
Rank	Private	
Name	Jefford William	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	No. 3 Casualty Unit	
Date of Discharge	May 17th 1918	
Place of Discharge	Kingston Ont	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	18 years.....	months.
Height.....	5 feet.....	7 inches.
Complexion	Fair	
Eyes	Blue	
Hair	Light Brown	
Trade	Cobber	
Intended place of residence	Lindsay Ont	
<small>(To be given as fully as practicable.)</small>		
<p>2. The above-named man is discharged in consequence of <i>Medical unfitness</i> <i>Sickness " Smd 88-J-107"</i> <i>Dated 10/5/18</i></p>		
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>		
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	<p>3. Conduct and character while in the service have been, according to the records, etc.</p> <p style="text-align: center;"><i>— Very Good —</i></p>	
	<p><small>N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:</small></p> <p>4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)</p> <p style="text-align: center;"><i>Cobber</i></p>	

M. F. B. 218.
25m.—11-15.
H. Q. 1772-39-113.

W.S.M. Comp
31-3-19 E. Sn.

(OVER)
Keef
24-3-20

5. He is in possession of the following number of G. C. Badges:

nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

*Service in
Canada
England and
France*

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *Kingston*

[Signature] Capt. & Adj. District Depot No. 8

(Date) *17/5/18*

Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) *Kingston W. J. Jefford* (Signature of Soldier.)

(Date) *17/5/18* *[Signature]* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

2 30
Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) *Kingston*

[Signature] Capt. & Adj. District Depot No. 8
(Signature)

(Date) *17/5/18*

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none
W. H. Jafford

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
---	--

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

A.C. Rank _____ Name JEFFORD, William. ✓ Reg'l No. 724178 ✓
 Unit 109th. Bn. If in perm. Corps, }
 What Unit? } Married or Single Single ✓
 Place and Date of Enlistment Lindsay. March 27th.1916. Place of Birth Barnet, Hertford ✓
 Eng.
 Name and Address, Next-of-Kin Susan Jefford, ✓
C/o.Mr.Manning, The Queens, Henley, England. ✓ Relationship Mother. ✓

Assigned Pay Monthly \$ _____ Payable to _____

Separation Allowance \$ _____ Payable to _____

Relationship _____

Relationship _____

6437

N/E. R.B. No. <u>6469</u>
File R.L. _____
Category <u>Can OR</u>

Discharge, Date and Place _____ Reason _____ Character _____

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	
4.12.16	0610942	SOS on tfr. to 38th Bn.	Drifley	4.12.16	Pt II DO 339
13.12.16	38th Bn	T-O-S on tfr from 109th Bn	Emsht	6.12.16	Pt II DO 242.
6.3.17	✓	Att for Duty with No 1 Tunn. Coy.	In the Field	5.2.17	Pt II DO 27.
6.3.17	No 1 Tunn Coy	✓ from 38th Bn	✓	5.2.17	✓ ✓ 16
18-7-17.	38th Bn.	Adm'd of No 100 Field Ambl.	.. — ..	16-6-17.	CPA 248. Scalies.
18-7-17.	.. — ..	Transf'd. No 50 Gas. Clear Stat ² .	.. — ..	17-6-17.	CPA .. — ..
		Dischg ^d to Duty ex above.	.. — ..	21-7-17.	CPA 265 (Scalies).
20-10-17.	.. — ..	Ceases to be Att ^d to Camstun Coy	Pt Field.	11-10-17.	CPA 98A 136th 109th 24-11-17. Sum 6 of 15/27-10-17.
21-11-17.	38th Bn.	Reported to C.O. R.I.	.. — ..	17-11-17.	CPA 108. 1 C.O. R.I. 251/18-11-17

A.F.B. 103 CHECKED
9 DEC 1916
D.S.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.				
5 ² / ₁₈ .	Govt.	on Comm. C.S.B. Buxton for discharge	Seaford.	4 ² / ₁₈ .	Pk. No. 36.
9 ² / ₁₈ .	"	ceases to be on Comm. C.S.B. Sgt. S.S. on proceeding to Canada in for disposal by A. G.	"	23 ² / ₁₈ .	— 68.

~~639262. Pte Louch S. H. 109th Batt. C.E.F.~~
~~formerly 156th Batt.~~

Will removed by Regt. paymaster

724178 pte Jefford W.H. 109th Batt. C.E.F.

H. J. Williams CAPT.
Paymaster, 109th Overseas Battalion, C.E.F.

76410

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 724178

Name W. H. Jefford

Unit 109 Batt. C. E. F.

Military Will.

I leave my personal
property and affects
in the event of my death
to my Uncle

Wm
Chancery
Capt. A. Scrivener
Wilton House Stables
Shenley, Barnet
Herts.

Signature W. H. Jefford
Rank and Regt. Pte 109 Batt C. E. F.

Date Oct 11th 1916

1892. The first of the year
will be a year of good progress
and we will be able to do
the work of the year.

Yours truly
The Secretary



Secretary
and

CASE HISTORY SHEET.

General Hospital. Kingston, Ont. Station.
No. 724178 Rank. Pte Name Jefford W. H. Age 18
Unit Casualty Completed years of service Where and how long 4 mos. Eng. & 2 mos. France
Date of admission April 5/18 Date of discharge April 30/18
Diagnosis Ear trouble Place of origin Fort Henry

CONDITION ON ADMISSION AND PROGRESS OF CASE. Left ear deaf; hearing in right ear impaired. Patient sent in for observation by Dr. J. B. Connell. Other than ear condition, patient all right.

FAMILY HISTORY. Negative Consumption
(Tuberculosis, mental or nervous diseases.)

TREATMENT. (Especially any specific or special form) gtt's IV 50% alcohol distilled into ear B.J.D.

CONDITION ON DISCHARGE. Improved
(and disposal made of case.)

Date April 30/18
Medical Officer i/c case. J. Sparks
Captame

24404
le

CASE HISTORY SHEET

<p>Case No. _____</p>	<p>Date _____</p>	<p>Page _____</p>
<p>History of the case _____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		
<p>_____</p>		

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

796

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S AND MEN
MEDICAL HISTORY OF AN INVALID

ORIGINAL

STATION..... FORT HENRY ONT..... DATE April 3, 1918.....

1. (a) Unit..... NO. 3 Cas. Unit (b) Regimental No..... 724178..... (c) Rank..... PTE.....

(d) Surname..... Jefford..... (e) Christian name..... William Henry

2. Age last birthday..... 18..... Date of birth..... Feb. 22, 1900.....

3. Enlisted at..... Lindsay, Ont..... on..... March 17, 1916.....

4. Personal description :-

(a) Height..... 5' 8"..... (b) Weight..... 120..... (c) Complexion..... fair.....

(d) Colour of hair..... Lt. brown..... (e) Colour of eyes..... blue..... (f) Identification marks.....

Scar, right cheek.

5. Address after discharge (for the use of the Board of Pension Commissioners).....

Little Britain, Ont.

6. Former trade or occupation..... FARMER.....

7. (a) Service

	PERIODS	
	From	To
109 Batt.....	March 1916.....	Dec. 1916.....
38 ".....	Dec. 1916.....	Feb. 1917.....
C.E. No. 3 Cas. Unit.....	Feb. 1917.....	March 1918.....
FRANCE, 11 months.....	March 1918.....	to DATE.....

(b) Has he been overseas.....

8. Present disease or disability (use authorized nomenclature if possible)..... O.M.C.C. both.....

with eustachian stenosis.

(a) Date of origin..... June 1917..... (b) Place of origin..... La Clytte, Belgium.....

(c) Cause*..... SHELL EXPLOSION.....

*(Here include original disease or injury)

If further space is needed for this or other answer, use page 4

9. Present condition. (Important to be a full description of the present disabling condition or conditions).

Subjective. Hearing defective, since shell exploded near him, while in Belgium.

Objective. Hearing as per specialists' report. "Ears, O.M.C.C. both with eustachian stenosis. Right voice 3 ft. Left - 4 inches.

Further improvement unlikely. Condition due to service.

35 % disability. SGD. J.C. CONNELL. Lt-Col. A.M.C."

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

5

10. History :

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Man states that shell exploded near him and hearing has since been defective.

11. What is the extent (state in percentages) of the disability in earning a livelihood in the untrained labour market? If there is more than one disabling condition, estimate the disability, due to each, and that due to all combined.

12. Did the disability arise on ~~or~~ duty? Duty

13. Was a Court of Inquiry held? No

14. If the disabling condition had its origin before enlistment, has it been aggravated on service? Not applicable.

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

Not applicable.

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

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

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

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

Hospitals in England & CANADA.

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

No

19. Can the former trade or occupation be resumed? YES

20. Recommendations

CATEGORY "E"

W. Smith CAPT AMC

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

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

W.H. JEFFORD.

I, the undersigned, have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

W. H. Jefford

Signature of soldier examined.

33739

MILITIA AND DEFENCE ASSIGNED PAY.

Ref. No. N/Roll *J.D.*

To whom ~~Mrs Susan Jefford,~~
2 King Edward Road.
Address Shanley,
Herts.

By whom assigned Jefford Wm.Regtl. No. 724173 - 724178Rank PteCorps, &c. 109th Btn.Rate \$15.00Date to Commence 1st Aug. 1916.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				<u>New Assignee:-</u> <u>Auth. 27. 28086 AER</u> <u>Other Receiver</u> <u>Wilton House</u> <u>Shanley</u> <u>Herts.</u>
Feb.					
March					
April					
May					
June					
July					
Aug.		150053	15	X	<u>Repd to new assignee 7/11/16 D</u> <u>Pay \$30 to adjust August</u>
Sept.		<i>Cancelled 6/10/16</i> 172080	15	X	
Oct.		207087	30	X	
Nov.		60 440111	15	X	
Dec.		287558	15	X	
Jan.	1917	324873	15	X	<u>Assigned Pay checked & found correct</u> <u>W.B. Grant. For Pay Sgt</u>
Feb.		364500	15	X	
March		410998	15	X	
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Jefford, Wm.

Regtl. No.

724143

Pt 109th Batts.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1919				
Feb.					
March					

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

30276/604

9499-W-5-

Name **Jefford, Wm.**

Surname

Christian Name

Regimental Number **724178**

Rank

Pte.

Address (in full)

Lindsay, Ont.

Unit **# 3 Dis. Depot**

Original Unit

District where paid **M.D.3.**

Date of Discharge **17-5-18**

P. D. P. Filing Number **12-143-3.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ _____ per month.

L. L. 22573—M. & D. 800P.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
66 00	2815	12-7-18	33 00	2684	12-8-18	33 00				66 00	66 00
33 00	<i>Bk. A-2815 re-dep. Sept., 1918.</i>										
33 00	<i>Bk. B-2684 re-dep. Sept., 1918.</i>										

Remarks: **Ineligible. Minor.**

Discharged as minor, not entitled to P.D.P. Cheques "A" 2815 & "B" 2684 redeposited
Auth. 649-E-3834. July 11, 1918.

M. F. W. 127.
50M-617.
1772 39-1140.

0785

Dec'n No. 30276/604 W. S. G. File No. 9499-W-26

Award 153 days at \$ 7.0 per day \$ 350

S. A. months at \$ per mo. \$ \$350.00

Less P, D. P. Credited \$ nil

\$350.00

Less further debit balance \$

Net due paid as below 250.00

TO SOLDIER TO DEPENDENT						
0	Ag. No	Ch No	Amount	No. No	Ch No	Amount
1	<u>3094</u>	<u>455858</u>	<u>210.60</u>			
2						
3						
4	<u>2011C</u>	<u>480436</u>	<u>70</u>	<u>10</u>		
5		<u>485264</u>	<u>70</u>	<u>10</u>		
6						
	Total			Total		

*Little Britain
Ont.*

17-6-19

[Handwritten flourish]

GEN'L AUDITOR
 Posting checked by
[Signature]
 Date 3-10-19