

over
enjoy
4/4/16

FEB 10 1916

10th BN

ATTESTATION PAPER.

No. 724116

Folio.

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

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Mitchell*
- 1a. What are your Christian names?..... *Robert Walter*
- 1b. What is your present address?..... *Omemees, Ont*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Omemees, Ont Canada*
- 3. What is the name of your next-of-kin?..... *Mitchell, Robert*
- 4. What is the address of your next-of-kin?..... *Omemees, Ont*
- 4a. What is the relationship of your next-of-kin?..... *Father*
- 5. What is the date of your birth?..... *23 June 1893*
- 6. What is your Trade or Calling?..... *Finismit*
- 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?..... *Yes*
- 10. Have you ever served in any Military Force?..... *45th Victoria Regt*
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, *Robert Walter Mitchell*, 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.

Robert Walter Mitchell (Signature of Recruit)

Date *FEB 10 1916* 191 . *W. J. Thorn Capt* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Walter Mitchell*, 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.

Robert Walter Mitchell (Signature of Recruit)

Date *FEB 10 1916* 191 . *W. J. Thorn Capt* (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 *Omemees* this *10th* day of *March* 1916

W. J. Thorn (Signature of Justice)

Description of Robert Walter Mitchell on Enlistment.

Apparent Age.....24 years9 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. 8 3/4 ins.

Chest measurement { Girth when fully expanded.....39 1/2 ins.
Range of expansion.....4 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Black

Religious denominations. { Church of England.....
Presbyterian.....Yes
Methodist.....
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.....FEB 10 1916.....191 .

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

J. McCulloch Capt.
Medical Officer
109th Overseas Medical Officer, F.

*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.

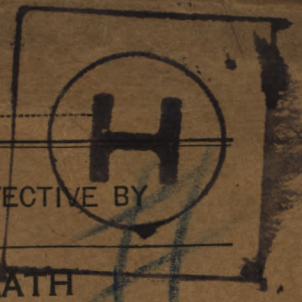
.....Robert Walter Mitchell.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Date.....FEB 10 1916.....191 .

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

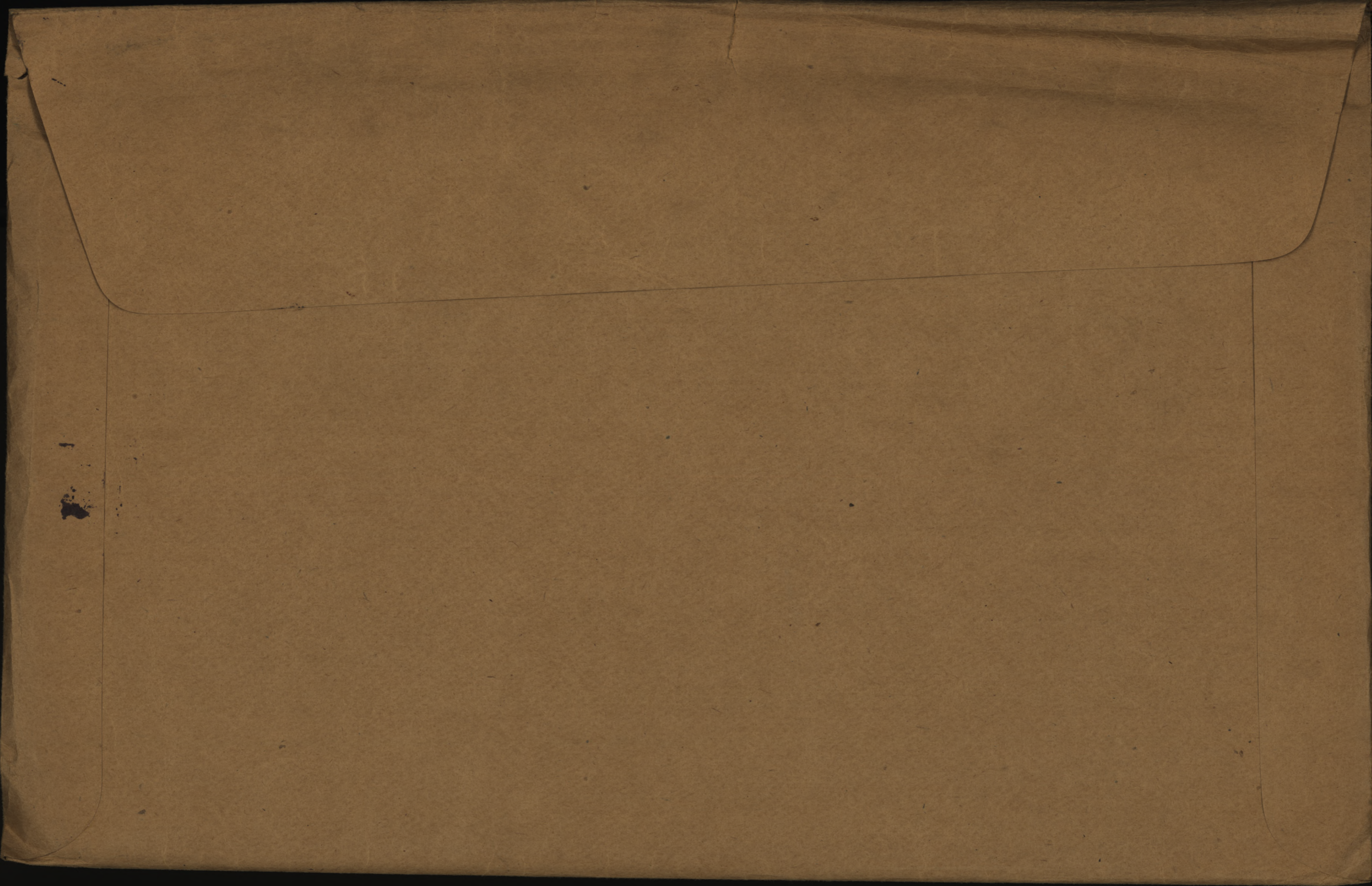
REGIMENTAL DOCUMENTS

NAME MITCHELL, Robert Walter REGT. NO. 724116 UNIT 38th Inf H. Q. FILE NO. _____



<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">S</div> 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)	<i>2/20/20</i>	<i>APR 4-2-20</i>			DEATH <i>H</i>
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">M</div>			Category _____
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
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)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category _____
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				25751	<i>Remot</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
2 <i>misc</i>					
1 <i>CW3</i>					
1 <i>Pay Card</i>					





~~2~~ d ✓
Number. 724116 ✓ Rank. Sgh ✓
Surname. MITCHELL ✓
Christian Name. Robert Walter ✓
Units. 38th Bn. Gen. Inf. Theatre of France ✓
Date of Service. 6-12-16 ✓
Remarks. King W. ✓
Latest Address. Opmeille ✓
Cub ✓

Roll No. ^B Page 5750

No.

RANK

NAME

AUG 20 1921

T. O. S.

UNIT

M. D.

92 32546

del

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC. PARTICULARS	AUTHORITY

SURNAME.

Mitchell

93 CARD NO. ✓

CHRISTIAN NAMES

Robert Walter

Sgt Div 16-6-19

FOLL.

*Do 177 of 26/6/19
Demob. # 300*

REGL. No.

72 4/16

RANK

Plt

UNIT

109th

Batt.

FORMER CORPS

45th Victoria Regt

NEXT OF KIN.

NAMES IN FULL

Mitchell Robert

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

father

ADDRESS

Onemece, Ont.

COUNTRY OF BIRTH

Canada. Onemece Ont.

DATE

June 23rd, 1893

PLACE OF ATTESTATION

Onemece, Ont.

DATE

Mar. 1st, 1916

Sailed from Halifax Per. S.S.

*R/C 13-6-19 347
44
Sgt*

L. L. 94504. M. & D. 6512

"Olympic" 23-7-

*488
16, 25*

M. F. W. 22. 250M.-2.16. H. Q. 1772-39-639

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

tin smith

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

24 YEARS

9 MONTHS

HEIGHT

5 FEET

8 3/4 INCHES

CHEST MEASUREMENT

39 1/2 INCHES

EXPANSION

4 INCHES

COMPLEXION

dark

EYES

brown

HAIR

black

DISTINGUISHING MARKS

Nil

MEDICAL EXAMINATION.

PLACE

Lindsay, Ont.

DATE

Feb. 10th, 1916

No. 724 116 RANK Pte

NAME Mitchell R. W.

T. O. S. 10-2-16. UNIT 109th Battalion.
D. 0.106.23-3-16

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1916 Feb. 10	1916. Mar. 31	✓		
	April.	✓		
	May.	✓		
	June.	✓		
	July.	✓		

UNIT SAILED

JUL 23 1916



CANADIAN EXPEDITIONARY FORCE

229814

DISCHARGE CERTIFICATE

War Service Badge Class "A" No.

THIS IS TO CERTIFY that No. 724116 (Rank) Serjt

Name (in full) Mitchell Robert Walter enlisted in the 109th Batta

CANADIAN EXPEDITIONARY FORCE at Quence on the 10th day of February 1916

HE served in 38th Batta in France

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:

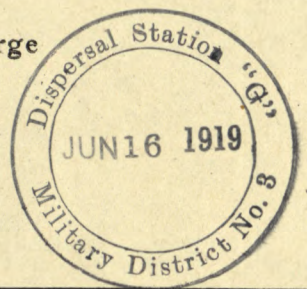
Age 25 Height 5-8 3/4 Complexion Dark Eyes Brown Hair Black

Marks or Scars Tattoo left forearm

R W Mitchell Signature of Soldier.

J. Williams Issuing Officer. Lt Rank

Date of Discharge



Date 19

NB.- 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.

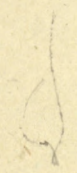
CANADIAN EASTERN

DISCREET

100-1000
100-1000
100-1000

THIS IS IN EASTERN
100-1000

100-1000



100-1000
100-1000
100-1000

J.P.

R-122

Rank _____ Name **MITCHELL. Robert Walter** ✓
 Unit **109th Bn.** If in perm. Corps, }
 What Unit? }
 Reg'l No. **724116** ✓
 Married or Single **Single.** ✓
 Place and Date of Enlistment **Omemeo 10th Feb. 1916.** ✓
 Place of Birth **Omemeo Ont. Canada.** ✓
 Name and Address, Next-of-Kin **Robert Mitchell.** ✓
Omemeo. Ont. Canada. ✓ Relationship **Father.** ✓

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____
 Separation Allowance \$ _____ Payable to _____
 Relationship _____

N/C R.L. **15596**
 File R.L. _____
 Category **Can OR.**

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	06109th	SOB on tfr. to 38th Bn	Oritley Field	4 12-16	Pt II DO 339
13. 12-16	38th Bn	T-O-S on tfr from 109th	Bmsht	6. 12-16	Pt II DO nr.
28- 4-17	"	To be <u>L/Epl</u> to complete establish.	L/Epl. Field.	8-7-17	Pt OTH.
17- 11-17	38th Bn	app'd <u>L/Epl</u> with pay of rank.	afpl. "	15-9-17	Pt O.106
17 2/8	"	<u>confirmed in the rank of Cpl.</u>	Cpl. "	15 9	21.
2. 10. 18	"	To be <u>Sergeant</u>	"	1-9-18	- 96
9-5-19	"	Proceeded to England	by Haver	5-5-19	- 30
20.5.19	Hwyng ecc	To S. pending H.T.C.	" Bramshott	5.5.19	- 21
		83 - G - 73		6-6-19	

A.F.B. 103 REVIEWED
 11 DEC 1916

DSbm

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.				
14.6.19	7 th Wing	S.O.S. to Canada	By B'scott	6.6.19	P/O x4

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-59-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 109th OVERSEAS BATTALION, C. E. F.
 Regimental No. 24116 Rank Private Name Mitchell Robert Walter
 Enlisted (a) 10.2.16 Terms of Service (a) D of W. Service reckons from (a) 10.2.16.
 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) Trismit

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.
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Embarked Canada Halifax 24.7.16.
 Disembarked England Liverpool 31.7.16.

W. S. B. CLASS. A.
Autsetting Capt.
 ADJUTANT
 109th Overseas Battalion, C. E. F.

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

4/12/16 O.C. 109th Battn. Proceeded overseas for service with 38th Bn. Witley

3/12/16 D.O.Pt. 11.339
Autsetting Capt.
 ADJUTANT
 109th Overseas Battalion, C. E. F.

6.12.16 C.B.D. TAKEN ON STRENGTH 38th Havre
 7.12.16 " " " " FIELD
 13.1.17 Unit " " " " FIELD
 27.10.17 " " " " FIELD
 To be Lce. Corporal. Comp. Estab.
 Appointed Acting Corporal with pay,
 Vice Cpl. W. Couby, promoted.

6.12.16 N. R. P.I.O. 212 - 13.12.16
 7.12.16 N. R.
 9.1.17 B. 213. DCS. 80d 22.1.17
 8.7.17 B. 213 P.I.O. 74d -
 15-9-17 " Pt II Ord. 106 d/17-11-17.

(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.

[P.T.O.]

De Cpe.
Cpe. Mitchell
 724116
R.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				
-1 DEC 17	<i>38th Bn</i>	<i>14 days leave.</i>		-1 DEC 17	<i>B213, D.O. 118-15.12.17</i>
22 DEC 17	Unit	Joined Unit	FIELD	17.12.17	"
9.3.18	"	<i>Conf. in rank of Corporal</i>		15.9.18	" <i>2021d 17.3.18.</i>
21.9.18	"	<i>to be Sergeant</i>		1.9.18	" " <i>96-2.10.18</i>
16.11.18.	38th Bn	14 days leave to U.K.		10.11.18.	B213, D.O.121-a-2 8 NOV 18
30 DEC 18	Unit	Joined Unit	FIELD	27.11.18	
5 MAR 1919		Proceeded to England.		5 MAR 1919	
6/6/19	<i>Braun</i>	S.O.S n Proceeding to Canada			
				<i>Off Skelton</i>	Lieut. for Lt Col. A. A. G. Canadian Section, G. H. Q. - 3rd, Ech.
				<i>Part II order</i>	<i>William</i> Capt for adj. 38cib
				<i>No 24</i>	
6-6-19.	J.O.S.	Sub. report. # 3. D. D. Ottawa.			H. 2. 177.
16-6-19.	S.O.S.	discharged. R.O. 1420. Ottawa.			H. 2. 177.
				<i>Skelton</i>	Lieutenant For O. C. No. 3 Dist.

CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

**DIRECTIONS TO
DENTAL OFFICERS**

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Mitchell R.W.
 REGIMENT 85th 34 RANK sgt. No. 724116
 Date of Examination in England 7/10/19 Date of Examination in France _____

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



8 8

PRESENT DENTAL REQUIREMENTS

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

A. D. D. S., M. D. No. 8

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
- (c) In France

BRAMSHOTT CAMP

Signature of Dental Officer *A. D. D. S., M. D. No. 8*

RECEIVED

W. W. Jones
1887

20

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. 724116 Rank Pte Sgt Surname Mitchell
(Given name in full)
Robert Walter
 Unit or Corps 38 Bn Birthplace Quebec, Ont

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

1. GENERAL DESCRIPTION: Estimated.

Physique Good Weight 140 lbs. Height 5 ft. 8 1/2 in. Colour of Eyes Grey
 Nutrition Good
 Pulse 70 Regular
 Condition of arteries Soft
 Vision Rt. 6/12 Left 6/12
 Hearing (conversational voice) Rt. 20 ft.
 Left 20 ft.

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

Tattoo curved flap
in arm

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.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott (Overseas)

Date 9. 5. 19

Signed [Signature] 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 [Signature]

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

THIS SECTION FOR USE IN CANADA—

Examined at Quebec (Canada)

Date 16-6-19

Signed [Signature] 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 [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.)

ORIGINAL MEDICAL HISTORY SHEET. ORIGINAL

Surname Mitchell Christian Name Robert Waller

Examined { on 10th day of March 1916
 at Omeke

Birthplace { City or Town rel ag of Omeke
 County Victoria

Apparent age 24

Trade or occupation Jurist

Height 5 Feet 8 3/4 Inches.

Weight 148 Lbs.

Chest measurement { Minimum 35 1/2 inches.
 Maximum expansion 39 1/2 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right None Left Two
 Number 0 Two

When Vaccinated last 1913 April 17th 1916

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection
Slight varicose veins R. leg.

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

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

Date	Result	VACCINATIONS.
17.4.16	Good	J. McCulloch M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
15.6.16	Good	J. McCulloch M.O.
18.6.16	"	J. McCulloch M.O.
26.6.16	"	J. McCulloch M.O.

Enlisted on 10 day of Feb. March 1916 at Omeke

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724116</u>		<u>10.3.16</u>
Transferred to.....	<u>38th Bn.</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.

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.

or of children, state the name and relationship with full postal address, to whom you would desire any communication to be sent.

(1) Name of Overseas Unit which Soldier joins.....

109th OVERSEAS BATTALION, C. E. F.

(2) Regimental Number..... **724116**

(3) Full Name of Soldier..... **Robert Walter Mitchell**

Have a wife or children or a widowed mother who depends on you as her sole support? If not, this form is not required. If you are married, state the name of your wife and her full name and address. If you are a widower, state the name of your late wife and her full name and address. If you are a child, state the name of your father and mother and their full names and addresses. If you are a soldier, state the name of your commanding officer and the name of your unit. If you are an officer, state the name of your commanding officer and the name of your unit. If you are a man, state the name of your commanding officer and the name of your unit. If you are a woman, state the name of your commanding officer and the name of your unit. If you are a child, state the name of your father and mother and their full names and addresses. If you are a soldier, state the name of your commanding officer and the name of your unit. If you are an officer, state the name of your commanding officer and the name of your unit. If you are a man, state the name of your commanding officer and the name of your unit. If you are a woman, state the name of your commanding officer and the name of your unit.

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

(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? **No**

If so, state name and address

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

If so, state name and address **Jane Mitchell**

Omemeo Ontario

(11) If your Mother is a widow **Yes**

Are you her sole support, or not? **No**

(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.

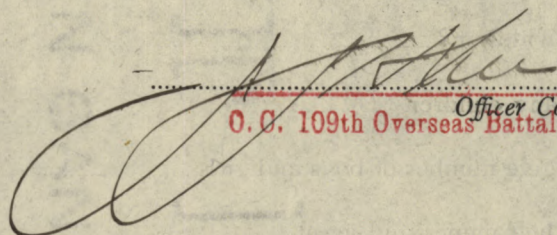
(15) Are you insured? **Yes**

If so, in what Company? **Sun Life**

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 **17-7-16**


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

MILITIA AND DEFENCE
 ASSIGNED PAY ²⁰⁹
 OVERSEAS CONTINGENTS

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

To Whom *Jane Mitchell,*
 Address *Omemece, Out.*

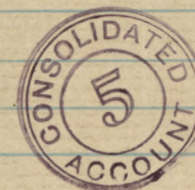
By Whom Assigned *Mitchell R. W.*
 Regtl. No. *724116*
 Rank *Pte*
 Corps *109th Bu.*

Rate *15⁰⁰ ~~Nov 1/16~~ P.C. 148, 20¹⁰/16*
Oct 1/16

2 M-2¹⁰/16 G&H 9¹⁷/16

asa
 PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
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ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 4503. - Reg. 6332.

Jane Mitchell

PAYMENTS.

Name of Soldier

Mitchell R. W.
Pte 109th Bu

724116

Month.	Year.	Cheque No.	Amt.	Remarks.	
				<i>15⁰⁰ Oct</i> <i>15⁰⁰ Nov</i> <i>15⁰⁰ Dec</i> <i>15⁰⁰ Jan</i> <i>15⁰⁰ Feb</i> <i>15⁰⁰ March</i> <i>15⁰⁰ April</i> <i>15⁰⁰ May</i> <i>15⁰⁰ June</i> <i>15⁰⁰ July</i> <i>15⁰⁰ Aug</i> <i>15⁰⁰ Sept</i> <i>15⁰⁰ Oct</i> <i>15⁰⁰ Nov</i> <i>15⁰⁰ Dec</i> <i>15⁰⁰ Jan 1918</i>	
April	1916				
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.		<i>R. 28928</i>	<i>15</i>	<i>15 - Nov. & future</i>	
Dec.		<i>R 30827</i>	<i>34 5</i>	<i>30 Dec</i>	
Jan.	1917	<i>4140244</i>	<i>30</i>	<i>15⁰⁰ Jan. to Oct</i>	
Feb.		<i>R 38917</i> <i>Am 46191</i>	<i>15</i>	<i>15⁰⁰ future cancel Jan cheque</i>	
March		<i>F 51986</i>	<i>15</i>	<i>15⁰⁰ Ch same new one 15⁰⁰</i>	
April		<i>B 3975</i>	<i>15</i>	<i>15⁰⁰ B. which will be correct</i>	
May		<i>B 10230</i>	<i>15</i>	<i>15⁰⁰ B. 19/1/17 JH</i>	
June		<i>Z 18898</i>	<i>15</i>	<i>OB</i>	
July		<i>B 25654</i>	<i>15</i>	<i>b</i>	
Aug.		<i>O 31540</i>	<i>15</i>		
Sept.		<i>O 38505</i>	<i>15</i>	<i>OB</i>	
Oct.		<i>E 44319</i>	<i>15</i>		
Nov.		<i>P 58640</i>	<i>15</i>		
Dec.		<i>O 59260</i>	<i>15</i>		
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

q/b

m 4029

OB

225-5R.

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.				
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April				
May				
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July				
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Jan.	1920			
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Oct.				
Nov.				

1-3-16.

SEPARATION ALLOWANCE

Name *Mrs. Jane Mitchell,*

Name of Soldier *Mitchell. R. W.*

Address *Bay. 140
Ormeau,
Ont.*

Regtl. No. *724116.*

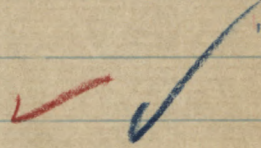
Rank *Pte.*

Corps *109 Bn.*

Relation to Soldier } *widowed*
wife, child or mother } *mother.*

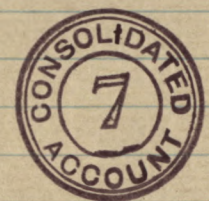
To what Corps belonging }

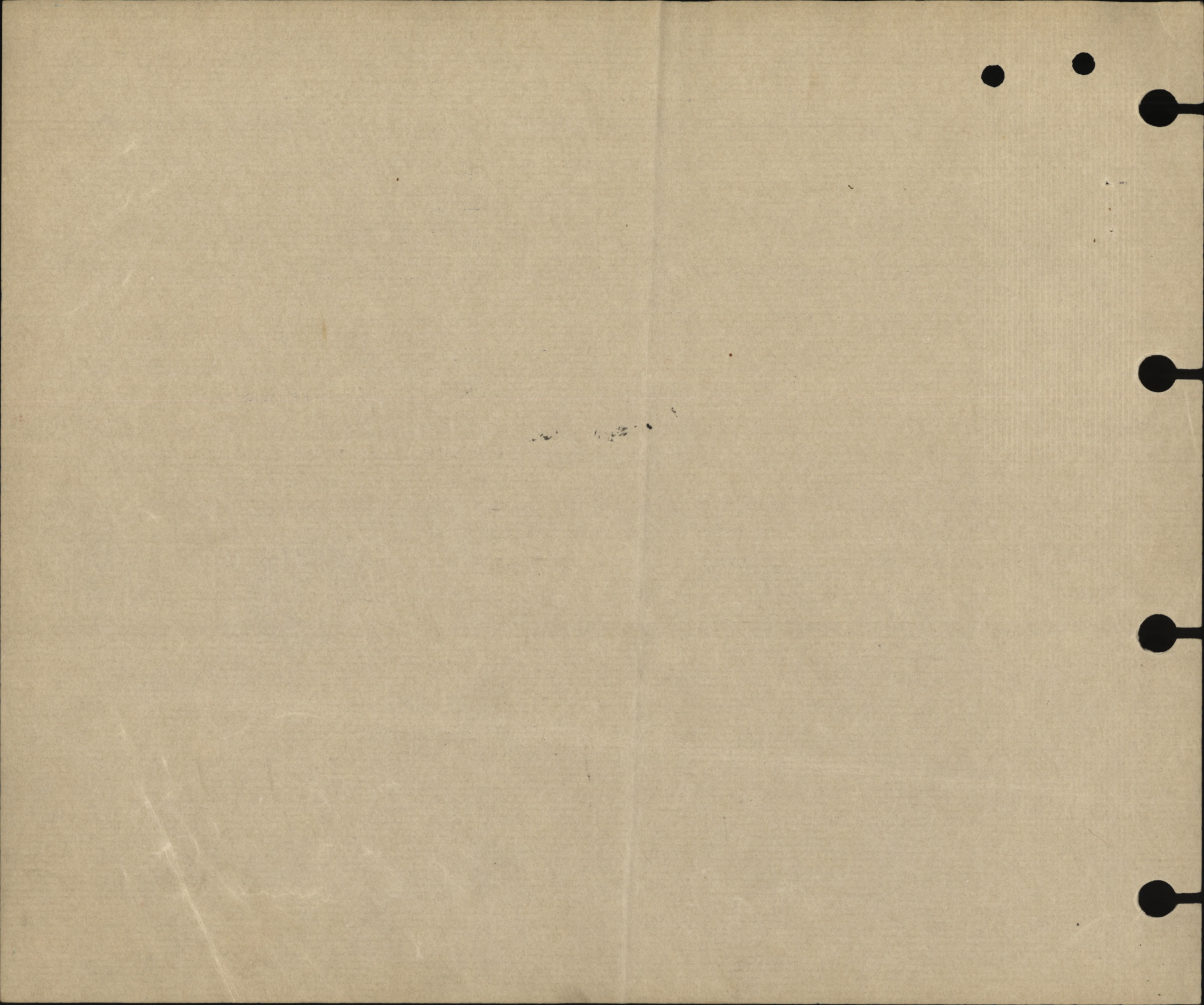
when called out }



PAYMENTS

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





SEPARATION ALLOWANCE

Sheet No. 2.

Mrs. J. Mitchell.

OVERSEAS CONTINGENTS
Wid. mother.
PAYMENTS.

Name of Soldier

Mitchell, R. W.
Pte.

L. L. Job 4503. Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				<i>Overpaid 200⁰⁰ owing to Sub acct refund asked for 21-12-16</i>
June				
July				
Aug.				
Sept.				<i>S/a to remain suspended till payment cleared up - woman advised Cent S/m O'Brien 23/17 B23/17</i>
Oct.		<i>J 16136</i>	<i>140</i>	
Oct.		<i>L 21922</i>	<i>160²⁰</i>	
Nov.		<i>FZ x038</i>	<i>20²⁰</i>	
Dec.		<i>K 24361</i>	<i>20²⁰</i>	
Jan.	1917			
Feb.				
March				
April				
May				
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Aug.				
Sept.				
Oct.				
Nov.		<i>B 25505</i>	<i>20</i>	<i>T</i>
Dec.		<i>S 26587</i>	<i>20</i>	
Jan.	1918			<i>440 SR.</i>
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.				
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Jan.	1920			
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SEPARATION ALLOWANCE

Name *Mrs. Jane Mitchell.*Name of Soldier *Mitchell Robert Walter*

Address

*Omemece,
Ont.*Regtl. No. *724/16,*Rank *Pte.*Corps *109th Batta.*

Relation to Soldier

wife, child or mother

*Widowed
mother*

To what Corps belonging

when called out

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
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Jan.	1916			
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March				

Destroy

UNITED STATES
POSTAL SERVICE
WASHINGTON, D.C.
MAY 19 1964

SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2.

Name of Soldier *Mitchell Robt. Walter*

L. L. Job 4503.-Req. 6832.

Mrs. Jane Mitchell PAYMENTS. *widowed mother*

Month.	Year.	Cheque No.	Amt.	Ple.	Remarks.
April	1916				
May					
June					
July					
Aug.		16136	140		<i>Re-write ck.</i>
Sept.		K18309	140	140	<i>K 18309 Cancelled</i>
Oct.		<i>F19910</i>	<i>20</i>	<i>20</i>	
Nov.		<i>N22847</i>	<i>20</i>	<i>20</i>	
Dec.		<i>N25752</i>	<i>20</i>	<i>20</i>	
Jan.	1917				
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Dec.					
Jan.	1918				
Feb.					
March					
April					
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July					

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.	1919			
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Nov.				

724116 ~~Cpl~~ Mitchell R.W.

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				15.00 ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS				
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3					4					CREDIT	DEBIT		
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE							
1917																													
Br ft.			367	40				23 86	391 26					69 76	17 21	15 70		135 -	36	238 03	153 23		30 00						
July	7	1.00%	7	70					35 30	430 20-6-17				268				15		20 35	168 18		30 75						
Aug	24	1.00%	27	60						536 4-7-17				267				15											
Aug	31	1.05%	35	65					35 65									15		15	198 83		31 50						
Sept.	30		34	50					34 50	612 1-7	876 31-8			5 35	7 14			15		31 06	192 27		32 25						
			47	85				22 86	496 77	955 5-9			50 26	27 92	18 70		150	26	304 04										

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SERIALIZED ENG.
1917									19227 3225		
Oct.	31 1.15		35 65	Asgmt. Pay			15		33 25		
Nov.	30 1.00 C.P.		36 00	AR.1045 23/11/17 38 Bu.	3 57		15	209 35	33 75		
	47 days @ Oct. Diff. in 2/cpl & a/cpl. 15-9-17 to 31-10-17		2 35	AR.1193 3-10-17 38 Bu.	4 46				35 25		
	B.O. 106 17-11-17		2 35	AR.1289 16-10-17 "	5 35						
Dec.	C.P.		37 20	AR.1966 2-12-17	58 40						
1918			75 55	AR.1570 16/12/17 "	44 46		15	80 34 38 25			
Jan.	C.P.		37 20	AR.1674 1/1/18 "	5 35		15				
			33 60	AR.1431 23/11/17 "	16 06						
				AR.1464 5/12/17 "	5 35						
				AR.1832 30/11/17 "	97 33						
				AR.1366 7/6/17 "	5 35						
Feb.	C.P.		37 20	AR.1570 16/12/17 "	44 46		15				
			33 60	AR.1674 1/1/18 "	5 35		15				
				AR.1766 22/1/18 "	5 35		15	88 24 39 25			
Mar.	C.P.		37 20	AR.1851 14/2/18 "	5 35		15				
			33 60	AR.1927 20/2/18 "	7 14						
				AR.2024 2/3/18 "	5 35						
				AR.2131 23/3/18 "	7 14		15	85 46 41 25			
					24 98						

37 20
33 60
125 44
39 98
85 46

ASSIGNED PAY. ENGLAND OR CANADA. SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: MITCHELL Robert Walter

EFFECTIVE DATE: 1-10-16

EFFECTIVE DATE: -

NUMBER: 724116

AMOUNT: 15-00

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.

Mrs. Jane Mitchell
Quebec Ont.
Stopped Effec 1/6/19

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
BO. 21	17/3/18	15-9-17 Corporal
BO 96	1/10/18 38Bn	1-9-18 Sergt

UNIT AND TRANSFERS

ORIGINAL UNIT: 109 Bn.
DATE ACCOUNT FIRST OPENED: 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
			38 Bn.

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
26/4/19	444	R. G. B.	535				
7/5/19	7548	F. W. L. G.	7300				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS CE ALL'CE
BO. 21 1/3/18	1 10	10		
BO 96 1/10/18 38Bn	1 35	15		

PARTICULARS OF RENDERING NON-EFFECTIVE: Trans to Canada 1/6/19 Auth. MRB 8416 12/5/19 Bramshott r.d.3 R.P. B. A. N. 6/57

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar. 31	Bal. Fwd.								8546	4125	
Apr	Cpl Pay	36		CAP				15			
				DR. 85 5/4/18 38Bn.	10 71						
				" 206 16.4.18 "	5 35				9040	4125	
May	PdA	36		CAP				15			
				AR. 354, 4/5/18 - 38Bn.	535						
				" 542, 18/5, "	535				10190	4125	
June	PdA	36		CAP				15			
				" 723, 1/6/18, 38Bn	535						
				" 825, 15/6/18, "	892				10862	4125	
July	PdA	36		CAP				15			
				" 920, 1/7/18, "	892						
				" 998, 15/7/18, "	714				11477	4125	
				CAP				15			
Aug	PdA	36		" 1079, 38Bn, 1/8/18	535						
				" 1167, " 19/8/18	535						
				" 1217, " 28/8/18	714				11913	4125	
				CAP				15			
Sept	PdA	36 00		" 1269 9.9.18 38Bn.	535						
				" 1344 16.9.18 "	535				12943	4125	
				CAP				15			
Oct	Sgt	46 50		CAP				15			
	w/c as Sgt Sept 1-30 30 days @ 30	9 00		CR 1428 6/10/18 12 00 5 60	5 60						
				" 1720 15/10 -	5 60				15873	4125	
				CAP				15			
Nov	Sgt	15 -		CR 1428 6/10/18 12 00 5 60	5 60						
				" 2323 9/11/18	5 60						
				" 2420 12/11/18	24 33						
				OVER	127 26			15			

NUMBER

724116

RANK

Sgt.

NAME

Mitchell

R. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Dec	P P Sgt. food	45-			127 26			15	158 73	41 25	
JAN		46 50		ad use 4/18 12 C. 1 B	19 59			15			
		46 50		✓ 2824 19/1/18 ✓	5 60			15	99 28	41 25	
		138 -			157 45			15			
	Lt Pay Feb-Mar	3850		✓ 1796 1/1/19 ✓	5 60						
				✓ 2999 17/1/19 ✓	5 60						
				✓ 3553 4/2/19 ✓	5 60						
				✓ 3399 15/2/19 ✓	5 60						
				bar Feb-Mar				30			
				AK 3488. 2/1/19 ✓	18 60						
				✓ 3560. 3/3/19 ✓	5 48					41 25	
				✓ 3709 15/3/19 ✓	7 30						
		3850			1384			30	103 94		
				✓ 3/4/19 ✓	5 23						
May	at May	91 50		bar				15			
	Int on Def Pay 3/5/19	5 05		403 18/4/19 ✓	5 23						
				199 17/4/19 ✓	5 23						
				bar May	15 49			15		41 25	
				443 26/4/19 ✓	5 23						
		9655			20 92			30	149 57		
				4302 (no date) lll.	20 33						
				5548 8/5/19 ✓	73 -						
				4814. 29/5/19 ✓	24 33						
					121 66					27 91	

103.94
91.50
5.05
200.49

1569
30.00
78.23
123.92
76.57

Quinn
12-5-19

Post Canada, 6/6/19. Lt 83.38 Bw.

War Service Badge

Class "A" No. 229844-9

SHORT FORM.

Occupational Category 2

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1-8-41



1. No. 724116.

2. Rank. Sgt

3. Name. MITCHELL Robert. Walter

4. Unit. 382 Bz Inf.

5. Date of Discharge

JUN 16 1919

Place

Ottawa

g

6. Reason for Discharge.

Demobilization

H-M-T Olympic

SAILED S'EM'TON 6/6-19

ARR'D HALIF'X June 12 1919

7. Authority. R.O. 1420

8. Proposed Residence after Discharge

Onemeer P.O. 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.? 39

R W Mitchell

Signature of Soldier.

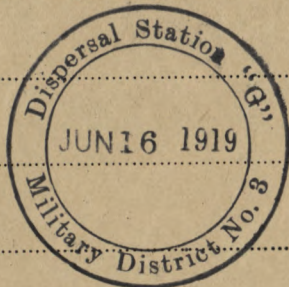
10.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place

Date



Signature

J. P. [Signature]

..... Captain
for O. C. Dispersal Area Station G.

(O. C. Discharging Unit.)

PROCEEDINGS ON DISCHARGE
(Demobilization)
SHORT FORM

1	Name	
2	Rank	
3	Service No.	
4	Unit	
5	Date of Discharge	
6	Reason for Discharge	
7	Proposed Discharge after Discharge	
8	Signature of Soldier	
9	Signature of Officer	
10	CONFIRMATION The discharge of the above named person is hereby confirmed.	

Place
Date

Signature of Officer

Signature of Soldier

LIST OF DISCHARGE DOCUMENTS

Medical Form W-100	Attestation Paper, Topical
Medical Form W-100	or Particular of Record
Medical Form W-100 or W-100-1	Field Contact Sheet
Medical Form W-100 or W-100-1	Case History Form
Medical Form W-44	Case Pay Certificate
	Certificate that injury documents are acceptable
Medical Form W-100 or W-100-1	Medical History Sheet
M.F.D. 200 or M.F.D. 100	Proceedings of Medical Board
Medical Form W-100	Postal History Sheet
Medical Form W-100	Medical Report
Medical Form W-100	Residential Contact Sheet
Medical Form W-100	Company Contact Sheet

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. 213a)
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 Statement Q.M.G. Form (D.O.S. 2) and Clothing
12. Last Pay Certificate (P. 851). *sent*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... *B*

Checked by No..... *16*

Date..... *8 JUN 1918*

[Handwritten signature]

W.W. PAYMASTER 9/11/19

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

M. OR S.

REGT. NO. 724116 RANK Sgt NAME (IN FULL) MITCHELL, Robert, Walter

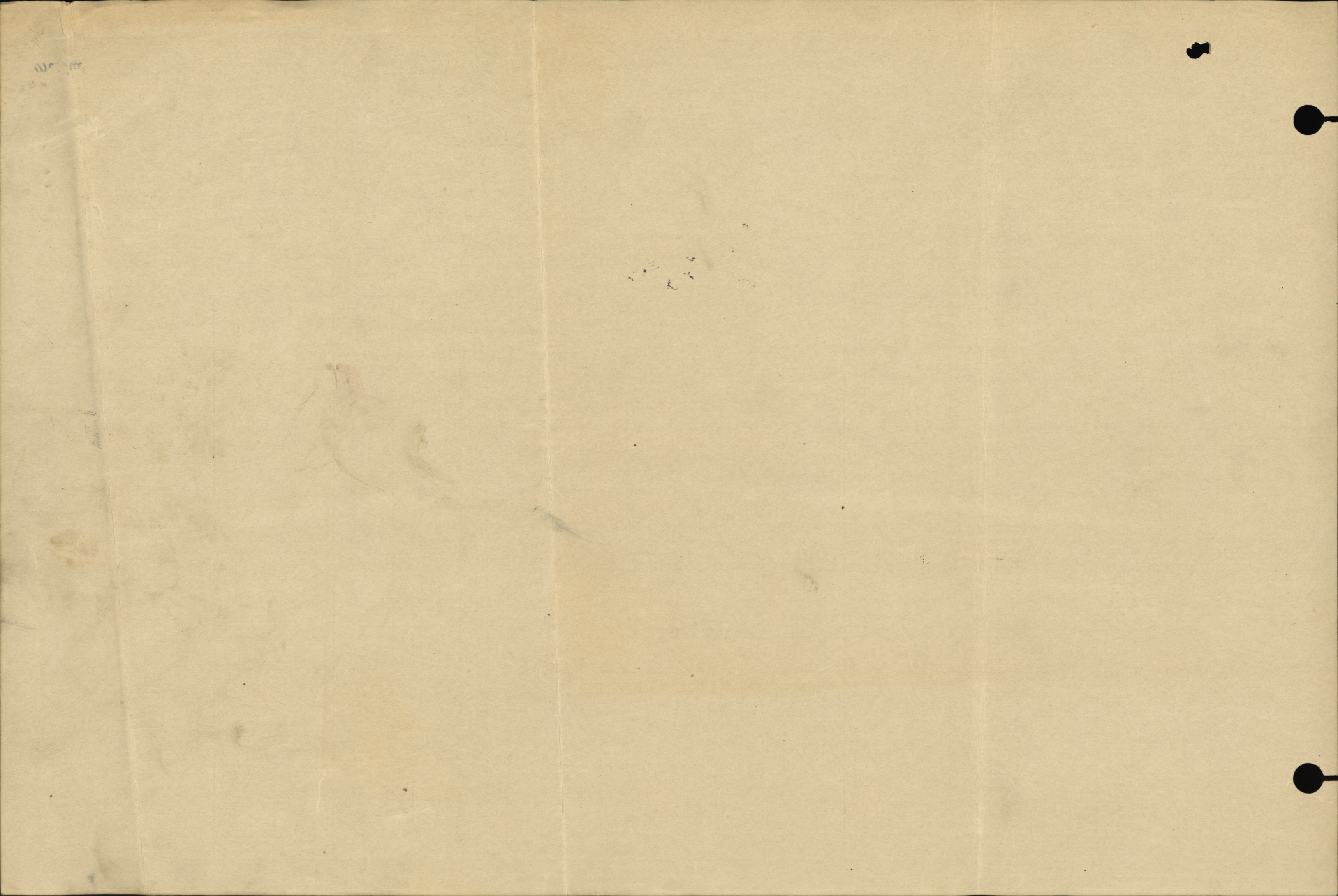
NEXT OF KIN Mrs. Jane Mitchell Relationship Mother
 ADDRESS Omamee
 IS SEPARATION ALLOWANCE PAID? ^{Out} Yes
 TO WHOM PAID ^{Out} Yes
 ADDRESS so above

PARTICULARS Robert W. Mitchell
 EFFECTIVE DATE Omamee P.Q.
 AUTHORITY ^{Out}

ORIGINAL UNIT C.E.F. 109th Bn
 PLACE OF ATTESTATION TRANSFERRED TO 38th Bn
 DATE OF ATTESTATION 10/2/16
 ASSIGNED PAY \$ 15.75
 PAYABLE TO Mrs. Jane Mitchell Relationship Mother
 ADDRESS Omamee
 DISCHARGED PLACE Ottawa DATE 16/6/19 REASON 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	CREDITS	C.	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3				DEBIT	CREDIT	DEBIT	CREDIT	
June	21	1.50	31.50	76.57	76.57				48.66	4.87	5.00	139.54	15.00		7.50	213.07	7.50	76.57	Returned "Olympic" Bal. per Enl. L. C. Clothing Allow. and 1st Payment W. S. G. Pay to Estimate date of discharge Allowances in England Boni. Money Train. Money Overpaid 5 days on discharge	
		P.O.S. S.A.		183 days @ Minimum 420.00		180.00		600.00		War Service Gratuity		P.O.S. S.A.		70.00		30.00		1st Payt. W.S.G. as above 25/6/19 1st Payt. P.O.S. S.A. ch 274369 d/b Bal 2nd Payment W.S.G. ch. 9.933652 - 14-7-19 2nd Payment S.A. ch. 9.933653 - 14-7-19		
AUG 13 1919												62.50		7.50		14.00				
SEP 13 1919								1291165-6				40		30		300		210		
								1310480-1				40		30		400		140		
								1325456-4				40		30		500		40		
OCT 17 1919								1335008-0				40		30		600		-		
NOV 13 1919																				



Date of Enlistment

MILITIA AND DEFENCE

M

17595

Date of Assignment

1-3-16

Separation and Assigned Pay Branch

Oct 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20.	25.00	30	
	12-17		

RATE OF ASSIGNMENT

10.			
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6

P.O. 8257 BC. 2753 M040343

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 724116
 Rank *pte* Promoted *W* Reverted Discharge
 Soldier's Name *P. W. Mitchell*
 Battalion *109 Battr*
 Beneficiary *Mrs. Jane Mitchell*
 Relationship *widowed mother*
 Address *Box 148 - Ormenue - Ont.*

Name *Jane Mitchell*
 Address *Ormenue, Ont.*
 Change of Address

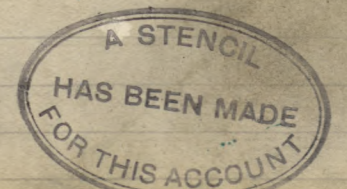
Ormenue M.F.W. 2554-26/7/18

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec 31	—	440	225	665	
Jan 18	X 68067	30	15	45	S. A. account susp'd owing to overpayment. \$200. by Dep. a/c. Refund requested 21-12-16 In meantime overpayment is being absorbed by holding up. a/c. Overpayment recovered by issuing no A/Cs from 1-1-17 to 31-10-17 incl. A/c now in order.
Feb	M 74217	25	15	40	
Mar	N 90222	25	15	40	
April	M 11431	25	15	40	
May	R 15348	25	15	40	
June	L 27473	25	15	40	
July	H 29070	25	15	40	
Aug	P 38303	25	15	40	
Sept	S 49687	25	15	40	
Oct	X 53949	25	15	40	
Nov	T 60387	25	15	40	
Dec	P 67485	45	15	60	
Jan	J 70437	30	15	45	
Feb	W 74888	30	15	45	
Mar	M 84283	30	15	45	
Apr	P 2245	30	15	45	
May	Q 6991	30	15	45	
June	H 10583	30	15	45	
		945	495		

30-6-19
 A/c Closed
 Ret'd per *Olympic*
 Date 12/6/19 M.F.W. 187. 19/6/19

M.D.# 3 *Wes. L.B. 95236*

M. F. W. 128 400M-6-17-1772-89-141 L. L. 22320-M. & D. 7683.



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

--	--	--	--

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
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M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 22320-M. & D. 1493.