

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.....

DISCHARGE DOCUMENTS

R. O. No. 21365

H. Q. No. ....



Name BLACK EDGAR, PATTYSON.

Regt. No. \_\_\_\_\_ Rank Lieut

Corps "Co" Bty R.C.H.A.

Died of wounds.  
9.6.17.

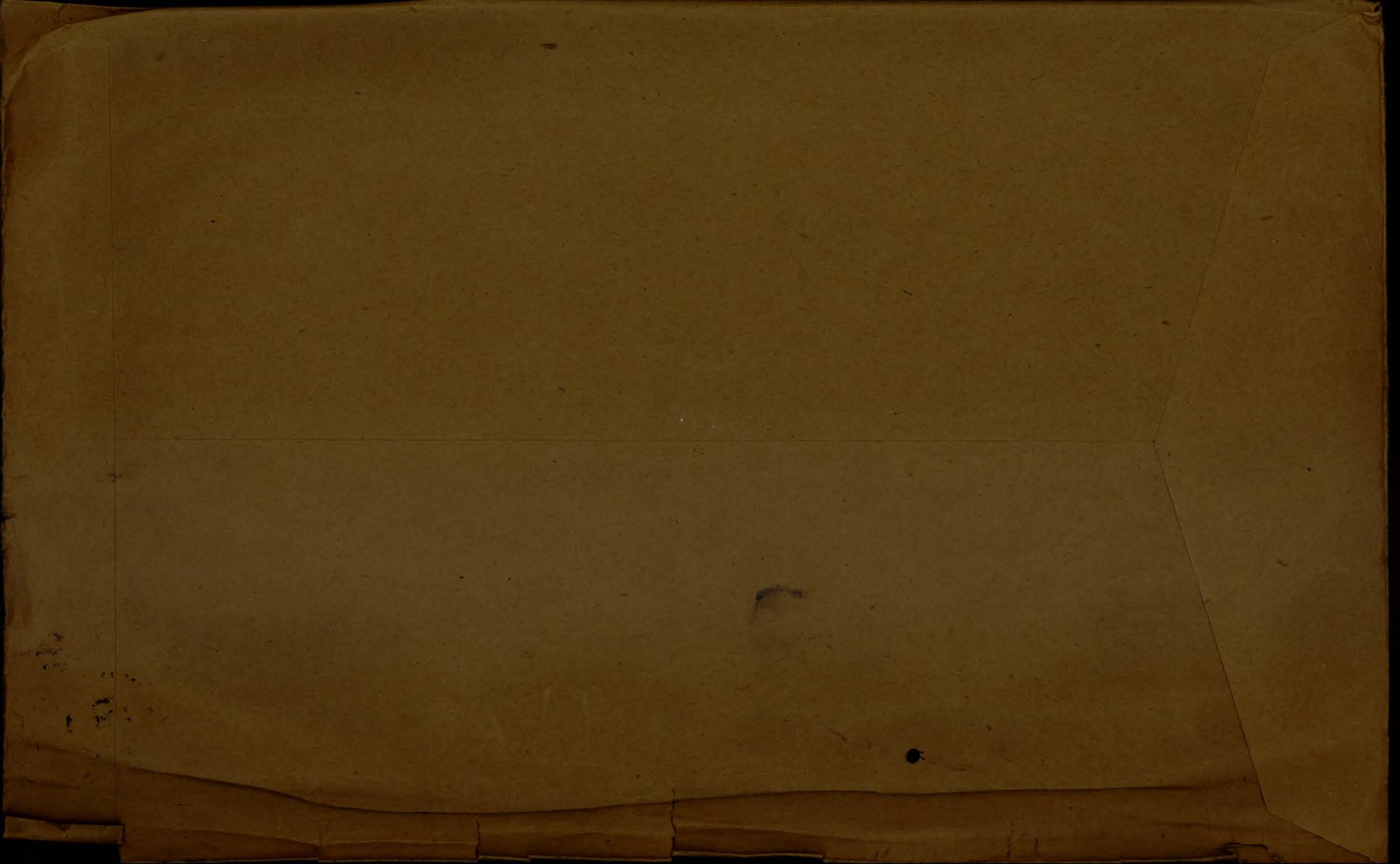


1  
4-6  
4-6  
11-6

*1200 L.P.R.*  
*17-11-17*

*m.x. 20*  
*1912/20*





M. X. Se

13/2/20.



# ORIGINAL.

## MEDICAL HISTORY SHEET.

Surname Black Christian Name Edgar P.

Examined { on 16 day of April 1916  
 at Kington, Ont.  
 Birthplace { City or Town Dorval  
 County Que

Approved by A. A. Boyce  
 Rank Capt. Army M.O.

Apparent age 18 years  
 Trade or occupation College Student  
 Height 5 Feet 11 1/2 Inches.  
 Weight \_\_\_\_\_ Lbs.  
 Chest measurement { Minimum 32 inches.  
 Maximum expansion 3 inches.  
 Physical development Good  
 Small-Pox Marks nil

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.

Vaccination Marks { Arm Right. Left.   
 Number 2  
 When Vaccinated last Childhood  
 (a) Marks indicating congenital peculiarities or previous disease

Date.	Result.	VACCINATIONS.
<u>16/4/16</u>		<u>A. A. Boyce</u>

(b) Slight defects but not sufficient to cause rejection

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>16/4/16</u>		<u>A. A. Boyce</u>

Enlisted on \_\_\_\_\_ day of \_\_\_\_\_ 1911 at \_\_\_\_\_

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment				
Transferred to	<u>43<sup>rd</sup> Bally</u>	<u>C-2A</u>	<u>Lieut.</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.







Unit RCMA (COP) Rank Plut Name E. P. Black

## OFFICERS' DECLARATION PAPER

### CANADIAN OVER-SEAS EXPEDITIONARY FORCE

#### QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (a) What is your Surname? Black
- (b) What are your Christian Names? Eagar Patterson
2. (a) Where were you born? (State place and country) Veraval
- (b) What is your present address? 21 Cote-des-Neiges Rd Montreal
3. What is the date of your birth? Aug 7<sup>th</sup> 1897
4. What is (a) the name of your next-of-kin? Mrs Evelyn Black
- (b) the address of your next-of-kin? 21 Cote-des-Neiges Rd Montreal
- (c) the relationship of your next-of-kin? mother
5. What is your profession or occupation? Student
6. What is your religion? Unitarian
7. Are you willing to be vaccinated or re-vaccinated and inoculated? yes
8. To what Unit of the Active Militia do you belong? 22<sup>nd</sup> Batty Coy
9. State particulars of any former Military Service. nil
10. Are you willing to serve in the  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

E P Black (Signature of Officer.)

#### CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him\* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date April 17<sup>th</sup> 1916

Place Montreal

H. P. Boyce  
Medical Officer.

\*Insert here "fit" or "unfit"



OPTIONAL DECLARATION FORM

CANADIAN OVERSEAS EXHIBITION BOARD

QUESTIONS TO BE ANSWERED

1. Name of the exhibitor (Company or Individual) \_\_\_\_\_

2. Name of the exhibitor's representative (Name and Title) \_\_\_\_\_

3. Address of the exhibitor (Street, City, State, and Country) \_\_\_\_\_

4. Name of the exhibitor's representative (Name and Title) \_\_\_\_\_

5. Address of the exhibitor's representative (Street, City, State, and Country) \_\_\_\_\_

6. Name of the exhibitor's representative (Name and Title) \_\_\_\_\_

7. Address of the exhibitor's representative (Street, City, State, and Country) \_\_\_\_\_

8. Name of the exhibitor's representative (Name and Title) \_\_\_\_\_

9. Address of the exhibitor's representative (Street, City, State, and Country) \_\_\_\_\_

10. Name of the exhibitor's representative (Name and Title) \_\_\_\_\_

11. Address of the exhibitor's representative (Street, City, State, and Country) \_\_\_\_\_

12. Name of the exhibitor's representative (Name and Title) \_\_\_\_\_

13. Address of the exhibitor's representative (Street, City, State, and Country) \_\_\_\_\_

14. Name of the exhibitor's representative (Name and Title) \_\_\_\_\_

15. Address of the exhibitor's representative (Street, City, State, and Country) \_\_\_\_\_

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above named exhibitor and find that he is fit to travel and to participate in the exhibition.

Signature of Medical Officer \_\_\_\_\_

Date \_\_\_\_\_



(9) Is your Father alive? John P. Black

If so, state name and address 21 Cote des Neiges Rd Montreal.

(10) Is your Mother alive? yes.

If so, state name and address Evelyn Fisher Black.

21 Cote des Neiges Rd. Montreal.

(11) If your Mother is a widow no

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? 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.

[Signature]  
Capt R.C.H.A.  
Commanding "C" Battery, R.C.H.A.  
Officer Commanding.

Date April 15<sup>th</sup> 1916



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..... "C" BATTERY, R. C. H. A.

(2) Regimental Number.....

(3) Full Name of Soldier..... Edgar Patten Black.

(4) Place of Birth..... Dorval, Que.

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

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

(b) Present Postal Address..... 21 Cotedes Neiges Rd.  
Montreal.

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

(8) Have you any children?..... 1

If so, give number of boys and girls..... 1

Also their names and ages..... 1



# STATEMENT OF PAY ACCOUNT.

No. \_\_\_\_\_ Rank **Lieutenant** Name **BLACK E.P.**  
 Unit **8th C.F.A.** Original Unit on Enlistment in O.M.F. of C. **Res. C.F. A.**  
 Date non-effective { Discharge **9.6.17** Authority: **Died of Wounds.**  
                           { Decease \_\_\_\_\_ Authority: **C.L. 697 D/ 11.6.17**  
                           { Desertion \_\_\_\_\_

CREDITS.	\$	c.	DEBITS.	\$	c.
From <b>26.4.16</b> 1917, to <b>30.6.17</b>			Total Cash Payments ...	<b>1444</b>	<b>33</b>
No. of days <b>431</b>			Total Assigned Pay @ \$ _____ per month ...		
Pay @ <b>2.00</b> per diem ...	<b>862</b>	<b>00</b>	Total Assigned Pay @ \$ _____ per month ...		
F.A. @ <b>.60</b> per diem ...	<b>258</b>	<b>60</b>	Other Charges ...		
From <b>5.5.16</b> 1917, to <b>30.6.17</b>			(Particulars)		
No. of days <b>422</b> <b>Messing.</b>					
Pay @ <b>1.00</b> per diem ...	<b>422</b>	<b>00</b>			
F.A. @ _____ per diem ...					
Other Credits ...					
(Particulars)					
Adjustment of Exchange (see below) ...					
<b>Cash found in effects</b>		<b>38</b>			
Debit Balance ...			Credit Balance ...	<b>98</b>	<b>65</b>
<b>TOTAL</b> ...	<b>1542</b>	<b>98</b>	<b>TOTAL</b> ...	<b>1542</b>	<b>98</b>

Sterling equivalent of above Balance @ \$4.86 $\frac{2}{3}$  = £ **20.5.5.**

Assignment of Pay has been charged on Pay List to \_\_\_\_\_

Stop payment form forwarded to Assigned Pay Branch on \_\_\_\_\_

### PARTICULARS OF EXCHANGE ADJUSTMENT.

Total Cash Payments for period during which payments were made @ \$5.00 to the £	\$
Exchange @ \$5.00	£
Exchange @ \$4.86 $\frac{2}{3}$	£
Difference in sterling	£
Or Canadian Currency @ \$4.86 $\frac{2}{3}$	\$

Duplicate

Statement of  
**OCT 25 1917**  
 Account rendered

Certified correct,

*Thos Law*  
**Captain.**  
 For Chief Paymaster

State if balance due is paid or transferred for settlement: \_\_\_\_\_

@ 68  $\frac{12}{17}$







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

M. F. W. 54. (A. F. B. 103.)

# Casualty Form—Active Service.

250M.—1-16,  
H. Q. 1772-39-920.

Unit, Regiment or Corps

"C" BATTERY, R. C. H. A.

Regimental No.

Rank

Name

*Lieut* *Edgar Pattysou Black*

Enlisted (a)

*16/4/16*

Terms of Service (a)

*duration of war & 6 months after*

Service reckons from (a)

*16/4/16 23.4/16*

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)

*J. B. ...*

*I*

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				
<i>6: 5: 16</i>	<i>O.C. Res Bde</i>	<i>Taken on strength Res Bde C.F.A.</i>	<i>Shorncliffe</i>	<i>6: 5: 16</i>	<i>Pl II 109 of 6: 5: 16</i>
<i>4: 7: 16</i>	<i>---</i>	<i>Struck off strength Res Bde C.F.A. on transfer to 3rd Div Artillery Trans Bde</i>	<i>---</i>	<i>3: 7: 16</i>	<i>Pl II 159 of 4: 7: 16</i>
		<i>Taken on strength 10th Bde 43rd Bty 4-7-16 B.O. 168</i>			
		<i>Proceeded for service Overseas</i>	<i>Pottsmouth</i>	<i>13/7/16</i>	
					<i>Adj. 10th. Overseas Field Artillery Brigade C. E. F.</i>
				<i>Landed in France 14-7-16</i>	
<i>11-5-17</i>	<i>C.F.A.</i>	<i>Struck off strength on transfer to 8th Can Art Bde on reorganization</i>	<i>Field</i>	<i>5-5-17</i>	<i>A 3/10 Ref only 2nd Bde 8290-90 B 213 of 11-5-17 Pl II O 90 of 21-5-17</i>
<i>11/5/17</i>	<i>"</i>	<i>Taken on strength 8th Bde</i>		<i>6/5/17</i>	<i>A 3/10 Ref only 8290-90 B 213 of 11/5/17 Pl II O 67 of 21/5/17</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.



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				
25/5/17	OC Unit	Granted Leave to Paris	Field	18/5/17	B213 P# 0 74 d/5/6/17
9/6/17	7 C.C.S.	Died of Wounds received in action	7 C.C.S.	9/6/17	Were ref file KA 15542 see 142 d/10/6/17 P# 0 77 d/10/6/17

*W. H. Haultain*

LIEUT  
OFFICER IN CHARGE  
CANADIAN SECTION G.H.Q.  
3<sup>RD</sup> ECHELON



KF

82 CFA

Rank and Name BLACK. Edgar Pattyson. Lieutenant

Regimental No.

Name and Address of Next-of-Kin

Unit R.C.H.A.

Mrs. Evelyn Black (mother)

Date of enlistment April 17th, 1916.

21 Cote-des-Neigrs Road, Montreal  
Canada.

Place of birth Dorval.

Married (Yes or No) No.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

**H**

LEFT CANADA 23.4.16; 21/7/16 A.F.B. 103

10640  
1-8-16  
1-9-16  
1-1-17  
1-2-17  
28.2.17  
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				
26.6.16	Res CFA	proceeded on Command to 59 <sup>th</sup> Div. 25.6.16 Durable course.			Roll ord. 152.
4.7.16	10 <sup>th</sup> Bde CFA	Transferred from Red Brigade is taken on the strength & posted to the 43 <sup>rd</sup> Bde.		3.7.16 4.7.16	Do 3548 CD Roll ord. 168, Rob 23. 4 <sup>th</sup> Div
21.5.17	do	S.S. on Sans to 8 <sup>th</sup> Bde CFA on Recon		5.5.17	Wind 90 - Wind by 8 CFA
5.6.17	8 <sup>th</sup> Bde CFA	Granted leave to Paris. Rejoined Unit		18.5.17 5.6.17	Roll ord 74 Roll ord 81. 8 <sup>th</sup> B. F. A.
11.6.17	C.R.O.	Adm <sup>ty</sup> C.C. Str. Dangerously Winded		9.6.17	cd 697
11.6.17	C.R.O.	Now Rptd. Died of Wounds.		9.6.17	cd 697
22.6.17	do	Died of Wounds at 4 <sup>th</sup> Bde CFA G.S.W. Chest & Buttock		9.6.17	Roll ord 77. 8 <sup>th</sup> Bde CFA dpt 6/17 A.F.B. 103. 6 NOV. 1918 ex 704 (97B 104-93 20407A) Estates 7.7.17







L.A.N.

FIELD SERVICE.

Army Form B. 2090A.

REPORT of Death of a Soldier to be forwarded to the War Office with the least possible delay after receipt of notification of death on Army Form B. 213 or Army Form A. 36, or from other official documentary sources.

REGIMENT } 8th Brigade, C.F.A. Squadron, Troop, }  
OR CORPS } Battery or Company }

Regimental No. \_\_\_\_\_ Rank Lieutenant

Surname BLACK Christian Names Edgar Pattyson

Died { Date June 9th, 1917. Place No. 7 C.C.S., France or Belgium

Cause of Death\* Wounds received in Action

Nature and Date of Report Wire, d/9/6/17, ref. file K.A. 15542.

By whom made O.C. No. 7 Casualty Clearing Station.

\* Specially state if killed in action, or died from wounds received in action, or from illness due to field operations or to fatigue, privation or exposure while on military duty, or from injury while on military duty.

Burial { Place \_\_\_\_\_ Date \_\_\_\_\_  
By whom reported \_\_\_\_\_

State whether he leaves { (a) in Pay Book (Army Book 64) \_\_\_\_\_ (b) in Small Book (if at Base) \_\_\_\_\_  
a Will or not { (c) as a separate document \_\_\_\_\_

All private documents and effects received from the front or hospital, as well as the Pay Book, should be examined, and if any will is found it should be at once forwarded to the War Office.

Any information received as to verbal expressions by a deceased soldier of his wishes as to the disposal of his estate should be reported to the War Office as soon as possible.

A duplicate of this Report is to be sent to the Fixed Centre Paymaster at Home, or to the D.F.A.G., Indian Expeditionary Force, or Field Disbursing Officer, as the case may require, together with the Deceased's Pay Book (after withdrawal of any will from the latter). If the deceased's Small Book is at the Base, it should be forwarded to the War Office with this Report.

Station and } ROUEN, 10/6/17 Signature of Officer in charge of Section } [Signature] Captain,  
Date } Adjutant-General's Office at the Base } For Lieut. Col. A.A.G.,  
Can. Sec. 3rd Ech. G.H.Q.

PAYMASTER  
CAMPAIGN  
OVER-PAID

F.B. 2090 A.  
12 JUL 1917  
FORWARDED TO OTTAWA

ESTATES GEN. SER. 7  
ADJUTANT GEN'L'S DEPT.  
22 JUN 1917  
C.M.F. OF CANADA

Not received



FIELD SERVICE

REPORT OF FIELD SERVICE OFFICER

Name of Officer: \_\_\_\_\_

Name of Station: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Subject: \_\_\_\_\_

Summary of Findings: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_

Signature of Station: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Signature of District: \_\_\_\_\_

Signature of Division: \_\_\_\_\_

Signature of Bureau: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_

Signature of Director: \_\_\_\_\_



4196 - Deep

Sta. 24306. Deep

MAR 5 - 1921

STATION

1921

50

MAR 24 1921



B

Number ..... Rank, .. *Lieut* .....

Surname, ..... *BLACK* .....

V

Christian Names, .. *Edgar Pattison* .....

Unit, .. ~~8<sup>th</sup> Army Bde CFA~~ Theatre of War, .. *France* .....

Dates of Service, .. ~~23:4:16 - 13:7:14~~ .. *9:6:17* ..

Remarks, .. ~~Died of Wounds~~ .. *9:6:17* ..

D

Latest Address *Mr. John P. Black* .. *"Father"* ..

*21, Cote des Neiges Rd.* ..

Roll No. *B* .. *Montreal, P.Q.* ..

*Page 1047*



M



BLACK, Edgar Pattyson, Lieut. 8th Bde. C.F.A. ✓

MEDALS &  
DECORATIONS

John P. Black (Father)  
21 Cote des Neiges Road,  
Montreal, P. Q.

*M*

Serial No. *FEB 17 1922* Regn. No. *Z-20833*

PLAQUE &  
SCROLL

Father, as above.

Plaque No. *PA 814*

*Serial No 781786*

CROSS OF  
SACRIFICE

Evelyn G. Black (Mother)  
21 Cote des Neiges Road,  
Montreal, P. Q.

*DEC 22 1921*

*C1476*

*13<sup>2</sup>/<sub>w</sub>*

*28*



R. 149.

Name **BLACK** Rank **Lieut.**Reg. No. *9 B664*

Edgar Pattyson

Unit **8th. Bde. CFA**Next of Kin **Canada***OSB 104-93.*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
9.6.17	Cas. Clg. Stn.	<u>Dangerously Wounded</u>	697	M5553	<del>11-6</del>	
9-6-17	Died of Wounds			697	M5554	11/6
	Nature of Wounds		ESW Chest Buttock	707		







LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

697<sup>(1)</sup>

#7 C. C. S. Daugh, wounded 9-6-17

697<sup>(2)</sup>  
707<sup>(4)</sup>

Prev. rep. of now badly wounded 9-6-17

It has now been ascertained that this  
officer died at J. C. S. Clearing  
Station from S.W. Chest, & Buttock.



REGT'L. No. \_\_\_\_\_

NAME Black, Edgar Pattyson

H. Q. FILE NO. 649

RANK AND CORPS Lieut. 8th. Bgde. C.F.A. Form.

FOLLOWS - Co. Bty. P.C.H.A.

CABLE		NATURE OF CASUALTY	FOLLOWS
NO.	DATE		
		C	7th R. W. FOLLOWS
M 5553	9-6-17	Dangerously wounded & th. Cas. Cl. Stat. June 9th. 1917. ✓	
M. 5554	9-6-17	Previously reported dangerously wounded now reported died of wounds, #14 Casualty - Clearing Stat. June 9th. 1917 ✓	
132090 a	Rouen 10-6-17	<sup>died of</sup> Wounds, rec'd in action, no 7 C. C. S. France or Belgium June 9th 1917 (Rec'd 28.7.17)	



MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

*Student*

RELIGION

*Unitarian*

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION.

PLACE

*Kingston, Ont.*

DATE

*Apr. 17<sup>th</sup> 1916.*

*Present Address. 21. Cote-Des-Neiges. Rd. Montreal. P.Q.*



SURNAME.

*Black 349-25-8.*

CARD No.

*27MB*

CHRISTIAN NAMES

*Edgar Patyson*

FOLL.

REGL. No.

RANK

*Lieut.*

UNIT

*"C." Bty. R.C.H.A. (7th R.D.) 8<sup>th</sup> Brigade. C.F.A.*

FORMER CORPS

*22nd Bty.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Black Mrs. Evelyn*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

*21 Cote-des-Neiges Rd.,  
Montreal, P.Q.*

COUNTRY OF BIRTH

*Canada, Dorval, P.Q.*

DATE

*Aug. 7<sup>th</sup> 1897.*

PLACE OF ATTESTATION

DATE

*0/S 23-4-16 405.*



No.

RANK

*Lieut.*

NAME

*Black, E.*

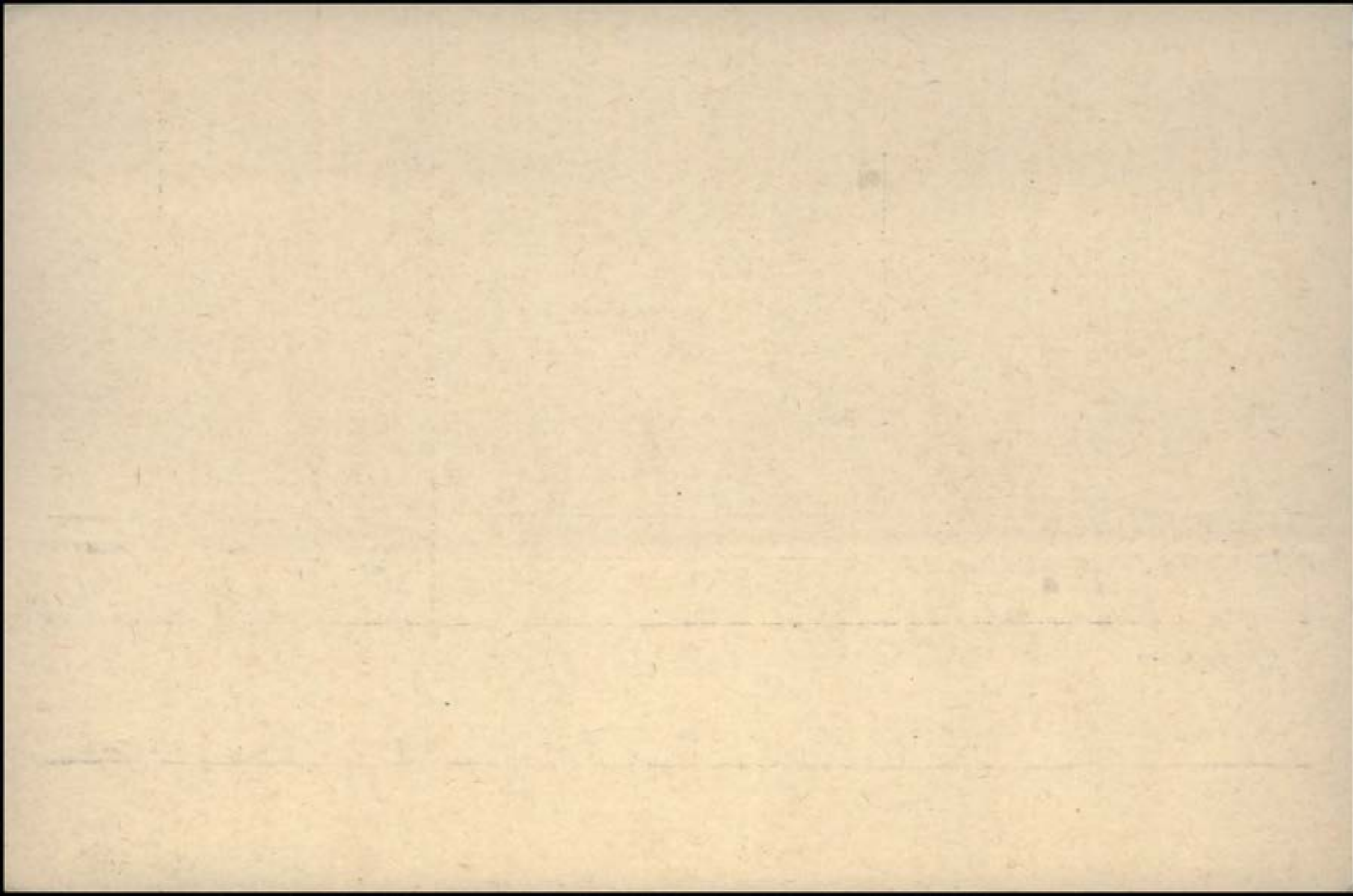
T. O. S.

UNIT

*Royal Can. Horse Art. Depot. Kingston (C. B. I.)*M. D. *3*

PAID FROM <i>1916</i>	PAID TO <i>1916</i>	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>Jan. 31</i>	<i>Feb. 29</i>	<i>—</i>	<i>Rep. for Duty, &amp; Attached for pay.</i>	<i>D.O. 67721-3-16.</i>
<i>mar.</i>		<i>—</i>	<i>31/1/16.</i>	
<i>Apr.</i>		<i>—</i>	<i>S. O. S. Proceeded O/S.</i>	<i>D.O. 91722-4-16</i>







Surname. Christian Name.

BLACK E. P.

Rank. Unit.

Lieut. 8th. Bde. C.F.A.

Date of admission.

Hospital No. 7 Cas. Clg. Sta.

9-6-17.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis Dang. Wounded

Now reported DIED OF WOUNDS:-9-6-17. R

It has now been ascertained that this Officer

Died at No 7 C.C.S. of GSW Chest & Buttock. R

.....  
.....  
.....

Disposition,

Date.

.....

C. 11-6-17 697  
C.L. 22-6-17 707-5. note.

A.M.D. 2 DEPT.

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

C.L. ....  
C.L. ....  
C.L. ....  
C.L. ....  
C.L. ....  
C.L. ....



Surname

Christian Name

Reg. No.

Rank

Unit

**MEDICAL BOARD** held at

Date

Serial No.

(1)

Other Medical Boards at

Date

Serial No.

(2)

(3)

(4)

(5)

Condition found by Board

Disposition Recommended

(1)

(2)

(3)

(4)

(5)

**PENSIONS & CLAIMS BOARD** held at

Date.....

Disposition

Remarks





ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

NAME OF DATE AUTHORITY

DATE AUTHORITY

Res. Brigade  
C. F. A.

Lieut. 5<sup>6</sup>/<sub>16</sub> From Canada  
D.O. 2315  
C.P.D. 4/6<sup>5</sup>/<sub>16</sub>

Name Black,  
Initials E. P.  
Bank of Montreal.

Entered on N.E. Cash Index...  
Checked by...

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS.
June 15	Bank			120.60				
21	June pay (R)	26/4/16 - 30 6/16			228.60			
	Bank			108				
July 19	July pay N		111.60					
	Bank			111.60				
Aug 18	Aug. pay R		111.60					
	Bank	7462		111.60				
Sept 20	Sept. pay N		108					
28	Bank			108				
Oct 20	Oct pay		111.60					
26	Bank			111.60				
Nov. 18	Nov pay.		108					
27	Bank			108				
Dec 12	Dec pay.		111.60					
19	Bank			111.60				
1917 Jan 20	Jan pay R.		111.60					
25	Bank	19283		111.60				
Feb 16	Feb pay R.		100.80					
23	Bank	21930		100.80				
Mar 20	Mar pay R.		111.60					
26	Bank	24822		111.60				

Statement of  
OCT 25 1917  
Account rendered





ASSIGNED PAY.

UNIT.

RANK.

NAME.

Beneficiary  
Address

NAME OF DATE AUTHORITY  
10<sup>th</sup> B. 2. A  
84 B. 6 3A

DATE AUTHORITY  
Lieut 5<sup>th</sup> B. from Canada  
D.O. 9315  
C.T.D. 6<sup>th</sup> B.

Name Black  
Initials E.P.  
Bank Bank of Montreal

Amount. \$

Separation Allowance issued. Yes or No.....

Entered on N.E. Card Index.....  
Died of wounds 9<sup>th</sup> B. 697-11<sup>th</sup> B. Checked by.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be Initialled by P.M. in every case.	INITIALS
------	-------------	---------	-----	-----	-----------------------------	---------	--	----------

1917								
Apr 26.	April Pay (R.)		108					
26.	Banks	5009		108.				
May 17.	May Pay (R.)		111.60					
24.	Banks	6013.		111.60				
June 18.	June Pay (R.) (1-9 <sup>th</sup> )		32.40			32.40		
29.	To cover Cheque cashed in France bk 9247.		<del>108</del>		9.73	<del>108</del>		
July 11	FTA 10-30 <sup>th</sup> 17		75.60			22.67	To ledger N° 12	
16 Sept.	B.S.B. sch 1184. ✓ 17/11		38			98.27	From ledger N° 2.	9 <sup>th</sup> B.
Nov 17.	Trans to Can for set Nov 28/17 V23/6		1542.95		98.65			

To ledger N° 12  
From ledger N° 2.

Lieut Rates  
Rates of Pay 2<sup>00</sup>  
" " Allow 40  
" " Mess 1<sup>00</sup>

Statement of  
OCT 25 1917  
Account rendered







ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.....

*copy*  
Les Bde  
C.N.A.  
10 C.N.A.

Lieut

5<sup>5</sup>/<sub>16</sub>

From Can.  
D.O. 2315  
C.N.A. 6<sup>5</sup>/<sub>16</sub>

Name *Black*  
Initials *E.P. (E.P.)*  
Bank of Montreal

*8<sup>5</sup>/<sub>16</sub> C.N.A.*

*Died of wounds 9<sup>6</sup>/<sub>17</sub> C.R. 697-11<sup>6</sup>/<sub>17</sub>*

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
1916								<i>[initials]</i>
June 15	Bank			120 60				
21	Pay June 26 <sup>4</sup> / <sub>16</sub> - 30 <sup>6</sup> / <sub>16</sub>		228 60					
	Bank			108				
July 19	Pay July		111 60					
	Bank			111 60				
Aug 18	Pay Aug		111 60					
	Bank	7462		111 60				
Sept 26	Pay Sept		108					
	Bank			108				
Oct 26	Pay Oct.		111 60					
	Bank			111 60				
Nov 18	Pay Nov		108					
	Bank			108				
Dec 12	Pay Dec.		111 60					
	Bank			111 60				
1917								
Jan 20	Pay Jan		111 60					
	Bank	19283		111 60				
Feb 16	Pay Feb		100 80					
	Bank	21930		100 80				
Mar 20	Pay Mar		111 60					
	Bank	24822		111 60				
Apr 26	Pay Apr.		108					
	Bank	3009		108				
May 17	Pay May		111 60					
	Bank	6013		111 60				
	<i>Demanded</i>							



ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

*shur v*

Beneficiary

*8th Bde. C.F.A.*

*Lieut*

Name *Black*

Address

Initials *E.P.*

Bank *of Montreal*

Amount. \$

Separation Allowance issued. Yes or No.....

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialled by P.M. in every case.	INITIALS
<i>1917</i>	<i>Balance forward</i>							
<i>June 18</i>	<i>Pay June 9 days.</i>		<i>3240</i>			<i>3240</i>	<i>Hold June P.M.</i>	
<i>24</i>	<i>To cover cheque cashed in Trans. Bank 9247</i>			<i>973</i>		<i>2267</i>	<i>T. J. W. C. Redger.</i>	
<i>July 11</i>	<i>Paid 10-30<sup>th</sup> 17</i>		<i>7560</i>			<i>9827</i>	<i>K.V.-12 9<sup>th</sup></i>	
<i>Sept 14</i>	<i>Transferred to W.C. Branch #763</i>			<i>9827</i>				