

- 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..... 1
- Compulsory Stoppages.....
- Casualty Forms..... 1
- 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..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... 1
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



Name Bruce Jas. Alex.

Regt. No. 7085320 Rank pte.

Corps Draft. Signal & Hvy. Bty.

10. 9. 10. 25. 5. 17.



10816

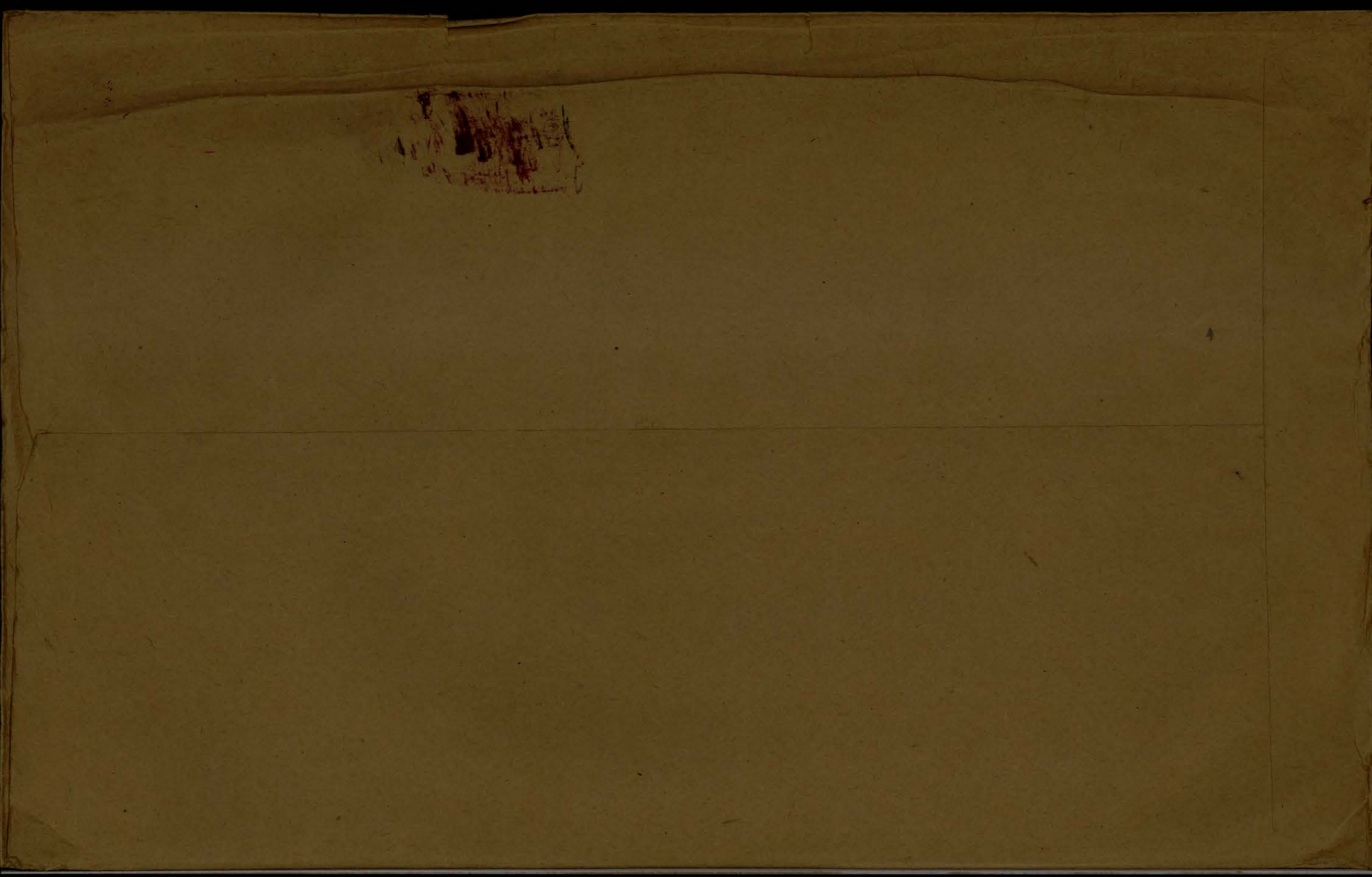


41	2
10	2
5	2
<hr/>	
1	

(1. F. B. 122-1
M. F. B. 465-1

2. Cash
1. Medical Bill

122



ATTESTATION PAPER.

No. 2085320

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... Bruce
- 1a. What are your Christian names?..... James Alexander
- 1b. What is your present address?..... 52 Second St, St Lambert, Que.
- 2. In what Town, Township or Parish, and in what Country were you born?..... St Lambert, Que.
- 3. What is the name of your next-of-kin?..... David Scott Bruce
- 4. What is the address of your next-of-kin?..... 52 Second St, St Lambert, Que.
- 4a. What is the relationship of your next-of-kin?..... Father
- 5. What is the date of your birth?..... Feb. 13th, 1895.
- 6. What is your Trade or Calling?..... Clerk
- 7. Are you married?..... Single
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... 86th Regiment, Three Rivers.
- 10. Have you ever served in any Military Force?..... Yes. Four months 86th Regiment.
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, James Alexander Bruce, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date: Dec 5th 1916. James Alexander Bruce (Signature of Recruit)
Thomas Tople (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, James Alexander Bruce, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date: 5th December 1916. James Alexander Bruce (Signature of Recruit)
Robert Miller (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 Montreal this 5th day of December 1916.

Robert Miller (Signature of Justice)

Description of James Alexander Bruce on Enlistment.

Apparent Age.....21.....years.....8.....months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height.....5.....ft. 6 1/2.....ins.

Majr
Chest measurement

Girth when fully expanded.....37 1/2.....ins.
 Range of expansion.....3.....ins.

Complexion.....Dark.....

Eyes.....Blue.....

Hair.....Dark.....

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

Small Brown Spot on Right of Breast

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.....10th.....1916

Place.....Montreal.....

De launty
Medical Officer.

*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.

Too Small for heavy Artillery

CERTIFICATE OF OFFICER COMMANDING UNIT.

James Alexander Bruce.....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.....11th.....1916
Comer Dootz.....Lieut. (Signature of Officer)
 Officer i/c. Draft Siege and Heavy Artillery

✓ *Gmt* ✓ ✓ ✓ *Res Bde.*
BRUCE, ~~Pte.~~ J.A. 2085320, C.F.A. 649-B-16139

M. & D.

father

✓
D.S. Bruce, Esq.,
52 Second St.,
St. Lambert, P.Q.

Scroll Desp.

FEB 1 1921

Reqn. No. *2-1921*

P. & S. Desp.

NOV 30 1921

Reqn. No. *P18650*
as above

Serial No 779606

Memorial X

mother

✓
Catherine D. Bruce,
address above

Not Eligible for 14-15. Star

Not E. V.M.

Eligible for B.W.M.

R.P.

655

M 6.39993

JAN 6 1921

SURNAME.

Pruce

649-B-16139.

CARD NO.

✓

CHRISTIAN NAMES

James Alexander.

FOLL.

D

REGL. No.

2085320

RANK

Gr

UNIT

Engine & Heavy arty, (1st R.W.)

FORMER CORPS

86th Regt (H Mas)

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Pruce David Scott.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

*52 Second St, St. Lambert.
P.Q.*

COUNTRY OF BIRTH

Canada, St. Lambert P.Q.

DATE

Feb. 13th 1895.

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Dec. 5th 1916.

Bornle, Emory Aircraft

S. of W. 75-5-17.

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

clerk

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

21

YEARS

8

MONTHS

HEIGHT

Not Stated,

FEET

Not Stated

INCHES

CHEST MEASUREMENT

Not Stated.

INCHES

EXPANSION

Not Stated

INCHES

COMPLEXION

Dark.

EYES

Blue

HAIR

Dark

DISTINGUISHING MARKS

Small brown spot on R. breast.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Nov. 4th 1916.

Present Address 52 Second St., St. Lambert, P. Q.

Name **BRUCE James** Rank **Gnr**
 Unit **RES BDE C.F.A.**
 Next of Kin **CANADA**

Reg. No. 2085320

25-B-3794

Date 1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
25-5	O.C.Res Bde Repts					
	DIED OF WOUNDS			446	M 5436	
					26-5	

Date	Movement	Place	Casualty	List No.	Notified N/K O.	M.O. List
------	----------	-------	----------	----------	-----------------	-----------

REGT'L. No. 2085320

H. Q. FILE No. 649

NAME

Bruce, James Alexander

RANK AND CORPS

Lieut. Pres. Bde of 5th Art

FOLLOWS

No.

forms Seige.

CABLE

No.

DATE

NATURE OF CASUALTY

Why

FOLLOWS

M. 5436

27-5-17

Died of wounds May 25th 1917

A. S. B.

2090.

Died of wounds 25-5-17 at Richborough
Barrack. Shorncliffe Kent *Recd. 11-7-17*

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

4113'

Disch. of wound. 25-5-17

No. 2085320 RANK *2nd Lt*

NAME *Bruce James Alex*

T. O. S. *5-12-16* UNIT *10 draft Siege and Heavy Artillery*
(Reg. 47 of 5-12-16)

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>Dec 5</i>	<i>Dec 31</i>	<i>A</i>		
<i>1917</i>		<i>c</i>		
<i>Jan</i>		<i>c</i>		
<i>Feb</i>				



m E H
over

~~B~~

Number. 20853220... Rank. *Gnr*.....

Surname. *B.P.U.C.F.*.....

Christian Name. *James Alexander*.....

Unit. *6 Fla*... Theatre of War. *England*

Date of Service. *15-3-17*... *D*.....

Remarks..... *father*

Latest Address. *Mr. J. A. Bruce*.....

52 Second St.

Roll No. *A Page 404* *St. Lambert, Qx*

9 37212 RCH

JUL 21 1921

Surname

Christian Name or Names

Reg. No.

Bruce

Rank

Unit

J.A.

Co.

Troop

2085320

Batty.

Gnt

Res.C.F.A.

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of "ds. 25-5-17 A.I.

DISPOSITION

Date

C.L. 28-5-17 445

REMARKS

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

DRAFT SIEGE AND HEAVY ARTILLERY

Unit, Regiment or Corps.....
 Regimental No. 2085320 Rank Gunner Name Bruce James Alex.
 Enlisted (a) 5/12/16 Terms of Service (a) Def. & bucos Service reckons from (a) 5/12/16
 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) blank

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				
19-3-17	R.R. 5a	Embarked Disembarked I.O.B. Res. Bde. b.f.a	Halifax Liverpool L'cliffes	4.3.17 15.3.17 16.3.17	RBO Pt II - 78
1-6-17	R.R. 5a C.R.A	To 3rd SA. b. France S.O.S. Died of wounds	L'cliffes Shorncliffe	25.5.17	C.R.A. Pt II O. 153, 2.6.17 C.R.A. Pt II O. 152 1.6.17 Bruce J. Fisher Lieut Adjutant of Reserve Brigade, C.F.A.
/					

(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.]

Casualty Report Form A-36

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				

Gm. Montreal Hvy Batts

J.P. Rank

Name BRUCE, James Alexander. /

Reg'l No. 2085320. /

Unit Montreal Hvy Batty. If in perm. Corps, }
 What Unit? }

Married or Single Single. /

Place and Date of Enlistment Montreal. 5th Dec. 1916. /

Place of Birth St. Lambert. Que. /

Name and Address, Next-of-Kin David Scott Bruce. /

52 Second St. St. Lambert. Que. /

Relationship Father. /

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 1438
 File R.L. 25-B-379
 Category Refill

no ap.

*MA-X
 30-12-90 R.I.*

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

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.				
		ENGLAND SS ANSONIA		15 MAR 1917	
<i>19. 3. 17</i>	<i>RBB79.</i>	<i>taken on strength</i>	<i>Shorncliffe</i>	<i>16/3/17</i>	<i>PTO #78</i>
<i>28 5 17</i>	<i>,</i>	<i>Died of Wounds</i>		<i>25.5.17</i>	<i>CL 445 PTO #1524/17</i>

Ew

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *David S. Bruce*
 Address *43 Second St.
 St Lambert Que*

By Whom Assigned *Bruce James A*
 Regtl. No. *2085320*
 Rank *Gr*
 Corps *Plt Sgt Major Arthy*

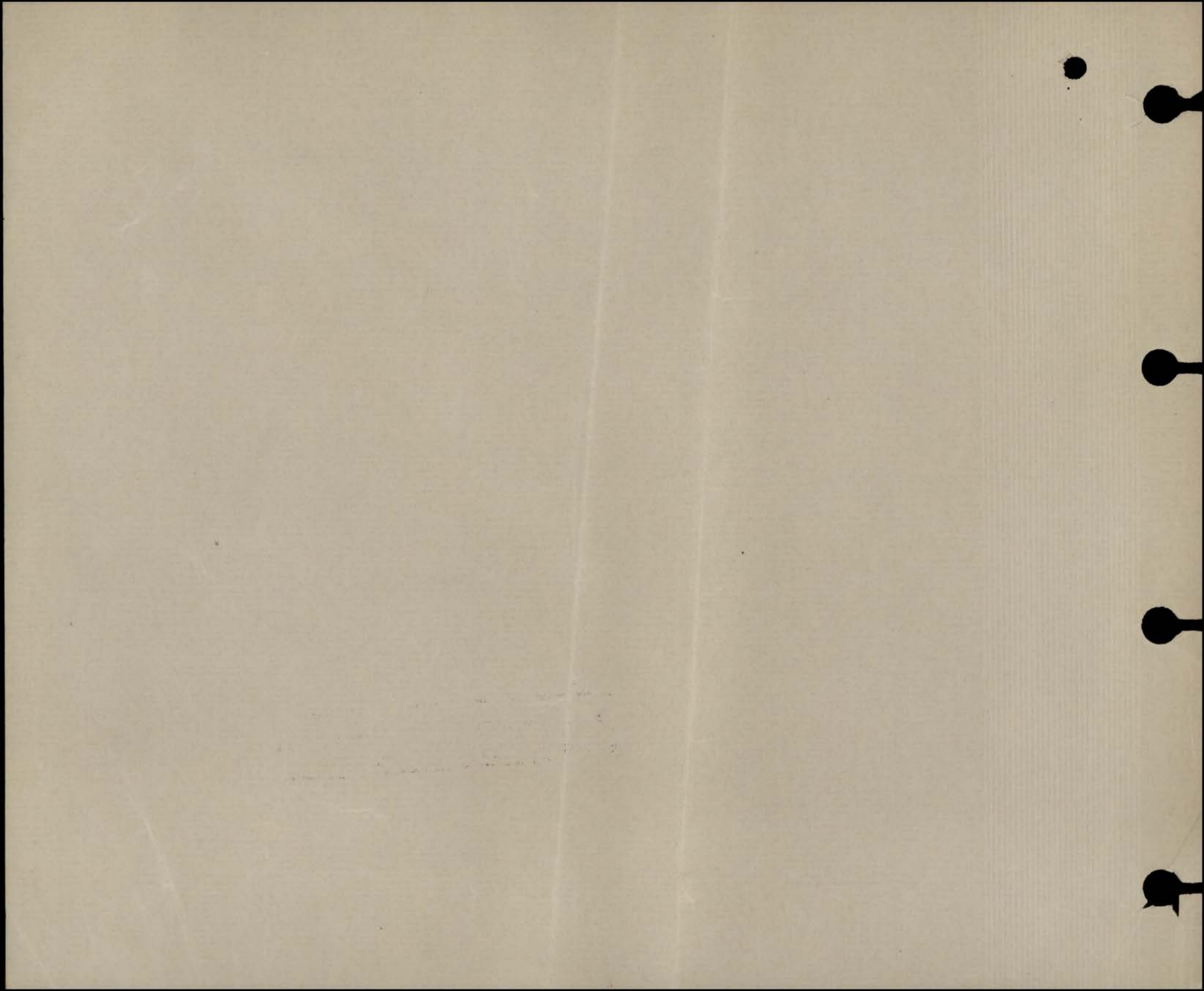
Rate *20⁰⁰*

MAR 1 1917

PAYMENTS

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

Pensions Notified Date.. *13-6-17*
~~Killed in Action~~
 Died of Wounds } Date *25-5-17*
~~Missing~~
 G. L. *12729-5-17*. Clerk *W. A. Howcell*
 Date Noted..... *13-6-17*..... 191



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2. David S. Bruce
 (Assignee)

Name of Soldier Bruce James A
2085320 Gt. Sgt. Heavy Arty Gr

L. L. Job 5470—Req. 6888.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
				20 ⁰⁰ MAR 1 1917
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		A 52554	20	
April		M 950	20	
May		M 6608	20	
June		73433		Cancelled 73433 Cancelled U 13433 Acct Closed 31-5-17 ¹³⁻⁶⁻¹⁷
July				W A Yawcett 13-6-17
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

#. X. Rend. Date Total By 60.00
 E.F.X. " Date 8-12-17 By AL

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MEDICAL HISTORY SHEET

ORIGINAL

Surname Bruce Christian Name James Alexander

Examined { on 4th day of Nov 1916
at Montreal

Birthplace { City or Town St Lambert
County Que

Apparent age 21

Trade or occupation Clerk

Height 5 feet 6 1/2 Inches

Weight 131 lbs.

Chest measurement { Minimum 32 inches
Maximum expansion 35 1/2 inches

Physical development Good

Small-pox Marks None

Vaccination Marks { Arm Right Left 2
Number Child

When Vaccinated last as a child 12/2/17

(a) Marks indicating congenital peculiarities or previous disease None

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

Approved by [Signature]
Rank [Signature] M.O.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS

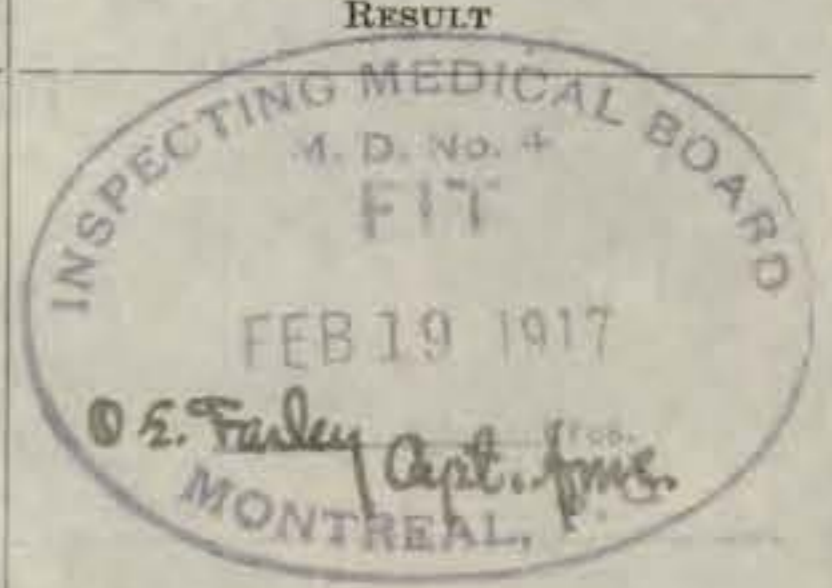
Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.

Enlisted on 5 day of December 1916 at Montreal

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>2055320</u>		
	DRAFT SIEGE AND HEAVY ARTILLERY		

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.

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION

NAME OF SOLDIER

Bruce James Alex.

REGIMENT

4th Sigs. Heavy Artillery, G. Sumner

No. *2085320*

DATE	No.	FILLINGS				Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Coment											



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Handwritten text in Cyrillic script, oriented vertically along the right edge of the page. The text is faint and appears to be bleed-through from the reverse side.

СВЯТЫЙ АКАДЕМИИ НАУК СССР
ТЕЖЕ УРОГИНИ ЯТИНАД

FORM OF WILL.

I, James Alexander Bruce (Name in full)

Regimental Number 2085320 serving in Draft Siege & Heavy Artillery

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

David Scott Bruce
43 Second St.
St. Rambert, Quebec.

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

David Scott Bruce
43 Second St.
St. Rambert, Que.

Name and Address of person or persons to receive personal estate* (See note).

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 15th day of February A. D. 1917

James Alexander Bruce Signature of Soldier.

*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness Michael T. Bank Clerk
Address of Witness 4833 Westminster Ave. Westmount Que

THE TWO WITNESSES MUST SIGN HERE

Occupation of Witness Advocate & Lieutenant. C.B.A. C.E.F.

Signature of Second Witness G. G. G. G.

Address of Witness 61-34th Ave Lachine Que

Occupation of Witness Bank Clerk.

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that I am of sound mind and memory and am not under any legal disability and that I am the author of the foregoing instrument and that I have signed the same and that I have read the same and understand its contents and that it is my free and lawful act and deed and that I have no objection to the execution of this will and that I am not acting under any undue influence or coercion.

Witness my hand and seal this _____ day of _____ A.D. 19____.

Testamentary Signer

Notary Public
My Commission Expires _____

Witness

Witness

P. 559 MARRIED OR SINGLE

Single

PLACE OF BIRTH St. Lambert, Que, Canada

NAME AND ADDRESS OF NEXT OF KIN David Scott Bruce
52 Second Street, St Lambert, Que

RELATIONSHIP OF NEXT OF KIN Father

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Died of wounds	25.5.17	Asst Lt 445 28.5.17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No 2085320 RANK

Int NAME Bruce, James Alexander

Montreal Heavy Batty

IF IN PERM. CORPS
WHAT UNIT

Res. Bde C.F.A. TRANSFERRED TO

DATE 1.6.17

AUTHORITY Asst Lt 445
28.5.17

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

Montreal

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

5/12/16

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 20.00

DATE EFFECTIVE 1.3.17

PAYABLE TO D.S. Bruce

43, 2nd St. St Lambert P.Q. Canada

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) June 1st

EFFECTIVE June 1st/17

REASON Died of Wounds. 25/5/17. Casualty list 445 28/5/17.

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

20 SEP 1917

Entered on N.E. Card Index...

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by T.J. Williams



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				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		No. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.
1917																																Bal L.P. Canada				
Mar 31	1 ⁰⁰ / ₁₀₀	34	10												34 10	4990	316							20		22 44			11 66							
Apr 30		33	-												33								20		20			24 66								
May 31		34	10												34 10	22 6.517	284 15.517						20		24 87		33 89				Thanks on Receipt					
																																	Balance transferred to N.E. Branch			
N.E. Sept 17															6.49	6.49																	to 6.49 Oct 6.10.17 17/33			
Nov																																		ARR 63-149170 219 37		
N.E. Sept 17																																			to Ottawa for coll 20/8/16	
Jan 18																																			to Ottawa for coll 20/8/16	
															2.43	2.43																				

Reg Roll for 5th not posted at time of issue (found untraceable)
Passed to Suspense (Vol 1527) as irretrievable

Statement of Dec 28 1917
Acc was rendered

Statement of SEP 27 1917
Account rendered

\$ 60.00 A.P. checked found correct. CRX. 30. 13-6-17. Ottawa.
R.S. Boothby

