

3155217

I.D. number

No. d'identification

CARROLL

Surname

Nom de famille

ALPHONSE

Given names

Prénoms

**NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL**

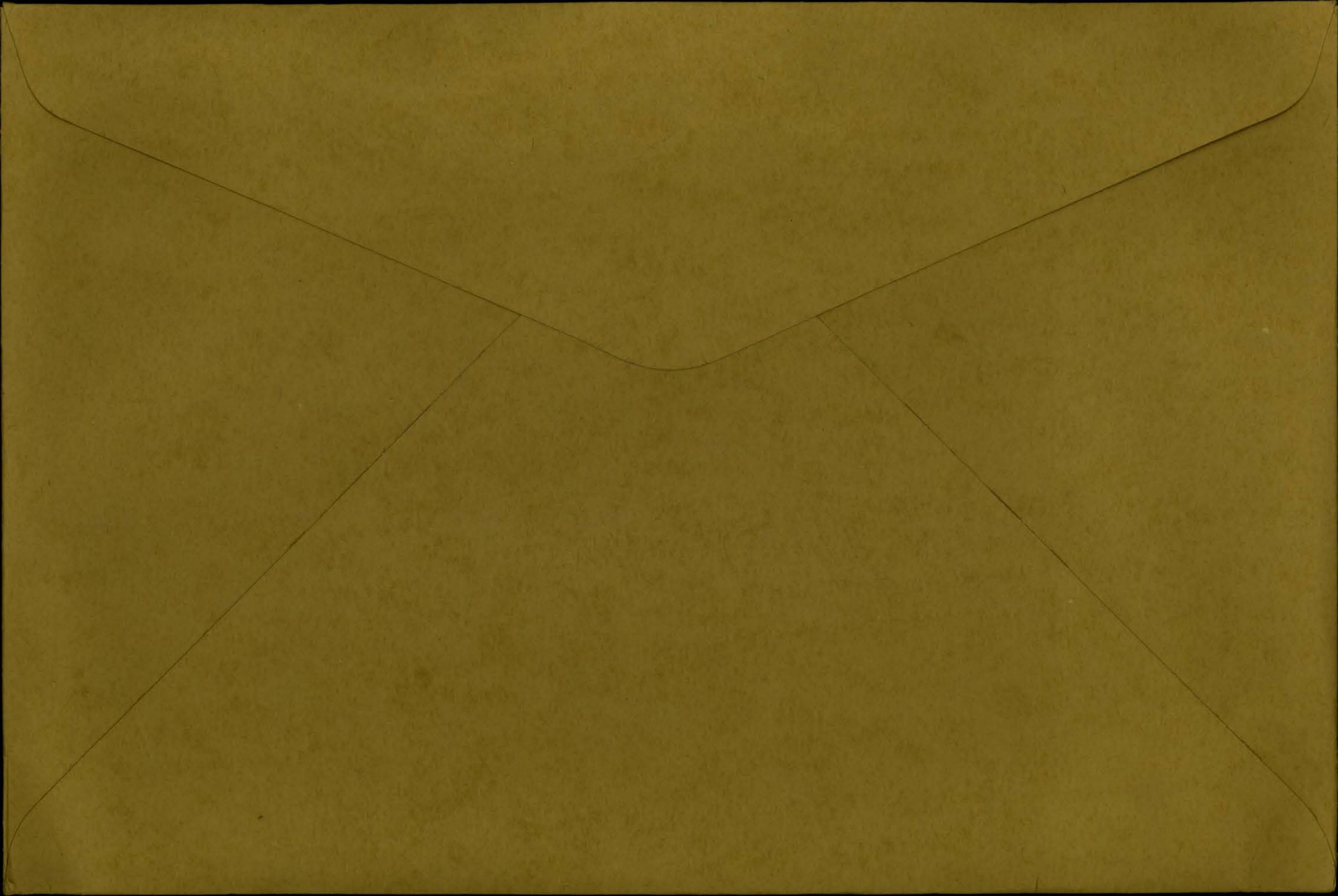
**PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location

Lieu

1522

**« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »**



NAME *Carroll* CARROLL, ALPHONSE

REG

UNIT

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>15</i> <i>Bag</i> <i>15</i>		<i>09059</i>	DEATH Category
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					
TRAINING HISTORY SHEET (M.F.W. 113)					
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)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE Category
DENTAL HISTORY SHEET (M.F.B. 465)					
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
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)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					

M

H

Box #
403443

DEATH

DISCHARGE

DESERTION

39-26
17-26
9-26

ATTESTATION PAPER.

No. 3155217

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

ORIGINAL

- | | |
|---|---------------------------|
| 1. What is your surname?..... | Carroll |
| 1a. What are your Christian names?..... | Alphonse |
| 1b. What is your present address?..... | 450 Wolfe St Montreal Que |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Montreal Que |
| 3. What is the name of your next-of-kin?..... | Mrs Mina Carroll |
| 4. What is the address of your next-of-kin?..... | 450 Wolfe St Montreal Que |
| 4a. What is the relationship of your next-of-kin?..... | Mother |
| 5. What is the date of your birth?..... | 11 Mars 1899 |
| 6. What is your Trade or Calling?..... | Laborer |
| 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?..... | No |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | Nil |
| 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 |
| 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?.. | Nil |
| 14. If so, what was the nature of the disability?..... | Nil |
| 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?.....
<small>or Naval Service</small> | Nil |
| 16. If so, what was the reason?..... | Not applicable. |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Carroll Alphonse, 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.

A. Carroll (Signature of Recruit)
Date 8.1.18. 191 . *J. Montagne* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, C A R R O L L? Alphonse, 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.

A. Carroll (Signature of Recruit)
Date 8.1.18. 191 . *J. Montagne* (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 Que this 8th day of January 1918.
E. Spence (Signature of Justice)

Description of C A R R O L L Alphonse on Enlistment.

Apparent Age 18 years 2 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. 4 1/2 ins.

Chest measurement { Girth when fully expanded 33 1/2 ins.
 Range of expansion 3 1/4 ins.

Complexion Clear

Eyes Grey

Hair Auburn

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

R. D. 20
 L. D. 20
 R. EAR OK
 L. EAR

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* for the **Canadian Over-Seas Expeditionary Force.**

Date JAN - 8 1918 191

Declared **FIT** by **MEDICAL BOARD**
MOBILIZATION CENTRE, M. D. #4

Place.....

G. Hain Medical Officer.
 President, S. M. S.

*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:—

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

C A R R O L L Alphonse 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.

G. D. J. Jones (Signature of Officer)

Date 8.1.18. 191

Com'd. 2nd Depot En. 2nd Quebec Regt.

ORIGINAL MEDICAL HISTORY SHEET

ORIGINAL

Surname CARROLL Christian Name Alphonse 3155217

Examined { on 8th day of January 1918 at Montreal Que
 Birthplace { City or Town Montreal Que County _____
 Approved by [Signature] Rank [Signature] M.O.
 Discharged FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4
 JAN - 8 1918
 MONTREAL, P. Q.

Apparent age 18
 Trade or occupation Labourer
 Height 5 feet 4 1/2 Inches
 Weight 130 lbs.
 Chest measurement { Minimum 30 inches
 Maximum expansion 33 1/2 inches
 Physical development Good
 Small-pox Marks None

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

(b) Slight defects but not sufficient to cause rejection

Date	Result	VACCINATIONS
<u>24/1/18</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>12/1/18</u>	<u>TAB</u>	<u>[Signature]</u>
<u>19/1/18</u>	<u>TAB</u>	<u>[Signature]</u>
<u>26/1/18</u>	<u>TAB</u>	<u>[Signature]</u>

R. D. = 20
 L. D. = 20
 R. EAR OK
 L. EAR _____

Enlisted on 8th day of January 1918 at Montreal Que

CORPS	REG'TL NUMBER	HABITS	DATE
<u>2nd Depot Bn</u> <u>2nd Quebec Regt.</u>	<u>3155217</u>		<u>8.1.18.</u>
Transferred to <u>22 Bn</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>[Signature]</u> MONTREAL, P. Q.	<u>FEB 5 1918</u>		<u>FIT</u>
<u>[Signature]</u> MONTREAL, P. Q.	<u>JAN 16 1918</u>		<u>FIT</u>

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

Surname... Carroll
 Christian Name... Alphonse

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
MILITARY ISOLATION HOSPITAL, ALDERSHOT.		11	3	18	3	4	18	24	Prophylaxis	<i>[Signature]</i> Capt. R.A.M.C.	

14-2-18

16 B.

FORM OF WILL

I, Alphonse Carroll (Name in full)

Regimental Number 3155217 serving in 2nd Depot Bn 2nd Quebec Rgt

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

I devise all my real estate unto

Mrs Mina Carroll

450 Wolfe St Montreal, Que., Canada

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

absolutely, and my personal estate I bequeath to

Mrs Mina Carroll

450 Wolfe St Montreal, Que., Canada

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

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 8 day of January A.D. 1918

A Carroll

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 G. M. Evans. Sgt.

Address of Witness #1380 Green Ave Montreal

THE TWO
WITNESSES

Occupation of Witness Sgt. Soldier

MUST
SIGN HERE

Signature of Second Witness Roger Lechambault Sgt

Address of Witness Beil St Barracks

Occupation of Witness Soldier

FORM OF VITAL

1931

1932

1933

1934

1935

1936

MADE IN CANADA

31.

Handwritten text

Handwritten text

Handwritten text

Handwritten text



Dfc. 2nd Depot BN 2nd Que, REGT

LTR Rank Name *CARROLL Alphonse* Reg'l No. *3155217*
 Unit *If in perm. Corps, }
 What Unit? }* Married or Single *Single.*
 Place and Date of Enlistment *Montreal. 8th Jan, 1918.* Place of Birth *Montreal. Que.*
 Name and Address, Next-of-Kin *Mrs Mina Carroll*
450 Wolfe St. Montreal. Que. Relationship *Mother.*

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ **M** Payable to **I** Relationship

N/L R. U. No. *13661*
 File R. L. *25. C. 4975*
KILLED IN ACTION

Discharge, Date and Place Reason Character

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.				
		<i>Arrived in England</i>			<i>4-3-18 S/S SAXONIA</i>
<i>5-3-18</i>	<i>10 Rec'd To S.</i>		<i>Whitley</i>	<i>4-3-18</i>	<i>P. 5 Do 54</i>
<i>12. 9. 18</i>	<i>"</i>	<i>P.O.S. to 22nd Bn.</i>	<i>P. Behitt</i>	<i>11. 7. 18</i>	<i>Do + 692/28.7.18 22184 " 163.</i>
<i>4.9.18</i>	<i>22nd Bn</i>	<i>Killed in Action</i>	<i>Field</i>	<i>28.8.18</i>	<i>Do #85</i>
<i>7.9.18</i>	<i>Q.R</i>	<i>— " —</i>	<i>" —</i>	<i>28.8.18</i>	<i>CL A 313</i>

Register No. DC 1471

WAR SERVICE GRATUITY

A.P. File No. 2831-A-6

TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 3155217 Name Alphonse Carroll
(Christian Name) (Surname)
Unit 22nd Bn Rank Olt Date of enlistment.....
Date of casualty 28-8-1918 B.P.C. File No. 49987
Was service performed overseas? yes

DEPENDENT
Name Mrs Luminia Carroll Relationship W Mother
Address 318 Cadieux St
Montreal P.Q.

Amount of Special Pension Bonus \$..... Abstracted by J.B. [unclear]

Eligible for Gratuity \$ 18000
Less amount of Special Pension Bonus paid..... \$.....
Less Debit Balance of S. A. or A.P..... \$.....

Total deductions \$.....

Balance due \$ 18000 ✓ DY 18

Cheque No. 9 1900337 Date issued 13/8/20

Clerk J.C. [unclear]

REMARKS :
.....
.....
.....
.....

Audited by
[Signature]
Date 13/8/20

Latest address

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name	<small>Surname</small>	<small>Christian Name</small>	Address (in full)
Regimental Number	Rank		
Unit			
Original Unit			
District where paid			
Date of Discharge			
P. D. P. Filing Number			

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

Casualty Form - Active Service.

Regiment of *2nd Depot Bn 2nd Quebec Rgt.*

Rank *Pte.* Surname *Carroll* Christian Name *Alphonse*

Religion *R.C.* Age on Enlistment *18* years *10* months

Enlisted (a) *8-1-18* Terms of Service (a) *D. of War* Service reckons from (a) *8-1-18*

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended { } Re-engaged { } Qualification (b) *Labour*
or Corps Trade and rate.....

Occupation..... Signature of Officer.....

RECEIVED CORRECTLY
 1918 JUL 18 1918
 LONDON

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... <i>Canada</i>	<i>18.2.18</i>	
			Disembarked ... <i>England</i>	<i>4.3.18</i>	
<i>5.3.18</i>	<i>of 10th Can Res Bn</i>	<i>7.0.5 on arriving from Canada.</i>	<i>Witley</i>	<i>4.3.18</i>	<i>D.O.P.II. 57</i>
<i>12.7.18</i>	<i>O.C. 10th. Res. Bn.</i>	<i>Transf. to 22nd Bn C.E.F. B'sholt. 11.7.18</i>			<i>163. JMS.</i>
		<i>J.P. Humphreys</i>			
<i>13.7.18</i>	<i>6th 2nd Dep.</i>	<i>Arrived in France & L.O.S.</i>			<i>NR. 705</i>
		<i>22nd Can. Bn.</i>		<i>13.7.18</i>	<i>Pt II 069 of 1918</i>
<i>24.7.18</i>	" " " "	<i>Left for CCRB</i>	<i>Field</i>	<i>24.7.18</i>	<i>NR 1324</i>
<i>24.7.18.</i>	<i>C.C.R.C.</i>	<i>Arrived CCRC</i>	"	<i>24.7.18.</i>	<i>NR. 1136</i>
<i>6.8.18</i>	" " " "	<i>Left for Unit</i>		<i>6.8.18</i>	<i>" 1343</i>
<i>9.8.18</i>	<i>22nd Bn</i>	<i>Arrived</i>		<i>6.8.18</i>	<i>B213</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) Signaller, Shoeing-Smith, &c.
 W. 5635-M2733 2000m 9/17 (35611) C. P. & S. Ltd., Form B./103 E/1807. P.T.O.

Record of promotions, reductions, transfers, casualties, &c., 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.

Report

Place of Casualty

Date of Casualty

Remarks

Taken from Army Form B.213, Army Form A.36, or other official documents.

Date

From whom received

30 AOU 18

22nd Bn.

KILLED IN ACTION

Field

28 AOU 18

K.I.17-1182.Pt.II.O.85 of 1918.

Whogan

Major for Lt.-Col., A.A.G.
Canadian Section. G.H.Q. 3rd Echelon B.E.F.



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

RANK CARROLL.

UNIT A.

Co.

TROOP

3155217. BATTY

Pte. HOSPITAL

1st. Que. depot.

22 2ue DATE OF ADMISSION

Mil. Isol. Aldershot.

12-3-18.

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Mumps. R.

1.

2.

3.

R. F. B. Killed in Action 28-8-18²⁵

DISPOSITION

DATE

C.L. 14-3-18. 162.

Dis. 3.4-18.

REMARKS

5-4-18 6.179¹ This entry unverified.
7-9-18 2813

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.

No. 3155217 RANK

Pvt

NAME

Carroll, A.

T. O. S. 8-1-18.

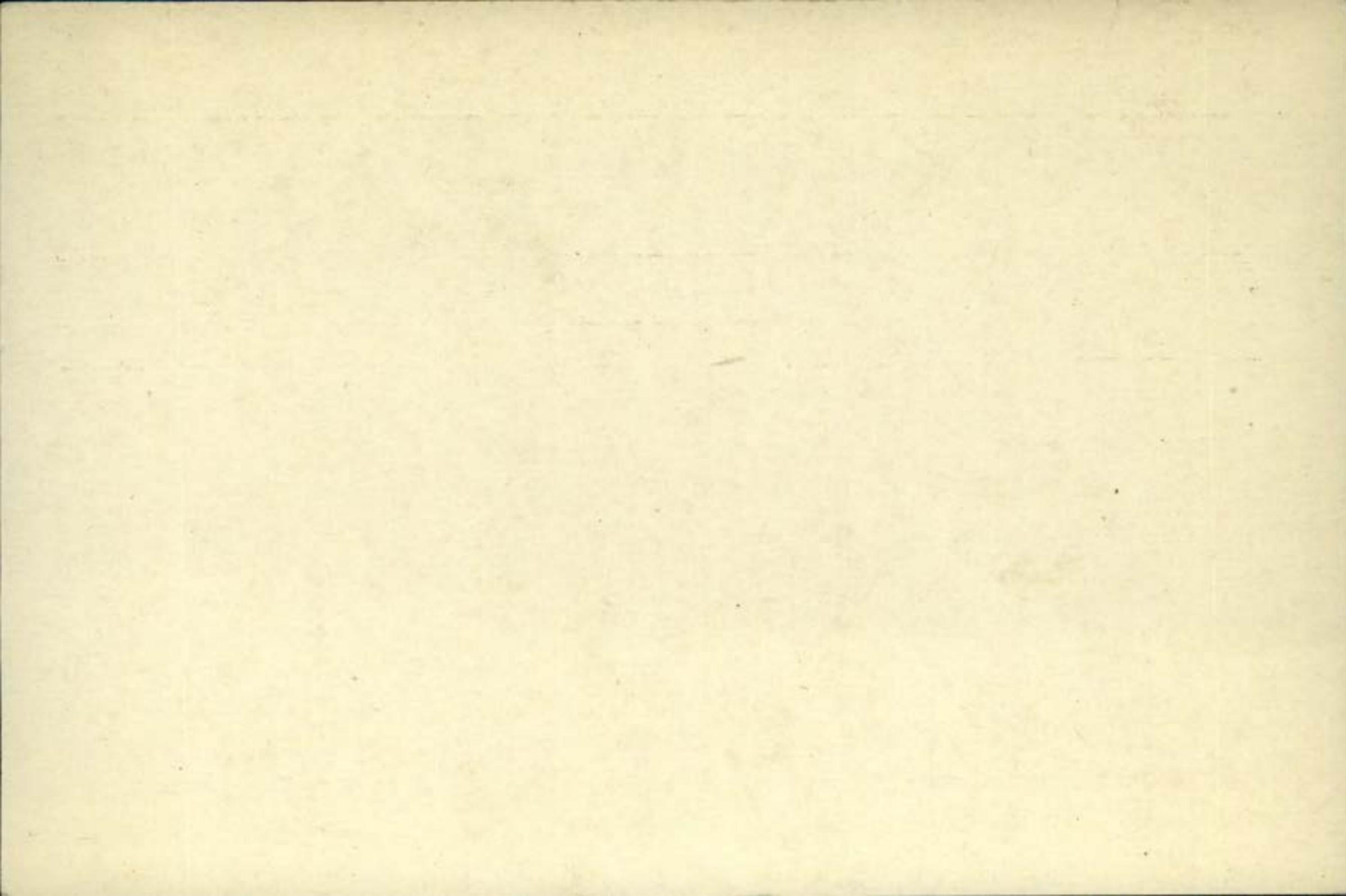
UNIT

2nd Depot Battalion 2nd Quebec Regt.

DD 9 of 9-1-18

M. D. H.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918	1918,			
Jan 8	Jan 31	L.		
Feb 1	Feb 22	L.		



49987

REGT'L. No. 3/55217
H. Q. FILE No. 649

NAME *Carroll*

RANK AND CORPS *pte*

(Q. R. Depot) 22

FOLLOWS
No. *BN*
FOLLOWS

CABLE	
NO.	DATE
<i>WPK</i>	<i>1-9</i>
<i>H 301</i>	<i>8-4-18</i>

NATURE OF CASUALTY
*Mrs. Mina Carroll, Mother, 171 Planet
 St. Montreal P. Q.
 Kind. Aug 28th /18.*

64242

6448

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C/62-1.	10. Mil Isolation alderhot	12-3-18	mumps.
C/179-1	Blisc.	3-4-18	mumps.
A313	Rept from Base	28-8-18	Kin d

Carroll, pte. 1. ^{ephors} 649. 6-20696 ✓

3155217 ✓

M

22nd Bn. ✓

Name & Address of Legatee

Mrs. Emma Carroll, (m)

~~171 Parson St.~~ Bank of Montreal,
Papineau ave. Branch
Montreal, Que

Medals
&
Decorations

Name & Address of Next of Kin

as above

Plaque
&
Scroll

(Serial no. 765344)

Scroll Desp. JAN 12 1921 Reqn. No. 10019
" Re " 90421 " " B 350

Plaque Desp. JAN 14 1921 Reqn. No. P 25072

Name & Address of Female Next of Kin

as above

Memorial Cross
1709.

Scroll net

M 115-4

1

Number 3155217 Rank Pte

Surname CARROLL

Christian Name Alphonse

Units 22nd Bn Can Inf Theatre of War France

Date of Service 13-7-18

Remarks (M) Mrs. Lemina Carroll,

Latest Address Bank of Montreal,
Papineau Ave., Branch,

Roll No. B Page 8565 Montreal, Que.

· · GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

RECEIVED NOV 10 1922
REG. NO. 613878

18
17

D

SURNAME.

Carroll

CARD NO. *X*

CHRISTIAN NAMES

Alphonse

REGL. No.

315-5217

RANK

Pte

UNIT

2nd Que. Regt. 2nd Dep. Bn. (3rd B.D.)

FORMER CORPS

Nil.



NEXT OF KIN.

NAMES IN FULL

Carroll, Mrs. Mina

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

~~*450 Wolfe St., Montreal*~~

171 Panet St.,

P.Q.

(L.S.A.A. p. 7/5/18)

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada Montreal P.Q.

DATE

Mar 11th 1899

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Jan 8th 1918

*"St. Sazonia", fr. Calif 4 15/2/18 1089
S-*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Labourer

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

18 YEARS

2 MONTHS

HEIGHT

5 FEET

4 1/2 INCHES

CHEST MEASUREMENT

33 1/2 INCHES

EXPANSION

3 1/2 INCHES

COMPLEXION

Clear

EYES

Grey

HAIR

Auburn

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Montreal, P.Q.

DATE

Jan. 8th - 1918

*Present Address. 450 Wolfe St.,
Montreal, P.Q.*



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch C

2570 Feb 1st 1918

OVERSEAS CONTINGENTS

170
RATE OF SEPARATION ALLOWANCE

25			
----	--	--	--

RATE OF ASSIGNMENT

2000			
------	--	--	--

Date of Enlistment 8/18

PARTICULARS OF SEPARATION ALLOWANCE

No. 3155217
 Rank pte Promoted Reverted Discharge
 Soldier's Name Alphouse Carroll
 Eattalion 2nd Depot Bn, 2nd Quebec Regt
 Beneficiary mfw 2554 24 1/8
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Lumina Carroll (Mother)
 Address 450 Wolfe St
 Change of Address Montreal Que.
 1 171 Parrot St Montreal Que
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Mar 1918	U 83267		40	40	File X 2831-a-6.
April	a 6654		20	20	# 2580. Mailed 23/18. SA Opened from 1 st / ₁₈ City S. Road.
July & April	g 3774	75		75	# 10 ⁴ / ₁₈ adj cheque on 2197 issued 13/4/18 for 75 ⁰⁰
May	f 18564	25	20	45	Mailed 15/4/18 to pay Feb to April SA MPO 1 B issued
June	E 20497	25	20	45	13/8 ⁴ Effatime 15 ⁰⁰ G. A. Hallbrook
July	T 29612	25	20	45	MPO 1 B issued 1/5/18 Effatime 1/5/18 G. A. H.
Aug	E 33086	25	20	45	Mfw 2554 Ptd OK 6/5/18
Sept	H 47640	25	20	45	SA & AP closed 30/9/18 Killed in action 28 ⁸ / ₁₈ CTX for 360
		200	160	360	MPO 9572 issued 17 ⁰⁰ / ₁₈
MAR 1919	P. 1864	5	-	5	impul 25-319 MCO 49 16492 (P. 186485) adj Sa, Sep 702753 for 20 ⁰⁰ / ₁₈

AUTHORITY FOR NEW ACCT. M.R. 10-703
 Why? Reclaim 15/18

M. F. W. 128.
 40961-17-1772 39-141
 L. L. 25228-M & D. 7595.

Ch by A. & Bernard 15-3-18

M.R.O. 17

Strike out whichever inapplicable.

PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.	NAME:- CARROLL <i>Alphouse</i>
EFFECTIVE DATE:- 1-2-18		EFFECTIVE DATE:-		NUMBER:- 3155217
AMOUNT:- 20		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.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
	<i>Mrs M Carroll Mother 150 Wolfe St Montreal</i>			<i>Pte</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2 Dep Bn*

DATE ACCOUNT FIRST OPENED:- *16-2-18*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
<i>0069</i>	<i>13/7/18</i>	<i>1/8/18</i>	<i>20 Bn</i>
<i>620312</i>	<i>1-9-18</i>	<i>31-9-18</i>	<i>9.8 D</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

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

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31-3-18</i>	<i>bal fund</i>								<i>1315</i>		
<i>Apr</i>	<i>PP</i>	<i>33</i>		<i>ap.</i>				<i>20</i>	<i>2615</i>		
				<i>AR-38-10 Res. 12.4.18</i>	<i>730</i>				<i>1885</i>		
				<i>✓ 128 ✓ 24/4/18</i>	<i>487</i>				<i>1398</i>		
		<i>33</i>			<i>1217</i>			<i>20</i>			
<i>May</i>	<i>PP</i>			<i>Cau ap</i>				<i>20</i>	<i>602</i>		
		<i>3410</i>		<i>AR 248 ✓ 15/5/18</i>	<i>487</i>				<i>1089</i>		
				<i>✓ 324 ✓ 23/5/18</i>	<i>1947</i>				<i>374</i>		
				<i>✓ 383 ✓ 26/5/18</i>	<i>487</i>				<i>113</i>		
		<i>3410</i>			<i>2921</i>			<i>20</i>			
<i>JUN</i>				<i>Cau ap</i>				<i>20</i>	<i>2113</i>		
				<i>7907 P2 eff 31.5.18 100.128-10 Res. 1.6.18</i>		<i>770</i>			<i>2883</i>		
	<i>PP</i>	<i>33</i>		<i>AR 479 10th Res Bn 13/6/18</i>	<i>243</i>				<i>3126</i>		
				<i>AR 610 ✓ 26/6/18</i>	<i>487</i>				<i>174</i>		
		<i>33</i>			<i>730</i>	<i>770</i>		<i>20</i>			
<i>July</i>	<i>PP</i>	<i>3410</i>							<i>3097</i>		
				<i>AR 005 ✓ 20/6/18</i>	<i>12</i>				<i>3085</i>		
				<i>✓ 18/6/18</i>	<i>62</i>				<i>3023</i>		
				<i>AR 761 ✓ 15/7/18</i>	<i>730</i>				<i>3293</i>		
				<i>Cau ap</i>				<i>20</i>	<i>1293</i>		
		<i>2410</i>		<i>AR 1401 CASW 27/7/18</i>	<i>446</i>			<i>20</i>	<i>8481</i>		
<i>Aug</i>	<i>do</i>	<i>3410</i>		<i>ban ap.</i>	<i>1250</i>				<i>153</i>		
								<i>20</i>	<i>1257</i>		
				<i>AR 069 17-18 10 R 6 SAB 3/7</i>	<i>82</i>				<i>1175</i>		
				<i>AR 1609 2 D Wing 5/8</i>	<i>357</i>				<i>818</i>		
				<i>AR 4005/54 10 Res 5/7</i>	<i>03</i>				<i>815</i>		
		<i>3410</i>		<i>ban Forward</i>	<i>442</i>			<i>20</i>			

Mutation 28-18

MP

NUMBER 3155217 RANK

NAME OLL, A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
<u>Aug.</u>	<u>B. For.</u>	<u>34 10</u>		<u>4 42</u>			<u>20</u>	<u>8 15</u>		
	<u>W3069/574 2. D. W. King 3/8</u>			<u>26</u>				<u>7 89</u>	<u>NE STATE 2/1/19</u>	
		<u>34 10</u>		<u>4 68</u>			<u>20</u>	<u>CBal 7 89</u>		
<u>SEP</u>				<u>4 68</u>						

NON EFFECTIVE ACT.