

REGIMENTAL DOCUMENTS

NAME

Charles Armand

REGT. NO.

3171677

UNIT

H. Q. FILE NO.

H

9
S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

15947

DISCHARGE

Category

DESERTION

H

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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)

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)

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)

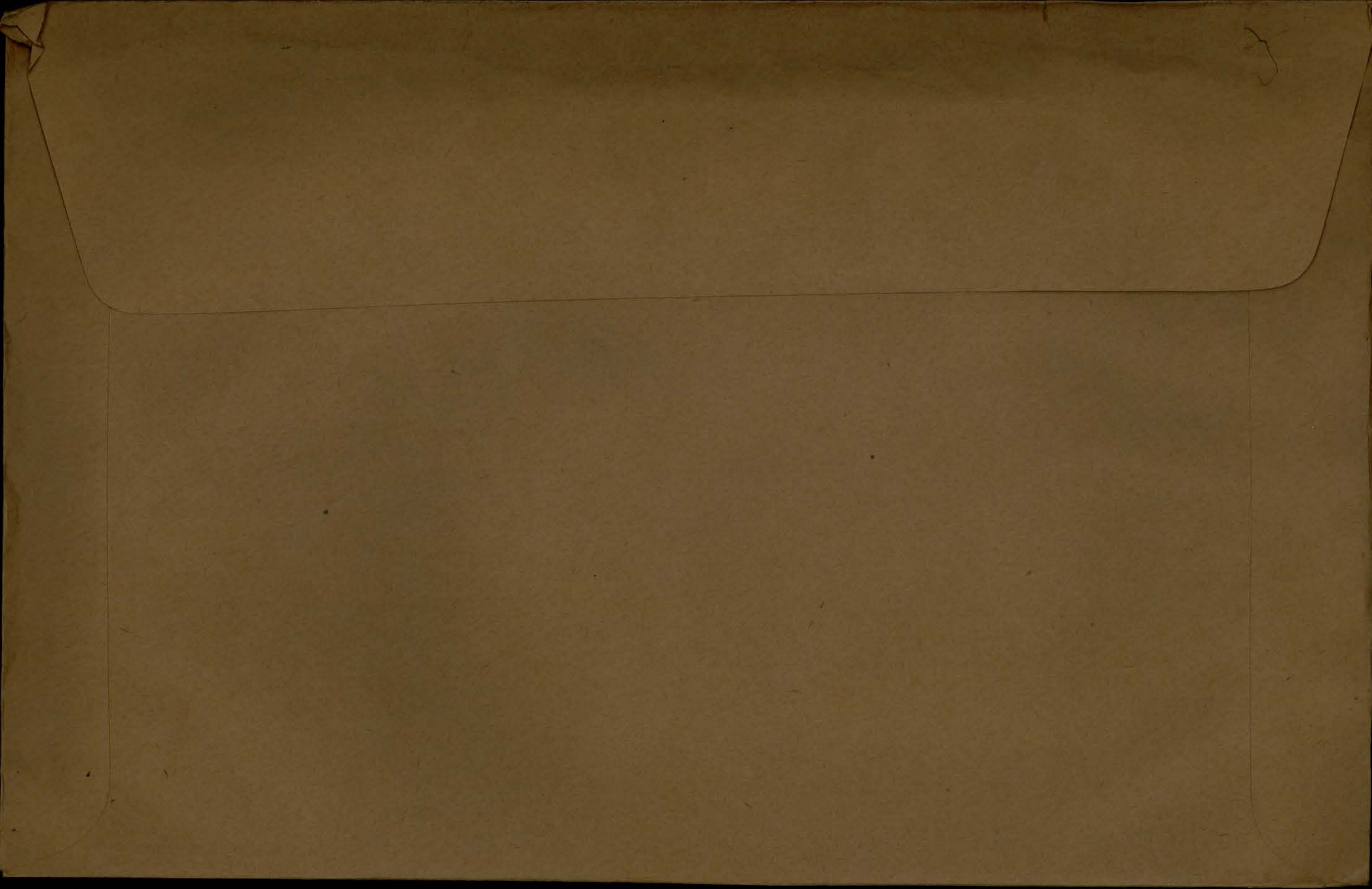
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

R.149

original copy

10-1-81

16-5
16-5
3-5



M. D. Depot Battalion Regiment
Regtl. No. D-

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class ONE.)

3171677

1. Surname CHAREST
2. Christian name Armand
3. Present address 161 Iberville st Montreal PQ Can
4. Military Service Act letter and number Never registered
5. Date of birth March 18th 1899
6. Place of birth Concord NH USA
7. Married, widower or single Single
8. Religion Roman Catholic
9. Trade or calling Carter
10. Name of next-of-kin Mr Elzear Charest
11. Relationship of next-of-kin Father
12. Address of next-of-kin Concord NH USA
13. Whether at present a member of the Active Militia No
14. Particulars of previous military or naval service, if any Nil
15. Medical Examination under Military Service Act :—
(a) Place Montreal PQ (b) Date 9-8-18 (c) Category

DECLARATION OF RECRUIT

I, CHAREST Armand, do solemnly declare that the above particulars refer to me, and are true.

Armand Charest (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age 19 yrs 5 mths.
Height 5 ft 11 1/2 ins.
Chest measurement } fully expanded 36 ins.
range of expansion 2 ins.
Complexion Med
Eyes Blue
Hair Brown

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

Shirley Coffman
O. C. Depot Btln.

Place Montreal PQ Can Date 1-6-18

ORIGINAL

ORIGINAL

3171677

MEDICAL HISTORY SHEET.

1. Surname..... **CHAREST** Christian name..... **Armand**

2. Number of report for service or claim for exemption according to Postmaster's Receipt or schedule..... **Never registered**

3. Consecutive number on schedule of men reporting for service (if he appears on it) **-----**

4. Address (including street) and number if any)..... **161 Iberville st. Montreal PQ. Can**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the **9th** day of **August 1918**, by the undersigned medical board sitting at **Peel st Bks Montreal PQ. Can**

5. Age as stated..... **19** Years..... **5** Months..... 6. Apparent age..... Years..... Month

7. Height..... **5** Feet..... **11 1/2** Inches..... 8. Weight..... **144** Pounds.

9. Chest measurement { Minimum..... **33** Ins. Maximum..... **36** Ins. 10. Complexion..... **Med** { Eyes..... **Blue** Hair..... **Brown**

11. Physical development..... **Good** { Good Fair Poor 12. Smallpox marks..... **Chief**

13. Number of vaccination marks { Right arm..... Left arm..... 14. When vaccinated last..... **Chief**

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

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma. We find no evidence of past { Rheumatism, Tuberculosis, Nervous or Mental disorder. Epilepsy, Syphilis, Asthma

(Strike out disease admitted or suspected)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A²

17. (a) Vision. R..... **30** L..... **30** (b) Hearing. R..... **OK** L.....

Signature of Man **Armand Charest**

Mr Rudderup President. **Albert** Member. **R2A1**

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
8/8/18		Quies Cholera St M. O.	8/8/18		Quies Cholera St M. O.
		M. O.	10/8/18		Quies Cholera St M. O.
		M. O.	18/8/18		Quies Cholera St M. O.

Joined..... **9th** day of **August** **1918** at **Montreal PQ. Can**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment		D 3171677		9-8-18
Transferred to.....		2nd DEPOT BN. 2nd QUEBEC REG		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N.B.—This sheet is 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 Christian Name

CHAREST

Armand

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 HOSPITAL, DEVONPORT.		11	10	18	15	10	18	Influenza Pneumonia		Emaciated, weak & nervous on admission. Patient is un- able to bring up sputum. He is very restless: heart action gradually became weaker: no reaction to stimulants. <u>Died</u> Wharfway. Capt. Rame	

MEDICAL CASE SHEET.

MILITARY HOSPITAL
DEVONPORT.

A. K. Don
No. in Admission and Discharge Book.
T 133
Year
1918

Regimental No. *3171677* Rank. *Pte* Surname. *Charest* Christian Name. *A.*
Unit. *Canadian 2nd Quebec* Age. *23* Service. *2/10*
CHA SCOT

Station and Date.
Devonport Oct 11th 1918
M.C.V. 0.25 cc.

Disease *(1) Influenza (2) Pneumonia*
stated to me that his name was Charest.

On admission Temp 102. P. 100.
The marked points about this case are his pallor & restlessness.
Signs are of a resolving Pneumonia he cannot be got to expectorate, what does come up is purulent and rusty. Will not lie down; talks fairly coherently.
Egg, milk, Brandy, Digitalin gr 1/100 3 hourly.
Pulse gradually failing respirat-ion different.

15.10.18

Quite delirious, dyspnoea bad.
This man is very emaciated and like the others of the batch, venous

do.

Died. *W. H. Gilroy Capt. Lane.*

Station
and Date.

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

Name, etc. I, **CHAREST, Armand.**

Regimental number **3171677** Rank **Private.** serving in the

End Depot Bn. 2nd Quebec Regt. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint **Mr. Elzear Charest.**

whose address is **Concord, N.H., U.S.A.**

to be the executor of this my last will.

General gift I give to **Mr. Elzear Charest.**

whose address is **Concord, N.H., U.S.A.**

all my property not disposed of above.

Date Dated at **Montreal, P.Q., Can.** this **9-8-18.** 191

Signature **Armand Charest.**
Signature of Soldier.

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

1ST WITNESS

2ND WITNESS

Witnesses Signature **A. Boirfue.**

Signature **George Vincent.**

Address **Peel St. Bks.**

Address **Peel St. Bks.**

Occupation **Soldier.**

Occupation **Soldier.**

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES.

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example :—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....
whose address is.....*250 Yonge Street, Toronto,*.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

GHV

FORM OF WILL

SEE INSTRUCTIONS ON BACK

If you do not specifically mention your life insurance it will be assumed to pass by this will.

3171077

Name, &c. I, CHAREST Armand

D Rank Private serving in the

2nd DEPOT BN. 2nd QUEBEC REG'T. Canadian Expeditionary Force,

declare this to be my last will, revoking all previous wills, if any.

Executor I appoint Mr Elzear Charest

whose address is Concord NH USA

to be the executor of this my last will.

General gift I give to Mr Elzear Charest

Concord NH USA

whose address is

all my property not disposed of above.

Date Dated at Montreal PQ Can this 9-8-18 1911

Signature Armand Charest
Signature of Soldier.

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

1st WITNESS
Witnesses Signature [Signature]
Address [Address]
Occupation [Occupation]

2nd WITNESS
Witnesses Signature George Vincent
Address Palat 10th
Occupation Soldier

FORM OF WILL

INSTRUCTIONS

NAME

Give your first names and surname in full. Fill in correctly your rank, regimental number and the name of the unit to which you belong.

EXECUTOR

Appoint as executor some responsible person, preferably a civilian, and if possible someone who is permanently resident in the Province where the property is situate. It is advisable that the person to whom you leave your property should be the executor. For instance, if you leave your property to your wife, you should ordinarily appoint her. One, two or more executors may be appointed, but the appointment of more than two is inconvenient.

LIFE INSURANCE

If you do not wish to pass life insurance by the will this should be stated.

SHARES

If you wish to give part of your property to one person and part to another, write in the blank space a gift of the property of which you want to dispose specially, and then complete the rest of the form. Thus, if you wanted to give your farm and implements to your sister, whose name was Mary Smith, and to leave the rest of your property to your mother, whose name was Elizabeth Smith, you would write into the form what appears in italics below.

For example:—

I give to my sister, Mary Smith, whose address is 154 William Street, Winnipeg, my homestead and farm implements.

I give to.....*my mother, Mrs. Eliz. Smith,*.....
whose address is.....*250 Yonge Street, Toronto,*.....
all my property not above disposed of.

DATE

Do not forget to insert the date on which the will is signed.

WITNESSES

Two witnesses are absolutely necessary. They and the soldier must all be present together when the three signatures are made. It is advisable that the witnesses should be persons permanently resident in Canada, and they must not receive any benefit from the will.

Rank *176 Dft 2 nBn*

Name *CHAREST, ARMAND.*

Reg'l No. *3171677*

Unit *2nd Quebec*

If in perm. Corps, }
What Unit? }

Married or Single *Single*

Place and Date of Enlistment *Montreal 1st June 1918*

Place of Birth *Concord N.H. U.S.A.*

Name and Address, Next-of-Kin *Mr. Elgear Charest*

Concord N.H. U.S.A.

Relationship *Father*

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E. R.B. No *14883*
File R.L. *25 C. 5483*
Category *D.O.C.*



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>Standard on England</i>	<i>12 10 18</i>	<i>S S CITY OF CAIRO</i>	
<i>22-10-18</i>	<i>Q.M.E.</i>	<i>Died :- Military Hosp. Devonport</i>		<i>14.10.18</i>	<i>C.L.C. 3498 10 Res. 16.10.18</i>
<i>23.10.18</i>	<i>10th Res Bn</i>	<i>T.O.S on arriving from Canada</i>		<i>11.10.18</i>	<i>Do 251.</i>

Temp

Army Form B. 103.

Regimental Number *3174677*

Casualty Form - Active Service.

Regiment or Corps *2nd Depot Bn 2nd Quebec Rgh*
 Rank *Pte* Surname *Charest* Christian Name *Armand*
 Religion *R.C.* Age on Enlistment *19* years *3* months
 Enlisted (a) *1.6.18* Terms of Service (a) *C.E.F.* Service reckons from (a) *1.6.18*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b) *Carter*
 or Corps Trade and rate.....
 Occupation..... Signature of Officer

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>26.9.18</i>	
			Disembarked ... <i>England</i>	<i>11.10.18</i>	
<i>23-10-18</i>	<i>Lt 10th Res. Bn</i>	<i>S.O.S on arriving from Canada.</i>	<i>B. Shott</i>	<i>11.10.18</i>	<i>D.O.P.II 251</i>
<i>26-10-18</i>	<i>Lt 10th Res. Bn.</i>	<i>S.O.S having died at Mil Hosp. Devonport (Influenza Pneumonia). Auth Quebec Rgh Casualty List CC 349</i>			
		<i>d/22-10-18</i>	<i>B. Shott</i>	<i>17-10-18</i>	<i>S.O.P.II 254</i>
		<i>J. Falander</i>	<i>Lieut Asst Adj 10th Res. Bn.</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, Shipping Smith, & Co. W. 8635 - M2.33 2000m 9/17 (35611), C. P. & S., Ltd., Form B./103 E/1807. P.T.O.

Extract of Information Coded for Hollerith

91.18

Regtl. No. 3171677

Name

Surname Charest

Christian Names Armand

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.
 A.P.C., Attestation Paper and Pay-roll Card.
 Cas., Casualty Form and Record Sheet.
 P.D., Proceedings on Discharge.

Extracted by: Slb

Coded by: Slb

Checked by: Jm

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched.....	11
B. Professional Soldier	A.P.	1	n.p.s.	0
C. Theatre of Service	Cas.	2	u.k.	7
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	n.s.	0
E. Rank on Discharge		P.D. 4	or	1
F. Date Discharged		P.D. 5	oct 14th 1918	58
G. Disposition on Discharge		P.D. 6	u.k. d. of disease	11
H. Place proceeding to		P.D. 7	n.a.	0
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	2nd d. 2nd R.	4410
K. Country of Birth	A.P.	8	u.s.a.	30
L. Occupation	A.P.	9	barber	72
M. Date of Enlistment	A.P.C.	5	aug. 1918	56
N. Place of Enlistment	A.P.C.	13	montreal	416

O. Age on Enlistment	A.P.		Years	19	19
P. Religion	A.P.		10	R.C.	2
Q. Rank when left Canada		Cas.	4	OR	1
R. Unit left Canada with		Cas.	12 (b)	Infantry	921
S. Date left Canada		Cas.	5	Sept 1918	57
T. Unit in England		Cas.	12 (b)	10th Res Bn	290
U. Date first proceeded to Theatre of War		Cas.	5		✓

Source of Information—Casualty Form.

1st Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

2nd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

3rd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

4th Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

X. Check Column

CHECK

Z. Casualties

Cas.

11

Died 7

YA. Honours and Awards

Cas.

~~1. Yes.~~

2. No.

~~1~~

2

YB. Married or Single

A.P.

~~4. M.~~

5. S.

~~6. W.~~

~~4~~

5

~~6~~

YC. Service Unit Transfer

Cas.

7. Subsequent Unit or Units.

8. First Unit.

All cards subsequent to 1st.

Last or only card.

WATCH

8

Surname

Christian Name or Names

3171677
Reg. No.

Charest

A.

~~3171699~~

Rank

Unit

etc

Gen. Depot (10 R)

Cas. List.

19.10.18 6347 ¹ Sgt A Desoupret. 13.10.18

ser ill

Pneumonia

22-10-18 C 349 ¹ x Died. 14-10-18

Influenza & Pneumonia.

5-11-18 6361. Note: 6347. correcting Regt. no. 2.

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

25-2-5480

Name **CHAREST** Rank **Armand / Pte.** Reg. No. ~~3171697~~ **3171677**
 Unit ~~2nd Coy Regt~~ (10 Res) **CHAREST**
 Next of Kin **M^r ELZEAR ARMAND** 24.10.18 (aw) (discharged)
CONCORD N.H. U.S.A

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
13 10	Adm Hsp Devonport		Pneumonia	(34)	31	3038
	SERIOUSLY ILL					
	(ADD FROM TRANSPORT)					
14-10	DIED		Influenza	349	417	3471
	Adm Hsp Devonport.					
	DATE OF BIRTH MARCH 18 th 1899					
	Religion - R.C.					
	Ref c 347 Ry no should read 3171677 not C343					
	3171697					

Reg. No. 3171677	Rank. pte	Surname Chaest.	Category.	Dentally Unfit.
		Christian Names (1) Armand.		
		(2).....	(3).....	Date

Place of Enlistment: Montreal	Date of 1.6.18	Taken on from Canada	Religion P.C	Inoculations	Company
Province: Que	Age on 19.5	Date 11.10.18		Vaccination	

On Command.....	Hospital.....	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service:	Profession or Trade (Civil) Porter
Reason for Return:	Transferred or Posted to Deed - Date 11/19/18

Married or Single Single	LEAVE.			
Address of Next of Kin Mr Chaest.	No. of Pass Issued.	FROM.	To.	Free Transportation.
Bucord. N.H.				
Country U.S.A.				

Number

3171677

Rank

CB

Surname

CHAREST

Christian Name

Armand

Units

Q.P.

Theatre of War

England

Date of Service

12-10-18

Remarks

(1) Elzear Charest, Reg.

Latest Address

161 Iberville St.
Montreal, P.Q.

Roll No

A Page 4853

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

M

✓ Charest, A., ✓ Pte. ✓ 3171677 ✓ 10th Bn. ^{Res} 649-C-25361

Med. & Dec. (Father) Elzear Charest, Esq.,
161 Iberville St.,
Montreal, P. Q.

P. & S. (Father) Address as above.
(Ser. # 765432)

Mem. Cross. ((Mother) Mrs. Matilda Charest,
Address as above.

Scroll Desp. JUN 1 1922 Reg. No. 46899

Phone Desp. JAN 1 1922 Reg. No. P25098

Elig. for Bawm (only)

43111
ae

M

641352

JAN 15 1921

682

REGT'L. No. 3171677
 H. Q. FILE NO 649

NAME Charest Armand
 RANK AND CORPS Co' 21st Res. Bn

FOLLOWS
 No. 2nd Regt Quebec
2nd Bn B.C.
 FOLLOWS

CABLE		NATURE OF CASUALTY
NO.	DATE	
		<i>undiscovered</i> Mpr. Elzear Charest (father) Concord. N. H. U.S.A.
9631	15-10-18	Ser. ill Mil. H. Devonport
9-6		Oct 13th, 1918. Adms. from transport. Pneumonia
21-8		
H417	23-10-18	Alat. Mil H. Devonport Oct 14th
		Influenza pneumonoid

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

C 347

Wil H Devonport

13-10-18

Pneumonia

C 348

David Prosser III

14-10-18

" & Influenza

649-C-25361

11
10
15

H. Q.

M. D. No. 4

T. O. S. June 1st 1918

D. O. Pt. II 221 of 10-8-18

S. O. S. 19

Reason

Auth.

Surname *Charest*

Christian names *Armand*

Regtl. No. *3171677* Rank *Pte.*

Unit *2nd Que. Regt 2nd Dep. Bn.*

Next of kin *Charest, Elzear*

Relationship *Father*

Address *Concord, N.H. ^{avenue} & O.
town.*

Also notify *J. J. Charest
Montreal*

*161 Jesuville St
Montreal P.Q.
and letter 26.1.20*

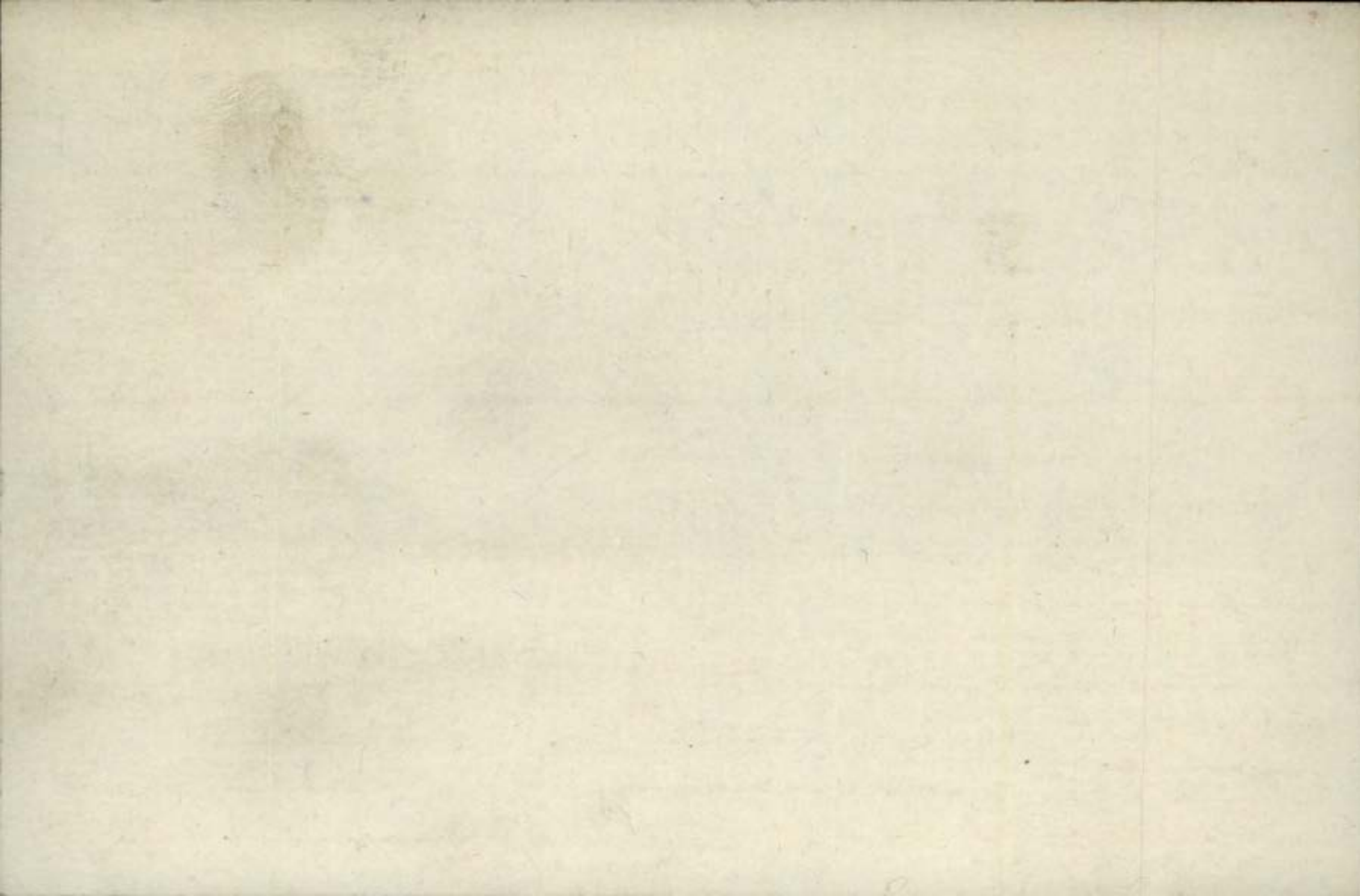
54-21-38-1-14-12-18.

BORN—Place *U.S.A. Concord N.H.* Date *Mar. 18th 1899*

ATTESTED—Place *Montreal P.Q.* Date *June 1st 1918*

O/S *28-4-18 1463*

R/C



* Strike out whichever inapplicable.

ASSIGNED PAY:	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- CHAREST Armand				
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- 3171677				
AMOUNT:-		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		
				L.P.C. from Canada	1-10-18	<i>file</i>		
				UNIT AND TRANSFERS				
				ORIGINAL UNIT:-	<i>Draft No 176 2/2 The Regt</i>			
				DATE ACCOUNT FIRST OPENED:-	<i>1-10-18</i>			
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'P'O	UNIT TRANSFERRED TO	
							<i>10 Res</i>	
				<i>6349-22/10/18</i>	<i>1/1/18</i>	<i>26/4/18</i>	<i>M. E. "D"</i>	
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	
				DAILY RATES OF PAY AND ALLOWANCES				
				AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
				L.P.C. from Canada	<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>30-9-18</i>	<i>Bal. from Canada</i>												<i>16 30</i>		
<i>Oct.</i>	<i>PP</i>	<i>Dec'd sup living a</i>	<i>34 10</i>		<i>NON EFFECTIVE ACT.</i>								<i>50 40</i>	<i>15</i>	<i>file</i>
			<i>34 10</i>												<i>W.E. 50 40</i>

