REGIMENTAL DOCUMENTS

NAME CHAYER JOSEPH REGT. NO. 3171479 UNIT H. Q. FILE NO. 4

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
3	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
1	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
S 1	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				17292	
	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
1	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	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)					
1	B.149.					26-4-37
1	A.G. 10434					
1	Can card					
1	1371237					
1	120181					
1	Dis Wtf					
	M.X. 23-2-21 R.R.					

M

H

W. 2589
100M-11-18
1772-39-1377

EP

2nd DEPOT BN. 2nd QUEBEC REG'T.

ORIGINAL

4 M. D. Depot Battalion Regiment

Regtl. No. D-

PARTICULARS OF RECRUIT

3171479

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One) D 3171479-X

1. Surname: CHAYER
2. Christian name: Joseph
3. Present address: Sault Ste Marie Ont Canada
4. Military Service Act letter and number: Never Registered
   (If man is defaulter, i.e., has not registered under Proclamation, this fact should be stated, together with date of apprehension, or surrender)
5. Date of birth: Oct 13th 1895
6. Place of birth (town, township or county and country): St Alexix Co Montcalm P.Q. Can
7. Married, widower or single: Single
8. Religion: Roman Catholic
9. Trade or calling: Painter
10. Name of next-of-kin: Mr Stanislas CHAYER
11. Relationship of next-of-kin: Brother
12. Address of next-of-kin: St Liguori Co Montcalm P.Q. Can
13. Whether at present a member of the Active Militia: nil
14. Particulars of previous military or naval service, if any: nil
15. Medical Examination under Military Service Act :—
    (a) Place: Montreal P.Q. (b) Date: August 7th 1918 (c) Category: A2

SUFFICIENT ADDRESS

DECLARATION OF RECRUIT

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

Joseph Chayer (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age: 23 yrs. 9 mths.

Height: 5 ft. 6 1/2 ins.

Chest measurement: fully expanded 37 ins.; range of expansion 3 ins.

Complexion: Medium

Eyes: Blue

Hair: Brown

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

O. C. Depot Btln.

Montreal P.Q. Can — Place

Au 11-11-17 — Date

Regt.

M. F. W. 133.
500M.—5-18.
1772—39—1158

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, CHAYER, Joseph

Regimental number 3171479 Rank Pte. serving in the

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

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

Executor I appoint Nil.

whose address is Nil.

to be the executor of this my last will.

General gift I give to My Brother, Mr. Stanislas CHAYER.

whose address is St. Liguori Co. Montcalm, P.Q. Can.

all my property not disposed of above.

Date Dated at Montreal, P.Q. Can. this August 6th., 1918 191

Signature Joseph Chayer.

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.

Witnesses

1st WITNESS	2nd WITNESS
Signature Emele Perrar.	Signature George Vincent.
Address Peel St. Bks.	Address Peel St. Bks.
Occupation Soldier.	Occupation Soldier

M.F.W.82
100m-6-18
1772-39-983

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.

MILITARY SERVICE ACT, 1917.

ORIGINAL

DUPLICATE

EP

MEDICAL HISTORY SHEET.

3171479

1. Surname CHAYER Christian name Joseph

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) Sault Ste Marie Ont Canada

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 6th day of August 1918 19....., by the undersigned medical board sitting at Peel St barracks Montreal P.Q. Can

5. Age as stated 23 Years 9 Months. 6. Apparent age Years Month

7. Height 5 Feet 6 1/2 Inches. 8. Weight 144 Pounds.

9. Chest measurement { Minimum 34 Ins. Maximum 37 Ins.

10. Complexion Medium { Eyes Blue Hair Brown

11. Physical development Good { Good Fair Poor

12. Smallpox marks

13. Number of vaccination marks { Right arm 1 Left arm

14. When vaccinated last Chris

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

Slight defects but not sufficient to cause rejection

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.

J Williams Maj President.

Member. McRuddick Capt Member.

Signature of Man Joseph Chayer

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
17/8/18	Ernest Cherbol	M. O.	17/8/18	Ernest Cherbol	M. O.
		M. O.	19/8/18	Ernest Cherbol	M. O.
		M. O.	23/8/18	Ernest Cherbol	M. O.

If raised in category, record category in a square. The M. O. will initial and date.

Joined 6th day of August 1918 19..... at Montreal P.Q. Can

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment			3171479	
Transferred to	2nd DEPOT BN. 2nd QUEBEC REGT.		D-	6-8-18

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.

M. F. B. 313.

300M —4-18.

1772-39-439.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
KING GEORGE HOSPITAL, LONDON, S.E.		26	10	18	Died 8	11	18	Influenza Pneumonia	13	Reported sick with pains in body & limbs & cough. Broncho Pneumonia. 7. 11. 18. Condition much worse. Cyanosis. 8. 11. 18. Died. Cause of Death – Primary – Influenza. Secondary – Pneumonia (Broncho)	Lt. Col. R.A.M.C.

M.F.B. 465.
200m.—6-18.
1772-30-950.

EP

2nd DEPOT BN 2nd QUEBEC REGT.

DENTAL HISTORY SHEET.

CANADIAN ARMY DENTAL CORPS

District 4

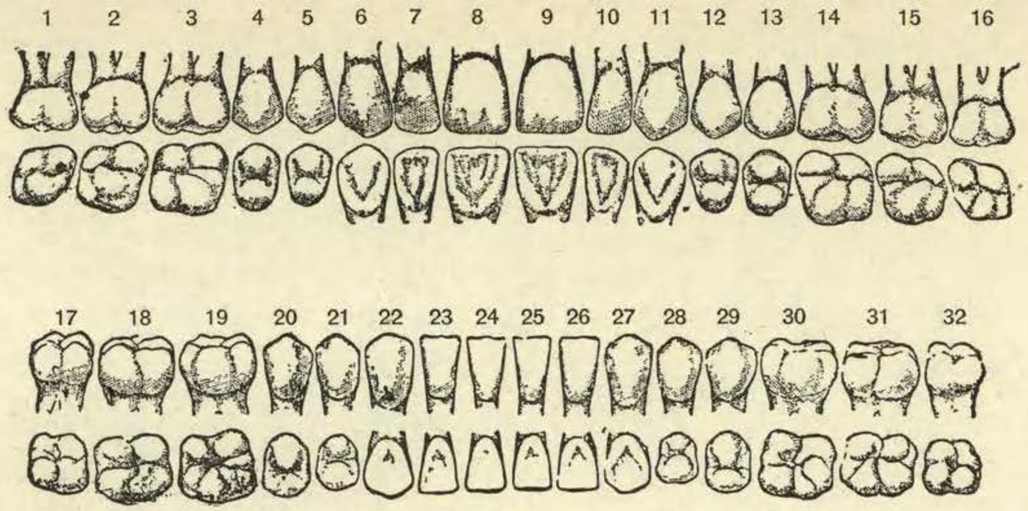
No. D-

81714769

Name of Soldier CHAYER Joseph

Regiment

Rank Pte



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES			Gold Clasp	Gold Filling	CROWNS		Bridge Work	OPERATOR	Military District	REMARKS
													U	L	P			Gold	Porcelain				
Condition on first Examination																							

EP

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

3171479

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd DEPOT BN 2nd QUEBEC REG'T,

Regimental No. D* Rank PTE Name CHAYER Joseph

Enlisted (a) 11-11-17 Terms of Service (a) ~~C. E. F.~~ C. E. F. Dofw Service reckons from (a) 11-11-17

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) Painter

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				
		Embarked H.M.T. Saturnia Disembarked England	Montreal → Liverpool	AUG 2 1 1918 17-9-18	W. D. Rudford Cook
30.9.18	O.C. 10th Can. Res. Bn.	T.O.S. on ~~transfer from~~ arriving from Canada	B. Shott	17.9.18	D.O.P. II 231
9.11.18	O/C 10th Res. Bn	S.O.S. having died at King George Hosp. London (Influenza) Auth Tel. King George Hosp. London. d/8-11-18 and F.P.C. 23-2/36 d/8.11.18	B. Shott. R. Falconer	8.11.18	D.O.P. II 266 Lieut Asst Adj 10th Res Bn

(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.

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				

Form R 122.
2353—100M—9-12-16.

Rank | Name CHAYER, Joseph. | Reg'l No. 3171479

Unit | If in perm. Corps What Unit? | Married or Single Single

Place and Date of Enlistment Montreal Que. Nov. 11. 1917. Place of Birth Montcalm, Que.

Name and Address, Next-of-Kin Mr. Stanislas Chayer

St. Liguori Co. Montcalm. Que. Relationship Brother

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 15140
File R.L. 25/5583
Category D.O.6

M.X. 23-2-21 R.R.

H. W. V., Ld.—9546-16.

Report. Date.	Report. From whom received.	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.
	C	Arrived in England.		16 9 18	Saturnia
20 9 18	IORES	T.O.S. FROM CANADA	BRSHOTT	4.9.18	DO #223.
9.11.18	—"—	Died: King George Hpl Stamford Street	London	8.11.18	CLE 365 (Influenza)
9.11.18	—"—	Bo. Having Dies	Bshott	8.11.18	D.O.266

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.					

Surname	Christian Name or Names	Reg. No.
Chayer.	J.	3171479

Rank	Unit
pte	Que. 10R.

Cas. List.	
31-10-18 C357	King George Stamford St. 27-10-18 Influenza Rw.
9-11-18 C365 ①	Died. 8-11-18 R.

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

Cas. List.

NAME Chayer Joseph

REGT'L. No. 3171479

H. Q. FILE No. 649

RANK AND CORPS Pte 10th Res Bn Trnk R.C.R. 2nd Ge

FOLLOWS No. 2 11

FOLLOWS

CABLE NO.	CABLE DATE	NATURE OF CASUALTY
Nofk 1410		Stanislas Chayer (Brother) St. Rigouri Co Montcalm P.Q.
H466	10-11-18	Dat King George H. Stamford St. London Nov 8th/18 Influenza.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
6357	King Geo Stamford	26 27-10-18	Influenza
6365	Reptt Died	8-11-18	

Joseph. 25-C-5583 ag.

Name CHAYER. Rank Pte. Reg. No. 3171479

Unit 10 Res

Next of Kin Mr. STANISLAS CHAYER (BROTHER)
ST. LIQUORI Co.
Canada. MONTCALM P.Q. QUEBEC

Date 1918.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
27-10	King George Hosp.	Stamford St.	Influenza	C 357		302 11.
8-11-18	DIED		do.	C 36		4640
	King George Hosp. Stamford St.					
	BORN 13th Oct. 1895					
	RELIGION R.C.					
	Hm Forces					

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

HRB

Number 317479 Rank Pte

Surname CHAYER

Christian Name Joseph

Units Q. R. Theatre of War England

Date of Service 16-9-18

Remarks (B) Mr. S. Chayer,
St. Ligouri,
Co. Montcalm,
Que.

Roll No. A Page 4832

200m.-6-21....

(This form to be filled in by all ranks on voyage to Canada.)

.....

R	RANK	SURNAME	INITIALS	UNIT
.....	.....	.....	.....	.....

al address.....
(Street) (City or Town) (Province)

one person to be notified of arrival.....

.....

Station in Military District to which a furlough warrant is required.....

..... Railway.....

d, is your wife on board.....Number of children on board.....

tination.....

(Sgd.).....

DESP. APR 7 1923
REGN. NO. 5143

H. Q. 649-C-25892.

CHAYER, Pte. Joseph, #3171479, 10th Res. Bn.

Med & D (Brother) Mr. S. Chayer,
St. Ligouri,
Co. Montcalm, Que.

P & S (Brother) Address as above.

(Ser # 765452)

Mem Cross (Nil)

Scroll Desp. JUN 1 3 1921 Regn. No. 246901
4171

OCT 26 1921 Regn. No. B-135-88

England Only
Eligible for B.W.M.

R.R.

8
11
18
D

H. Q. .....

M. D. No. 4

Surname Chayer.

T. O. S. Nov. 11th 1917

Christian names Joseph.

D. O. Pt. II 219 of 8-8-18

Regtl. No. 3171479 Rank Pte.

S. O. S. ..... 19 .....

Unit 2nd Que Regt. 2nd D/20 Bn (174. R.D)

Reason .....

Auth. .....

Next of kin Chayer Stanislas

Relationship Brother

Address St. Liguori, Co. Montcalm P.Q.

Also notify: .....

BORN—Place Canada, St Alexis de Montcalm P.Q. Date Oct 13th 1895

ATTESTED—Place Montreal, P.Q. Date Nov. 11th 1917.

O/S 30-8-18 1412 3

R/C .....

W. 22—100M-7-18. 1772-39-839.

Reg. No.	Rank.	Surname Chauvet	Category.	Dentally Unfit.
3/104/19		Christian Names (1) [illegible] (2) ..... (3) [illegible]	Date	

Place of Enlistment:	Date of	Taken on from	Religion	Inoculations	Company
Montreal	[illegible]	[illegible]	R		
Province: Que	Age on 23-9	Date	R.C.	Vaccination	

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

Record of Overseas Service:	Profession or Trade (Civil)
	Painter.
	Transferred or Posted to Died
Reason for Return:	Date 8/4/18

Married or Single Single	LEAVE.			
Address of Next of Kin Brother	No. of Pass Issued.	From.	To.	Free Transportation.
Stanislas Chauvet				
St Liguori Montcalm				
Country Que Canada				

A.G. 10434.

Part 2 Order Entries.

No.	Date	Ref.	No.	Date	Ref.
221	30-9-15	SD			
266	9.11.15	SD	Deed		

TRAINING.

Weeks of Training.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	Over.

Nature of Training	Date passed test
Drill	
Musketry	
Bombing	
Rifle Bombing	
Bayonet Training	
Anti-Gas	
Lewis Gun	
Rapid Wiring	

Special Training Courses, etc.

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
6 to 7/12	3171949	Pte	Cheyer.	J
Year 1918	Unit. 10/Cans		Age. 23	Service. 3/12

Station and Date.

Disease 1/ Influenza 2/ Pneumonia

States began to feel ill 23-10-18
pains in body & limbs cough.
Broncho Pneumonia.
7-11-18 Condition much worse
Cyanosis.
8-11-18 Died.

Cause of Death.
Primary Influenza
Secondary Pneumonia (Broncho)

[illegible]
Lt.Col. R.A.M.C.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 2nd Canadian. Military Hospital K.G.H.

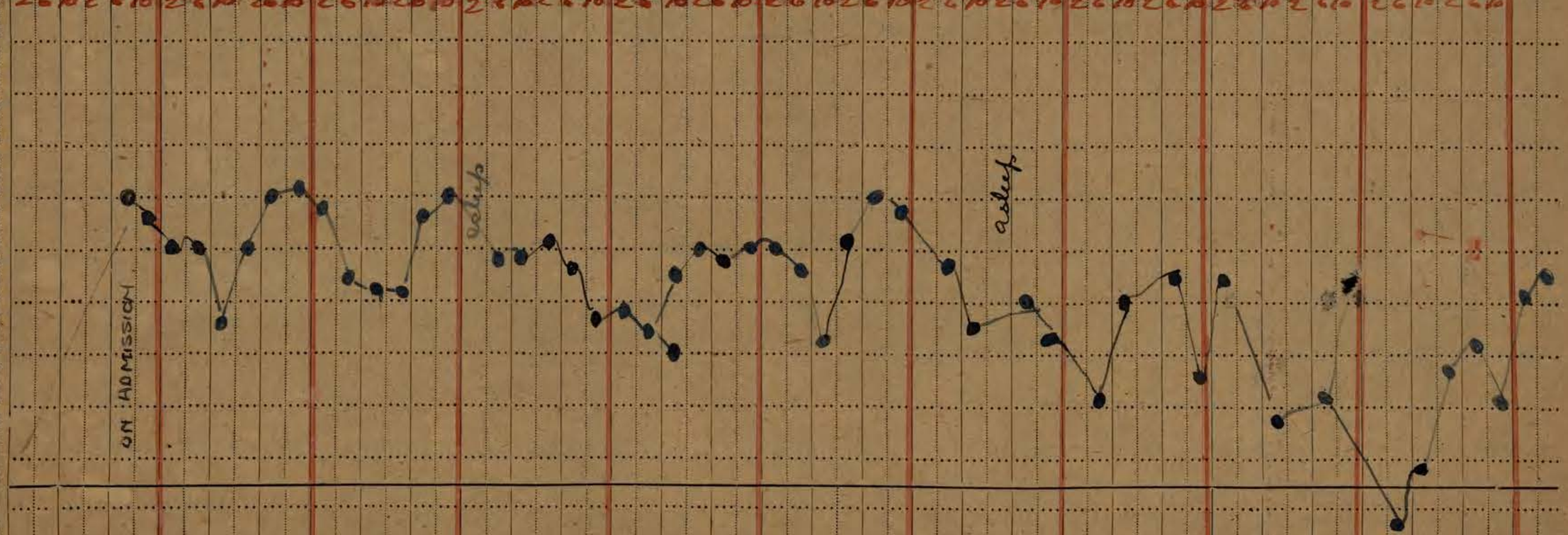
No. 3141479. Rank and Name Pte. J. Cheyer Age 23 yr. Service 4/12 yr.

Disease _____ Date of admission October 26th 1918 Date of discharge _____ Result _____

Dates of Observation: Oct 26, 27, 28, 29, 30, 31, 1, 2, 3, 4

Days of Disease

Temperature, Fahrenheit — Time A.M. P.M.



Pulse per Minute

Respirations per Minute

Motions per 24 Hours

Signature _____ In charge of case.

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Army Form B. 181.

CLINICAL CHART.

(To be attached to Case Sheet.)

Corps 22nd ~~10th~~ Canadians Military Hospital _____

No. 3171479 Rank and Name Pte Cheyer Age _____ Service _____

Disease _____ Date of admission 26-10-15 Date of discharge _____ Result _____

Dates of Observation	*	5		6		7		8		9		10		11		12		13		14	
Days of Disease																					
Temperature, Fahrenheit	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.	Time A.M. P.M.
Pulse per Minute	120		120 120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120
Respirations per Minute	30		30 30	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24	24
Motions per 24 Hours				1						1											

Wt. W3728/M2313—2,000,000—6/17—H. & Sp. (10693)—A.F.B. 181/5 (E. 735)

Signature _____ In charge of case.

P 820
12474—375M—15-2-18.

FRENSHAM

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		AMOUNT:–	

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.

NAME:– CHAYER. Joseph.

NUMBER:– 3171479

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
L.P.C. from Canada	1-9-18.	Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT Draft No. 124. 2/2. Que Reg.

DATE ACCOUNT FIRST OPENED:– 1-9-18

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			10th Res Bn
CLA 365. 9/11/18	1/2/19	25/1/19	N.B. "D"

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. Cutform Canada	1 ·	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:–

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Aug 31	Bal from Canada								24 80		
Sept	P.P.	33		AR 6495. Frensham 21/9/18.	4 87				52 93		
				" 6420 " 19.9.18.	4 87				48 06	15	
		33			9 74						
Oct.	PP	34 10		AR 7431 Frensham 4/10/18	4 87				77 29		
				AR 8173 — do — 21/10/18	38 93				38 36	30 –	
		34 10			43 80						
Nov.	PP	33 –							71 36		
	C.N. 4528. Cash in effects from K.G. Hosp. PMQ dep. 3147. 26-14-3	~~32 67~~	32 67 R						104 03	45 –	
		33 –	32 67								
Feb	Lux on 3rd Ray 31/3/19	1 13							105 15	NET 9 39 C. 105 15	
		1 13									

Due Balance C.O. 365 9.11.18

NON EFFECTIVE ACT.