



ATTESTATION PAPER

Original
417.169
No. 417169

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name?.....
2. In what Town, Township, or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your trade or calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?.....
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?.....
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?.....

Dunn, Adlard
Box Sawyer, Gaspé
Charles - Dunn
Box Sawyer, Gaspé
15 April 1885
Sawyer
no
yes
no
no
yes
yes

I see down here Gaspé 417169

Adlard Dunn (Signature of Man.)

Sgt. W. H. ... (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Dunn, Adlard*, do solemnly declare that the above answers made by me to the above questions 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.

MAY 17 1915

Adlard Dunn (Signature of Recruit.)

Date 1915 *Sgt. W. H. ...* (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Dunn, Adlard*, 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.

MAY 17 1915

Adlard Dunn (Signature of Recruit.)

Date 1915 *Sgt. W. H. ...* (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 *17* day of *MAY 17 1915* 1915.

Arthur Meyer (Signature of Justice.)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

W. D. ... (Approving Officer.)

DESCRIPTION OF Dunn, Adelard ON ENLISTMENT.

Apparent Age 20 years 1 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.

Height 5 ft. 8 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 ins.

(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.)

Scar on left arm

Complexion dark

Eyes brown

Hair brown

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

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 May 17 - 1915

Place Montreal

Hector Aubrey
 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:—

CERTIFICATE OF OFFICER COMMANDING UNIT

A. Dunn 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.

A. R. Chamberlain (Signature of Officer.)

Date 17-5- 1915

Keel

REGIMENTAL DOCUMENTS

NAME Runn, Ado Card

REGT. NO. 417169

UNIT

H. Q. FILE NO.

S

H

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)

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)

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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)

DEATH

Category

K. in a

40277

22

DISCHARGE

Category

DESERTION

H

Box 4046 75

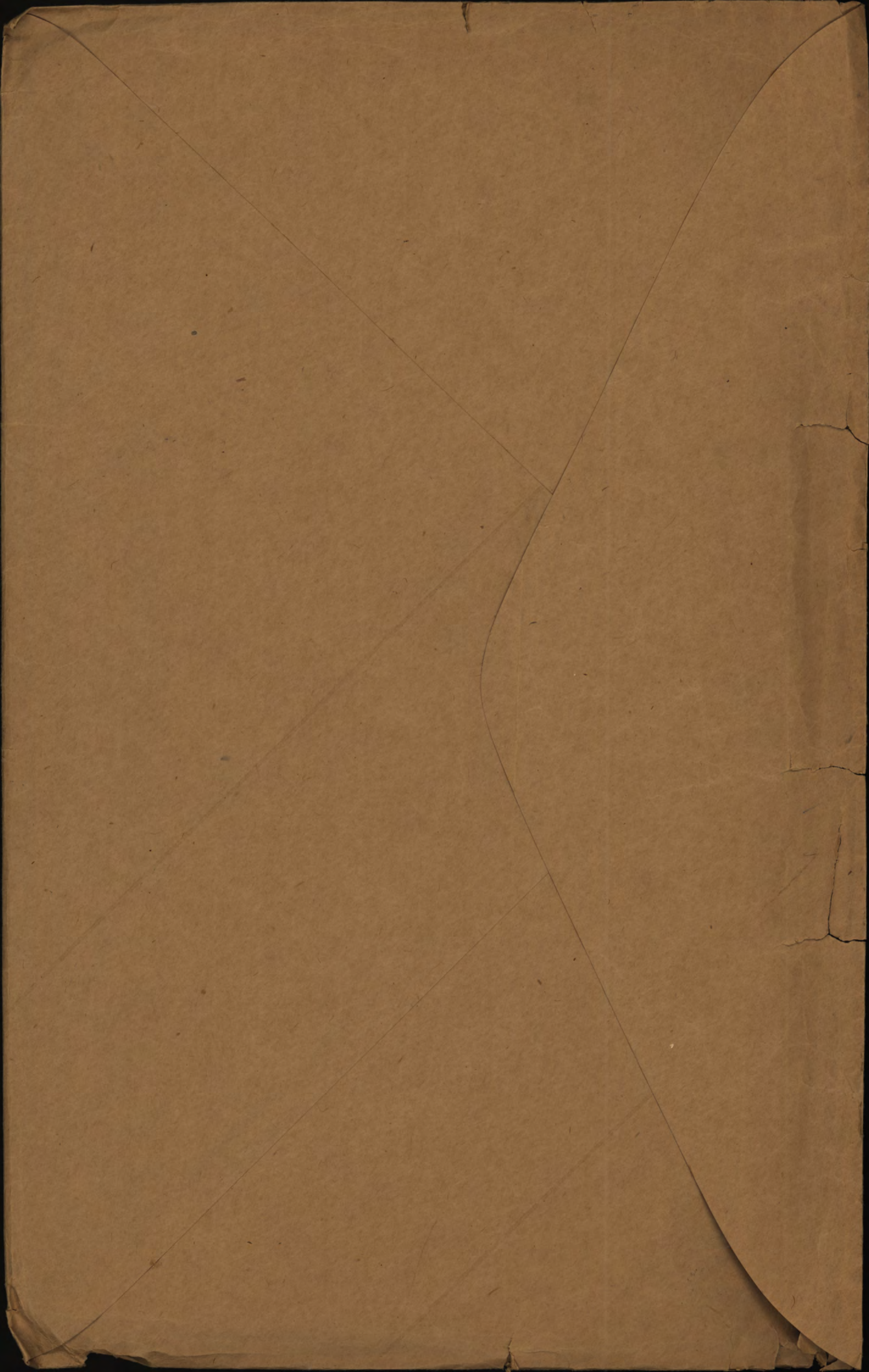
CANADIAN FORCES
RECORDS CENTRE
PERS JACKET
PERS ROOM

27-10

2

2 cards
paid
1R149

MX
25221



ADELARD

R. L. 25-D. 2636

Name **DUNN**Rank *Pte*

Reg. No. 417169

Unit *22nd Bn*Next of Kin *Charles DUNN. FOX SAUVEUR, GASPE, Co. Gaspé, P.O. Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918</i>	<i>DC Unit Reports</i>		<i>H</i>	<i>234</i>		<i>1844</i>
<i>28</i>	<i>KILLED IN ACTION</i>				<i>H157</i>	
	<i>H. L. O #55 of 4.6.18. 22nd Bn</i>					

No. 17169

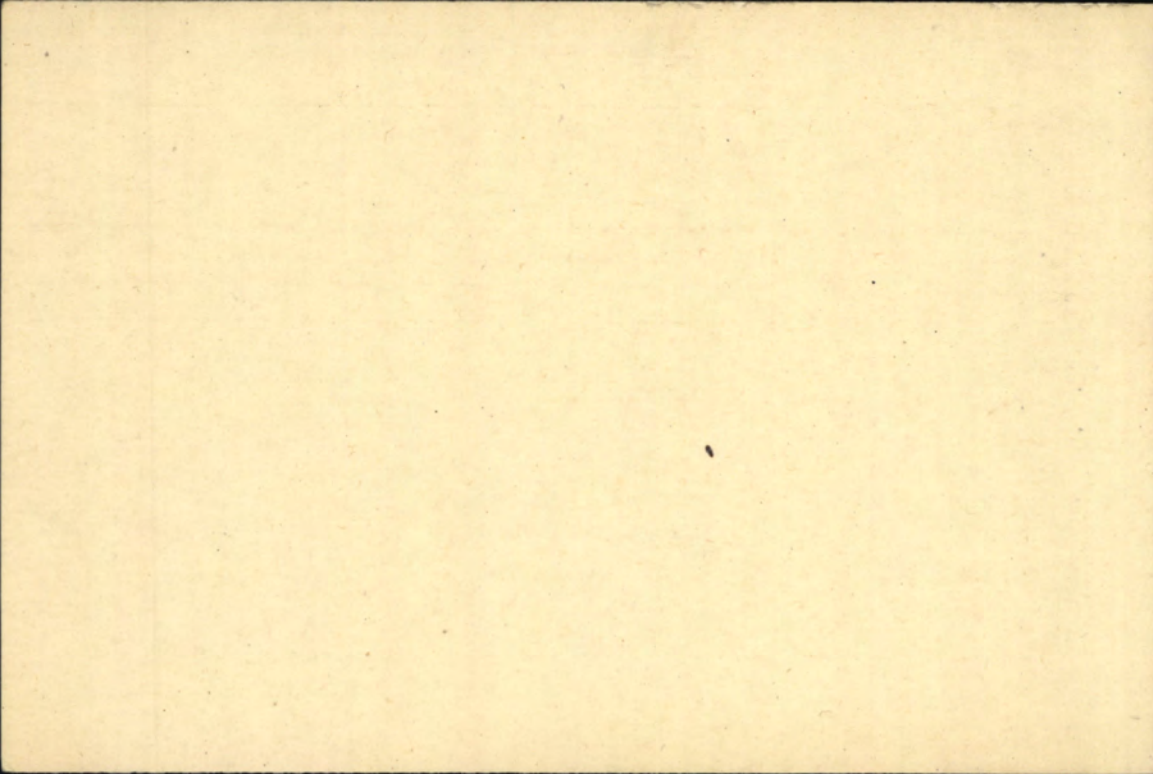
RANK Pte

NAME Dunn, Adilard

T. O. S. 17-5-15 UNIT 41st Battalion
(DO. 64 of 24-5-15)

M. D. 5

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
May 17	May 31	✓	7 Days Det. & 3 Days Pay. 5/8/15	50.125 of 6-5-15.
June		✓		
July		✓		
Aug.		✓		
				UNIT SAILED OCT 1 '8 1915



NAME

Dunn.

Adelard

H. Q. FILE No. 649-

REGT'L. No.

414169

RANK AND CORPS

Pvt. 22nd Bn. (from 41st Bn)

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
Charles Dunn (R.N.S)	Fox River, Gaspe P.Q.	
H15786 ¹⁻⁸ -18		Killed in action May 28 th 1918
also List 234/7-678		

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a358	#11 Cav. Sld. Amb.	25-8-16	trench fever
a358	#56 an " "	30-8-16	" "
a381.	#9 " " "	30-8-16.	" " to duty

160
Number

417169

Rank

Bt

Surname

DUNN

Christian Name

Adelard

Units

22 Brandy

Theatre of War

France

Date of Service

15-4-16

Remarks

Latest Address

Mr. Odillon Dunn (Bt)

Nakusp. B. C.

Roll No.

200m. 221.M.

DATE

B. Page 15847

HISTORY

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

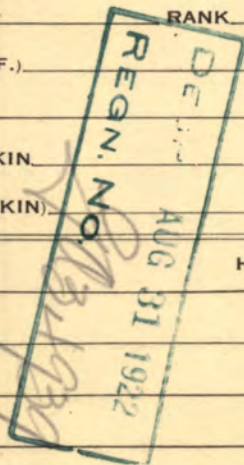
ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

HISTORY

DATE



6
SURNAME.

Dunn

CHRISTIAN NAMES

Adelard

REGL. No.

417169

RANK

Pte.

UNIT

41st.

FORMER CORPS

Nil.

CARD No.

D

FOLL.

Bn.

NEXT OF KIN.

NAMES IN FULL

Dunn Charles

RELATIONSHIP TO SOLDIER

ADDRESS

Fox River Gaspé P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada *Fox River Gaspé P.Q.*

DATE

PLACE OF ATTESTATION

Montreal P.Q.

DATE

May 17th 1915

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

H. Q. 649-D-13030.

✓
DUNN, Pte. ✓
Adelard, ✓ #417169, ✓

T.E.C. 22 ²⁴ Bm

Med & D (Brother)

Mr. Odilon Dunn, *m*
Nakusp, B. C.

P & S (Brother)

Address as above.

Ser. # 766278.

Mem Cross (Nil)

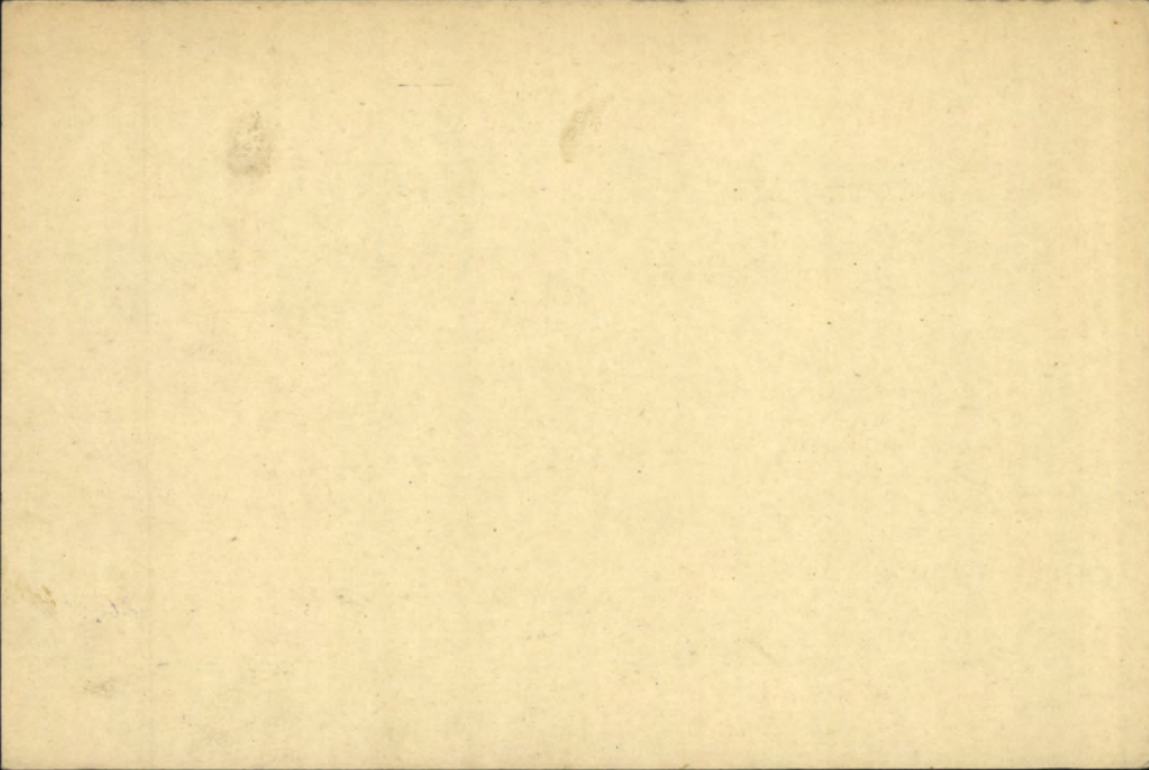
Scroll Desp. ~~MIN 1 1 1002~~ Reqn. No.

*SR. 19 ⁷/₂
2 + 6751*

SEP 29 1948
Plaque Desp. Reqn. No.

*not elig. 14/15 star
elig. O. m.
B.W. m.*

P. 3240



Surname

Christian Name or Names

Reg. No.

Dunn.

A.

414169.

Rank

Unit

Co.

Troop

Batty.

Pte.

22 Bal.

Hospital

Date of Admission

Transferred

11. 6. 7. Amb

Hosp. *25.8.16*

5 " "

Hosp. *30.8.16*

Hosp.

Hosp.

Diagnosis

French fever.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

R.F.B.

Killed in Action.

28-5-18 R

DISPOSITION

Disc. to Duty ^{Date} *30-8-16*

REMARKS

Bl. 26.10.16. A358.

" 27-11-16 A381

" 7-6-18 A 2340

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL 84
MEDICAL HISTORY SHEET.

Surname Dunn Christian Name Adelard

Examined { on 27th day of May 1915
at Montreal

Approved by Robert Morin

Birthplace { City or Town Fox Saumur
County Gaspe

Rank Capt M.O.

Apparent age 20 yrs 1 month

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Trade or occupation Labourer

Height 5 Feet 8 Inches.

Weight 152 Lbs.

Chest measurement { Minimum 38 inches.

{ Maximum expansion 41 inches.

Physical development Normal

Small-Pox Marks no

Vaccination Marks { Arm Right Left +
Number 1

Date	Result	VACCINATIONS.
		M.O.
		M.O.
		M.O.

When Vaccinated last 1909

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/6/15</u>	<u>Good</u>	<u>J. P. Gauthier</u> M.O.
<u>13/6/15</u>	<u>"</u>	<u>J. P. Gauthier</u> M.O.
		M.O.

Enlisted on 17th day of May 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>41st B</u> <u>Co. B</u>	<u>411169</u>		<u>17-5-15</u>
Transferred to.. ..				

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.

Surname.....*Johnson*..... Christian Name.....*Robert*

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				
No.11. Can Fld Amb.		28	8	16	30	8	16	Trench Fever		A 358.	
No.5. Can Fld Amb.		30	8	16	30	8	16	"	Discharged to Duty	A 358.A 381. EP.	
									Duplicate Medical History Sheet posted to here. <i>ms</i>		

CERTIFIED CORRECT 103.
 Canadian Army Form
 Record Office,
 Westminster House,
 7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 1st Bn C.O.C.F.
 Regimental No. 417169 Rank Pte Name Dunn Delard
 Enlisted (a) 17/5/15 Terms of Service (a) A. of N. Service reckons from (a) 17/5/15
 Date of promotion } Date of appointment } Numerical position on }
 to present rank } to lance rank } roll of N.C.Os. }
 Extended _____ Re-engaged _____ Qualification (b) _____

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				
		Transferred to 22nd Battalion, C.E.F. Authority.	C.E.F.		Lieut., A/Adj. for O.C. 41st Bn. C.E.F.
15 APR 1916		<i>Drafted to 22nd Can Batt overseas from the 23rd Res Batt, C.E.F.</i>			<i>R. del Tennant.</i> LIEUT. & ADJT.
19-4-16	C.B.D.	EMBARKED FOR FRANCE. Arrived from England as reinforcement from 23rd Res. Bn & taken on strength 22nd Can. Bn Left Can. Base Depot Joined Unit	C.B.D.	15/4/16	Troops / 724. A. & 2-a.
	"		Field	16-4-16	101 BD/3/284
	O.C. Bn		Field	4/5/16	W Roll
6/5/16	"		Field	6/5/16	B 213
12/5/16	"		11 C.F.A.	25/8/16	A 36
2/9/16	11 C.F.A.	trench fever	5 "	30/8/16	"
"	"	transf to 5 C.F.A.	13 "	25/8/16	"
26/8/16	13 C.F.A.	trench fever	4 WRS.	"	"
"	"	Transf to 4 WRS	13 C.F.A.	"	"
"	11 C.F.A.	1013 C.F.A.		"	A 36

(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.

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					
3 ⁹ / ₁₆	5C/A	Influenza to duty	S.C.F.A. Duty Field	30 ⁸ / ₁₆	U 36	200-15 ¹⁰ / ₁₆
13 ¹² / ₁₆	16 Bn	Rejoined Unit	-	31 ⁸ / ₁₆	K J. 115/1108	205-15 ¹² / ₁₆
25 ⁸ / ₁₇	do	Granted 10 days leave	-	18 ⁸ / ₁₇	B 213. Pt II. ord - dy -	
8-9-17	5C	Rejoined from leave	Field	1-9-17	B 213	
30-5-18	22nd Bn.	KILLED IN ACTION	Field	28-5-18.	C 91.-K.I. 17-1182. Part. II. Orders 55 of 1918.	
		Whogan Lieut-Colonel, A.A.G., Canadian Section,	Major, for General Headquarters, 3rd Echelon.			

Reg'l No **417169** Name **DUNN, Adelard**

Unit **41st Bn Off-1-23rd** If in perm. Corps, What Unit?

Married or Single **Single**

Place and Date of Enlistment **Montreal, May 17th 1915**

Place of Birth **Fox Sauveus, Gaspé**

Name and Address, Next-of-Kin **Charles Dunn,
Fox Sauveur, Gaspé, Cp. Gaspé, P.Q. CAN**

Relationship

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From 1915.	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Nov. 1	20	20	1.00	30	30	10	3.00	43	71	8	973				3893	407	10 ⁰⁰ bal. Oct 1/15.
Dec. 1	31	31	1.00	31	31	10	3.10	34	10	127	2920				3207	410	
Jan. 1	31	31	1.00	31	31	10	3.10	34	10	181	1947				1946	1874	
Feb. 1	29	29	1.00	29	29	10	2.90	31	90	227	973				1947	3117	Transferred M.S.
23 rd Mar	1-31	31	1.00	31	31	10	3.10	31	17	307	487			12 10 4 02 3 18	2905	3622	440 22 72 Oct. 1906 24/16 Clothing, pay 29-2-16

CANADIAN
ASSIGNED PAY ~~AUDIT~~
W.A. Howland
AUDIT CLERK
DATE *20/6/19*

BALANCE TRANSFERRED TO NEW LEDGER.

*Barra Forge
to new ledger*

152 1520 10 17720 12166 19 32 140 98 3622 Balance

RVG

Rank **DFE** Name **DUNN. Adelard** Reg'l No. **417169**
 Unit **41st Bn** If in perm. Corps, }
 What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Montreal, May 17th 1915** Place of Birth **Fox Sauveus, Gaspe**
 Name and Address, Next-of-Kin **Charles Dunn,**
Fox Sauveur, Gaspe, Cp. Gaspe, P.Q. CAN Relationship
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship
 Discharge, Date and Place Reason Character **80**



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>per S. S. Saxonia</i>		28 OCT 1915
<i>2.3.16</i>	<i>Ob. 41</i>	<i>Trans. to 23rd Bn</i>	<i>Schiffe</i>	<i>29.2.16</i>	<i>Pt. II 53 (56-23rd Bn)</i>
<i>22.3.16</i>	<i>Ob. 23</i>	<i>Ydypdet. Forf. 4 days PTA Abs</i>	<i>"</i>	<i>22.3.16</i>	<i>" 68</i>
<i>31.3.16</i>	<i>"</i>	<i>awh. Pay deferred by D.O. dated</i>	<i>"</i>	<i>20.1.16</i>	<i>" 76</i>
<i>15.4.16</i>	<i>"</i>	<i>Trans. to 22nd Bn</i>	<i>O'seas</i>	<i>15.4.16</i>	<i>" 88 103-28.4.16</i>
<i>30.4.16</i>	<i>22nd Bn.</i>	<i>Taken on flight from 23rd Bn.</i>	<i>"</i>	<i>16.4.16</i>	<i>" 18</i>
<i>16.10.16</i>	<i>"</i>	<i>Adm 11 Can. Hd. Quarters.</i>	<i>In the Field</i>	<i>25.8.16</i>	<i>a. 358 French fever.</i>
<i>"</i>	<i>"</i>	<i>" 5 " " "</i>	<i>"</i>	<i>30.8.16</i>	<i>" "</i>
<i>27.11.16</i>	<i>"</i>	<i>Disch'd to duty re 5 C.F.A.</i>	<i>"</i>	<i>"</i>	<i>a. 381 "</i>
<i>4-6-18</i>	<i>22 Bn</i>	<i>Killed in action</i>	<i>Re</i>	<i>28-5-18</i>	<i>Do. 55</i>

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Fox Sauvens Gaspe*

NAME AND ADDRESS OF NEXT OF KIN *Charles Dunn
Fox Sauvens, Gaspe Co Gaspe P.Q.*

RELATIONSHIP OF NEXT OF KIN

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

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No *417169* RANK *Pte* NAME *Dunn, Adelard*

IF IN PERM. CORPS WHAT UNIT UNIT *23rd* TRANSFERRED TO *22nd Bn.* DATE *28.5.16* AUTHORITY *130.88*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Montreal* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *14th May 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

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.	DATE	No.
<i>1916</i>			<i>167 20</i>										<i>10</i>		<i>177 20</i>																							
<i>April</i>	<i>1-30</i>	<i>30 1.00</i>	<i>30.</i>	<i>30.10</i>	<i>3</i>									<i>33</i>	<i>2021 1574</i>					<i>243</i>					<i>19 32 140 98</i>	<i>36 22</i>							<i>Incl clothing C/1577</i>					
	<i>1-31/5</i>	<i>31 1.</i>	<i>31</i>	<i>31 10</i>	<i>3</i>	<i>10</i>								<i>34 10</i>	<i>99 25/5 2933 6/5</i>						<i>255 475</i>				<i>6 10</i>	<i>89 69</i>												
	<i>1-30/6</i>	<i>30 1.</i>	<i>30</i>	<i>30 10</i>	<i>2</i>									<i>23</i>												<i>122 69</i>												
	<i>1-31-7</i>	<i>31 1</i>	<i>31</i>	<i>31 10</i>	<i>3</i>	<i>10</i>								<i>34 10</i>	<i>1091 20/7</i>					<i>5 23</i>				<i>5 23</i>	<i>157 56</i>													
	<i>1-31-8</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>2</i>	<i>10</i>								<i>34 10</i>												<i>185 66</i>								<i>Issued 1st Apr 15/18</i>				
	<i>1-30/9</i>	<i>30 1.00</i>	<i>30</i>	<i>30 10</i>	<i>3</i>									<i>33</i>	<i>116 30/9 1143 20/9 1224 21-6 1222 26-9</i>	<i>1351 9-10</i>				<i>4 61</i>				<i>6 13</i>	<i>11 36</i>	<i>207 30</i>												
	<i>1-31/10</i>	<i>31 1.00</i>	<i>31</i>	<i>31 10</i>	<i>3</i>									<i>34 10</i>	<i>1373 29 1505 25/10 1506 1/10</i>					<i>5 11</i>	<i>2 62</i>				<i>10 35</i>	<i>231 05</i>												
	<i>1-30/11</i>	<i>30 1.</i>	<i>30</i>	<i>30 10</i>	<i>3</i>									<i>33</i>							<i>2 62</i>					<i>2 62</i>	<i>261 43</i>											
	<i>Dec 31</i>	<i>31 1</i>	<i>31</i>	<i>31 10</i>	<i>3</i>	<i>10</i>								<i>34 10</i>						<i>11 30</i>	<i>2 62</i>				<i>12 96</i>	<i>281 59</i>												
<i>1917</i>			<i>27 50</i>			<i>27 50</i>																																
<i>Jan 1-3/17</i>	<i>31 1.00</i>	<i>31 10</i>												<i>34 10</i>	<i>1710 7/1 1634 14/1 1604 18/1</i>					<i>2 62</i>					<i>5 24</i>	<i>270 23</i>												
<i>1-28/17</i>	<i>28 1.00</i>	<i>28 80</i>												<i>30 80</i>	<i>1604 18/1 1604 18/1</i>					<i>2 62</i>					<i>5 24</i>	<i>235 99</i>												
			<i>53 460</i>											<i>10</i>	<i>544 60</i>					<i>4 24 45</i>	<i>10 40</i>	<i>4 25</i>	<i>12 166</i>		<i>29 85</i>	<i>208 61</i>	<i>335 99</i>											

CANADIAN
ASSIGNED PAY ~~OFFICER~~
W.A. Moreland
AUDIT CLERK
DATE *22/6/19*

M

* Strike out whichever inapplicable

ASSIGNED PAY ENGLAND or CANADA. SEPARATION ALLOWANCE ENGLAND or CANADA.

NAME:- *DUNN, Adeland*

EFFECTIVE DATE:- EFFECTIVE DATE:-

NUMBER:- *417169*

AMOUNT:- AMOUNT:-

PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:- *23rd Bn*

DATE ACCOUNT FIRST OPENED:-

AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T'S'D UNIT TRANSFERRED TO

22nd Bn
N. E. D.

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

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

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>1918</i>											
<i>March</i>	<i>Bal B.Y.</i>								<i>458.49</i>	<i>396.75</i>	
				<i>AR 31 22nd Bn 5/4</i>	<i>1.78</i>				<i>456.71</i>		
				<i>✓ 7/4</i>	<i>4.46</i>				<i>452.25</i>		
				<i>✓ 20/4</i>	<i>3.57</i>				<i>448.68</i>		
	<i>P.P.</i>	<i>33</i>				<i>9.81</i>			<i>481.68</i>	<i>411.75</i>	
		<i>33</i>									
<i>MAY</i>	<i>11</i>			<i>AR 186 10/5</i>	<i>4.46</i>				<i>477.22</i>		
		<i>34 10</i>							<i>511.72</i>	<i>426.75</i>	
		<i>34 10</i>			<i>4.46</i>						
<i>Sept.</i>	<i>intro of pay</i>	<i>21 10</i>							<i>536.12</i>	<i>411.75</i>	
		<i>24 10</i>									
<i>Feb</i>				<i>B. 47081 Bal Trans to Ottawa</i>	<i>536.12</i>				<i>536.12</i>		

Null. 78-5-18

CANADIAN
ASSIGNED PAY AUDITED
W.A. Macleank
AUDIT CLERK
DATE *20/6/19*

Nil

