

ORIGINAL.

Original

ATTESTATION PAPER.

02764
No. 526526

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Hanson
- 1a. What are your Christian names?..... Gaston Joseph
- 1b. What is your present address?..... 642 St. James St. Montreal
- 2. In what Town, Township or Parish, and in what Country were you born?..... Schenectady, N.Y. U.S.A.
- 3. What is the name of your next-of-kin?..... Alice Dempsey
- 4. What is the address of your next-of-kin?..... 432 State St. Schenectady, N.Y. U.S.A.
- 4a. What is the relationship of your next-of-kin?..... Fiancée
- 5. What is the date of your birth?..... Dec. 19th 1892.
- 6. What is your Trade or Calling?..... Saddler
- 7. Are you married?..... No
- 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?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Gaston Joseph Hanson, 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.

Joe Hanson (Signature of Recruit)

Date Feb. 9th 1916. Truel (Signature of Witness)
cap. ams

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Gaston Joseph Hanson, 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.

Joe Hanson (Signature of Recruit)

Date Feb. 9th 1916. Truel (Signature of Witness)
cap. ams

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 9th day of February 1916

Truel (Signature of Justice)

Description of Gaston Joseph Hanson on Enlistment.

Apparent Age 23 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.

(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. 7 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 2 1/2 ins.

Complexion fair

Eyes blue

Hair light brown

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

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 Feb. 7th 1916.

Place Montreal.

E. J. Kullback
Capt. A. M. C.
 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.

Gaston Joseph Hanson 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.

J. B. Evans (Signature of Officer)
 CAPT. A. M. C.

Date Feb. 16th 1916.

O. G. A. Section No 2 F. A. Depot.

28/5/1826

DISCHARGE DOCUMENTS

R. O. No.
H. Q. No.

(S)

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *22*
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet..... *1*
- Compulsory Stoppages.....
- Casualty Forms..... *1*
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *2*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

(M)

Name *HANSON, GASTON, JOSEPH*
 Regt, No *526578* Rank *Pte.*
 Corps *"A" Sect. 2nd Flld. Amb. Depot.*
Killed in action 9-4-17

07303

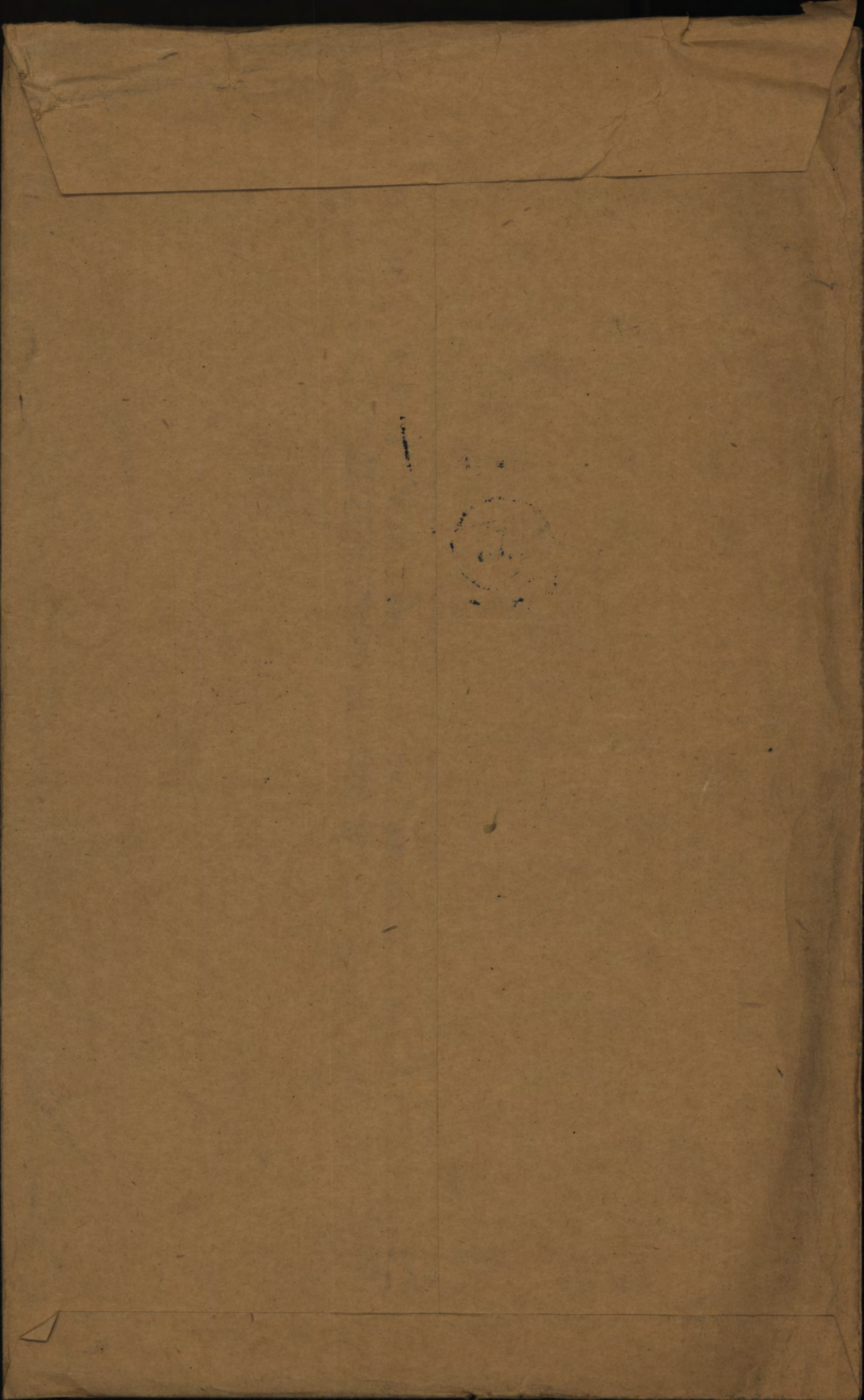
- Index Card.....
- Casualty Card..... *1*
- Non-Effective Card.....
- Part II Order Card..... *1*
- Change of Address Card.....
- Honour & Award Card.....

(H)

4-27
19-27
32-28

cas card - 2
R122 - 1

M.X. 29/3/20 TB



E.M. 4

Number 526528^v

Rank *a/2 Lt*

[Handwritten signature]

Surname HANSON^v

Christian Name *Gaston Joseph*^v

Units *4th Can M.G Bde* Theatre of War *France*^v

Date of Service 3/6/16^v

Remarks *(fiancée)*

[Red handwritten mark]

Latest Address *Mrs. Lily Davis,*
83 Lansdowne Rd.,

Roll No. *B Page 101 34*
Tidal Basin,
West Ham, Eng.

200m.-2-21.M.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No Date _____ Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date	Remarks

*—Name will be given in full; surname first.

RESERVED
OCT 28 1902
REGN. NO. 46755
B. H.

Name **HANSON, Gaston** Rank
Joseph
Unit
Next of Kin

A.I. Cpl.

Reg. No. **526528**

3rd. C.D.M.G?C. (7)

25.#-2661

U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917				A	M	
9-4	KILLED IN ACTION			220	2884	26-4
<p><i>Cancelled entry on D.C.L. A-220. This man was on the strength of the C.D.M.G. & only attached to 17th Regt. Coy. - Wrongly verified by R. II</i></p>						
<p><i>see C.A.M.C.</i></p>						

A-257

Date

Movement

Place

Casualty

List
No.

Notified
N/K O.

W.O. List

(649-71-9823)

CARD NO.

D
COLL.

SURNAME *Hanson.*

CHRISTIAN NAMES *Gaston Joseph.*

REGL. NO. *02764* RANK *Pte.*

UNIT *"A" Sect. No. 2 2nd Div. Gen. Hq. Depot.*

FORMER CORPS *Nil.* *auth for No. M 2884-25-419*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Hempsey, Alice.*

RELATIONSHIP TO SOLDIER *Trancee.*

ADDRESS *1132 State St. Schenectady,
N.Y. U.S.A.*

COUNTRY OF BIRTH *U.S.A. Schenectady, N.Y.* DATE *Dec. 19th 1892.*

PLACE OF ATTESTATION *Montreal.* DATE *Feb. 9th 1916.*

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Saddler,

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

23.

YEARS

1.

MONTHS

HEIGHT

Not Stated

FEET

INCHES

CHEST MEASUREMENT

Not Stated

INCHES

EXPANSION

INCHES

COMPLEXION

Fair.

EYES

Blue.

HAIR

Lt. Brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Montreal

DATE

Feb. 7th 1916.

Hanson A/R/C. ^{Govt. 02/21/21} 526528-7 m. y. ^{corp}
NOT ELIGIBLE FOR STAR

medals
&
dec.

M Mrs. Lily Davis ^{for the Head}
Miss Lily Heale

Auth. 649 H. 9823. 83 Lansdowne Rd.
15/1/21. Mr Tidal Basin
West Ham
England

Pts. Y. Heale as above 5096
(Serial no. 791223) Scroll Desp. 151020 n. No. 2.287/8

JAN 19. 1922 Plague Desp. No. Ph 4443
mother dead:

never
was not married

a 2040

1872
MAY 10
NEW YORK

1872
MAY 10
NEW YORK

1872
MAY 10
NEW YORK

1872
MAY 10
NEW YORK

Name HANSON, Gaston, Joseph.
 Rank A/L/Cpl.

Reg. No. 526528

Unit C.A.M.C. GENERAL.

DIED ^{No} 17

Next of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917	<u>REPORTED FROM BASE</u> KILLED IN ACTION:-		Rept. Killed in Action			25-4-17 M2884
	(Previously erroneously published on 3rd Division Machine Gun Company Cas.List A220, Dated 26-4-17) A553.					

REGT'L No 526528

H. Q. FILE No. 649-

NAME

Hanson Gaston Joseph.

RANK AND CORPS

A./L./Cpl. 3rd Div. Mach. Gun. Co. 23rd

CABLE

No.

DATE

U.S.A. NATURE OF CASUALTY

FOLLOWS

No. 23rd

Amb. Dep.

FOLLOWS

M2884 25-4-17

Killed in action April 9th 1917

A. F. B. 2090a

Killed in Action April 9th 1917

Ronen 23-4-17

Dec 26-6-17.

LIST No

CA m lo.

HOSPITAL

DATE OF
ADMISSION

REMARKS

673
~~A-226~~

Rep. from the Base

9-4-17

Killed in Action

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

Casualty Form—Active Service.

Unit, Regiment or Corps "A" Section, 2nd Field Amb. Depot.

Regimental No. 526528 Rank Private Name Hanson, Gaston, Joseph,
C. E. F.

Enlisted (a) _____ Terms of Service (a) _____ Service reckons from (a) _____

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) _____

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 33, 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				

Paraker Camp Dibrgate

TRANSFERRED FROM C.A.M.C. TRAINING SCHOOL, Overseas

2 - JUN-1916

J. C. Skene CAPT. C.A.M.C.,
COMMANDING C.A.M.C. TRAINING SCHOOL

3. 6. 16.	OB. CBD.	Taken on strength of C.A.M.C. General on arrival in France as Reinforcement. Auth: Non Roll. CBD. dt 3/16	Havre.	3. 6. 16	PT II Ord I no 23 d / 7/16
24. 6. 16.	do	Att to 7 th Bdege M & Co as water detail as in WE. Auth Non Roll CBD dt 24/16	Field	24. 6. 16.	PT II Ord No 27 d / 7/16.
22. 9. 16.	7 MGC.	App. a/L/Cpl without pay	"	19. 9. 16.	B213 PT II 34 d / 3 ¹⁰ /16
14. 4. 17.	"	Killed in Action	"	9. 4. 17	B213. PT II 35 d / 23 ⁴ /17. DBS No 218. dt 23 ⁴ /17. <i>J. C. Skene</i> Capt. Sjt Capt. For DAAG Can Sec 3 rd ECH GHQ

(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, Shoering 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				

RVG

Rank

a/c/cpl
R.F.

Name

HANSON, Gaston Joseph

Camb. Co.
att. 7th M.B.G.

Reg'l No.

526528

Unit

Dft A. Sect No 2
F.A.D. to C.A.M.C.T.D.

If in perm. Corps,
What Unit?

02764
Married or Single

Single

Place and Date of Enlistment

Montreal, Feb 9th 1916

Place of Birth

Schenectady, N.Y.,
U.S.A.

Name and Address, Next-of-Kin

Alice Dempsey,

432, State Street, Schenectady, N.Y., U.S.A

Relationship

Fiancée.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. *646*

File R.L. *25-H-2661*

Category *R.A.*

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>13-3-16</i>		<i>Arrived in England via S.S. Scandinavian</i>		<i>13-3-16</i>	
<i>16.3.16</i>	<i>Camb. Co.</i>	<i>Taken on Strength Saragat</i>		<i>13.3.16</i>	<i>PA II 79.</i>
<i>5.4.16</i>	<i>do</i>	<i>On Command. Cooking School. St. Albans.</i>		<i>4.4.16</i>	<i>PA II 99.</i>
<i>28.4.16</i>	<i>do</i>	<i>Reported for duty from " " " "</i>		<i>27.4.16</i>	<i>122. A 9. B. 103. 7th M.B.G.</i>
<i>2.6.16</i>	<i>Lt</i>	<i>of 1st Squadron Overseas</i>	<i>Libgate</i>	<i>2.6.16</i>	<i>PA II 157</i>
<i>7.6.16</i>	<i>CAMB Co</i>	<i>Taken on strength</i>	<i>France</i>	<i>3.6.16</i>	<i>PA II 23</i>
<i>7.7.16</i>	<i>do</i>	<i>Att: as on H.E. to 7th M.B.G. 60</i>	<i>Field</i>	<i>24.6.16</i>	<i>PA II 23</i>
<i>7.7.16</i>	<i>3CD</i>	<i>as water detail</i>			
<i>7.7.16</i>	<i>misc. (?)</i>	<i>Att: to 7th M.B.G.</i>	<i>do</i>	<i>24.6.16</i>	<i>PA II 12</i>
<i>3.10.16</i>		<i>App'd Act/H/Corp unpaid</i>		<i>19.9.16</i>	<i>34</i>
<i>21.4.17</i>		<i>Case to be att'd to 7th M.B.G. on being KIA.</i>		<i>9.4.17</i>	<i>61</i>

10/

32014

MILITIA AND DEFENCE

Ref. No. 22289....

ASSIGNED PAY.

To whom Mrs. L. Heale, (Stepmother)

By whom assigned Hanson, Gus. Joseph

Address 83, Landowne Road,

Regtl. No. 526528

Tidal Basin,

Rank Pte.

Westham, London.

Corps &c. C.A.M.C. (Attached to 7th

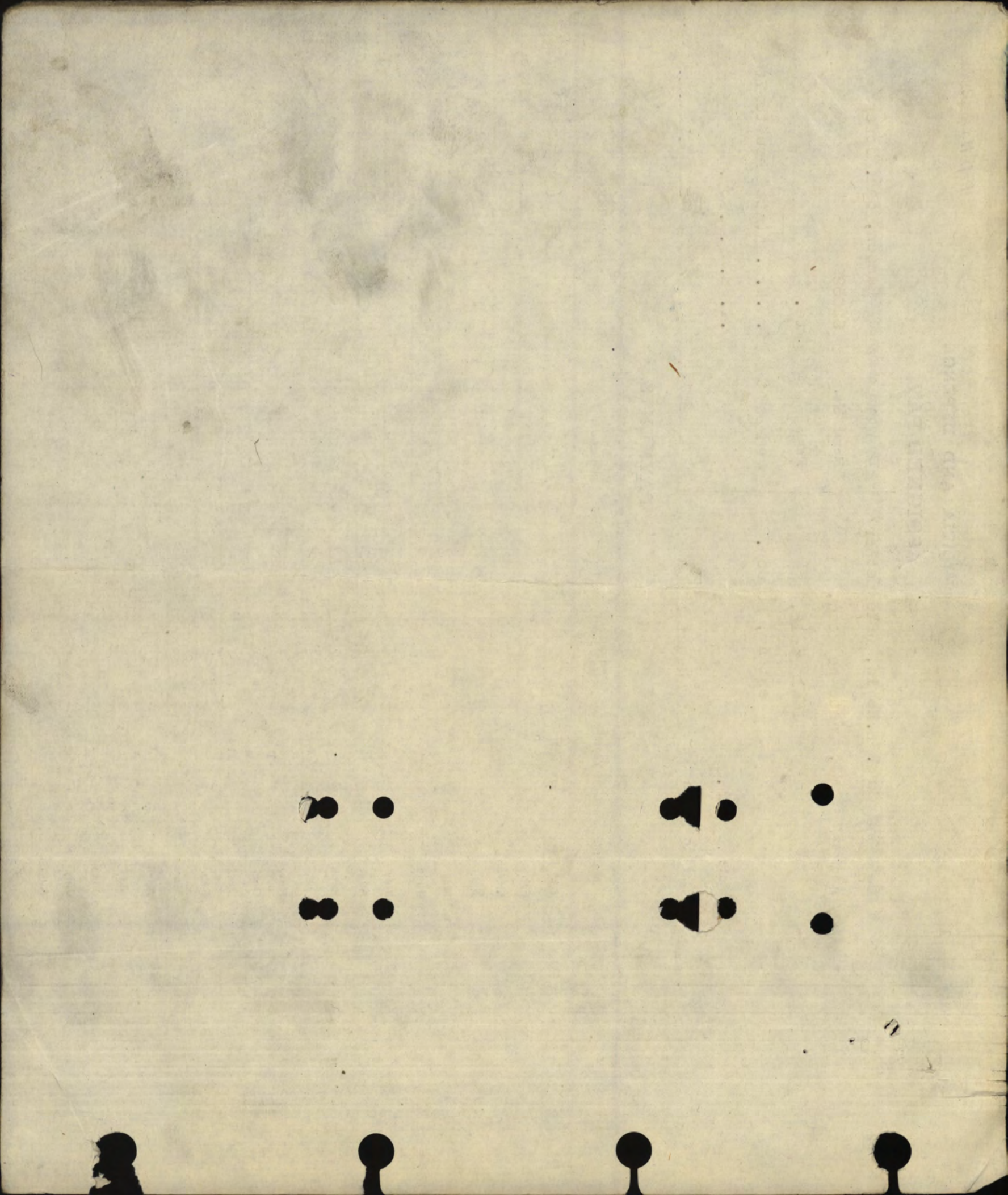
Rate 5.00

C.I.Bn. M.G. Coy.

Date to Commence 1st August 1916

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Pay Sheet Deduction.	REMARKS.
Jan.	1916				
Feb.					
March					
Apl.					
May					
June					
July					
Aug.		146974	15		
Sept.		161955	15		
Oct.			\$ 30		Payment Stopped A. 3 M Form.
Nov.					
Dec.					
Jan.	1917				
Feb.					
March					
April					
May					
June					
July					
Aug.					



BVG

P-56

Rank _____ Name **HANSON. Gaston Joseph** Reg'l No. **526528**
 Unit **Dft A. Sect. No 2** If in perm. Corps, }
P.A.D. to C.A.M.C.T.D. What Unit? } Married or Single **Single**
 Place and Date of Enlistment **Montreal, Feb 9th 1916** Place of Birth **Schenectady, N.Y., U.S.A.**
 Name and Address, Next-of-Kin **Alice Dempsey,**
432, State Street, Schenectady, N.Y., U.S.A Relationship **Fiancée.**

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	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Feb 25/2	Mar 31	36	1	36	36	10	360	10	4960						1459	3501	

12 Original
ORIGINAL

MEDICAL HISTORY SHEET.

02764
526528

Surname Hanson. Christian Name Gaston Joseph.

Examined { on 7th day of Feb. 1916
at Montreal.
Birthplace { City or Town Schenectady
County N.Y. U.S.A.
Approved by E. J. Kullaly
Rank Capt. U.S.A. M.O.

Apparent age 23 yrs. 1 mo.
Trade or occupation Saddler.
Height 5 Feet 7 Inches. M.O.
Weight 149 Lbs. M.O.
Chest measurement { Minimum 32 1/2 inches. M.O.
Maximum expansion 36 inches. M.O.
Physical development Good M.O.
Small-Pox Marks None M.O.

Vaccination Marks { Arm Right Left
Number 2
When Vaccinated last 1914. Feb 21/16 C.H.D. Smith Capt. A.M.C. M.O.
(a) Marks indicating congenital peculiarities or previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection None
Date Result ANTI-TYPHOID INOCULATIONS, ETC.
16/2/16 J. Baumann Capt. M.O.A.M.C.
Feb 21/16 C.H.D. Smith Capt. A.M.C.
Full Amount Received. M.O.

Enlisted on 9th day of Feb 1916 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>A. Section</u>	<u>02764</u>		<u>9-2-16.</u>
Transferred to.. ..	<u>2^d F. A. Depot.</u>	<u>526528</u>		

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 *Hanson* Christian Name *Gaston Joseph*

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				
<i>Montreal</i>	<i>9th/₁₆</i>						<i>No admission</i>			<i>[Signature]</i>	
<i>Shenbrooke</i>	<i>10th/₁₆</i>						<i>No admission</i>			<i>E.H.V. Smith</i>	

E.H.V. Smith
Duplicate Medical History Sheet posted to here.

Surname **Hanson.** Christian Name or Names **G. J.** Reg. No. **526528.**
Rank **A/Cpl.** Unit **(3rd. MG.)** Co. **Camb.** Troop **(att. 7th B. Co.)** Batty.
Hospital **A/Cpl.** Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

KILLED IN ACTION:-. 9-4-17.

DISPOSITION

Date

REMARKS

C.L. 26-4-17. A.220.

5-6-17. A257.

This man was on strength of C.A.M.B. & only attached to no. 7. W. Com. Co.

**A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.G. London.**

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Schenectady, N.Y. U.S.A.*

NAME AND ADDRESS OF NEXT OF KIN *Alice Dempsey,*
1132, State St., Schenectady, N.Y. U.S.A.

RELATIONSHIP OF NEXT OF KIN *Fiancee*

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
<i>Killed in Action</i>	<i>9/4/17</i>	<i>ch 220. 2</i>

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

Int. 393

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3	
			\$	c.			\$	c.						\$	c.	No.	DATE	No.	DATE	No.	DATE
<i>1916</i>																					
											<i>35 01</i>										
<i>Apr. 30</i>	<i>30</i>	<i>1.00</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>				<i>33</i>										
<i>May 1-31</i>	<i>31</i>	<i>1.00</i>	<i>31 00</i>		<i>31</i>	<i>10</i>	<i>3 10</i>				<i>34 10</i>			<i>600 15/5</i>	<i>639 29/5</i>						
<i>June 1-30</i>	<i>30</i>		<i>30</i>				<i>3</i>				<i>33</i>										
<i>July 1-31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3 10</i>				<i>34 10</i>									<i>1576</i>	
<i>Aug 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>	<i>10</i>	<i>3 10</i>				<i>34 10</i>									<i>3715 C.B.S.</i>	
<i>Sept 1-30</i>	<i>30</i>	<i>1.00</i>	<i>30 00</i>		<i>30</i>	<i>10</i>	<i>3 00</i>				<i>33 00</i>									<i>73 29/8 7/6</i>	
<i>Oct 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>	<i>10</i>	<i>3 10</i>				<i>34 10</i>									<i>68 18/8/16 7/6</i>	
<i>Nov 1-30</i>	<i>30</i>		<i>30</i>		<i>30</i>		<i>3</i>				<i>33</i>									<i>114 11/10 1.00</i>	
																					<i>7m.S.C. 47 1/2/16</i>
<i>Dec 1-31</i>	<i>31</i>		<i>31</i>		<i>31</i>		<i>3 10</i>				<i>34 10</i>										<i>87 2/4/16</i>
																					<i>125 1/11/16</i>
<i>1917.</i>			<i>27 50</i>				<i>27 50</i>														<i>4 5/7/16</i>
<i>Jan 1-5</i>	<i>5</i>	<i>1.00</i>	<i>5 00</i>								<i>16 50</i>										<i>102 2/8/16</i>
	<i>16</i>		<i>17 60</i>								<i>17 60</i>										<i>152 2/11/16</i>
	<i>28</i>																				<i>200 18-12</i>
	<i>31</i>		<i>371.61</i>								<i>371.61</i>										<i>231 12-1</i>
	<i>30</i>																				
	<i>39</i>																				

Statement of
 SEP 14 1917
 Account rendered

No Canadian
H.Q. 593-1-12

OPTIONS, &c.
 EFFECTIVE DATE 9/4/17
 AUTHORITY c/a 220 26/4/17

REG'L. NO. 526528 RANK *Plt.* NAME *Hanson S.G.*
 IF IN PERM. CORPS | UNIT *C.M.C. 25* TRANSFERRED TO *7th C.O.* DATE *16/1/17* AUTHORITY *P.M. 21 Ruling dated 12/1/16*
 WHAT UNIT
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *"L" Branch* DATE *1/5/17* AUTHORITY *60 c/a 220 26/4/17*
 PLACE OF ATTESTATION *Montreal,* TRANSFERRED TO *N. E. Bush* DATE *1-5-17* AUTHORITY
 DATE OF ATTESTATION *Dec. 9th, 1916.* TRANSFERRED TO DATE AUTHORITY



ASSIGNED PAY MONTHLY \$ *15⁰⁰ m/b.* DATE EFFECTIVE *August 1st, 1916.*
 PAYABLE TO *Mrs. L. Heale, 83 Sandowne Road, Sidcup, London, England.* RELATIONSHIP *Stepmother*
Entered on N.P. Card Index

HOSPITAL, &c.
 NAME OF HOSPITAL

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *Oct 12/1916* EFFECTIVE *October 1st 1916* REASON *assignee no longer requires money*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY *19 3/38 30/4/16*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by *H. Dillaton*
 RELATIONSHIP

B.S. ✓

ACQUITTANCE ROLLS

ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4		1	2	3	4				CREDIT	DEBIT			
No.	DATE	No.	DATE	No.	DATE										
											35 01.				<i>Bal from Canada</i>
<i>57</i>	<i>28/4</i>					<i>4 86</i>					<i>14 59</i>	<i>53 42</i>			
<i>31</i>						<i>9 73</i>					<i>19 46</i>	<i>68 06</i>			
<i>39</i>	<i>29/5</i>					<i>9 73</i>	<i>9 73</i>					<i>101 86</i>			
		<i>1576</i>									<i>4 26</i>	<i>130 90</i>	<i>80</i>		<i>80⁰⁰ over credited in Balce</i>
		<i>3715</i>	<i>C.B. 2</i>					<i>15</i>		<i>29 60</i>	<i>135 40</i>				<i>Bgt forward in June</i>
		<i>73</i>	<i>29/8</i>	<i>7th m.g. Co</i>		<i>2 61</i>				<i>20 22</i>	<i>148 18</i>				<i>Remitt roll no 3 of 7th Can Coy Bdg mac c:</i>
		<i>68</i>	<i>18/8/16</i>	<i>7th m.g. Co</i>		<i>2 61</i>		<i>15</i>		<i>3 49</i>	<i>178 79</i>				
		<i>114</i>	<i>11/10</i>	<i>1st C.M.G. Co</i>		<i>3 49</i>				<i>32 92</i>	<i>178 87</i>				<i>Remitt Roll No 8 7th C.M.G. Co 11/10/16</i>
		<i>47</i>	<i>1/2/16</i>			<i>5 25</i>									
		<i>87</i>	<i>1/11/16</i>			<i>2 62</i>									
		<i>25</i>	<i>1/11/16</i>			<i>1 74</i>	<i>14 60</i>								
		<i>54</i>	<i>27/12/16</i>			<i>2 62</i>									
		<i>102</i>	<i>28/12/16</i>			<i>2 62</i>									
		<i>152</i>	<i>29/12/16</i>			<i>3 49</i>									
										<i>8 72</i>	<i>204 25</i>				<i>To 7th C.M.G. Co auth P.M. 2</i>
										<i>220 75</i>					<i>Ruling dated 12/10/16</i>
						<i>6 98</i>				<i>10 47</i>	<i>227 88</i>				
		<i>331</i>	<i>12-1</i>			<i>3 49</i>				<i>143 75</i>	<i>227 88</i>				
						<i>9 73</i>	<i>34 79</i>	<i>40 01</i>	<i>29 20</i>	<i>30</i>					

Carried forward

*Canadian has pay in agreement with Ottawa slip
 Q. 593-1-12 D/18-6-17.*

526528

Pte Hanson *Gaston Joseph*

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS						
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3				
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	
									371.61											
Feb. 28	1:00		30						30 80	249	25.1						9.73	34.79	40.01	29.
March 31			34						34 10	275	19.2			1501 19.3 1360 3.3 1423 10.3				3 48		1.75 1.74 3.48
Apr 30			33						33 00											
May 31																				
June									23 10	23	10									
August									23 10	23	10									
Oct									293	492	61									
Dec 1918									317 52											
Feb									317 52											
									317 52	317	52									

Balance to

Assigned Pay - Nil -

PAYMENTS		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
3	4				CREDIT	DEBIT			
79	40.01	29.20	50.	143.73	227.88				
				1.74	256.94		180.00		
				10.45	280.59		15.00		
					313.59		195.00		
					313.59				
			23.10	23.10	290.49				
					313.59				
					317.52				
					317.52				
					317.52				
					317.52				

Balance transferred to N. E. Branch.

Killed in action 9.4.17. (RA 220.26.41)

23.10 O.C. 21 days in Apr.

Ct. 23.10 Under paid in April
trans. to Li Branch 1/5/17

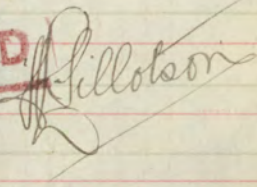
Tfd N. E. Branch 1-5-17

by 343 Int on Deferred Pay

Ottawa for dett V 24.1 - 6/10/17

Ch 2666-1/12/17 Vioe 2 1/2

Ct Ball Det from Ottawa V 55F 3/20-30/3/18

CHECKED


W I L L.

in the event of
my death I give
the whole of my
property and effects
to Miss Lily Hoale
83 Lansdowne Rd.
Tidal Basin.
West Ham. London
England

Joe Hanson
Private No 526528
March 18 - 1916
C.A.M.C.

NOTE. Killed in Action. 9-4-17.
Transferred

No. 526528. A/L/Cpl. G.J. Hanson. C.A.M.C.

(BAC).

