

File C
2

Supplément

69TH G-BATTALION C E F

1881 Delerimier

121354

ATTESTATION PAPER.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Hens*
- 1a. What are your Christian names? *Albert*
- 1b. What is your present address? *1181 Delerimier*
- 2. In what Town, Township or Parish, and in what Country were you born? *Montreal*
- 3. What is the name of your next-of-kin? *Celina Hens*
- 4. What is the address of your next-of-kin? *1181 DELerimier Montreal*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *3 Feb 1897*
- 6. What is your Trade or Calling? *Machinist*
- 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, *Albert Hens*, 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.

..... *Albert Hens* (Signature of Recruit)
Date *11 Nov* 1915 *Lion Bulot* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Albert Hens*, 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.

..... *Albert Hens* (Signature of Recruit)
Date *11 NOV* 1915 *Lion Bulot* (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 *11* day of *Novembre* 1915

..... *[Signature]* (Signature of Justice)

Description of Albert Hens on Enlistment.

Apparent Age 18 years 9 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. 5 ins.

Chest measurement { Girth when fully expanded 31 1/2 ins.
 Range of expansion ~~33 1/4~~ 31 1/4 ins.

*Large hairy buttocks
 Ulcer left knee*

Complexion Fair

Eyes Brown

Hair Brown

Religious denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Roman Catholic Yes
 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 declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date 11th November 1915.

Place Montreal

[Signature]
 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.

Albert Hens 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.

[Signature] (Signature of Officer)

Date 11th November 1915

Sh. Col.

QV3 17-10-18

DISCHARGE DOCUMENTS

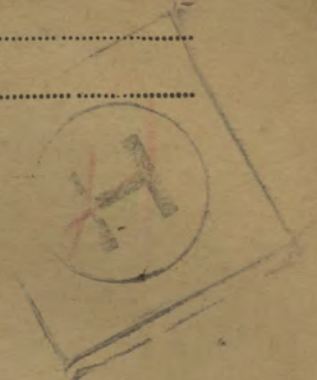
R. O. No.....

H. Q. No.....

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

77

Name Hens Albert
 Regt. No. 121354 Rank Pte
 Corps 69th Bn



21101

Killed in action 3.10.16

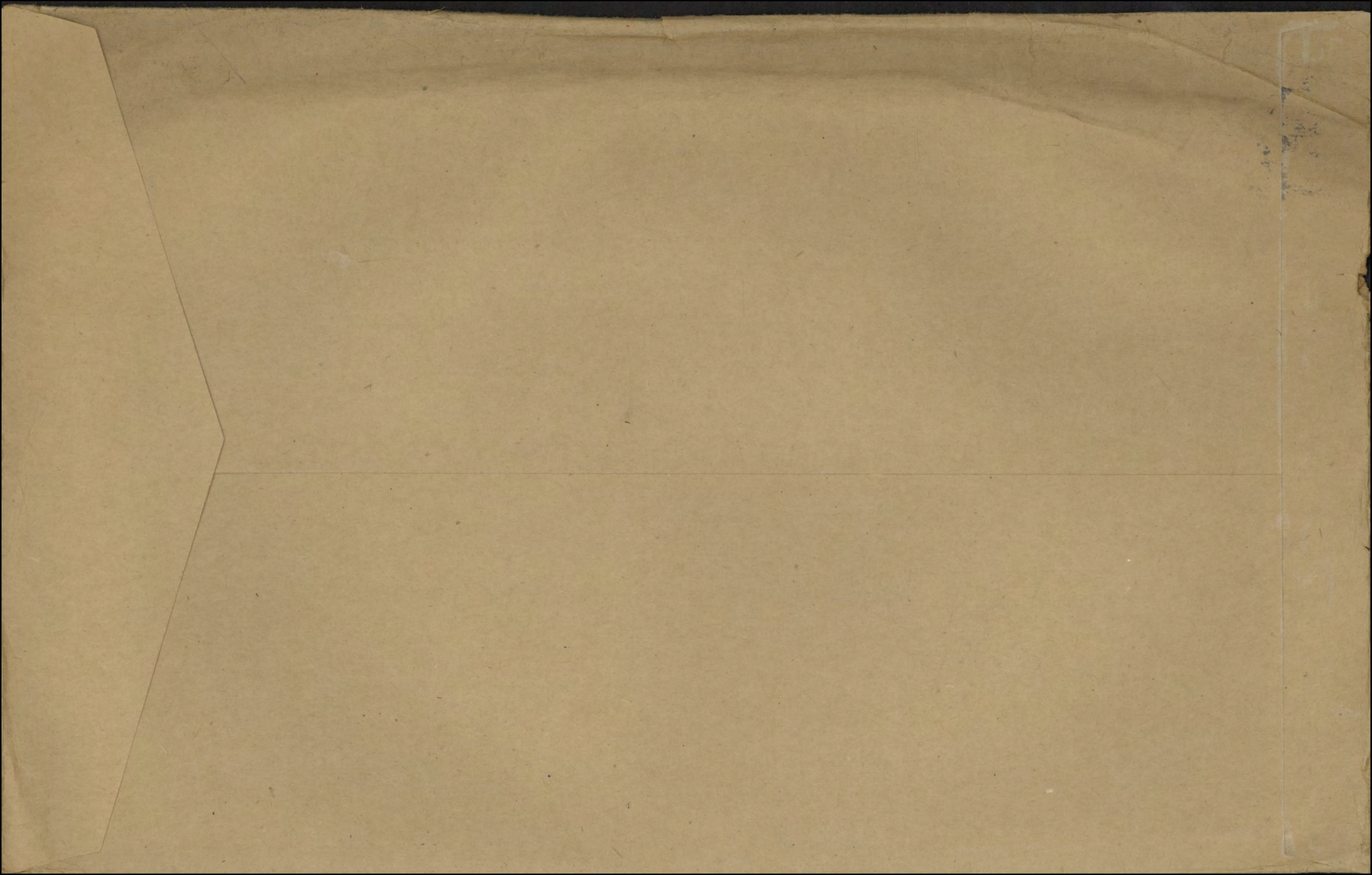


a TB 122-1 B122

Key card
1 O. Hill
Copy a
pay card

M. F. W. 62.
 50m.-9-16.
 H. Q. 1772-39-935.

2-14
 21-14
 33-14



1 Hens Pte Albert 121354

~~17th Bn~~
22nd Bn

Hens

Medal of Decoration

Neo phile Hens (father)

Scroll Desp. JAN 20 1921

Reqa. No. 111376

1181 Rue Beloume

Plague Desp. 23/7/24 Reqa. No. P. 141

Montreal Que

Plague Scroll
(Serial no. 767355.)

Do

Com of Sacrifice

Mrs. Alina Hens (mother)

Desp. 1-3-20

Same address

C2229

(unnamed) D

J.S.
31.1.20

Spens. Pl. Albert. # 121354-22nd Bn

Name & Address of Legatee

M

.....

.....

Name & Address of Next of Kin

.....

.....

.....

PS 43

Name & Address of Female Next of Kin

.....

.....

.....



Si je viens qu'à mourir, je
veux que la balance de mon
argent retourne à mon père

au No. 1181 Delorimier, Montreal
P.Q. Canada.

DESP. JUN 9 1922

REGN. NO. *H/38207*

142B
Number 1213J-4 Rank Plc- ~~B~~

Surname HENS ~~X~~

Christian Name Albert-

Units 22nd Am Cav Inf Theatre of War France

Date of Service 5-7-16. ~~D~~

Remarks Father

Latest Address Mr. J. Hens.

1181. Rue Desrimet

Roll No. B Page 13732 Montreal Que.

200m.-2-21.M.

Name **HENS** Rank Pte.

Reg. No. 121354

Albert
Unit 22nd Can. Battalion

Next of Kin Canada

Rt 25. A. 1935

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916						
30-9-16/4-10-16	Reported from Base					
		<u>KILLED IN ACTION</u>		A351	03864	30-10
	Erratum appears on D.C.L.A371 correcting date death to read 3-10-16				04693	

NAME *Hens Albert.*

REGT'L NO *121354*

RANK AND CORPS *Pte. 22nd Bn (From 69th Bn)*

H. Q. FILE NO. 649-

FOLLOWS

NO.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

C.

No.	DATE	NATURE OF CASUALTY
<i>03864</i>	<i>28-10-16</i>	<i>Killed in action between Sept 30th & Oct 4th 1916</i>
<i>04693</i>	<i>13-11-16</i>	<i>now reported killed in action Oct. 3, 1916.</i>
<i>00320900</i>	<i>Rouens-HA</i>	<i>Killed in action France Oct 3rd 1916.</i>

Received 14-2-17.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

a. 361. Reported from Base. 30-9-16/4-10-16 Killed in Action

a 371 Correct date has been ascertained 3-10-16

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Machinist

RELIGION

R. Catholic

DESCRIPTION.

APPARENT AGE

18.

YEARS

9

MONTHS

HEIGHT

5-

FEET

5-

INCHES

CHEST MEASUREMENT

31 1/2

INCHES

EXPANSION

3 3/4 INCHES

COMPLEXION

Fair

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

Large hairy birthstain behind left knee.

MEDICAL EXAMINATION.

PLACE

Montreal

DATE

Nov. 11-1916.

(649-H-5562)

CARD NO.

SURNAME. *Hens*

CHRISTIAN NAMES *Albert*

FOLL.

D

REGL. No. *121354*

RANK *Pte*

UNIT *69th 22nd*

Bairn

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Hens Mrs. Belina*

RELATIONSHIP TO SOLDIER *Mother*

ADDRESS *1181 Delormier St
Montreal
P. Q.*

COUNTRY OF BIRTH *Canada Montreal*

DATE *Feb. 3-1897*

PLACE OF ATTESTATION *Montreal*

DATE *Nov. 11-1915*

*17-4-16 283
26*



No. 121354

RANK *Plt*NAME *Hens A.*T. O. S. 11-10-15
D. O. 44 11-10-15 UNIT *69th VE Battalion*M. D. *Jan*

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Nov 11	1915 Nov 30	<i>L</i>		
	<i>Dec</i>	<i>L</i>		
1916 Jan.	1916 Feb.	<i>L</i>	<i>3 days C.B.</i>	<i>D.O. #129 - Jan. payroll</i>
	<i>Mar.</i>	<i>L</i>		
	<i>Apr.</i>	<i>L</i>		
		<i>M.</i>		

UNIT SAILED
APR 17 1916

Surname	Christian Name or Names	Reg. No.
Hens	A.	121354
Rank	Unit	Co. Troop Batty.
Pte.	22nd Bn.	
Hospital		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 ~~30.9.16~~ and ~~4.10.16~~
3.10.16.

DISPOSITION

Date

C. L. 30.10.16 A361

REMARKS

~~4.11.16.~~ 437/206 Reported from Base

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

277

2

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
15m. - 3-16.
H. Q. 1772-39-819.

To Whom C. Hens
Address 1181 Delormier St
Montreal
Que.
Rate \$15.00 Apr 1916

By Whom Assigned Hens A.
Regtl. No. 121354
Rank Pte
Corps A. Coy. 69th Batta

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p>Stop payments " / Nov 1/16 " / 3rd 1/16 " / 6th 1/16</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>Stop payments " / 3rd 1/16 " / 6th 1/16</p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April	1916	9546	15	<p>Full in Action between Sept 30/16 Oct 4/16 of (2) 29/10/16 Jan.</p>
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

REVENUE AND FINANCE
ASSISTANT PAY
DEPARTMENT OF REVENUE

By Order of the Board

1911

1911

11 30 - 2

REVENUE

1911

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12a.
50m.-4-16.
1772-30-819.

Sheet No. 2.

B. Hens.

L. L. Job 310.—Req. 6374.

PAYMENTS.

Name of Soldier

Hens. A.

Pte. # 121354 A. Co. 69th Bn.

Month.	Year.	Cheque No.	Amt.	Remarks.
				\$15.00
April	1916	J. 546	15	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">Casualties</p> </div> <p style="margin-top: 20px;">Acct closed Oct Acct closed Nov 1/16 J.H.</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> <p style="margin: 0;">F. X. Read. Date <u>total</u> By <u>70.5...</u></p> <p style="margin: 0;">E. F. X. " Date <u>28-8-17</u> By <u>Pan.</u></p> </div>
May		W 5546	15	
June		J 9055	15	
July		J 9538	15	
Aug.		W 12655	15	
Sept.		J 16654	15	
Oct.		H 21241	15	
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

CERTIFIED CORRECT.

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

Canadian Record Office,
Westminster House, 103.)Casualty Form—Active Service. 7, Millbank S.W.
H. C. 1772-89-920.Unit, Regiment or Corps 69TH O. BATT. C. E. F.Regimental No. 121354 Rank Pte Name Hens Albert R.Enlisted (a) 11/11/15 Terms of Service (a) duration of war Service reckons from (a) XXXXXXXXXX 11/11/15

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) Mechinist

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

Canada

17/4/16

Arrived

England

27/11/16

29-6-16

C B D

Reinf. from 69th Bn. Taken on strength 22nd Bn.

29-6-16 N. Roll Pt O. 27 d/7-7-16

5-8-16

"

Left CBD. to 2nd Can. Ent. Bn

5-8-16 N. Roll

177 d/24-8-16

11-8-16

2nd Can. Ent. Bn

Joined do

8-8-16 B 213

do

18⁴/₁₆

"

Left do

18⁴/₁₆

nh

11¹⁰/₁₆

O.C. Bn

Joined Unit

19⁹/₁₆

B-213 HJ 12/16 20

6¹⁰/₁₆

"

Killed in action

/killed

3⁰/₁₆B 213 - HJ 108 | 595-198-8 1/16
Pr. IV O. 52/8 1/16

Murogan

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

LTR.

Rank _____ Name HEMS, Albert Reg'l No. 121354
 Unit _____ 69th, Bn. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Montreal, 11th, November, 1915. Place of Birth Montreal, Canada.
 Name and Address, Next-of-Kin Celina Hens
1181 Delorimier, Montreal, P. Q. Canada. Relationship Mother.
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____

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.				
<u>29.4.16</u>	<u>HQ.</u>	<u>Arrived in England.</u>	<u>Bremolitt</u>	<u>28.4.16</u>	<u>291586</u>
<u>26.5.16</u>	<u>69th Bn</u>	<u>5 days C.B. ab. fm. Roll Call</u>	<u>Obtarpool</u>	<u>26.5.16</u>	<u>R. E 124</u>
<u>6.7.16</u>	<u>"</u>	<u>Trans. to 22nd Bn</u>	<u>O'ceas</u>	<u>5 7/16</u>	<u>" 159</u>
<u>15.7.16</u>	<u>22nd Bn</u>	<u>J.O.S. from 69th</u>	<u>"</u>	<u>6.7.16</u>	<u>" 28</u>
<u>14.11.16</u>	<u>"</u>	<u>Rep. from Base "Killed in Action"</u>	<u>In the Field</u>	<u>3.10.16</u>	<u>ON: A.371:</u>
<u>8.11.16</u>	<u>"</u>	<u>Killed in Action</u>	<u>"</u>	<u>3.10.16</u>	<u>Pt. II-53</u>



a. 7 B 103 C

ORIGINAL
69TH O-BATTALION C.E.F.
MEDICAL HISTORY SHEET.

NOV 11 Ent'd
 121354

File a

Surname Hens Christian Name Albert

Examined { on 11th day of Nov 1915
 at Montreal
 Birthplace { City or Town Montreal
 County Hochelaga
 Apparent age 18
 Trade or occupation Machinist
 Height 5 Feet 5 Inches.
 Weight 110 Lbs.
 Chest measurement { Minimum 31 1/2 inches.
 Maximum expansion 33 3/4 inches.
 Physical development Fair
 Small-Pox Marks None

Approved by [Signature]
 Rank Lt. Col. M.O.

Vaccination Marks { Arm Right Left
 Number 0 1

When Vaccinated last 3 years ago
 (a) Marks indicating congenital peculiarities of previous disease

(b) Slight defects but not sufficient to cause rejection

Dentist needed
every week left foot

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

Date	Result	VACCINATIONS.
<u>5/5/16</u>	<u>good</u>	<u>MMony</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>30.1.16</u>	<u>Good</u>	<u>9cc</u>
<u>9.2.16</u>	<u>Good</u>	<u>9cc</u>
		M.O.
		M.O.
		M.O.

Enlisted on 11th day of November 1915 at Montreal

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>19th Batt CEF</u>	<u>121354</u>	<u>Good</u>	<u>Nov. 11/15</u>
Transferred to.. ..	<u>22nd " "</u>			<u>July. 2/16.</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.

121354 Pte
Items A.
22nd Bn
Kia

DEPT
MILITIA & DEFENCE
JUN 27 1917
H. 0649: H. 5562
CANADA

— 20 —
rforated sheet for Will from Pay Book of
121354
Pte. Albert Jones
22nd Bn. C. E. F.
Military Will.
Je jure que
que la somme
retournera
1181 D'Armenie Montre
Canada
Signat: P.

470121354.
474e A. Items
22nd Bn

2119168
Loc. N

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Montreal*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. L. Hens*
141 Desolimier St. Montreal P. Q.

RELATIONSHIP OF NEXT OF KIN *mother*

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>3.10.16</i>	<i>62-1-37</i>

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

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>April 30</i>																					
<i>May 1 to 31</i>	<i>31</i>	<i>1.00</i>	<i>31</i>	<i>00</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>3</i>	<i>10</i>			<i>34</i>	<i>10</i>			<i>9-5-16</i>		
<i>June 1 to 30</i>	<i>30</i>	<i>.</i>	<i>30</i>	<i>00</i>	<i>30</i>	<i>.</i>	<i>3</i>	<i>00</i>	<i>30</i>	<i>.</i>	<i>3</i>	<i>00</i>			<i>33</i>	<i>00</i>			<i>55 2/6/16</i>	<i>104 14/6/16</i>	
<i>July 1 to 4</i>	<i>4</i>	<i>"</i>	<i>4</i>	<i>00</i>	<i>4</i>	<i>"</i>	<i>4</i>	<i>00</i>	<i>4</i>	<i>"</i>	<i>4</i>	<i>00</i>			<i>4</i>	<i>40</i>			<i>160 1/7/16</i>		
<i>5/7-31/8</i>	<i>58</i>		<i>58</i>		<i>58</i>		<i>5</i>	<i>80</i>	<i>58</i>		<i>5</i>	<i>80</i>			<i>63</i>	<i>80</i>					
<i>1-30/9</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>		<i>30</i>	<i>10</i>	<i>3</i>				<i>33</i>						
<i>1-31/10</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>			<i>35</i>	<i>10</i>			<i>1291 26-9</i>		
<i>1-30/11</i>																					
<i>Aug/17</i>																					

Checked *C. D. Stewart*

Checked *B. Bluetee*

18 14/9 22
4836 27/1 4
41 24/8 2
41 14/6
41 13/7

Statement of
JUN 15 1917
Account rendered

PROMOTIONS, &c.

EFFECTIVE DATE	AUTHORITY
2.10.16	624-37 14/11/16

REG'L. No. 121354 RANK Private NAME Hens Albert
 IF IN PERM. CORPS } UNIT 69th BATTN.
 WHAT UNIT }
 TRANSFERRED TO 22nd Bn. DATE 5-7-16 AUTHORITY DO. 159
 TRANSFERRED TO J.E.B. DATE 4.10.16 AUTHORITY 624-37
 TRANSFERRED TO AUTHORITY 17.11.16
 TRANSFERRED TO AUTHORITY
 PLACE OF ATTESTATION Montreal
 DATE OF ATTESTATION 11-11-15



ASSIGNED PAY MONTHLY \$ 15⁰⁰ DATE EFFECTIVE May 1st 1916
 PAYABLE TO Mrs. C. Hens 1181 Delormier St. Montreal. P.Q. RELATIONSHIP mother

HOSPITAL, &c.
 NAME OF HOSPITAL
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 1-11-16 EFFECTIVE 1-11-16 REASON Held in Action 30/4/10 361 30/10/16
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 29.11.16 EFF. 4.10.16

ACQUITTANCE ROLLS

				CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
2		3		4		ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS					
No.	DATE	No.	DATE	No.	DATE				CREDIT	DEBIT			
									1553				Balance from Canada
	9-5-16					730		1500	80	23	10	2653	804 of March obs. no 4
			104	14/6/16		1460	487	1500		34	47	2506	
			160	1/7/16		486		1500		19	86	960	
							26	15		15		5846	
							436						
							242						
							461						
							436						
						261		15		31	16	19	84
								15		14	61	76	33
									30	80	30	80	4553
												4553	Relief in action 3/10/16 624-37 8 days sick leave 11/11/16 eff 1.11.16 1/15 to J.E.B. 4.10.16
						Balance transferred to N. E. Branch							4553
						4553							4553

To Ottawa for sett 11/16 1/1/17

