

ATTESTATION PAPER.

No. 1565

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

110245

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Walter J. Holden
2. In what Town, Township or Parish, and in what Country were you born?..... Frelighsburg, P. Q.
3. What is the name of your next-of-kin?..... Edgar Holden (father)
4. What is the address of your next-of-kin?..... Frelighsburg, P. Q.
5. What is the date of your birth?..... 12th July 1892
6. What is your Trade or Calling?..... Farmer
7. Are you married?..... no
8. Are you willing to be vaccinated or re-vaccinated?..... 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

Walter J. Holden (Signature of Man).
R. Matthews (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Walter J. Holden, 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.

Date 20th April 1915 Walter J. Holden (Signature of Recruit)
R. Matthews (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter J. Holden, 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.

Date 20th April 1915 Walter J. Holden (Signature of Recruit)
R. Matthews (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 Sherrbrooke this 20th day of April 1915

[Signature] (Signature of Justice)

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

[Signature] (Approving Officer)

Description of Walter J. Holden on Enlistment.

Apparent Age 22 years — 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 9 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 7 ins.

Complexion Fair

Eyes one Brown one Gray

Hair Fair

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

Scar on inner left ankle 1" long.

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 April 28 1915 J. J. Goodall Capt
 Place Sherbrooke Que 5 C.M.R.
 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.

W. J. Holden 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 of Officer)

Date April 28th 1915

A. J. Baker Lt. Colonel
 O. C., 5th CANADIAN MOUNTED RIFLES

MAY 31 1915

ATTESTATION PAPER.

No. 110245

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

- 1. What is your name?..... *Walter J. Holden*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Freshburg P. Q.*
- 3. What is the name of your next-of-kin?..... *Edgar Holden (father)*
- 4. What is the address of your next-of-kin?..... *Freshburg P. Q.*
- 5. What is the date of your birth?..... *12th July 1892*
- 6. What is your Trade or Calling?..... *Farmer*
- 7. Are you married?..... *No.*
- 8. Are you willing to be vaccinated or re-vaccinated?..... *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.*

Walter J. Holden (Signature of Man).

R. Chatham (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Walter J. Holden*, 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.

Walter J. Holden (Signature of Recruit)

Date *28th April* 1915 *R. Chatham* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Walter J. Holden*, 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.

Walter J. Holden (Signature of Recruit)

Date *28th April* 1915 *R. Chatham* (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 *Shenbrooke* this *28th* day of *April* 1915

E. Gill (Signature of Justice)

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

E. Gill Capt. (Approving Officer)

Description of Walter J. Holden on Enlistment.

Apparent Age 27 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. 9 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes One Brown, one gray

Hair Fair

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

Scar on inner left ankle 1" long

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 28th April 1915

Place Sherbrooke P.Q.

J. R. Goodall Capt. 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.

W. J. Holden 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.

Date April 28th 1915

W. Baker (Signature of Officer)
 Lt. Colonel
 O. C., 5th CANADIAN MOUNTED RIFLES

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.....

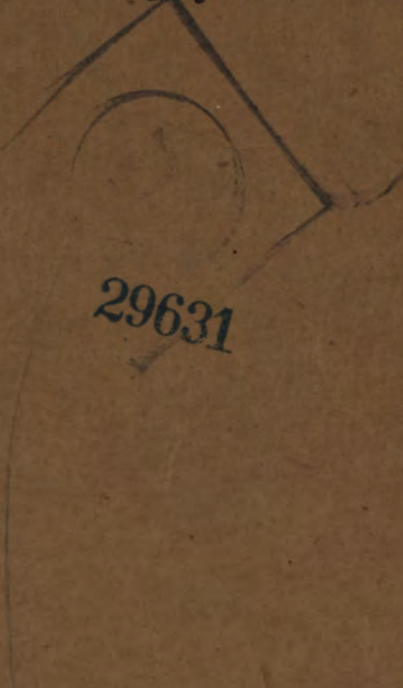


Name HOLDEN, WALTER, I.

Regt. No. 110245 Rank Pvt.

Corps 5th C.M.R.

*Died of wounds
16.9.16.*



29631

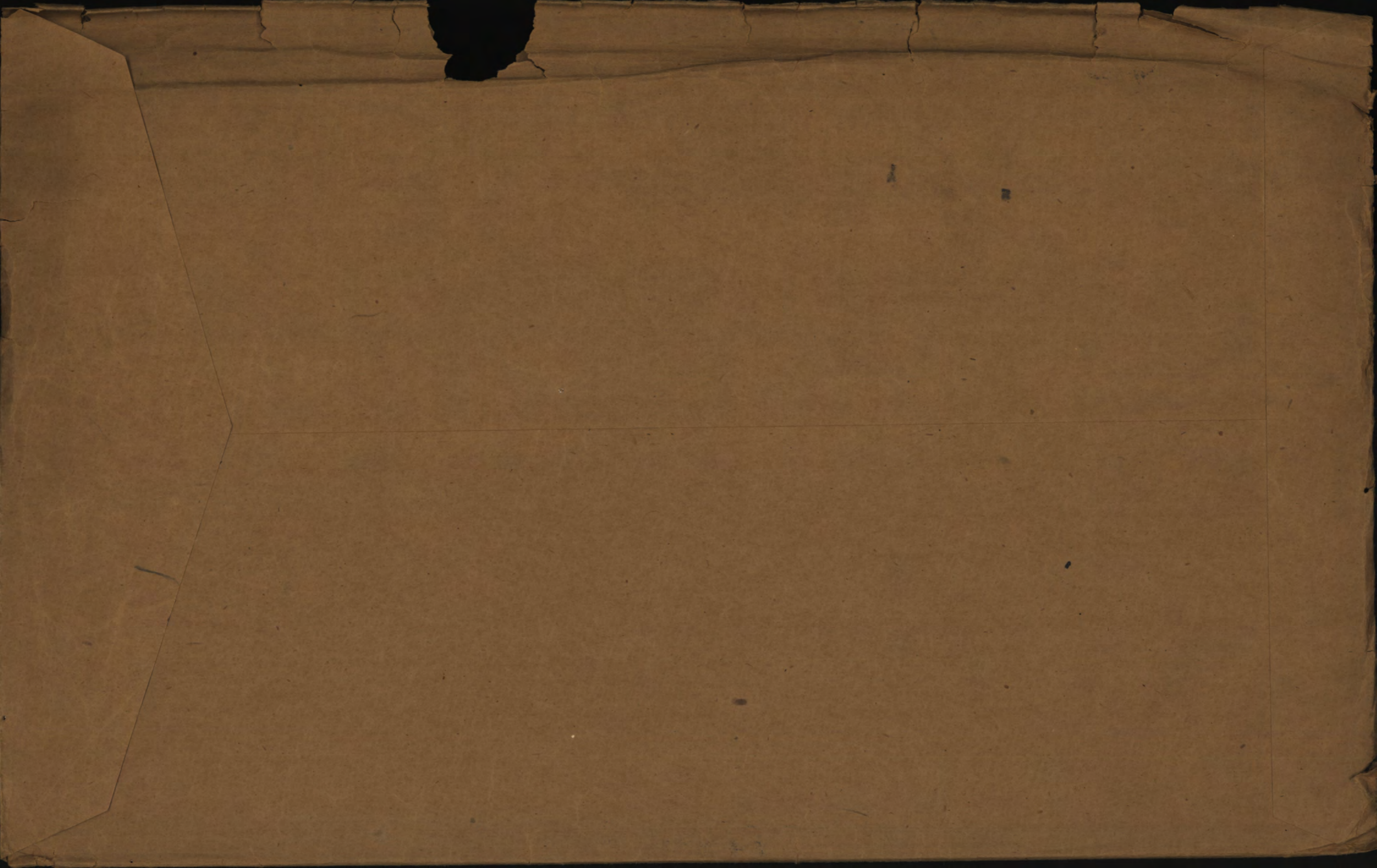
5-28
19-28
32-28

2



*Will
1 copy, will
Pic*

Handwritten scribbles at the bottom left corner.



Name HOLDEN
Walter.I.

Rank

~~Pte.~~ Sgt.

Reg. No. 110245

Unit 5th C.M.R.

Next of Kin Canada.

RL 25-H 1539

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916 10/8	No. 9. Can. Fld. Amb.	Infected Heel.	A198.			
Sep. 16.	O.C. No. 44	Cas. C. Stn, Reports;	<u>DIED</u>	A210.	01244	
	(Ct W.O. Tel P. 30831, d/22-9-16)					
	Awarding Diagnosis life included in statement 8/11					
	Errata: - Cause of death: - <u>Died of Wounds</u>			A247		
	Also BC 5.766-25-8					
	Errata: Rank should be. " <u>Sergeant</u> "			A261		

No. 5065 RANK

Pte

NAME

Holden W. J.

T. O. S. 28-4-15

UNIT

*5th Canadian mounted Rifles**(L.O.# 29.29-4-15)*M. D. *4.*PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

*1915**1915**may 1**may 31*

✓

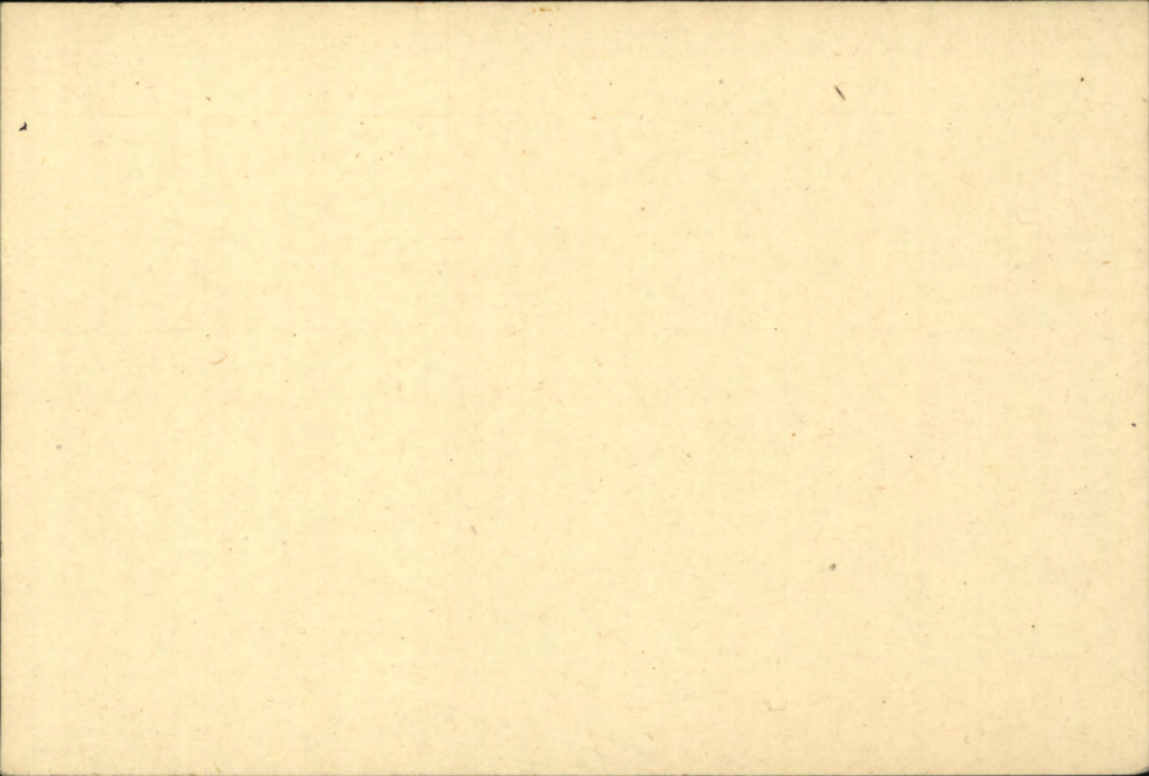
*June
July*

✓

✓

UNIT SAILED

JUL 18 1915



Holden Sgt. Walter J. # 110245-5-5 ^{42.8} ^{Emk}
Name & Address of Legatee Eligible for 1914-15 star. Pte. 5th C. M. A. 1211

medals & Decorations Mother Mrs. Amelia J. Holden
Irrelighsburg, P. A.

Name & Address of Next of Kin

Plaque & S. Father Edgar Holden
(Serial no. 7674571) as above

P.S.-06

Name & Address of Female Next of Kin

Mo of D. Mother as above

(no widow)

Desp MAY 1 1920 66344
2268

Est.

x
Emm

106

JAN 18 1921

Scroll Desp.

Reqn. No.

710592

SEP 6 1922

Plague Desp.

Reqn. No.

P45807

W

page 268

MP
Hamm

Number: 110245- Rank: Plt. ~~B~~

Surname: HOLDEN

Christian Name: Ewalt J. ~~X~~

Units: 5th C. In. R. Theatre of War: France

Date of Service: 24-10-18- ~~D~~

Remarks:

Latest Address: (M) Mrs. Amelia J. Holden,
Freightsburg P. O.

Roll No. *B. Page 14305*

200m.-2-21.M.

DESP. AUG 11 1922

REGN. NO. *90.31458*

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

9. 198

No. 9. Can. Gld. Amb 10-8-16

Infected Heel

A. 210

O.C. 44 Coy. Cl. Stat reports 16-9-16

Died (Not Stated)

Note In reference to entry appearing on
cas. list No A 210 Cause of death
 has been ascertained to be Died of
 Wounds.

REGT'L NO 110245

H. Q. FILE NO. 649-

NAME Holden Walter L

RANK AND CORPS Sgt. 5th. Bn. C. M.R.

FOLLOWS
No.
FOLLOWS

CABLE

NATURE OF CASUALTY

No.

DATE

01244 22-9-16

C
Died at no. 44 Cas. Clear. Stat Sept 16th, 1916 (Cause not stated) ✓

APB 2090A Reven 26-9-16

Died of wounds received in action Sept. 16th. 1916 ✓

NAME

Holden Walter G

(649-1445-22.)

D

RANK & NO.

Private

110245

CORPS

5th C. M. T.

ENLISTMENT, PLACE

Sherbrooke

DATE

April 28, 1915 (S)

FORMER CORPS

Nil.

COUNTRY OF BIRTH

Canada Fredericton, N. B.

NEXT OF KIN

Holden Edgar (Father)


ADDRESS OF NEXT OF KIN

Fredericton, N. B.

DISCHARGE, PLACE

DATE

REMARKS:



Surname
Holden

Christian Name or Names
W.A.

Reg. No.
110245

Rank

Unit

Co.

Troop

Batty.

Sgt
Hospital 5th C.M.R.

Date of Admission

9 Can. Fld. Amb.

10.8.16

Transferred

44 Casualty Coy Station Hosp. *16-9-16*

Hosp.

Hosp.

Hosp.

Diagnosis

Infected Heel

(1) Later Diagnosis (if changed) *7.5 (0)*

(2)

(3)

Additional Diagnosis: if more than one state present

Died of wounds 16-9-16 (conceded)

DISPOSITION

Died Date *16-9-16*

C.L. 5.9.16 A198

REMARKS

- *23-9-16 A210.*

- *8-11-16 - A247*

29.11.16 a 261.

note. change of Rank.

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

*R
RW*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

101/ENR/S/1

Casualty Form—Active Service.

Regiment or Corps 5th Canadian Mounted Rifles

Regimental No. 110245 Rank Pte Name Holden, Walter, I.

Enlisted (a) 28-4-15 Terms of Service (a) Duration of war Service reckons from (a) 28-4-15

Date of promotion to } _____ Date of appointment } _____ Numerical position on } _____
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				
			LANDED IN FRANCE		
			24.10.15.		
13/8/16	967A	Injured Knee.	Adm	967A	18/8/16 H36 Del. 159 a/1/9/16
16/9/16	Unit	To be kept to complete Estate.	Field	2/6/16	D213d 19/8/16 Pte. Adm 16/9/16
19/9/16	44 bbs.	Died of wounds received in action	44 bbs.	16/9/16	Reported 19/9/16. Carlee KD. 137/1223d 21/9/16. Pte. Adm 24/5/26/9/16. Del 166d 26/9/16

[Signature] Lieutenant
for Lt Col. A. A. G.

(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				



E

Rank Name HOLDEN, Walter, I.

Reg'l No. II0245

Unit 5th C.M.R. If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Sherbrooke, Que. 28th April. 1915 Place of Birth Frelighsbury, P.Q.

Name and Address, Next-of-Kin Edgar Holden,

Frelighsbury, P.Q.

Relationship Father.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

R225-H1539

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>Embarked for France.</i>		<i>24 OCT 1915</i>	
<i>5.9.16.</i>	<i>5. C.M.R.</i>	<i>Adm. No. 9. Can. Field Amb.</i>	<i>Field.</i>	<i>10.8.16.</i>	<i>C.L.A. 198. Infected heel.</i>
<i>16.9.16.</i>	<i>"</i>	<i>To be Sgt. to complete est.</i>	<i>Field.</i>	<i>2.6.16.</i>	<i>Ph. O. 40.</i>
<i>23.9.16.</i>	<i>--</i>	<i>Died of Wounds. See A247.</i>	<i>Field.</i>	<i>16.9.16.</i>	<i>C.L.A. 210. Not stated.</i>
<i>26.9.16.</i>	<i>--</i>	<i>Died of Wounds.</i>	<i>--</i>	<i>16.9.16.</i>	<i>Ph. O. 46. ✓</i>

D.W.

✓

(19)

E 435
 110245 Pte Holden W.F.
 5 C.M.R. Br
 Wof W.

DEPT
 MILITIA & DEFENCE
 FEB 18 1917
 H. Q. 6497-A-4522
 CANADA

WILL

RATES OF PAY

28/8/16
 In the event of my
 Death I give the whole
 of my property and
 effects to...

Mrs. Edgar Holden
 of Relighsburg
 Quebec

Canada
 Walter F. Holden
 Sergeant No. 110245-

Working Pay in addition to pay of rank varying from
 \$1.00 to 2.00 per diem according to qualifications is
 granted to Artificers, Motor Car Drivers, Cooks, etc.

S-207 13.2.17.

AS
13-2-17

MEDICAL HISTORY SHEET.

Surname HOLDEN Christian Name Walter, I.

Examined { on 28th day of April 1915.
 at Sherbrooke, P.Q.
 Birthplace { City or Town Freleigsburg, P.Q.
 County P.Q.

Approved by J.R. Goodall
 Rank Captain M.O.

Apparent age 22 years
 Trade or occupation Farmer
 Height 5 Feet 6 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 36 inches.
 Maximum expansion 38 inches.
 Physical development _____
 Small-Pox Marks _____

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

Vaccination Marks { Arm Right Left.
 { Number _____

Date	Result	VACCINATIONS.
<u>1-7-15</u>		<u>Capt. J. R. Goodall</u> M.O.
		M.O.
		M.O.

When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease Scar on inner left ankle
1 inch long.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>13-5-15</u>		<u>Capt. J. R. Goodall</u> M.O.
<u>22-5-15</u>		M.O.
<u>12-6-15</u>		M.O.

Enlisted on _____ day of _____ 1915 at _____

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>5th. C.M.R.</u>	<u>110245.</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.

MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Frelighsbury*

NAME AND ADDRESS OF NEXT OF KIN *Edgar Holdern*
Frelighsbury N.H.

RELATIONSHIP OF NEXT OF KIN *Father*

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>Prom Sergeant</i>	<i>2/6/16</i>	<i>Co 40. 16/16</i>
<i>Died of Wounds</i>	<i>16/9/16</i>	<i>C La 21</i> <i>23-9-1</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		4	
			\$	c.			\$	c.			\$	c.				No.	DATE	No.	DATE	No.	DATE	No.	
<i>1/30.4.16</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>								<i>278 40</i>								
<i>1/31.5.16</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>33</i>	<i>563 15/4</i>							
<i>June 30</i>	<i>30</i>	<i>1</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>								<i>34 10</i>	<i>658</i>	<i>615 15/5</i>	<i>688 31/5</i>					
<i>1/31.7.16</i>	<i>31</i>	<i>1</i>	<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>33</i>	<i>1/30</i>							
<i>1/31.8.16</i>	<i>31</i>		<i>31</i>		<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>							<i>34 10</i>	<i>852 30/6</i>	<i>910 15/7</i>						
<i>1/16.9.16</i>	<i>16</i>	<i>135</i>	<i>21 60</i>		<i>16</i>	<i>15</i>	<i>2</i>	<i>40</i>					<i>36 40</i>	<i>60 40</i>	<i>1040 31/16</i>	<i>1032 15/9/16</i>							
<i>1/31.10.16</i>																							
																<i>509 10</i>							

W. H. M. G.

W. H. M. G. June 17 13

Statement of
APR 5 1917
Account rendered

Cash found in effects no report

PROMOTIONS, &c.

EFFECTIVE DATE	AUTHORITY
2/6/16	Co. 40. 16/9/16
16/9/16	c La 210
	23-9-16

REG'L. No. 110245. RANK *Pte Sgt.* NAME *Holden, Walter J.*

IF IN PERMT. CORPS | UNIT *566 B.M.R.* TRANSFERRED TO *N.E.* DATE *17-9-16* AUTHORITY *CLA 210 2/9/16*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION *Frelighsburg P.Q.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *28th April 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 *16. 9. 16.* REASON AND AUTHORITY *Died of wounds c La 210*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *13-11-16* *CLA 210. 22/9/16* *17-9-16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



HOSPITAL, &c.

NAME OF HOSPITAL

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	No.	DATE											
												125 48	152 92					
												2 61	183 31					
5688	3/15											17 03	200 38					
												11 26	229 12					
910	14/7											17 04	241 82					
957	15/9/16											4 36	267 20					
1032	15/9/16											4 36	318 88					
												Balance transferred to N. E. Branch.		318 88				
												318 88						

91 days
 Pay of rank 1/6/16 to 31/7/16
 Died 16/9/16 c La 210
 J. H. J. 17-9-16 c La 210
 \$318.88 - Ottawa for settlement 8-5-17
 S.L.S.

Rank **HOLDEN, Walter, I.** Name **HOLDEN, Walter, I.** Reg'l No. **110245** P-56
 Unit **5th C.M.R.** If in perm. Corps, What Unit? Married or Single **Single**
 Place and Date of Enlistment **Sherbrooke, Que. 28th April, 1915** Place of Birth **Frelighsbury, P.Q.**
 Name and Address, Next-of-Kin **Edgar Holden, Frelighsbury, P.Q.** Relationship **Father.**

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship



Discharge, Date and Place **died of Wounds 16-9-16** Reason **Gla 210** Character **23-9-16**

Statement of
 APR 5 1915
 Amount rendered

Cash found in
 effects 244

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							
Aug 1	Aug 31	31	100	31 -	31	10	310	10 -	44 10			31 63			31 63	12 47		
Sep 1	30	30	100	30	30	10	3		45 47			36 50			36 50	8 97		
Oct 1	31	31	100	31	31	10	310		43 07			22 13			22 13	20 94		
Nov 1	30	30		30	30		3		53 94			2 68			2 68	51 26		
Dec 1	31	31		31	31		310		85 36			16 83			16 83	68 53		
Jan 1	31	31		31	31		310		34 10			52 4			52 4	97 39		
Feb 1	29	29		29	29		290		31 90			52 3			52 3	124 06		
Mar 1	31	31		31	31		310		34 10			57 4			57 4	157 92		
BALANCE TRANSFERRED TO NEW LEDGER.																		
		244 00			2440			10 00		278 40		125 48		125 48		152 92		

Checked *[Signature]*

