

ATTESTATION PAPER

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

439433

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS)

~~#39433~~

1. What is your name?..... Joseph Jean
2. In what Town, Township, or Parish, and in what Country were you born?..... Quebec
3. What is the name of your next-of-kin?..... Mrs Jean (Mother)
4. What is the address of your next-of-kin?..... Chicoutimi Quebec
5. What is the date of your birth?..... 15th December 1895
6. What is your trade or calling?..... Lumberman
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?..... Yes
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

Quebec

J. Jean (Signature of Man.)
J. G. Sandilands (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joseph Jean, 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 2nd June 1915
J. Jean (Signature of Recruit.)
J. G. Sandilands (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Joseph Jean, 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 2nd June 1915
J. Jean (Signature of Recruit.)
J. G. Sandilands (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 Fort Frances Ont this 2nd day of June 1915

W. H. Murray (Signature of Justice.)

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

W. H. Murray (Approving Officer.)

DESCRIPTION OF JOSEPH JEAN ON ENLISTMENT.

Apparent Age 21 years 5 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. 6 ins.

Chest measurement { Girth when fully expanded 40 ins.
 Range of expansion 4 ins.

Complexion Dark

Eyes Blue

Hair Dark Brown

Religious Denominations { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Other Protestants
(Denomination to be stated.)
 Roman Catholic Yes
 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 2nd June 1915

Place Fort Frances Ont

W. J. Houston
 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

Joseph Jean 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.

H. J. Hughes Smith (Signature of Officer.)

Date June 2nd 1915

AS 21.10.18

DISCHARGE DOCUMENTS

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



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... *1/3*
- 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..... *1*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet..... *1*
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name *JEAN JOSEPH*
 Regt. No. *439433* Rank *Pte.*
 Corps *52nd* *Bn*
Died of Wounds



03833
W. P. 19.3.21



| | | |
|----|---|----|
| 14 | - | 21 |
| 21 | . | 22 |
| 33 | - | 22 |

Card *A. F. B 122. 1*
178. 1
misc - 1 *122 - 1*
P149 - 1 *Hall. Cd.*



Surname

Christian Name or Names

Reg. No.

Joan
Rank
Pvt.
Hospital

J.
Unit
59th Batt.

439433
Co. Troop Batty.

Date of Admission

Transferred *#17 Cas. Clear. Stat.*

Hosp. *6 6 16*

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

"Died of Wounds" 6 6 16.

DISPOSITION

Date

Ch. 16. 6. 16 A 82

REMARKS

17th Cas. Clear. Stat. rep 5

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.

439433 Pte. Jos. Jean, 52nd Battalion.

M

Medals & (Mother)
Dec.

Mrs. A. Jean,
Chicoutimi, P.Q.

P. & S. "

" " "

Serial No 794573

Memorial
Cross "

" " "

*Intelig. Fourstar.
" y.m.
" B.W.M.*

Desp 13-11-70

30913

(M) 030376

mf.

MAR 2 + 1920
Scroll Desp. _____ Reqn. No. 231312

491

M

Flaggs Desp. 18/8/21 Reqn. No. P2951

1920

a.z.B.
~~200m.~~

Number 439433.

Rank Pte. B

Surname JEAN.

Christian Name Joseph.

Units 52nd Bn Can. Inf - Theatre of War France V

Date of Service 20-2-16. D.

Remarks (M) Mrs. A. Jean,

Latest Address Chicoutimi,
P.Q.

Roll No. B Page 15605

200m.-2-21.M.

DESP. AUG 26 1922
REGN. NO. *5745*

REGT'L No 439433

H. Q. FILE No. 649-

NAME Jean, Joseph
RANK AND CORPS Pvt. 53 Battalion.

| |
|---------|
| FOLLOWS |
| No. |
| FOLLOWS |

| CABLE | | NATURE OF CASUALTY |
|--------------------------------------|----------------|--|
| No. | DATE | |
| | | <u>6.</u> |
| <u>M 8199</u> | <u>15-6-16</u> | <u>Died of wounds No 17 Cas. Cl. Stat. June 6th.</u> |
| <u>Q. 7 B. 20900</u> <u>Rouen</u> | <u>14-6-16</u> | <u>" " " " " " " " " " 1916</u> |

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

W. 82 - op. No 17. base bl. Stat.

6-6-16.

(Died of wounds (not stated)

649-J-1115-

SURNAME. *C. Jean,*

CHRISTIAN NAMES *Joseph.*

REGL. NO. *430433*

RANK *Pte.*

UNIT *52nd*

Bn.

FORMER CORPS *Nil.*

CARD NO.

D

FOLL.

NEXT OF KIN.

NAMES IN FULL *Jean, Mrs.*

RELATIONSHIP TO SOLDIER

ADDRESS *Chicoutimi, P.Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH *Canada, Quebec.*

DATE

PLACE OF ATTESTATION *Fort Frances.*

DATE *June 2-1915.*

of 23-11-15 275/11.

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

439433

MEDICAL HISTORY SHEET. ~~A 39433~~

Surname Jean Christian Name Joseph

Examined { on 2 day of June 1915
 at Fort Frances Ont

Approved by Wm Cullough
 Rank Capt M.O.

Birthplace { City or Town Quebec
 County Quebec

Apparent age 21 1/2

Trade or occupation Lumberman

Height 5 Feet 6 Inches.

Weight 162 Lbs.

Chest measurement { Minimum 36 inches
 Maximum expansion 40 inches

Physical development good

Small-Pox Marks -

Vaccination Marks { Arm Right Left
 Number 1

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease -

(b) Slight defects but not sufficient to cause rejection -

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

| Date | Result | VACCINATIONS. |
|-------------|-------------|-------------------------|
| <u>1915</u> | <u>good</u> | <u>Wm Cullough</u> M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | ANTI-TYPHOID INOCULATIONS, ETC. |
|---------------------------|-------------|---------------------------------|
| <u>21</u> <u>6</u> '15 | <u>Good</u> | <u>Wm Cullough</u> M.O. |
| <u>15</u> <u>7</u> " | " | M.O. |
| <u>13</u> <u>8</u> " | " | M.O. |

Enlisted on 2 day of June 1915 at Fort Frances Ont.

| | CORPS. | REG'TL NUMBER. | HABITS. | DATE. |
|----------------------|-----------------------------|----------------|---------|-------------------|
| Joined on enlistment | <u>52nd O.B.</u> | <u>439433</u> | | <u>2 June '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.

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

Casualty Form—Active Service.

Regiment or Corps 52nd Can Bn

Regimental No. 439433 Rank Rfc Name Leon J. Jean

Enlisted (a) 2.6.15 Terms of Service (a) Mobilization Service reckons from (a) 2.6.15

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 | | 21.2.16 | |
| | | EMBARKED FOR FRANCE. | | 20 2 16 | 13144 CY 1844 QMG2 |
| 11/5/16 | O.B.S 2B | 14 days 7P#1. Pays for damage to Property. I Drunkenness II Causing damage to private property III Breaking arrest | Field | 3/5/16 | B2069 |
| 6/6/16 | #17 CCS | Died of Wounds | | 6/6/16 | R 34444 |
| | | | | | Part II orders #14 14/6/16 |
| | | | | | <i>[Signature]</i> Lieut. for Col aaly Carlsen 2 nd Echelon 14/6/16 |

(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 | | | | |
| | | | | | |

Rank Pte.

Name JEAN, Joseph.

Reg'l No. 439433

Unit 52nd Bn.

If in perm. Corps,
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Fort Frances, 2nd June. 1915.**

Place of Birth **Quebec.**

Name and Address, Next-of-Kin **Mrs Jean.**

Chicoutimi, Quebec, Canada.

Relationship **Mother.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

N/E R B N^o **9**
 File R. L.
 Category **DW**

M.C. 1/11/2007

M

| 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 | | | | |
| 21. 5. 16 | Ob 52nd | <i>Arrived in England Embarked for France Sentenced to 14 days I.P. No 1 (i) Drunkenness (ii) Causing Damage to (iii) Breaking Arrest. Private Property</i> | Field | 3 DEC 1915 20-2-16 N.R. | |
| 14. 6. 16 | . | <i>Died of Wounds #17 Cas. Cl. Str.</i> | " | 8.5.16 Pt II O II 6.6.16 " 14 ⁵ | DW. |
| | | | | | 62A 82 |

#439433
J. Jean

E
886

Register No. D.J. 54.

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 9496-J-35

Reg't No. 45-9 433 Name Joseph Jean
(Christian Name) (Surname)
Unit 1-2 Bn Rank Pte. Date of enlistment.....
Date of casualty 6-6-16 B.P.C. File No. 1-800
Was service performed overseas? Yes

DEPENDENT

Name Mrs Alexina Gagnon Jean Relationship Dr. mother
Address Chicoutimi West
P.Q.

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

Amount of Special Pension Bonus \$ Nil Abstracted by L.S. Baird

Eligible for Gratuity \$
Less amount of Special Pension Bonus paid..... \$
Less Debit Balance of S. A. or A.P..... \$

Total deductions \$

Balance due \$ W Patterson

Cheque No..... Date issued.....

REMARKS: Not Eligible No Sp paid

Noted
5/15/20
96

Clerk

Audited by
W Patterson
Date 14/7/20

Rank **Pte.** Name **JEAN, Joseph.**

Reg'l No. **439433**

P-56

Unit **52nd Bn.**

If in perm. Corps,
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Port Frances, 2nd June. 1915.** Place of Birth **Quebec.**

Name and Address, Next-of-Kin **Mrs Jean.**

Chicoutimi, Quebec, Canada.

Relationship **Mother.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place **6/6/16**

Reason **Died from**

Character **C282**



| 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 | | | | | | |
| 1915 | | | | | | | | | | | | | | | | | |
| Dec 1 | Dec 31 | 31 | 1 ⁰⁰ | 31 | 31 | 10 | 3 10 | 10 | 44 10 | 40 87 | 26 77 9 73 | | | 6 00 | 42 50 | 1 60 | Blanking credit. D.O. 233-2nd 6. Drunk. |
| 1916 | | | | | | | | | | | | | | | | | |
| Jan. 1 | Jan 31 | 31 | 1 ⁰⁰ | 31 00 | 31 | 10 | 3 10 | | 34 10 | 133 182 | 14 60 9 73 | | | | 24 33 | 11 37 | |
| Feb 1 | 29 | 29 | 1 ⁰⁰ | 29 00 | 29 | 10 | 2 90 | | 31 90 | | 9 91 | | | | 9 91 | 33 36 | |
| Mar 1 | - 31 | 31 | - | 31 - | 31 | - | 3 10 | | 34 10 | 78 108 | 7 61 7 61 | | | | 5 22 | 62 24 | |
| | | | | 122 ⁰⁰ | | | | | 12 ²⁰ | 10 ⁰⁰ | 144 ²⁰ | 75 96 | 6 ⁰⁰ | 81 96 | 62 24 | | |

Settled

Statement of
OCT 27 1916
Account rendered

Cash found in effects no Rep.

BALANCE TRANSFERRED TO NEW LEDGER.

Checked: [Signature]

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Quebec Can.*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. Jean Bricoutimi, Quebec Can.*
 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>Died of Wounds</i> | <i>6/6/16</i> | <i>C.L. 82</i> |
| | | <i>16-6-16</i> |

| ADMISSIONS TO HOSPITAL &C. | | | |
|----------------------------|-----------------|----------|------------------|
| DATE ADMITTED | DATE DISCHARGED | V. OR A. | NAME OF HOSPITAL |
| | | | |

REG'L. No. *439433* RANK *Pte* NAME *Jean Joseph*
 IF IN PERM. CORPS } UNIT *52nd Bn* TRANSFERRED TO *N.E. Branch* DATE *6/6/16* AUTHORITY *C.L. 82 6/6/16*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Fort Francis, Ont.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *June 2nd 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *Nil* 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 *Field* *6/6/16* REASON AND AUTHORITY *Died of Wounds 6/6/16 C.L. 82 16/6/16*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *2/8/16*
 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. | DATE | | | | | | | | | | | | |
| <i>Mar 31</i> | | | | | | | | | | | | | | | <i>144</i> | <i>20</i> | | | | | | | | | | <i>81</i> | <i>96</i> | <i>62</i> | <i>24</i> | | | | | | |
| <i>14 30/4</i> | <i>30</i> | <i>100</i> | <i>30</i> | <i>00</i> | <i>30</i> | <i>10</i> | <i>3</i> | <i>00</i> | | | | | | | <i>33</i> | <i>00</i> | <i>141</i> | <i>15/4</i> | <i>186</i> | <i>30/4</i> | | | | | <i>262</i> | <i>261</i> | <i>5</i> | <i>23</i> | <i>90</i> | <i>01</i> | | | | | |
| <i>15 31/5</i> | <i>31</i> | <i>100</i> | <i>31</i> | <i>00</i> | <i>31</i> | <i>10</i> | <i>3</i> | <i>10</i> | | | | | | | <i>34</i> | <i>10</i> | <i>235</i> | <i>15/5</i> | | | | | | | <i>255</i> | <i>1540</i> | <i>17</i> | <i>95</i> | <i>106</i> | <i>16</i> | | | <i>Don 2/5/16 14 days 40¢</i> | | |
| <i>Checked 16 6/6</i> | <i>6</i> | <i>100</i> | <i>6</i> | <i>00</i> | <i>6</i> | <i>10</i> | <i>6</i> | <i>0</i> | | | | | | | <i>660</i> | | | | | | | | | | | | | | | | | | | <i>C.L. 82 16/6/16 Died of wounds June 6th 1916</i> | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | <i>112</i> | <i>76</i> | | | | | | <i>112.76 Cr. Bal. Ford + 1/20th for settlement 6-11-16.</i> | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | <i>112</i> | <i>76</i> | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Balance transferred to N.E. Branch

N.E. Branch 20/1/16

Cash found effects *no Rep.*

Statement of OCT 27 1916

