

ORIGINAL

ATTESTATION PAPER.

No. 137503
TRIPLICATES
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your name? *Jos. Harry Edwin*
 2. In what Town, Township or Parish, and in what Country were you born? *Sackville Que*
 3. What is the name of your next-of-kin? *Elizabeth Jos (mother)*
 4. What is the address of your next-of-kin? *Sackville Que*
 5. What is the date of your birth? *Oct 15 1894*
 6. What is your Trade or Calling? *Clerk*
 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*
- J. H. E. Jos* (Signature of Man.)
A. Macchie (Signature of Witness.)

14
20/11
JH
Supplicates

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harry Edwin Jos*, 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 *Sept 15* 191*5* *H. E. Jos* (Signature of Recruit)
A. Macchie (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harry Edwin Jos*, 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 *Sept 15* 191*5* *H. E. Jos* (Signature of Recruit)
A. Macchie (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 *15* day of *Sept* 191*5*.

W. A. Buchhall (Signature of Justice)

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

W. A. Buchhall Lieut.-Col. (Approving Officer)
O.C. 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Description of James Harry Eleri on Enlistment.

Apparent Age 20 years 11 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 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.
 Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

mole above R. Ear
Also back of neck
R. Shoulder. Blade

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 Sept 12 1915

Place Montreal

L. S. Foster
 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. E. G. Ross 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.

W. E. G. Ross Lieut.-Col.
 O.C. 73rd (Overseas) Bn. Royal Highlanders of Canada, C. (Signature of Officer)

Date SEP 14 1915 1915

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

Name JOSS HARRY EDWIN.

Regt. No. 132503 Rank pte.

Corps 73rd C.S. Bn. C.E.F.

Died of Wounds 16-10-16

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 1
- 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.....



13323

14-9
 21-9
 33-9

 1



M. F. W. 62.
50m.-9-16.
H. Q. 1772-39 835.

Loss Card

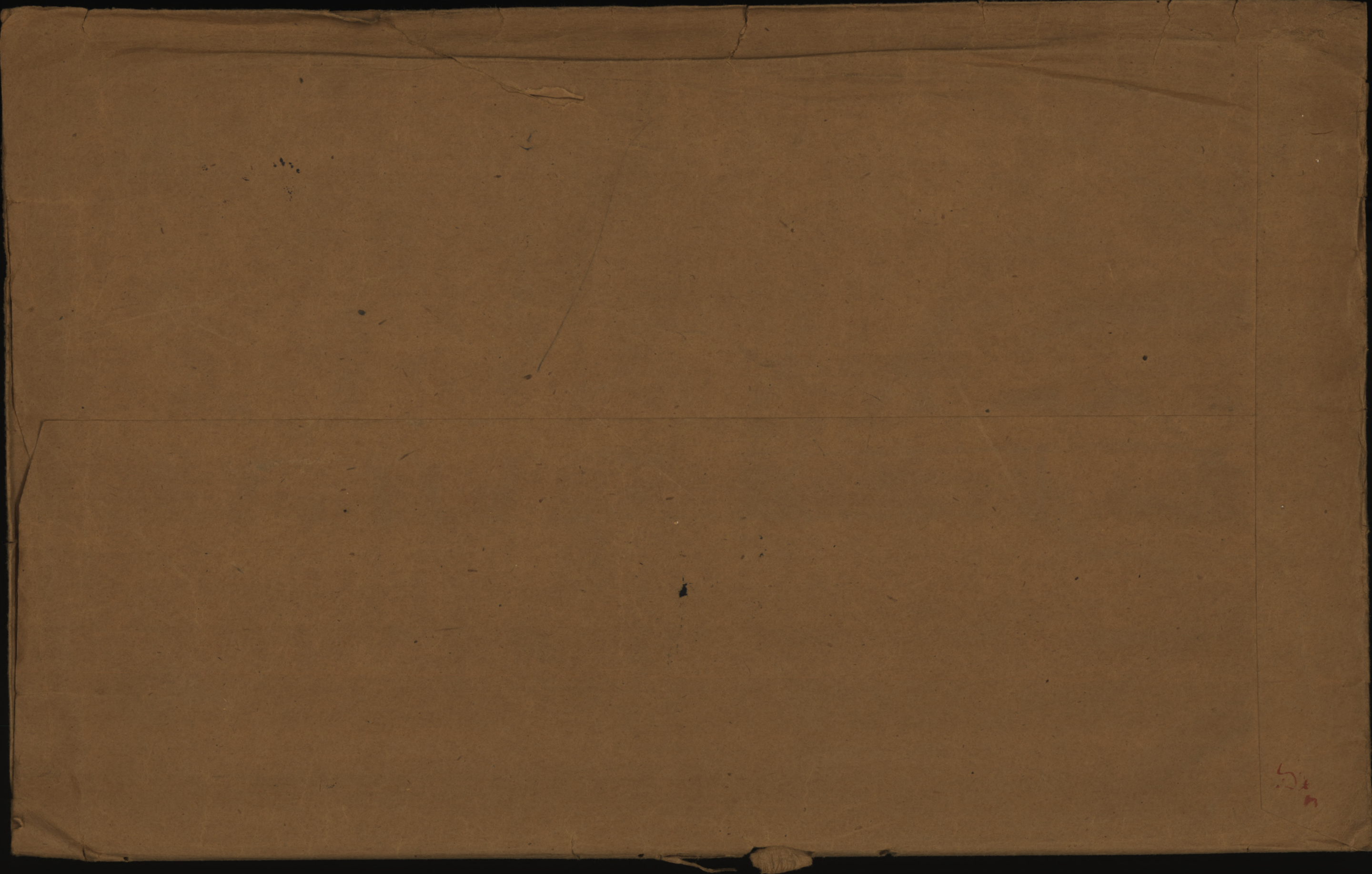
P. 58 - 1

P. 149 - 1

Pay Card

Form of Will - 2

m.v.
2-4-11



NAME ⁽²⁾ ⁽¹¹⁾ Joss, Edwin Harry

RANK AND CORPS Pte 73rd Bn

REG'T L No 132503

H. Q. FILE No. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

le.

03932. 31-10-16

Died of wds 49 Cas Clear Stat.
Oct. 16, 1916 U.S. W. face. ✓

A4132090A ^{Review}
30-10-16

Died of wounds received in action
16-10-16

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

949

Q.C. No 49. (as clear stat
Reports)

16-10-16

Wound of Wounds.
GSW of Face.

SURNAME.

Joss,

649-9-2118.

CARD NO.

D

CHRISTIAN NAMES

Harry Edwin.

FOLL.

REGL. No.

132503.

RANK

Lieut. Cpl.

UNIT

73rd.

Batt.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Joss, Mrs. Elizabeth.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Lachute. P. Q.

COUNTRY OF BIRTH

Canada Lachute, P. Q.

DATE

Oct. 15th. 1894.

PLACE OF ATTESTATION

Montreal.

DATE

Sept. 15th. 1915.

Sailed from Halifax Per.

S.S. "Adriatic" 31-3-16.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Clerk.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

20

YEARS

11

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark.

EYES

Blue

HAIR

Fair.

DISTINGUISHING MARKS

Mole above right ear. Mole on back of neck. Mole on right shoulder blade.

MEDICAL EXAMINATION.

PLACE

Montreal,

DATE

Sept. 15th, 1915

JOSS, Pte. Harry Elwin,
#132503, 73rd Jan. Inf. Bn. R. H. J., H. Q. 649-J-2118.

M. & D. (Mother) Mrs. Elizabeth Joss,
Lachute, P. Q.

P. & S. " Ditto.

Mem. J. " Ditto.

JAN 20 1921

Scroll Desp. _____ Reqn. No. 311650

JUL 20 1921

Plague Desp. _____ Reqn. No. P22)

Not elig. for 14-15 Star

Elig. for U. M.

" " B. W. M.

m

V

37058

a

57

M

G.34242.

DEC 2 1920

841

✓ JSSB
①

1st Lt.

Number 132503

Rank

Surname JOSS

Christian Name Harry Edwin

Units 73rd Band Theatre of War France

Date of Service 12-8-16

Remarks

Latest Address Mrs Elizabeth Joss (Mother)
Lachute, P. Q.

Roll No. B Page 16921

200m.-2-21.M.

~~①~~

□

Number

rank

DESP OCT 3 1922
REGN *911578*

Surname

Christian Name or Names

Reg. No.

Joss.
Rank

H. E.

132503

Unit

Co.

Troop

Batty.

H.
Hospital

13. Par.

Date of Admission

49. Cas. Cl. station

16. 10. 16

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

g. s. W. face.

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Died of Wounds 16-10-16

DISPOSITION

Date

31-10-16 A.49

REMARKS

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

R

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

No. 132503. RANK *Plt.*
Lt/Plt.

NAME *Jose H. E.*

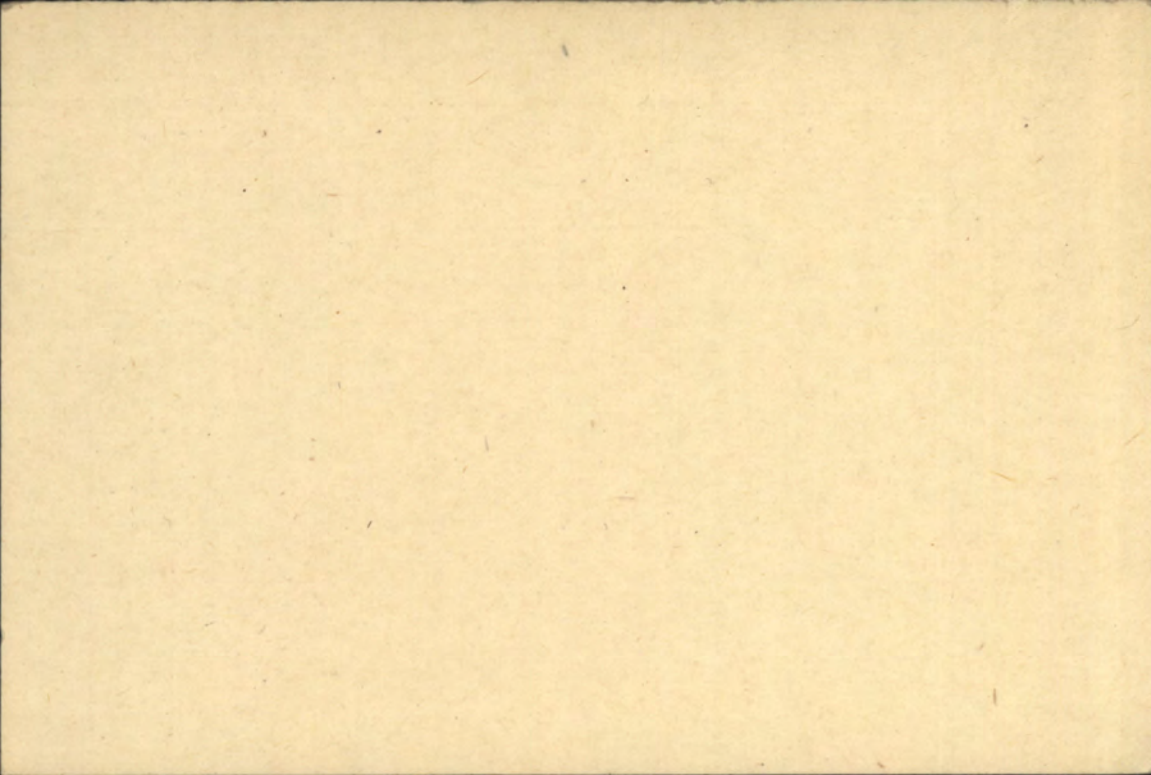
T. O. S. 14915 ⁽²⁰⁻⁴¹⁰⁾ UNIT *73rd. Battalion C. I. F.*
₍₁₅₋₉₋₁₅₎

M. D. *4.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Sept '14</i>	<i>Sept '30</i>	<i>✓</i>		
	<i>Oct</i>	<i>✓</i>		
	<i>Nov</i>	<i>✓</i>	<i>Prom Lt/Plt.</i>	<i>(20. 8191-11-15-1)</i>
	<i>Dec</i>	<i>✓</i>		
<i>1916</i>	<i>1916</i>			
	<i>Jan</i>	<i>✓</i>	<i>Forfeit 2 days pay.</i>	<i>(BO. 204-1-11)</i>
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		

UNIT SAILED

MAR 31 1916



J.P.

1325-2-591

R-122

Rank _____ Name **JOSS, Harry Elwin** Reg'l No. **132503.** ✓
 Unit **73rd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single,**
 Place and Date of Enlistment **Montreal. 15th September 1915.** Place of Birth **Lachute, Que.**
 Name and Address, Next-of-Kin **Mrs. Elizabeth Joss .**

80-X
24-11-20
AD

Lachute. Quebec. 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.				
<i>Auth</i>	S.R.O. 594	<i>Arrived in England</i>	<i>10 APR 1916</i>		<i>S.S. Atlantic</i>
19-5-16	73rd Bn.	App. Bro. Lance Cpl.	Bramshott.	19-5-16.	Pl. I. D.O. # 118/16
27-8-16	" "	Arrived in Eng. with Bro. Rank of Lance Corporal.	" "	" "	Pl. I. D.O. # 126.
23-6-16	" "	Reverts to ranks at own request.	" "	23-6-16.	Pl. I. D.O. # 152.
11 8-16	73rd.	Embarked For France	Bramshott	12-8-16	Part 2 D. O. 201
<i>31-10-16</i>	<i>Ob 73 Bn</i>	<i>Died of Wounds</i>	<i>Field</i>	<i>16-10-16</i>	<i>Pl. I. D.O. # 243 b2 No A49</i>
<i>31-10-16</i>	<i>" " "</i>	<i>Died of Wounds</i>	<i>Field</i>	<i>16-10-16</i>	<i>b2 No A49. G.S.W. Face.</i>

DD

D
out 9-10-17

64982116
P. 85.
MILITIA DEPT.
ESTATES BRANCH
OCT 9 1917

FORM OF WILL.

I, Harry Elwin Joss (Name in full)

Regimental Number 122503 serving in 73rd Bn. R. N.C.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto my mother

Mrs. Elizabeth Joss
Lachute, Quebec
Canada
Name & Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to my mother

Mrs. Elizabeth Joss
Lachute, Quebec
Canada
Name & Address of person or persons to receive personal estate* (see note).

In Witness whereof I have hereunto set my hand

this ninth day of June A.D. 1916

Harry E. Joss Signature.

* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness Austin Cunningham

Address of Witness Huntingdon, Quebec, Canada

Occupation of Witness Soldier

Name of Witness Guy Doig

Address of Witness 590 Beresford Ave. Winnipeg

Occupation of Witness Soldier

FORM OF WILL

I, the undersigned, do hereby revoke all former wills of mine and declare this to be my last Will.

I declare that I am of legal age and sound mind, and I have not been unduly influenced, coerced, or defrauded in the making of this Will.

My Name & Address: _____
I declare that I am of legal age and sound mind, and I have not been unduly influenced, coerced, or defrauded in the making of this Will.

In Witness Whereof I have hereunto set my hand and seal at _____ this _____ day of _____ 19____.

Signed and acknowledged by the Testator as and for his last Will in the presence of us here present at the same time, who in our presence, in his request, and in the presence of each other have heard and subscribed our names as Witnesses.

Name of Witness: _____
Address of Witness: _____
Occupation of Witness: _____

D Company

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Jos Christian Name Harry Edwin

Examined { on 15 day of Sept 1915
at Mt. Vernon
Birthplace { City or Town Sagehen
County Orin

Approved by L.S. Foster
Rank Captain M.O.

Apparent age 20
Trade or occupation Clerk
Height 5 Feet 7 1/2 Inches.
Weight 126 Lbs.
Chest measurement { Minimum 32 inches.
Maximum expansion 35 inches.
Physical development Good
Small-Pox Marks none

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

Vaccination Marks { Arm Right Left.
Number none
When Vaccinated last none

Date	Result	VACCINATIONS.
DEC 17 1915		M.O.
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease none
(b) Slight defects but not sufficient to cause rejection none

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
SEP 17 1915	Good	M.O.
NOV 19 1915		M.O.
NOV 29 1915		M.O.
JUL 22 1916	TAB	M.O.

Enlisted on 14 day of SEP 14 1915 at _____

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment		132503		
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.

28 AUG. 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Unit, Regiment or Corps 73rd (Overseas) Bn. Royal Highlanders of Canada, C.E.F.

Regimental No. 132503 Rank Private Name Joss, Harry Elwin
C. E. F.

Enlisted (a) 15-9-15 Terms of Service (a) Duration of War Service reckons from (a) 14/9/15

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) Clerk

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 at Halifax on R.M.S. "Adriatic", March 31st, 1916.

Arrived at Liverpool, April 9th, 1916.

appointed Provisional 2/cpl. Bramshott from 9/4/16.

(B.O. 126/16 24/5/16.)

Proceeded for service overseas

14/5/16

[Signature]
Adj. 73rd Bn. Canadian Infantry, Royal Highlanders of Canada.

23-6-16 73 Bn Promoted to ranks at Own request Bramshott

23-6-16

Att. 11 DO 152.
for Officer i/c Records, C.E.F.

[Signature]
for Officer i/c Records, C.E.F.

DISEMBARKED

HAVRE

28¹⁰/₁₆

[Signature] Died of wounds received in action

Field

13⁵/₁₆
16¹⁴/₁₆

N.R. G.P. 207/1482, also Can. Dec. 8637,
DB J. 30, dt-30 1/2 v II Orders 243, dt 30 10/16

(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.

[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				

Captain
 The 2nd Canadian Trench
 Royal Engineers of Canada

DISMEMBERED
 HAVRI

2nd Contingent

Mother
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.
20m.—11-15.
H. Q. 1772-39-819.

315

To Whom *Mrs. Eliz. Joss*
Address *Lachute P.Q.*

By Whom Assigned *Joss*
Regtl. No. *132503*
Rank *Aprl*
Corps *B Coy. 73rd Btm. R.N.C. CEF*

H.E.

E

Rate *20.⁰⁰* MAR 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <p>Casualties</p> </div> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 20px;"> <p>F. X. Rend. Date..... By..... E.F.X. " Date <i>21/1/17</i> By <i>J.M.</i></p> </div> <p><i>Wound of wounds Oct-16/16 62. (3) 1 1/2 E.M.S.</i> <i>Also 3 M. Nos. 3rd. /16</i> <i>Stop Nos. 1st. /16</i> <i>J.M.</i></p>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
Marc				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

COMMUNICATIONS SECTION
U.S. AIR FORCE
OFFICE OF THE SECRETARY

1954

MEMORANDUM

TO: SAC, [illegible]

01

FROM: [illegible]

02

03, 1

SUBJECT: [illegible]

1000

1000

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MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

Mrs. Eliz. Joss

PAYMENTS.

Name of Soldier

Joss H. E. 319
L. 18pl. "D." Co. 73 Btn.

L. L. Job 85618-M. & D. 6355.

Month.	Year.	Cheque No.	Amt.	Remarks.
			\$ 20 ⁰⁰	
April	1916	V2984	40 -	MAR 1 - 1916
May		W6760	20	MAR 1 - 1916
June		W9689	20	20 ⁰⁰
July		K12690	20	make apl. copy to cover for man also.
Aug.		X14394	20	
Sept.		F18670	20	
Oct.		F22538	20	
Nov.		L26762	20	account closed has
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

oh
OK

Casualties

F. X. Rend. Date..... By.....
 E.F.X. " Date *21. 9/17.* By *[Signature]*

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.				

EW

Register No. *DJ 410*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *9635-H-17*

Regt'l No. *132503* Name *Harry Elwin Joss*
(Christian Name) (Surname)
Unit *73 rd* Rank *Pte.* Date of enlistment
Date of casualty *16/10/16* B.P.C. File No. *84322*
Was service performed overseas? *yes*

DEPENDENT

Name *Mrs. Elizabeth Joss,* Relationship *w. mother*
Address *% J.W. Gall, Esq.,*
Lachute,
P. D.

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

Emb

Amount of Special Pension Bonus \$ *Nil.* Abstracted by *K. S. ...*

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

Total deductions \$

Balance due \$ *✓*

Cheque No. Date issued

REMARKS: *Eligible for P.G.
as no SA was paid*

Clerk *J. ...*

Audited by
Date

"Noted" *DJ 17*

14/8/20

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name
Surname Christian Name

Regimental Number Rank Address (in full)
Address (in full)

Unit
REMARKS :

Original Unit
Clerk

District where paid
Specific No. Date Issued

Date of Discharge
Balance due \$

P. D. P. Filing Number
Total Deductions \$

Rates: Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.
Less amount of Special Pension Bonus paid \$

L.L. 53961—M. & D. 9721

3223 W.A.M.

STN-02 STY-01

Eligible for Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		
Amount of Special Pension Bonus \$											
<p>Address:</p> <p>Name: Relationship:</p> <p style="text-align: center;">DEPENDENT</p> <p>Was service performed overseas?</p>											

M. F. W. 127
300M-1-19
1772-39-1140

Date of casualty B.P.C. File No.

Remarks: Unit Rank Date of enlistment
(Christian Name) (surname)

Regt. No. Name:

DEPENDENTS OF DECEASED SOLDIERS
 TO
 WAR SERVICE GRATUITY

Register No.

A.P. File No.

PROMOTIONS, &c.	
EFFECTIVE DATE	AUTHORITY
24/6/16	B.O. 152/16
16/10/16	b.c.a. 49. d/31/10/16

REG'L. No. 132503. RANK *2nd Lt* NAME *Joss. Harry. Edwin*
 IF IN PERMT. CORPS } UNIT *73rd Batt.* TRANSFERRED TO *N.E. Branch* DATE *17.10.16* AUTHORITY *C.L.A. 49*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Montreal.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *15th September. 1915.* TRANSFERRED TO DATE AUTHORITY



PB 10971

ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE *1/5/16*
 PAYABLE TO *Mrs E. Joss, Lachute. P. Q.* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *2/11/16* EFFECTIVE *1/12/16* REASON *Died of Wounds 16/10/16*

Entered on N.E. Card Index BK

Relationship E.J. Martin

DISCHARGE DATE AND PLACE *Field* REASON AND AUTHORITY *Died of Wounds 16/10/16 b.c.a. 49. d/31/10/16*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *17.10.16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

ACQUITTANCE ROLLS						CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
2		3		4		1	2	3	4	ASSIGNED PAY	OTHER CHARGES				TOTAL DEBITS
No.	DATE	No.	DATE	No.	DATE										
													15 55		<i>From previous a/c.</i>
						4 87				20 00		24 87	26 33	✓	
						7 30									
		228	<i>30/6/16</i>			4 87	7 30			20 00		39 47	21 01	✓	<i>B.O. 15-2.16, 23.6.16. Reverts to Rank.</i>
		297	<i>13/7/16</i>				7 30			20		27 30	27 81		
						7 30				20 00		27 30	34 61		
		123	<i>17/9</i>			2 61	2 62			20 00		25 23	42 38		
						2 62						144 17			<i>Died of Wounds 16.10.16</i>
		356	<i>14/10</i>			2 62	2 62			20 00	16 50	44 36	32 17		<i>C.L.A. 49. 31/10/16. op 15 days</i>
						32 19	19 84			120 -	16 50	188 53			<i>Trans to N.E. Branch. 17.10.16</i>
										20 -		20 00	12 12		<i>Died of Wounds 16.10.16 C.L.A. 49</i>
												208 53			
													12 12		<i>C. 2nd C.I.B. Sch. 6 27.</i>
													14 13		
															<i>To Ottawa for settlement 27/1/17 Non 145 D.</i>
															<i>No adjustment necessary on C.I.B. 9. 816. re C.I.B. Payt may be paid but not for not paid. ass pay. OK W.C.</i>

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		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				

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To be attached to Attestation Form.

Name *Joss Harry Brown*

Address *Laachute*

Are you your parents' sole support (if an only son)

No.

BOND
WEINWITZ

To be attached to a (testator's) form

100

100

For the parents' and children's use