

card # 0

DUPLICATE

# ATTESTATION PAPER.

No. 793341

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname? Kaine
- 1a. What are your Christian names? Benjamin Edward
- 1b. What is your present address? Campbellton NB
2. In what Town, Township or Parish, and in what Country were you born? Manns Settlement Que Bona Co.
3. What is the name of your next-of-kin? Melma Kaine
4. What is the address of your next-of-kin? Campbellton NB
- 4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? May 8- 1893.
6. What is your Trade or Calling? Laborer
7. Are you married? yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? 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 } Yes  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }



## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Benjamin Edward Kaine, 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.

Date: JAN 19 1916 Benjamin Edward Kaine (Signature of Recruit)  
11-12-15 191 J. Howard (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Benjamin Edward Kaine, 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 my 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: JAN 19 1916 Benjamin Edward Kaine (Signature of Recruit)  
191 J. Howard (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 Campbellton NB this JAN 19 1916 day of 1916 191

H. C. McKay (Signature of Justice)

EMJ

No 793341

# Description of Benjamin Edward Kaine on Enlistment.

Apparent Age... 23... 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... 37... ins.  
 { Range of expansion... 2 1/2... ins.

Complexion... Medium

Eyes... Brown

Hair... Brown

Religious denominations

Church of England.....  
 Presbyterian.....  
 Methodist... yes.....  
 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 declares that he is not subject to fits of any description.

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

Date... Jan 15... 1916

J. O. Park... Capt. A. M. C.

Place... Campbellton, N. B.

M. O. 132 nd Batn. C. E. F.  
 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.

Benjamin Edward Kaine 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.

Glennerscrew... (Signature of Officer)

Date... Jan 15... 1916

OB 132nd. Bat. C. E. F.

REGIMENTAL DOCUMENTS

NAME Kaine Benjamin Edward REGT. NO. 793341 UNIT \_\_\_\_\_ H. Q. FILE NO. \_\_\_\_\_

5

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

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FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

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PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 cascad  
1 R149  
1 mic  
1 wire (Orig)  
1 (copy)  
1 pay card

M

DEATH

Category

DISCHARGE

Category

00112

DESERTION

12-13  
18-13  
23-13

5662  
7024

H

M.X.  
11.6.20  
JAS

3

OPEN  
(ATIA)

BOX 4995

No 79334 / RANK Pte.

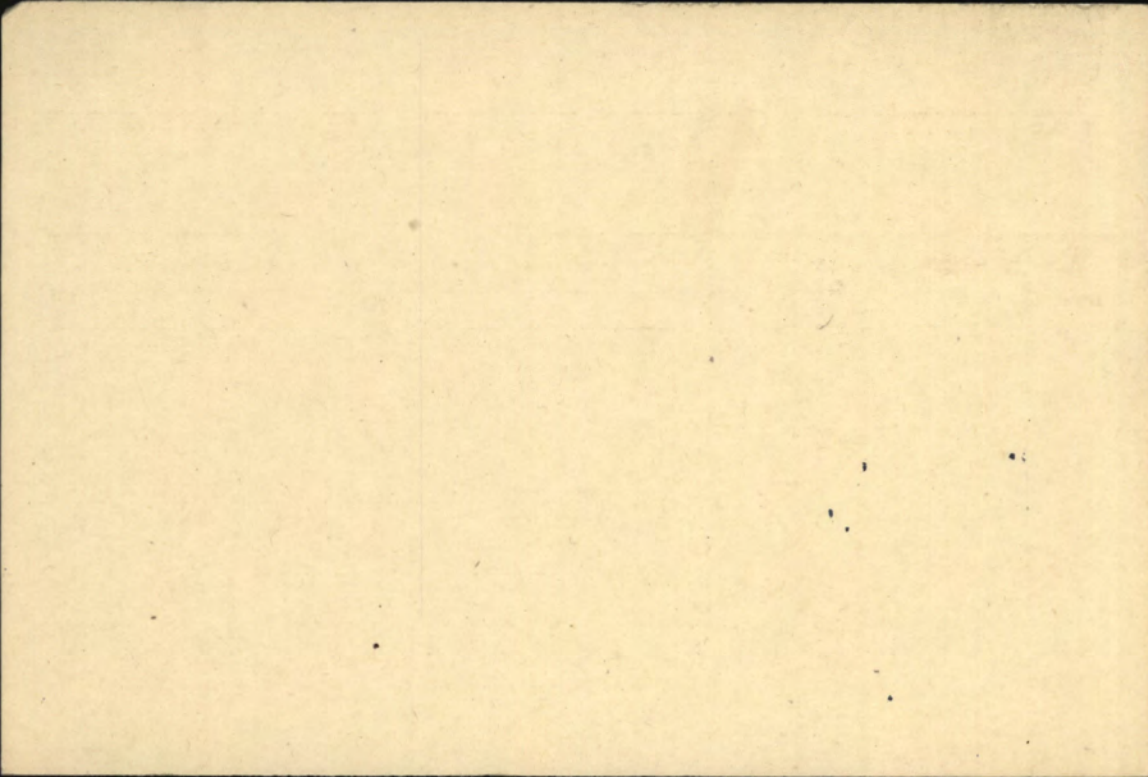
NAME Kaine B. E.

T. O. S. 11-12-15 (Dec. paylist) UNIT 132<sup>nd</sup> Battalion C. E. F. (Campbellton Det.)

M. D. 6.

PAID		SIG. OR REC'T	'PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915	1915			
Dec 11	Dec 31	L		
1916	1916			
Jan		L		
Feb		L		
Mar		L		
Apr		L		
May		L		
June		L		
July		L		
Aug		L		
Sept		L		
Oct		L		
Nov		L		

UNIT SAILED  
OCT 25 1916



Number *793341* Rank *Pte*

Surname *K A I N E*

Christian Name *Benjamin Edward*

Units *87<sup>th</sup> Bn Can Inf* Theatre of War *France*

Date of Service *6-12-18*

Remarks *(W) Mrs L. Martin*

Latest Address *Salisbury, N.B.*

Roll No. *B. Page 16717*

DEPT. SEP 25 1922  
REG. NO. *M 9116*











649-K-3594.

793341 Pte. Benjamin E. Kaine.

*Not eligible for 1914-15 Star*

Medals & (widow)  
Dec.

*dward*  
Mrs. L. Martin,  
Salisbury, N.B.

*M*  
87th Br.  
12143

P. & S. (widow)

*(Serial no. 767783.)*

As above.

Scroll Desp.

*JAN 20 1921*

Reqa. No. *811661*

Plaque Desp.

*DEC 21 1921*

Reqa. No. *P 21704*

Mem. Cross (widow)

As above.

*Mother dead*

Desp *JUN 18 1920*

*VA 1812284*

*JAS 11.6.20*

W 419

(649-9-3594)

CARD NO.

SURNAME.

*Kaine*

CHRISTIAN NAMES

*Benjamin Edward*

REGL. NO.

*793341*

RANK

*Otc.*

UNIT

*132nd*

FOLL.

*emsx.*

*Batt.*

FORMER CORPS

*nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Kaine, Mrs Melma*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

~~*Campbellton N. B.*~~

*P.O. Box 405-Campbellton, Restigouche Co. N. B.*

*Letter 4-9-17.*

~~*Cas. W. J. Cope.  
Dept. of Railways  
and Canals*~~

COUNTRY OF BIRTH

*Canada, Manns Settlement, N. B.*

DATE

*May 8th 1893.*

PLACE OF ATTESTATION

*Campbellton, N. B.*

DATE

*Jan. 19th 1916.*

MARRIED *Yes*

SINGLE

WIDOWER

TRADE OR CALLING

*Labourer*

RELIGION

*Methodist*

DESCRIPTION.

APPARENT AGE

*23* YEARS

MONTHS

HEIGHT

*5* FEET

*9* INCHES

CHEST MEASUREMENT

*37* INCHES

EXPANSION

*2 1/2* INCHES

COMPLEXION

*Medium*

EYES

*Brown*

HAIR

*Brown*

DISTINGUISHING MARKS

*nil*

MEDICAL EXAMINATION.

PLACE

*Campbelltown, N. B.*

DATE

*Jan. 15<sup>th</sup> 1916.*



NAME

Haine Benjamin Edward.

REGT'L NO

793341

RANK AND CORPS

Pte. (87th Bn. (from 132nd Bn.))

H. Q. FILE NO. 649-

CABLE

No.

DATE

e. Can. Horse Art. NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

No.	DATE	NATURE OF CASUALTY
M. 5595	19-6-17.	Killed in Action May 6th 1917
M. 5605	21-6-17	<del>Reported wounded remaining cancelled see at Duty June 7th 1917. ✓ Have cabled for correct information</del>
<u>M 5634.</u>		
M. 5634.	26-6-17	Correct date of death June 9th 1917.
M 5771208 M	24-7-17	
AF 120907	Person 14-6-17	3 Killed in Action 9-6-17. (noted 20-5-17)

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
no 2	Mil: Seaford Liverpool	6-11-16	Scabies
no 2	Discharged	15-11-16	"
A 170	No 7 Gen. St. Omer	23-3-17	mumps
A 183	No Duty	10-4-17	"
A 236.	Rept from Base	9-5-17.	Killed in Action
	Correct date of death	9-6-17.	as per. H. L. A 238

Surname Christian Name or Names Reg. No.  
Kaine B.E. 793341  
Rank Unit Co. Troop Batty

Pte. 132nd Bn. 87<sup>th</sup> Batt  
Hospital Date of Admission

Seaforth Mil. Liverpool 6.11.16

Transferred #7. Gen. St. Omer. Hosp. 23.3.17

Hosp.

Hosp.

Hosp.

Diagnosis

Scabies.

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

Additional Diagnosis: if more than one state present

*Killed in Action 9.5.17  
Correct Date 9-6-17  
Dis. 15.11.16*

DISPOSITION

Date

C.L. 25.11.16 2

REMARKS

*- 30.3.17 A/170.  
19.6.17 A 236  
note on  
C.L. 21.6.17 A 238*

**A.M.D. 2 DEPT.  
Bch. 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.

Surname Christian Name or Names Reg. No.  
Kaine. B.E. 793341.  
Rank Unit Co. Troop Batty.  
Pte. 87th. Bn.  
Hospital Date of Admission

Transferred 7. G.H. St Omer. Hosp. 10-4-17.

Hosp.

Hosp.

Hosp.

Diagnosis

Mumpd.

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

To. Duty. 10--4-17.

Date

DISPOSITION

C.L. 17-4-17. A/183.

REMARKS

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.

# ORIGINAL.

## MEDICAL HISTORY SHEET.

Surname Kaine Christian Name Benjamin Edward

Examined { on 15 day of Jan 1916 Approved by J. G. Park  
 at Campbelltown  
 Birthplace { City or Town Manns Settlement Rank Captain M.O.  
 County Bonaventure

Apparent age 23 years  
 Trade or occupation Labourer M.O.  
 Height 5 Feet 9 Inches. M.O.  
 Weight 150 Lbs. M.O.  
 Chest measurement { Minimum 34 1/2 inches. M.O.  
 Maximum expansion 37 inches. M.O.  
 Physical development Good M.O.  
 Small-Pox Marks none M.O.

Vaccination Marks	A r m		Date.	Result.	VACCINATIONS.
	Right.	Left.			
Number	<u>none</u>				
When Vaccinated last	<u>none</u>		<u>15-3-16</u>	<u>negative</u>	<u>J. G. Park Capt</u> M.O.
(a) Marks indicating congenital peculiarities or previous disease	<u>none</u>				M.O.

(b) Slight defects but not sufficient to cause rejection	Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
	<u>20-2-16</u>	<u>1/2 billion</u>	<u>Capt J. G. Park</u> M.O.
	<u>10-7-16</u>	<u>1 billion</u>	<u>J. G. Park Capt</u> M.O.

Enlisted on 11 day of Dec 1915 at Campbelltown

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>132nd Bata</u>	<u>792341</u>		
Transferred to	<u>84</u>	<u>None</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 *Kame* Christian Name *Benjamin Edward*

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>Villecartier Compt Hospital</i>		<i>SEP</i>	<i>12</i>	<i>1916</i>	<i>SEP</i>	<i>18</i>	<i>1916</i>	<i>Scabies</i>	<i>7</i>	<i>Recovered</i>	<i>R. H. B. ... Major, O.C. A.M.C. Training Depot No. 4.</i>
<i>Seafouth</i>		<i>5</i>	<i>11</i>	<i>16</i>	<i>15</i>	<i>11</i>	<i>16</i>	<i>Scabies</i>	<i>11</i>	<i>Discharged to duty</i>	<i>C. Burrows Sept. 11</i>
<i>No 7 G.H. St Omer</i>		<i>23</i>	<i>3</i>	<i>17</i>	<i>10</i>	<i>4</i>	<i>17</i>	<i>Mumps</i>		<i>To duty.</i>	<i>For Lt. Col. R. A. M. C. A170-A188. W.C. MILITARY HOSPITAL, V.H. 1916</i>



out 20.9.17

14913

649 R. 3594.

# FORM OF WILL.

I, Benjamin Edward Kaine (Name in full)

Regimental Number 793341 serving in 132nd BN. CEF.

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

68147

.....	} Name and Address of person or persons to whom it is to go.
.....	
.....	

absolutely, and my personal estate I bequeath to

<u>Mrs. B. E. Kaine,</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>Campbellton, N. B.</u>	
<u>Canada.</u>	

**IMPORTANT NOTE**

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 24th day of October A. D. 1916.

B E Kaine Signature of Soldier.

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

## ESTATES BRANCH

SEP 21 1917

MILITIA DEPT.

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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness H. J. Mowat Lt 1

Address of Witness Campbellton N.B.

Occupation of Witness Officer 132 Bn CEF.

Signature of Second Witness B Douglas Lieut.

Address of Witness Buctouche N.B.

Occupation of Witness Officer 132nd Bn CEF.

FORM OF WILL

I, \_\_\_\_\_ of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby declare this to be my last Will.

I bequeath all my real estate unto \_\_\_\_\_

Name and Address of person or persons to whom it is to go.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and the tax personal estate I bequeath to \_\_\_\_\_

Name and Address of person to receive same and estate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: This form is not valid unless it is signed by the testator in the presence of two witnesses.

Witnessed and subscribed by me the Testator and by two witnesses of legal age at the same time and in the presence of each other on this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_.

Signature of Testator \_\_\_\_\_  
Address of Testator \_\_\_\_\_  
Occupation of Testator \_\_\_\_\_  
Signature of First Witness \_\_\_\_\_  
Address of First Witness \_\_\_\_\_  
Occupation of First Witness \_\_\_\_\_  
Signature of Second Witness \_\_\_\_\_  
Address of Second Witness \_\_\_\_\_  
Occupation of Second Witness \_\_\_\_\_

FORM OF WILL

I, Benjamin Edward Kaine (Name in full)

Regimental Number 793341 serving in 132nd Bn. CEF.

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

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. B. E. Kaine, Campbellton, N.B. Canada.

Name and Address of person or persons to receive personal Estate. (see note).

IMPORTANT NOTE

This must be signed and Dated by The Soldier Himself.

this 24th day of October A.D. 1917 B E Kaine Signature of Soldier.

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.

Signature of First Witness F.F. Howat Lt.

Address of Witness Campbellton N.B.

The Two Witnesses Must

Occupation of Witness Officer 132 Bn. C.E.F.

Sign Here. Signature of Second Witness D Douglas Lieut.

Address of Witness Suctouche N.B.

Occupation of Witness. Officer 132nd Bn. C.E.F.

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch, C.M.F.C.

Lieut., for Officer i/c Estates, C.M.F.C.

NOTE DIED Killed in Action 9-6-1917.

Taken from living 20-8-1917.

Pte. B.E. Kaine, No. 793341, 87th Battalion.

(Wills in Will)

Testamentary Number

I, the undersigned, being of sound mind and memory, do hereby revoke all former wills by me made and declare this to be my last will.

I bequeath all my real estate unto

and my heirs

and my heirs

and my personal estate I bequeath to

and my heirs

and my heirs

1891

day of

this

Signature of testator

Witnesses

Witnesses to the execution of this will, being of legal age and of sound mind, do hereby certify that the testator at the time of the execution of this will was of sound mind and memory, and that he executed this will as his last will and testament.

Witnesses to the execution of this will, being of legal age and of sound mind, do hereby certify that the testator at the time of the execution of this will was of sound mind and memory, and that he executed this will as his last will and testament.

Signature of first witness

Signature of witness

Signature of witness

Signature of second witness

Signature of witness

Signature of witness

I hereby certify that the testator at the time of the execution of this will was of sound mind and memory, and that he executed this will as his last will and testament.

For Office Use Only

Notary Public

## Casualty Form—Active Service.

Regiment or Corps 132nd. "Overseas" Battalion, C.E.F.EdwardRegimental No. 493341 Rank Pte Name Kaine, Benjamin J.Enlisted (a) 19-1-16 Terms of Service (a) C.E.F. Service reckons from (a) 17-12-16Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on } \_\_\_\_\_  
to present rank } \_\_\_\_\_ to lance rank } \_\_\_\_\_ roll of N.C.Os. }Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Locomotive fitter

Report

From whom received

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.

CERTIFIED CORRECT.

19 DEC. 1916

RECORDS, LONDON.

6-12-16  
10-1-17  
20-1-17  
3-2-17  
10-2-17  
23-3-17  
24-3-17  
27-3-17  
10-4-17  
14-4-17  
10-5-17C.B.D.  
C.B.D.  
O.C. Unit  
do.  
do.  
7 Gen.  
O.C. Unit  
12 Coy.  
7 Gen.  
O.C. Unit  
"Embarked  
Disembarked  
Proceeding for service  
overseas with  
87th Bn  
Taken on Strength of 87th. Bn.  
Proceeded to join  
Unit  
Joined  
Unit  
Attached to 67th. Pioneer Battalion  
Ceases to be attached to 67th. Bn.  
Mumps. Adm.  
Evacuated to F.A. SICK.  
Mumps Adm. 22-3-17 to 7 Gen.  
" To duty  
Returned to duty from hospital  
killed in actionCanada 26/10/16  
England 5/11/16  
Bramlett 5-12-166-12-16  
10-1-17  
13-1-17  
28-1-17  
1-2-17  
23-3-17  
22-3-17  
23-3-17  
10-4-17  
11-4-17  
9-6-17D.O. Part 2 No. 289  
H.P. Davis  
Capt.Ajutant, 132nd Bn. C.E.F.  
D.O. Pt. II No. 269 d./11-12-16  
~~XXXX~~ N.R.  
B.213 D.C.S.92  
B.213  
B.213  
W.3024 24 264  
B.213 DCS.117  
W.3024 24 118  
W.3024 24 281  
B.213 24 129  
W.3024 24 78 d/14.6.17  
J. Anderson  
Lieut.  
H. Colwell  
Canadian Army  
1916

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				

LTR

Rank Name **KATNE, Benjamin Edward**  
 Unit **132nd, Bn.** If in perm. Corps, What Unit?

Reg'l No. **793341**  
 Married or Single **Married.**

Place and Date of Enlistment **Campbellton, Jan, 19th., 1916.** Place of Birth **Manns Settlement Que Bons, Co.**

Name and Address, Next-of-Kin **Melma Kaine.**  
**Campbellton, N.B.**

Relationship **Wife.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

N/E. R.B. No **1867**  
 File No. **25-16-964.**  
 Category **7a**

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.				
		Arrived in England S.S. Corsican		5/11/16	HCW
7-11-16	132 Bn	Adm. Hq.	Liverpool	5-11-16	C.L. 2 - 25-11-16. Pt II O. 265 "Scabies"
15-11-16		Discharged from Hosp.		15-11-16	C.L. 2 - 25-11-16 Pt II P 272
5-12-16	O, C. 132nd	S. O. S. to 87th. Bn,	Bramshott	5/Dec/16	Pt. 11 DO 289
11-12-16	87th Bn	T. O. S. FROM Reserve	In the Field	6 12 16	Pt. 2 D. O. 269
30.3. 17		Admt # 1 Gen Hosp	St. Omer	23. 3. 17	C.L. A-170 Mump.
17. 4. 17		Disc Reported from Base	D.	16 4 17	183
19.6.17		Killed in Action	Field.	9.6.17	C.L. 238 - 21-6-17
28-6-17.		Correct-date. of death		7 5 17	DO Pt A 236
				9.6.17	C.L. 238.
					and Pt II D.O. 48-14-6-17

**A.F.B. 105 CHECKED**  
**12 DEC. 1916**





*W. A.*

Register No. *DK87*

WAR SERVICE GRATUITY

A.P. File No. *9701-13-1*

TO  
DEPENDENTS OF DECEASED SOLDIERS

Reg'tl No. *793341* Name *Benjamin Edward Kaine*  
(Christian Name) (Surname)  
Unit *132nd. Bn.* Rank *Pte.* Date of enlistment.....  
Date of casualty *9-5-17* B.P.C. File No. *13341*  
Was service performed overseas? *yes*

DEPENDENT

Name *Mrs. Melona Martin, nee Mrs. M. Kaine* Relationship *widow*  
Address *Campbellton,*  
*Rest. Co.,*  
*N.B.*

Amount of Special Pension Bonus \$ *80.00* Abstracted by *J. Pratt*

Eligible for Gratuity ..... \$ *180.00*  
Less amount of Special Pension Bonus paid..... \$ *80.00*  
Less Debit Balance of S. A. or A.P..... \$

Total deductions \$ *8000* ✓  
Balance due \$ *100.00* ✓

Cheque No. *9.1892946* Date issued *21-7-20*

REMARKS : *Re-married 23-7-19*  
*Hold payments until*  
*address is verified*

Clerk *J. G. McPherson*

Audited by  
*W. E. Stoyden*  
Date *16/7/20* #100

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

# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$

per diem; Field Allowance \$

per diem. Separation Allowance \$

per month.

L.L. 53961—M. & D. 9721

Total 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		

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

Remarks:

1-3-16

MILITIA AND DEFENCE

138

M. F. W. 11.  
15m.—3-16.  
H. Q. 1772-39-818.

## SEPARATION ALLOWANCE

Name *Mrs. Melina Kaine* Name of Soldier *Kaine, Ben Edw.*  
 Address *Campbellton NB.* Regtl. No. *795341*  
 Rank *Pte.*  
 Corps *132nd Batt<sup>m</sup>*  
 Relation to Soldier }  
 wife, child or mother } *wife*  
 To what Corps belonging }  
 when called out }

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



**ACCOUNT CLOSED**  
 DATE..... PER.....

Handwritten marks and characters, possibly including the number '51' and other illegible symbols.

Small handwritten mark or character.

Small handwritten marks or characters.

Small handwritten marks or characters.

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

*Mrs Inelma Kaine*

*wife*

Name of Soldier

*Kaine, Ben Edw.*

PAYMENTS. *Re*

Sheet No. 2.

L. L. Job 89002.-Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	S 861	40	40
May		R 5711	20	20
June		Q 3793	20	20
July		W 10280	20	20
Aug.		B 11685	20	20
Sept.		M 15872	20	20
Oct.		B 19477	20	20
Nov.			XX	X
Dec.			XX	X
Jan.	1917	M 27694	20	20
Feb.		M 31462	20	20
March		M 34685	20	20
April		Q 1439	20	20
May		P 4818	20	20
June		P 8283	20	20
July		N 11330	20	20
Aug.		Z. 14380	20	20
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pensions Notified Date... 21-6-17  
 Killed in Action }  
 Died of Wounds } Date... 9-5-17...  
 Missing }  
 C. L. 4... 20-6-17 Clerk *T. J. ...*  
 Date Noted... 1917

Pensions Notified Date... 5/2/14  
 Killed in Action }  
 Died of Wounds } Date... 9/6/14...  
 Missing }  
 C. L. 4... 29/6/14 Clerk *R. H. Armstrong*  
 Date Noted... 5/2/14... 1914

Pension Granted... 1/9/17  
 B.P.C. to Recover \$...  
 Clerk... Date... 20/8/17

ACCOUNT CLOSED  
 DATE... PER *W*

MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

**PAYMENTS.**

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.				

MILITIA AND DEFENCE  
**ASSIGNED PAY**

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

Sheet No. 2 *Mrs Melma Kaine Wife*  
 OVERSEAS CONTINGENTS  
 PAYMENTS.

Name of Soldier *Kaine Ben E.*  
*793341 - Pte. 132 Bn.*

L. L. Job 4503. -Req. 6332.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20. NOV 1 1916</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>A 34085</i>	<i>20</i>	
Dec.		<i>N 36284</i>	<i>20</i>	
Jan.	<i>1917</i>	<i>E 39309</i>	<i>20</i>	
Feb.		<i>E 45751</i>	<i>20</i>	
March		<i>Y 50927</i>	<i>20</i>	<i>20 R</i>
April		<i>V 2767</i>	<i>20</i>	<i>20 w-160<sup>00</sup> 674 E. Madly 23/6/17</i>
May		<i>Z 9356</i>	<i>20</i>	<i>assigned d/d up to button till</i>
June		<i>L 16811</i>	<i>20</i>	<i>On Pension granted, E. Madly 23/6/17</i>
July		<i>V 22905</i>	<i>20</i>	<i>B. 200<sup>00</sup></i>
Aug.		<i>Y 29731</i>	<i>20</i>	
Sept.			<i>20</i>	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pension Granted..1-9-17.....  
 B.P.C. to Recover \$.....  
 Cert. G.C. Date 18/8/17.

Called in Action }  
 Died of Wounds } Date.....  
 Missing }  
 C.I. }

F. A. Bond. Date .....  
 B.F.X. Date 21-11-17

*Total 2000*  
*R.L.*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier \_\_\_\_\_

**PAYMENTS.**

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.				



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

*Wife*

To Whom *Mrs Melma Kaine* By Whom Assigned *Kaine Ben. Co.*  
Address *Campbellton* Regtl. No. *793341.*  
*N. B.* Rank *Plt.*  
Corps *132 Bn.*

Rate *20.* NOV 1 1916

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Pensions Notified Date *9-7-17*  
 Killed in Action }  
 Died of Wounds } Date *9-6-17*  
 Missing }  
 C. L. *(4) 29/6/17* Clerk *J. M. M. M.*  
 Date Noted *9-7-16* 191

Pensions Notified Date *25/1/17*  
 Killed in Action }  
 Died of Wounds } Date *2/5/17*  
 Missing }  
 C. L. *(4) 29/6/17* Clerk *J. M. M. M.*  
 Date Noted *23/6/17* 191

100.

100.

100.

100.

P. 559  
MARRIED OR SINGLE

*M.*

PLACE OF BIRTH *Warris Settlement, Bona, Co. P. 2.*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. Melma Haine*

*Campbellton, N. B.*

RELATIONSHIP OF NEXT OF KIN *Wife*

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>Called in Action</i>	<i>9/6/17</i>	<i>C.A. 256.</i>
<i>Cor Date of Death</i>	<i>9/6/17</i>	<i>C.A. 256. 211</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>Nov. 1-30</i>	<i>30</i>	<i>1.</i>	<i>30</i>		<i>30</i>	<i>10</i>	<i>3</i>							<i>33</i>				<i>50</i>	<i>29/1/16</i>		
<i>Dec. 1-10</i>	<i>10</i>	<i>1.</i>	<i>10</i>		<i>10</i>	<i>10</i>	<i>1</i>							<i>47</i>	<i>21</i>						
<i>11-31/12</i>	<i>21</i>		<i>21</i>		<i>21</i>		<i>2 10</i>							<i>23</i>	<i>10</i>						
			<i>6 10</i>				<i>6 10</i>														
<i>1-31/17</i>	<i>31</i>	<i>1<sup>10</sup>/<sub>10</sub></i>	<i>34 10</i>											<i>34</i>	<i>10</i>				<i>L.B.S. 9738 14/12</i>		
<i>1-28/17</i>	<i>28</i>		<i>30 80</i>											<i>30</i>	<i>80</i>	<i>781</i>	<i>26-1-17</i>	<i>B.R.A. 10637 10-1-17</i>	<i>10066 28-1-17</i>		
<i>1-31/17</i>	<i>31</i>		<i>34 10</i>											<i>135</i>	<i>21</i>	<i>803</i>	<i>8/2</i>	<i>912</i>	<i>11/3</i>		
<i>1-30/17</i>	<i>30</i>		<i>33 -</i>											<i>24</i>	<i>10</i>	<i>855</i>	<i>19/2</i>	<i>972</i>	<i>20/3</i>		
<i>1-31/17</i>	<i>31</i>		<i>34 10</i>											<i>33</i>	<i>-</i>						
<i>Jan 30</i>	<i>30</i>		<i>33</i>											<i>34</i>	<i>10</i>	<i>7F</i>	<i>19/4</i>	<i>153</i>	<i>7/5</i>		
			<i>33</i>											<i>310</i>	<i>3.6</i>						
			<i>266 20</i>											<i>33</i>	<i>250</i>	<i>24.5</i>					
														<i>3 21</i>	<i>269 41</i>						

*Checked M. Keint Jul 1917 Nov.*

Statement of  
OCT 20 1917  
Account rendered

*Can. ap. \$ 160.00 (1-11-16 to 30-6-17 @ 20.00) O.K. per B.H. f.*

EFFECTIVE DATE	AUTHORITY
9/6/17	C.L.A. 236. 19/6/17
9/6/17	C.L.A. 238 21/6/17

REG'L NO. 793341 RANK Private NAME Kaine Benjamin Edward

IF IN PERM. CORPS } UNIT 132nd Bn. TRANSFERRED TO 87th Bn DATE 5-12-16. AUTHORITY D.O. 289

PERMANENT FORCE ALLOWANCES TRANSFERRED TO Dept. L. DATE 4-6-17. AUTHORITY C.L.A. 236

PLACE OF ATTESTATION Campbellton, N.B. TRANSFERRED TO DATE 1-7-17. AUTHORITY 19-6-17.

DATE OF ATTESTATION 11-12-15. TRANSFERRED TO DATE

ASSIGNED PAY MONTHLY \$ 20<sup>00</sup> DATE EFFECTIVE Nov. 1st. 1916.

PAYABLE TO Mrs Melma Kaine Campbellton, N.B. RELATIONSHIP Wife

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 28/6/17. EFFECTIVE 1-7-17. REASON Killed in Action 9/6/17. C.L.A. 236 19-6-17a20

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on N.E. Card Index. J.W.

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by H. Wood. C.L.A.



ACQUITTANCE ROLLS	
2	3
No. DATE	No. DATE

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4				CREDIT	DEBIT			
								321			Bal. from Canada.
50	29/11/16			20		2973		648		648	
				20		20				252	
						4993		2058			
				20		2436		3032			
						7409					
				20		3134		2978			
						10543					
912	11/3			20		3077		3311			
972	20/3			20		20		4611			
				20		2790		5231			
153	7/5			20		2536		5995			
				20							
						5995		5995			

Killed in Action 9-6-17.  
 A.S.P. Mapp & 28/6/17. Effic: 1/7/17.  
 Trans: to Dept L. 4-6-17 1/7/17  
 Auth: C.L.A. 236. 19-6-17.  
 To Ottawa for 5 ment  
 26/11/17. Adv's You 39  
 M.E.A. 23/2.

per B.A. form d/23-6-17





Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

1-3-16

# Separation and Assigned Pay Branch

Nov 1/16

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
----	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. **793341**  
 Rank **Plt** Promoted Reverted Discharge  
 Soldier's Name **Ben G. Kaine**  
 Battalion **132 Battal.**  
 Beneficiary **Mrs Melma Kaine**  
 Relationship **Wife**  
 Address

PARTICULARS OF ASSIGNMENT

Name **Mrs Melva Kaine** *wife*  
 Address **Campbellton N. B.**  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
1917 Dec 31	—	328	200	520

REMARKS

Pensions Notified Date... **9-7-17**  
 Killed in Action }  
 Died of Wounds } Date **9-6-17**  
 Missing }  
 C. L. **(4) 29-6-17** clerk  
 Date Noted ..... **9-7-1916**

*A.P. to continue until pension is granted.  
 Recd Government pay March & April 1916  
 Pension Granted 1-9-17*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

## OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

### PARTICULARS OF ASSIGNMENT

No.  
 Rank Promoted Reverted Discharge  
 Soldier's Name  
 Battalion  
 Beneficiary  
 Relationship  
 Address

Name  
 Address  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------