Can. Army Dental Corps Rank Capt. Name Hyndman Henry Kerr

OFFICERS' DECLARATION PAPER

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

BB 24/8/17

C.A.D.C.

QUESTIONS TO BE ANSWERED BY OFFICER

(ANSWERS)

1. (*a*) What is your Surname? Kerr

   (*b*) What are your Christian Names? Hyndman Henry

2. (*a*) Where were you born? (State place and country) Montreal, Canada.

   (*b*) What is your present address? 64B Beaver Hall Hill, Montreal, Que.

3. What is the date of your birth? Sept. 5th., 1868

4. What is (*a*) the name of your next-of-kin? Grace K. Kerr

   (*b*) the address of your next-of-kin? 64B Beaver Hall Hill, Montreal, Que.

   (*c*) the relationship of your next-of-kin? Wife

5. What is your profession or occupation? Dentist

6. What is your religion? Presbyterian

7. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes

8. To what Unit of the Active Militia do you belong? Nil

9. State particulars of any former Military Service 5th Royal Highlanders 6th Battery

10. Are you willing to serve in the

    CANADIAN OVER-SEAS EXPEDITIONARY FORCE? Yes

The undersigned hereby declares that the above answers made by him to the above questions are true.

H H Kerr (*Signature of Officer.*)

CERTIFICATE OF MEDICAL EXAMINATION

I have examined the above-named Officer in accordance with the Regulations for Army Medical Services.

I consider him* fit for the CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Date March 3rd 1917

Place Montreal

D R MacFagarlane Major
Medical Officer.

*Insert here "fit" or "unfit"

M. F. W. 51
10m.—12-15.
H. Q. 1772 39 917.

REGIMENTAL DOCUMENTS

NAME Kerr Hyndman Henry REGT. NO. Capt. UNIT 6 A.D.C. H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					Deceased 7-10-19
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)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)				06720	
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					DESERTION
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 Doc. S. 7.10					
1 M 7 N 71					
1 Will copy					
1 out of					
1 Pajbard					

W. 2589
100M-11-19
1772-39-1377

D 7/10/19. (auth file) 10-10-19

709-K-4.

CARD NO. 7

SURNAME. Kerr,

CHRISTIAN NAMES Hyndman Henry

S.O.S. Deceased 7-10-19
WO 364/42 Nov. 2-5/19
C.A.D.C. MD4

REGL. No. RANK Capt.

UNIT C.A.D.C. (M.D.4)

FORMER CORPS 5th Royal Highlanders 6th Bty

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL Kerr, Mrs. Grace A.

RELATIONSHIP TO SOLDIER Wife

ADDRESS ~~64 B. Beaver Hall Hill~~
110 Crescent St. Montreal, P.Q.
auth ~~Sgt~~ O/C MD4 11-10-19.

COUNTRY OF BIRTH Canada Montreal, P.Q. DATE Sept 5th 1868

PLACE OF ATTESTATION DATE

L. L. 10437. M. & D. 7253. M. F. W. 22. 100M.—11-16. H. Q. 17 2-39-339.

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING Dentist RELIGION Presbyterian

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE Montreal, P.Q. DATE Mar. 3rd 1917

Present Address: 64 B. Beaver Hall Hill
Montreal, P.Q.

M. F. W. 71.—500M.—5-16.
1779—30—961.

NAME Hyndman Henry Kerr

REGIMENTAL NO.

RANK Captain

ENLISTED AT Montreal. Que

PROMOTIONS, &c. AND DATE

DATE May 7th. 1917

IF SERVED PREVIOUSLY, STATE UNIT, &c. no

MARRIED, WIDOWER, OR SINGLE married

NEXT OF KIN Grace A.Kerr

RELATIONSHIP Wife

ADDRESS OF Apt.6. 110 Crescent St.Mtl.

ASSIGNMENT OF PAY $ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT yes

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER May 7th. 1917

IN WHOSE FAVOUR Grace A.Kerr.

CASUALTIES, &c.

NATURE E.G. ABSENCE, PROMOTION, &c.	PART II, D. O.		REMARKS IF IN HOSPITAL, NOTE NAME &c.
	No	DATE	
~~Dr. S. CARTWRIGHT~~	~~7-5-19~~	~~D.O.H.~~	~~7-6-18~~
Leave Absence	182-186	July 1-5-1919	from July 7-to 14, 1919.
S.O.S. Deceased	306-312	Nov. 2-8-1919	From Oct. 7, 1919

No. RANK Capt. NAME Kerr H. H

T.O.S. 1-6-18
R.O. 1 of 6-18

UNIT Miscellaneous Units, C. A. O. C.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 June 1	1918 June 30	✓	Org. date of Enl. 12/5/17	June paylist

Original

MEDICAL HISTORY SHEET

Surname KERR *Christian Name* HYNDMAN HENRY

Examined { on 3rd day of March 1917
at Montreal, Que.

Approved by Horace Taggart

Rank Major M.O.

Birthplace { City or Town Montreal, Que.
County Que.

Apparent age 48 yrs. 6 months.

Trade or occupation Dentist

Height 5 ft. feet 8 Inches

Weight 132 lbs.

Chest measurement { Minimum 34 inches
Maximum expansion 37 inches

Physical development Good.

Small-pox Marks

Vaccination Marks { Arm Right Left
Number 2

When Vaccinated last 1885

(a) Marks indicating congential peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

RV Ley 20/200 with plus 20/80

LV. 20/30 20/20+

Date	Fit or Unfit	Examined for Re-Engagement
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations
19-4-18		W. Beith Capt. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
22/6/17		J. A. Fairie, Capt M.O.
29/6/17		J. A. Fairie Capt M.O.
7/7/17		J. A. Fairie Capt M.O.

Enlisted on 7th day of May 1917 at Montreal, Que.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	C.A.D.C.	Capt.		7/5/17
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Montreal	27/2/18	Nil	Declared FIT by MEDICAL BOARD MOBILIZATION CENTRE, M. D. #4 J. Williams Major President, S. M. B. "A" Fit for General Service

MOBILIZATION CENTRE M. D. No. 4 FEB 27 1918 MONTREAL, P. Q.

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Servcie, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname KERR Christian Name HYNDMAN HENRY

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DISTRICT 4

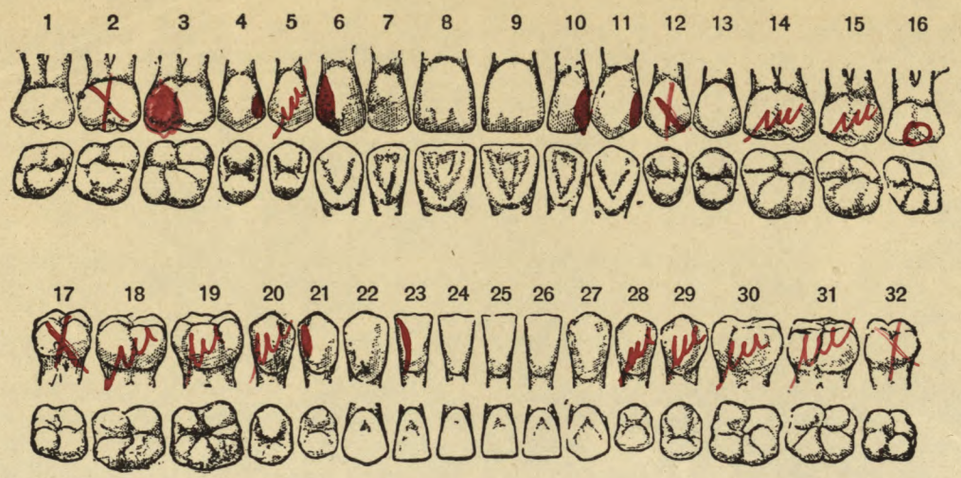
NAME OF SOLDIER Kerr A. H.

C. A. D. C.

RANK Corpl

REGIMENT

No.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures U	Dentures L	Dentures P	Gold Clasp	Gold Filling	Crowns Gold	Crowns Porcelain	Bridge Work	OPERATOR	Military Dist.	REMARKS
Condition on first Examination	1918	3.4.6 10.11.21																		Capt. Lennie 1023. filling required		

M.F.B. 465.
20M.—2-18.
772-89-950.

FORM OF WILL

I, Hyndman Henry Kerr. (Name in full)

Regimental Number ..... serving in Canadian Army Dental Corps.

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

I ~~devise~~ 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

(NOTARIAL WILL) Walsh & Mulcair, Notaries. 145 St. James St., Montreal, Que.	Name and Address of person or persons to receive personal estate* (*See note*).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 8th day of March 1918. A.D. 191

Hyndman H. Kerr. Capt. 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness W.D. Wright.

Address of Witness 27 Chesterfield Ave.,

Occupation of Witness Customs Clerk.

Signature of Second Witness Lester Clay.

Address of Witness 1587 Fifth Ave., Vancouver, B.C.

Occupation of Witness Draftsman.

M. F. W. 82.
300M.-12-16.
1772-39-983.

FORM OF WILL.

I, Hyndman Henry Kerr (Name in full)

Regimental Number ..... serving in Canadian Army Dental Corps

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

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

	Name and Address of person or persons to receive personal estate* *(See note).*

(IMPERIAL WILL)

Wahl & Buchanan
Notaries
145 St James St
Montreal Que

IMPORTANT NOTE
This must be Signed and Dated by THE SOLDIER HIMSELF

this 8th day of March 1918 A. D. 191

Hyndman H Kerr, Capt. 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness ..... W A Wright

Address of Witness ..... 27 Chesterfield Ave.

Occupation of Witness ..... Customs Clerk

Signature of Second Witness ..... Leslie Lang

Address of Witness ..... 1587 Fifth Ave Vancouver B.C.

Occupation of Witness ..... Dairyman

M. F. W. 82
300M-5-16.
1772-39-983.

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

M. F. W. 54. (A. F. B. 103)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. Canadian Army Dental Corps

Regimental No. ..... Rank Captain C. E. F. Name Hyndman Henry Kerr

Enlisted (a) 7/5/17 Terms of Service (a) duration of War Service reckons from (a) 7/5/17

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) Dental Surgeon

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				
7-5-17		D.O.S. C.A.D.C. M.D.4.	Montreal	7-5-17	—
4-7-19	C.A.D.C.	Granted Leave of Absence July 7th to 14th, 1919.	Montreal	5-7-19.	D.O. Pt II 182-86 July 1-5, 1919
7-10-19	"	D.O.S. C.A.D.C. M.D.4. Deceased Oct 7, 1919.	Montreal	7-10-19	D.O. Pt II 306-312 Nov. 2-8, 1919.

W. Smith Captain
Act. Adjutant, C. A. D. C., M. D. 4

(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				

Register No. DK 434

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 9975, # 23

Regt'l No. ..... Name Harry Hyndman Kerr
(Christian Name) (Surname)

Unit C.A.D.C.M.D. #4 Rank Capt Date of enlistment .....

Date of casualty 7-10-18 B.P.C. File No. 181181

Was service performed overseas? Not stated R.O. states Canada Only

DEPENDENT

Name Mrs Grace A Kerr Relationship Widow

Address Apt #6
110 Crescent St
Montreal Quebec

Amount of Special Pension Bonus $ 133.34 Abstracted by D. Parlow

Eligible for Gratuity ..... $ 120—

Less amount of Special Pension Bonus paid ..... $ 133.34

Less Debit Balance of S. A. or A.P. ..... $ .....

Total deductions $ 133.34

Balance due $ Nil

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

Clerk B Clerke 27/10/20

REMARKS: B.P.C. Bonus greater than amount due

Audited by S. Bradbury
Date 28.10.20

28-10-20

D 20134 30-10-20

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

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

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		

Remarks:

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

D/C. 12. 5. 17.

L. L. Je[illegible]503.—M. & D. 6832

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-818.

SEPARATION ALLOWANCE

Name Grace Annetta Kerr

Address 110 Crescent St.
Apt. 6. Montreal
Que.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Kerr, Hyndman, Henry

Regtl. No.

Rank Capt.

Corps C. A. D. C.

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				

D/E. 12. 3: 17.

MILITIA AND DEFENCE

M. F. W. 11a.
50m.–6-16.
1772—39—818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2. Grace Annetta Kerr Wife

Name of Soldier Kerr Hyndman H. Capt. C. A. D. C.

L. L. Job 4503.–Req. 6832.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		W14262	105	105 R
Aug.		B14508	40	R
Sept.		E18670	40	Ro
Oct.		L20652	40	Ha
Nov.		Q C3674	40	T
Dec.		V25754	40	Ha
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

#303

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.				

AUDITOR | PAYMASTER

M. OR S. Married

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. | RANK Capt. | NAME (IN FULL) KERR, H H

NEXT OF KIN: Mrs G A Kerr | RELATIONSHIP: Wife
ADDRESS: apt #6 - 110 Crescent St Montreal
IS SEPARATION ALLOWANCE PAID? YES | DATE EFFECTIVE
TO WHOM PAID: Mrs G A Kerr | RELATIONSHIP: Wife
ADDRESS: as above

PARTICULARS	EFFECTIVE DATE	AUTHORITY
D.O.S.	7/10/19	D.O.H.S. 30d/3/19

ORIGINAL UNIT C.E.F.: C.A.D.C. | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)
PLACE OF ATTESTATION: Montreal | TRANSFERRED TO | DATE | AUTHORITY
DATE OF ATTESTATION: 12/5/1917 | TRANSFERRED TO | DATE | AUTHORITY
ASSIGNED PAY $ | DATE EFFECTIVE
PAYABLE TO | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS
ADDRESS
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE
DISCHARGED: D.O.S. | PLACE: Montreal | DATE: 7/10/19 | REASON: Deceased | AUTHORITY: D.O.H.S. 30d/3/19 | IF ENTITLED TO POST DISCHARGE PAY: 61 Days

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT							NIL																														Cert.
April	30	5.00	150	00	51	00	40	00	241	00	Pay 1	34			1930	29	100	00			101	00	40	00							241	00					S.A. ch. no 1064
May	31	5.00	155	00	52	70	40	00	247	70	Pay 13				2915	29	100	00			107	70	40	00							247	70					Cd. chq. 3747
		7.50			204	35			204	35					3619	31					204	35									204	35					Pd. 35 Aug. 31/19
																																					Pd. June ch. 39
June	30	7.50	225	00	76	50	40	00	341	50	6	17			59	26	150	00			151	50	40	00							341	50					40.50 o/pr. June S.A. over-pay
July	31	7.00	217	00	52	70	40	00	309	70	9	10			141	28	125	00			92	30	40	00			40	90			309	70					Pd. July ch. 119
Aug	31	7.00	217	00	52	70	40	00	309	70	8	12			248	28	125	00			144	70	40	00							309	70					Pd. Aug. ch. 70
Sept.	30	7.00	210	00	51	00	40	00	301	00	Pay 11				359	26	125	00			136	00	40	00							301	00					Pd. Sept. ch. 331
		7.00	49	00	11	90			1957	95																					1957	95					11.90 Leave chq. not received
Oct.	24	5.00	120	00	11	90	40	00	232	80													40	00							40	00			1978	80	11.90 grays lab. to Oct. 24/19
																																					Pd. Oct. 1919 Ch. 50
																																					L.S.C. fund. & Director of H.S. Estates 20.11.19
H.S.G.			War Service Gratuity																																		
Oct	~~31~~	~~5.00~~	~~155.00~~				40	00	~~195.00~~ 40 00		Cert.				8						Cert. ~~155.00~~		40	00							40 00 ~~195.00~~		40 00 ~~195.00~~		Cert.		S.A. ch. # 1064 1st payment H.S.G.

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-1390.

Date of Enlistment

12/5/17

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

K

Date of Assignment

RATE OF SEPARATION ALLOWANCE

40			

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Capt Promoted Reverted Discharge

Soldier's Name Hyndman Henry Kerr

Battalion C A D C

Beneficiary Grace Annetta Kerr

Relationship wife

Address 110 Crescent St apt 6 Montreal Que

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3 No AP

4

Date 1914	Cheque No.	Amount S/A	Amount A/P	Total
Dec 31	—	305		305
Jan	T 68549	40		40 to
		345		$ 344

REMARKS

PAYMASTER PAYING

From 1-2-13

To .....

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7483.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400m.—6-17—1772-39-1141
L. L. 22320—M. & D. 1693.