

ATTESTATION PAPER.

No. 2341362

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Knipe
- 1a. What are your Christian names? Leslie Albert
- 1b. What is your present address? 217 Amherst St., East Orange, N.J.
U.S.A.
- 2. In what Town, Township or Parish, and in what Country were you born? Truro, England
- 3. What is the name of your next-of kin? Albert S. Knipe
- 4. What is the address of your next-of-kin? As above, 217 Amherst St. East Orange N.J.
U.S.A.
- 4a. What is the relationship of your next-of-kin? Father
- 5. What is the date of your birth? December 1st, 1898
- 6. What is your Trade or Calling? Student
Birth certificate shows date of birth 1-12-1900
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? ~~No~~ McGill C.O.T.C. *CB*
- 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? }
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? No
- 14. If so, what was the nature of the disability? --
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? No
- 16. If so, what was the reason? --

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leslie Albert Knipe, 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 MAY 8 1917 191 . Leslie Knipe (Signature of Recruit)
G. W. Bourke (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leslie Albert Knipe, 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 MAY 8 1917 191 . Leslie Knipe (Signature of Recruit)
G. W. Bourke (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 Truro this MAY 8 1917 day of 191 .

Joseph Bunt (Signature of Justice)

Description of Leslie Albert Knipe on Enlistment.

Apparent Age 18 years 5 months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 7 1/2 ft. ins.

Chest measurement { Girth when fully expanded 37 ins.
Range of expansion ins.

Complexion Medium

Eyes Blue

Hair Light Brown

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

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.)

Stamp: Eyesight R. D. 20 L. D. 20
Hearing R. Ear OK L. Ear OK

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 MAY - 8 1917

Place MOBILIZATION CENTRE

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:—

Declared **FIT** by MEDICAL BOARD
MOBILIZATION CENTRE, M. D. #4

[Signature]
President, S.M. B.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Leslie Albert Knipe having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date MAY 8 1917

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 13

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..... 2

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 1 Sent to B.P.C. 7-3-18

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate..... 1

Inventory of Kit..... 1

Last Pay Certificate..... 2

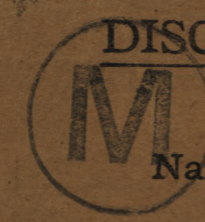
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Misc - 1
M. F. W. 62 - 1
payord - 2

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DISCHARGE DOCUMENTS



Name Knipe Leslie Albert

Regt. No. 2341362 Rank Pte

Corps Cas unit - m d + Siege Art Bde - Mc Gill University, S.A.

Under age.

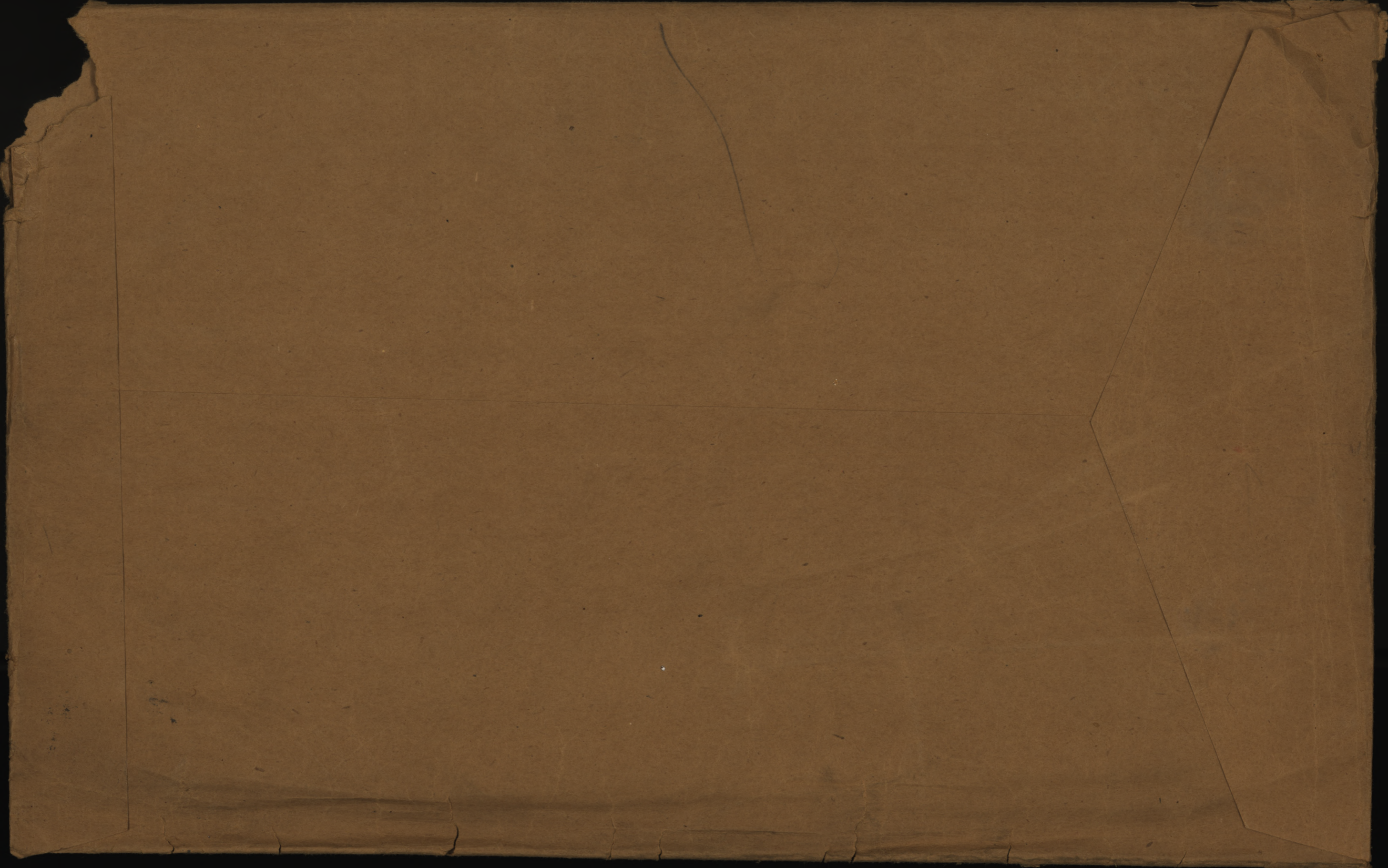
R. O. No.

H. Q. No.

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4D-22-K-339

MEDICAL CASE-HISTORY SHEET

HOSPITAL Grey Nuns Convalescent Home STATION Montreal, Que.
 No. 2341362 Rank Pte. Name (Given) L. A. (Surname) Knipe Age 17
 Unit Special Service Service C. 1/12 E. 5/12
 Date of Admission Dec. 8, 1918 Date of Discharge Jan. 3, 1918
 Diagnosis Tonsillitis, so. Follic.
 Date of Origin..... Place of Origin.....

MILITARY DISTRICT No. 4
 FEB 5 1918
 M. D. 4

CAUSE OF ILLNESS OR INJURY:

HISTORY OF PRESENT ILLNESS OR INJURY. Returned from England on account of under-
 (Is illness or injury result of Service?) age, acute onset of sore throat. Temp. on ad-
 mission 103. Tonsils enlarged and covered with exudate. Rapid sub-
 sidence of temp. and sore throat under treatment. Throat culture nega-
 tive for K.L. Denies venereal history.

CONDITION ON ADMISSION. Well nourished youth. Face covered with acne. Tonsils e
 enlarged but no exudate now. Throat markedly injected. Heart and lungs
 negative. Abdomen negative. G.U. system negative. Urine 1029, no
 albumen, no sugar.

TREATMENT.

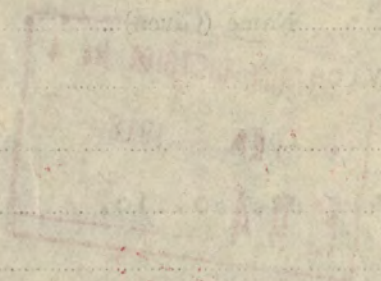
CONDITION ON DISCHARGE FROM HOSPITAL.
 Tonsillitis cured, discharged to Unit fit for light
 duty.

Lechabotcaptain
 Medical Officer i/c Case.

Date.....

28223

MEDICAL CASE-HISTORY SHEET



Case history by history:

History on present illness on January 1911. (The case of this child is given) ...

Condition on Admission. This child was admitted to the hospital ...

Treatment

Course of Disease from Hospital

Richard K. Johnson
Medical Officer in Charge

Date
M. C. ...

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins **SIEGE ARTILLERY DRAFT, MCGILL UNIVERSITY CANADIAN EXPEDITIONARY FORCE**

(2) Regimental Number **2341362**

(3) Full Name of Soldier **Leslie Albert Kripe**

(4) Place of Birth **Truro, England**

(5) Are you married, or not? **Single**

(6) If married, state,
 (a) Full name of your wife **NOT APPLICABLE**
 (b) Present Postal Address **NOT APPLICABLE**

(7) Are you a widower? **NOT APPLICABLE**

(8) Have you any children? **NOT APPLICABLE**
 If so, give number of boys and girls.....
 Also their names and ages.....

(9) Is your Father alive?..... Albert S. Knipe
If so, state name and address 217 Amhurst st. East Orange, N. J. U. S. A.

(10) Is your Mother alive?..... Anne Knipe
If so, state name and address..... As above.

(11) If your Mother is a widow..... **NOT APPLICABLE**
Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
..... **NOT APPLICABLE**

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
..... **NOT APPLICABLE**

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
..... **NOT APPLICABLE**

(15) Are you insured?..... No
If so, in what Company?.....
Have you made arrangements for payment of your Insurance premium.....
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Chapman Brumby
Serge Artillery Draft, McGill University
Capt.
Officer Commanding.

MAY 8 1917

Date.....

MEDICAL HISTORY SHEET

ORIGINAL

Mobilization Centre
MAY - 8 1917

no card
CR 486

Surname Knipe

Christian Name Leslie Albert

Examined { on 8th day of May 1917
at Montreal

Approved by _____

Birthplace { City or Town Truro
County England

Rank _____ M.O.

Apparent age 18 years 5 months

Trade or occupation Student

EXAMINED FOR RE-ENGAGEMENT
Declared FIT by MEDICAL BOARD
MOBILIZATION CENTRE, M. D. #4
for the Army
President S. M. B.

Height 5 feet 7 1/2 inches

Weight 146 lbs.

Chest measurement { Minimum 35 inches

{ Maximum expansion 37 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right Left
Number none

When Vaccinated last 1910

Date	Result	VACCINATIONS
<u>2-8-17</u>		<u>Dr. Dobbin St.</u>
<u>MAY 19 1917</u>		<u>J. A. Fairie, Capt</u>
<u>JUN 1 1917</u>		<u>J. A. Fairie, Capt</u>
<u>JUN 7 1917</u>		<u>FR Fraser Capt</u>

(a) Marks indicating congenital peculiarities or previous disease _____

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

Enlisted on _____ day of Montreal 1917 at MAY 8 1917

	CORPS	REG'L NUMBER	HABITS	DATE
Joined on enlistment	<u>Siege Artillery Draft</u> <u>McGill University</u>			
Transferred to				
TAKEN ON STRENGTH CASUALTY UNIT M. D. 4. NOV 21 1917				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

D.3 for observation
Mr. Smith
Cpl

INSPECTING MEDICAL BOARD
M. D. #4
FIT
AV
Mr. Smith
MONTREAL, P. Q.

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.

MONTREAL GENERAL HOSPITAL

Surname Knipe Christian Name Leslie Albert Knipe

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				
		5	12	17	8	12	17	Muscular Rheumatism	3	To unit - recommendation <u>Wancee</u> for sick leave Capt. A. M. C. M. O. i/c Troops, M. G. H.	
Con Home No.		8	12	17	26	12	17	Legg triostitis	18	Fit for light duty. Recommend that he be given his discharge <u>Underage</u> .	
G.N.C.H. Montreal Que.		8	12	17	3	1	18	Tonsillitis Underage	26	Discharged to C.A. & D.O. for transfer to his Unit fit for light duty. <u>Jachabo</u>	

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 2341362 Rank Gunner Name Knipe, Leslie Albert

Corps No. 4 Casualty Unit, who was* Discharged

On January 31st 1918 191... to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from January 1st 1918 191... to January 31st 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month <u>Decr.</u>	<u>32</u>	<u>82</u>
Advances } No. <u>224</u>	<u>30</u>	<u>00</u>	Reg'tl Pay <u>31</u> days at \$ <u>1</u> c <u>00</u>	<u>31</u>	<u>00</u>
by } No.....			Field Allow. <u>31</u> days at \$ <u>-</u> c <u>10</u>	<u>3</u>	<u>10</u>
Cheques } No.....			Separation Allowances* (Monthly).....		
Assigned Pay and Sep'n Allice No. <u>240</u>	<u>15</u>	<u>00</u>	Other Allowances* <u>Civ. Clothing</u>	<u>13</u>	<u>00</u>
Other charges.....			Other Credits*.....		
Payment on transfer or discharge No. <u>356</u>	<u>34</u>	<u>92</u>	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total	79	92	Total	79	92

* Give particulars.

A monthly stoppage of \$ 15.00 (†) has Been (‡) been paid on account of Assigned Pay for the month of January 1918 191... } (to) Assignee Mrs A.S.Knipe,
 { and Sep'n Allice. for month of ----- 191... }
 (Address) 217, Amherst St., East Orange, N.J., U.S.A.

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

- State (1) date of enlistment Not known.....
- (2) if married and if a Separation Allowance Card has been submitted Nil.....
- (3) cause of discharge ----- authority MD4.22-K-337.....
- (4) authority for transfer -----.....

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date January 30th 1918.....

Place Montreal, P.Q......

P. W. Steward Lieut.
 Paymaster, ~~Casualty Unit~~ Casualty Unit

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

Wob
 13-2-18
 28

NAVY CONTINGENT EXPEDITIONARY FORCE

LAST NAME INITIALS

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Handwritten signature or initials

Montreal

M.D.H

FORM OF WILL

I, Leslie Albert Krupa (Name in full)

Regimental Number 2341362 serving in SIEGE ARTILLERY DRAFT, MCGILL UNIVERSITY
CANADIAN EXPEDITIONARY FORCE

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

I devise 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

Leslie Krupa
.....
.....
.....

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

I this 8th day of May A.D. 191 7

This must be signed and Dated by THE SOLDIER HIMSELF.

Leslie Albert Krupa 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.....

Address of Witness.....

THE TWO WITNESSES

Occupation of Witness.....

MUST SIGN HERE

Signature of Second Witness.....

Address of Witness.....

Occupation of Witness.....

FORM OF WILL

Name of Testator (Print Name)

3841363

Name and address of person to whom property is to pass

Name and address of person to whom property is to pass

NOTE

This form is for the preparation of a will only.

IMPORTANT NOTE

The will must be signed and witnessed by two persons.

WITNESSES

I, the undersigned, do hereby declare that I am of sound mind and memory, and that I am not under any duress, constraint, or undue influence, and that I have executed this my last will and testament in full knowledge and free will.

Signature of Testator
Signature of Witness
Signature of Witness

Notary Public
State of New York

LTR

Rank

Name **KNIFE, Leslie Albert**

Reg'l No. **2341362**

Unit **Dft. McGill Siege Battery**

If in perm. Corps,
What Unit?

Married or Single **Single.**

Place and Date of Enlistment **Montreal May 8th, 1917.**

Place of Birth **Truro, England.**

Name and Address, Next-of-Kin **Albert S. Knipe.**

217 Amherst St. East Orange N.J. USA.

Relationship **Father.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

N/E. R.B. No. **3626**
File R.L.
Category **Canon**

MX
2-9-21
W

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 5 7 17 S/S JUSTICIA.					
7-7-17	2 Res Army T O S from CAN.		Shorncliffe	5-7-17	Pt. 2 O-16
18.10.17	- - -	Posted to CAR Reg. (Minor)	Witley	11.10.17	Pt 201190 CAR Reg 226/117
31.10.17	CAR Reg	O/Com C 1010 Buryton	"	30.10.17	"-236
21. 11. 17	" " " "	on proceeding to Canada for Discharge	"	6. 11. 17	Pt 20 257
<i>Auth KR 20 Para 392 Sec 6a</i>					
Emb for Canada Per. H. of Troopship			2810	6/11/17	for arrival by only.
Montreal #2			L.L. 23-6		
Dis. Alchol: Finally Dis charged.			4	24/11/19	KR 397 East Orange New Jersey

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

Casualty Form—Active Service.

SIEGE ARTILLERY DRAFT, MCGILL UNIVERSITY
CANADIAN EXPEDITIONARY FORCE

Unit, Regiment or Corps

Regimental No.

2341362

Rank

Gunner

Name

Leslie Albert Knipe

Enlisted (a)

Terms of Service (a)

Var a b no

Service reckons from (a)

8 May 1917

Date of promotion to
present rankDate of appointment
to lance rankNumerical position on
roll of N. C. Os.

Extended

Re-engaged

Qualification (b)

Report

Record of promotions, reductions, transfers,
casualties, etc., during active service, as re-
ported 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
receivedEmbarked "Justicia"
Disembarked

Halifax

Jun. 23/17.

Liverpool

July 4/17.

8 JUL 1917

2nd Side
OPRBA.

705 Res Bde Ant.

SCLIFFE,

5 JUL 1917

B O P 11

26: 7: 17

Granted Leave
(Free Warrant)

18/10/17

ob 2nd Side SOS from E. Batty
b.h.a. 2nd Bde CRA to bat. D

Witley

11/10/17

B O P 119

21-10-17

OC
CARD TOS from 2nd Bde CRA
Ported to depot Bty

do

11-10-17

P O 120' 226

31-10-17

do

On Comd C O Buxton

do

30-10-17

P I 100 238

FOR O.C. CAN. ART. REGIMENTAL DEPOT.
LIEUT. & ADJT.
P.T.O.

(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, Shoering Smith, etc., etc., also special qualifications in technical Corps duties.

Casualty Form - Active Service

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				
31 OCT 1917		TAKEN ON STRENGTH C.D.D, BUXTON PL. 11 ORDER No	258		<i>Stine Lt</i> Lieut.-Col. Canadian Discharge Depôt.
6-11-17		EMBARKED FOR CANADA FROM LIVERPOOL	Commanding		<i>Stine Lt</i> Lieut.-Col. Canadian Discharge Depôt.
JAN 2 1918 NOV 21 1917		TAKEN ON STRENGTH CASUALTY UNIT M. D. 4.			Adjutant, CASUALTY UNIT M. D. 4.
		31/1/18 DISCHARGED FROM THE SERVICE,			Auth. R.O. #83, underage, MDA 22-K-337. <i>Adjutant</i> Adjutant, CASUALTY UNIT M. D. 4.

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

W. Knipe

10217-5-1

Name **Knipe, Leslie Albert**
Surname Christian Name

Regimental Number **2341362** Rank Pte. Address (in full) **122 Park Ave.,
Montreal, Que.**

Unit **Siege Art.**

Original Unit

District where paid **M.D.4.**

Date of Discharge **31-1-18.**

P. D. P. Filing Number **20-93-4.**

Rates:—Regimental pay \$ **1.00** per diem: Field Allowance \$ **.10** per diem. Separation Allowance \$ per month.

L. L. 22573—M. & D. 3009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over- payments 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		
100 10	1862	1-2-18	33 00	1835	1-3-18	33 00	1819	1-4-18	4 10	30 00	70 10

M. F. W. 127.
60M-6 17.
1772 39-1140.

Remarks: **Advance by "A" Unit.**

File No.

WAR SERVICE GRATUITY.

Register No.

Reg. No. Dependent

Name Address

Address

Dec'n No. W. S. G. File No.

Award days at \$ per day \$

S. A. months at \$ per mo. \$ \$

Less P. D. P. Credited \$

Less further debit balance \$

Net due paid as below Pay Dependent \$

TO SOLDIER		TO DEPENDENT		Rate	Amount	Due
Ag. No.	Ch. No.	Ag. No.	Ch. No.			
				Less P.D.P. credited		
				Less further Dr. Bal. or overpayment.		
				Total		Net

Pay Soldier \$ Pay Dependent \$

Clerk

Date	Ck. Order	Ck. No.	Amount	Remarks	Date	Ck. Order	Ck. No.	Amount
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

GEN'L AUDITOR
 Posting checked by

 Date.....

Ser Name *Knife Leslie Albert*

M. F. W. 41
1 0M-7-16
1772-39 889
L. P. C. No.
K. 827

Regimental No. *2341362*

Unit *217 Amherst Sqd 34y.*
Name and address of next of kin *217 Amherst East Orange, New Jersey*

Unit *217 Amherst Sqd 34y.*

Date of enlistment *May 1917*

Date and place discharged *Nov 2, 17-11-17 Duty*

Place of " *Monmouth*

Married (yes or no) *No.*

Date and place discharged

Amount of pay assigned monthly \$ *15⁰⁰ - 30-11-17 '17*

Reason for discharge

To whom payable *Mrs A.S. Knife*

Character on discharge

Olympic 14¹¹ East Orange N.J. USA, Gate. H.Q. 649-K-3815

Form 5351-M. & D. 6880

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned Pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
									234							Engl P6
<i>1¹¹</i>	<i>31¹⁰</i>															Boat
	<i>30¹¹</i>	<i>30</i>	<i>1-30</i>	<i>-</i>	<i>30</i>	<i>10</i>	<i>3 00</i>									C. D. Halipe
																Nov 17
																3987 P6 and 10/17/17
																547 Clothing P6 Ad 30 ¹¹
																45 ³⁴ P6 Ad to Mrs IV
																10/12/17 Soap and fuel
																7 mcs, 15 ⁰⁰ a/p, and 17,
									<u>45³⁴</u>							

*hand
6-12-17*

Engl P6hd. 1-7-17 = 31-10-17 = 60

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12.
 25m-4-17.
 H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

Mrs A. S. Knipe
 217 Amherst St.,
 East Orange
 N. J.

15.00

~~1914~~
 JUL 4 1915

Knipe Leslie A
 2341302
 Lt
 Siege Art
 Mc Gill Univ.

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				



20-00
1-11

MILITIA AND DEFENCE

M. F. W. 12a.

ASSIGNED PAY

18m.-4-17.

1772-39-819.

OVERSEAS CONTINGENTS

Sheet No. 2 (Assignee)

Mrs A. S. Knipe

PAYMENTS.

Name of Soldier

*Knipe Leslie A
Sergeant
GN 234136*

L. L. Job 1927-M. & D. 7814

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15.00</i>	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July		<i>F 28744</i>	<i>15</i>	
Aug.		<i>B 35822</i>	<i>15</i>	
Sept.		<i>X 40606</i>	<i>15</i>	
Oct.		<i>P 42671</i>	<i>15</i>	
Nov.		<i>R 50084</i>	<i>15</i>	
Dec.		<i>X 56343</i>	<i>15</i>	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

JUL 1 1917

8/5-00 overpayment for Nov 1917 recovered by box authority H. O 649-K-3815 on file 10217-L-3 Jd 27-12-17

Boys

75-50

X 56343 Canc.

..... A/c Closed *30-11-17*
A.P. 7500 Ret'd per *Olympic*
 Date *6-11-17* F. X. *27-11-17*
 Clerk *N.K. A.P.*

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.				

EOS 31-1-18 MLO 4 "Underage"

649-K-3815

Knipe, Leslie A., ^{Albert}

Gnr. 2341362

C.F.A.

Med. & Dec. (Mother) Mrs. Annie Knipe.
308-2nd Ave.,
Haddon Heights.
New Jersey., U.S.A.

P. & S. (NIL)

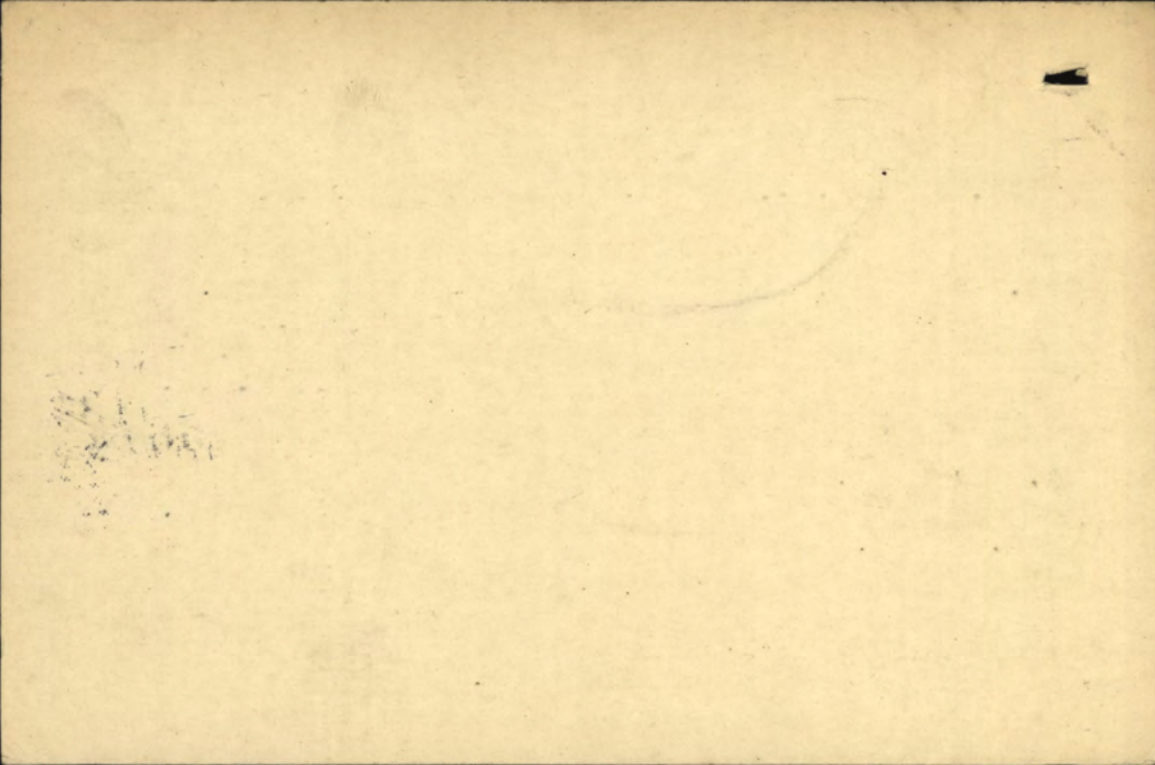
(Died after discharge.)

Mem. Cross. (NIL)

*not elig. 14/15 stars
England only
Elig. B.W. &
28.*

#4.

56133



MD
P Number 2341362

Rank

Sir B

Surname KNIFE

Christian Name

Leslie Albert

Units

C.G.A

Theatre of War

England

Date of Service

5/7/17

Remarks

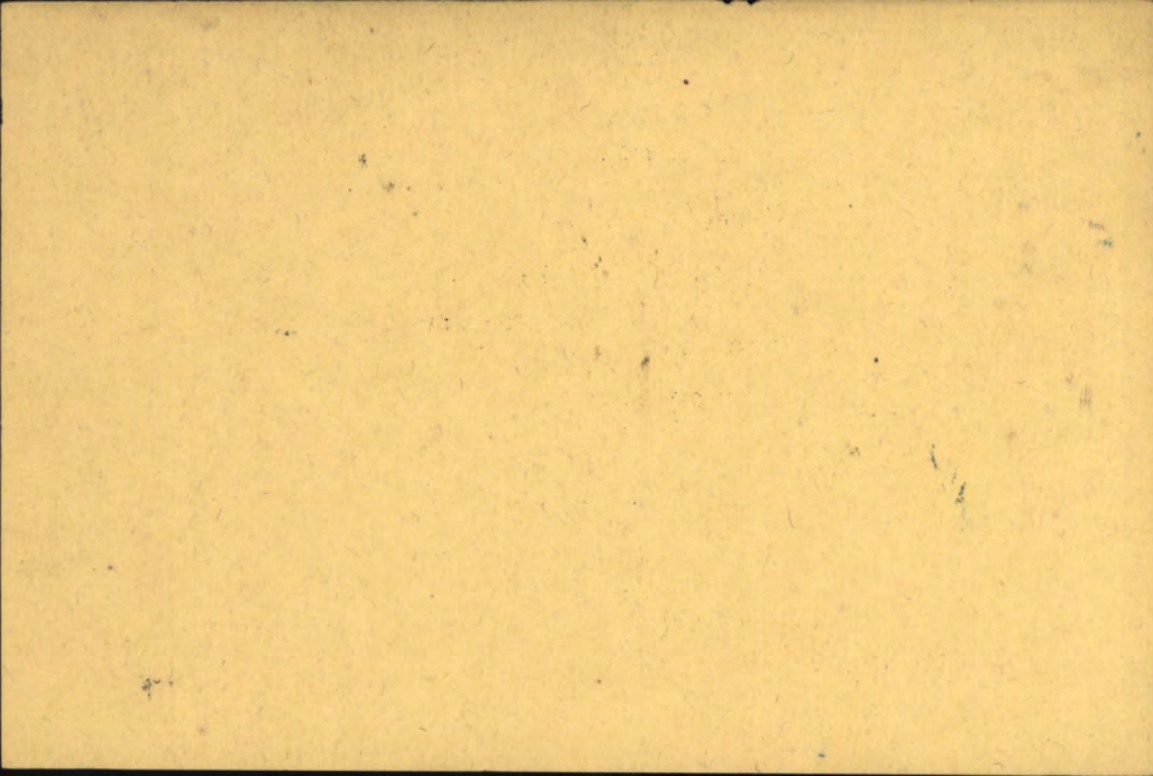
Latest Address

*122 Park Ave
Mntal*

Roll No.

A Page 2656 *None*

200m.-2-21.M.



REG. NO. 2341362. NAME Knipe, R. A.
(SURNAME FIRST)

RANK *He* CORPS *Spec. Ser. Co.*

AGE 17 SERVICE *6/12, 8/5/12*

NAME OF HOSPITAL *Guy Mans General Home* PLACE *Montreal Que.*

DATE OF ADMISSION *8. 12. 17.*

DISEASE *Tonsillitis, Sc. Follic*

DISCHARGE *3. 1. 18.*

OPERATION

DISCHARGED TO DUTY *Yes.*

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

No. 2341362 RANK *Yuv.*NAME *Kriple L.* *A.*

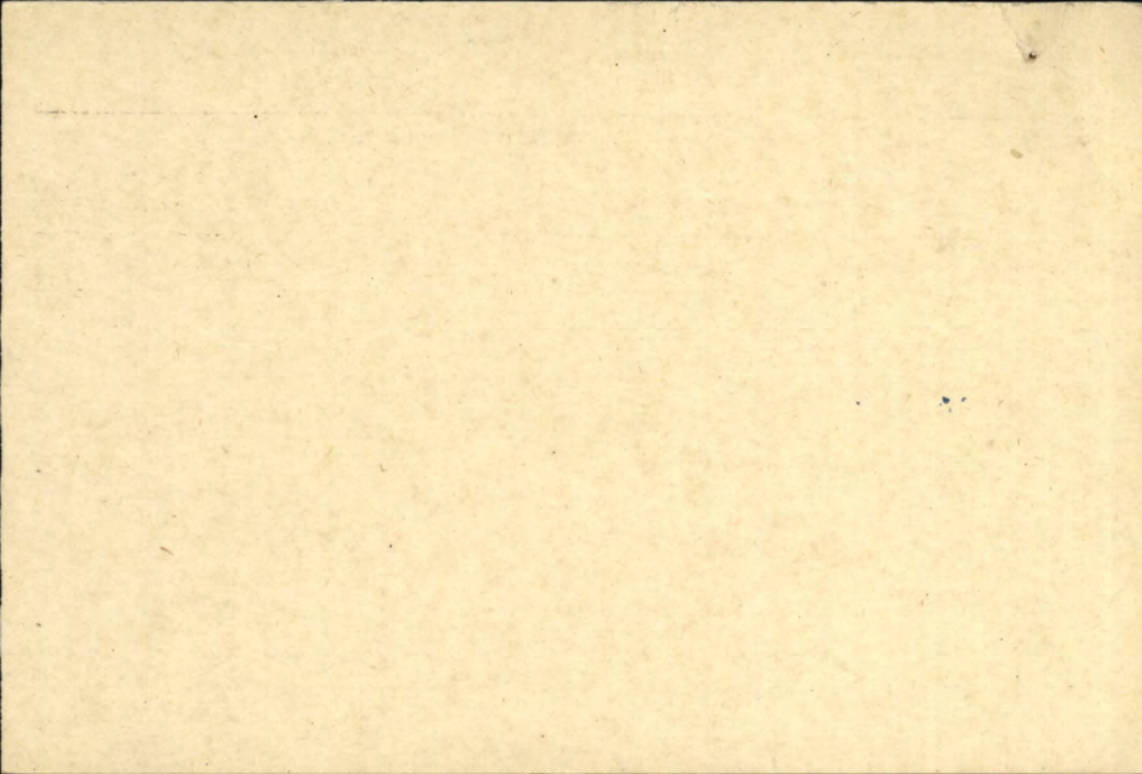
T. O. S. 8-5-17.

UNIT #

*6. M. ...**002708-5-17.*

M. D. 4.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1917. may 8.</i>	<i>1917. may 31</i>	<i>✓</i>		



No. 2341362 RANK *Gnr.*NAME *Knipe. L. A.*

T. O. S. 8-5-17

UNIT *Siege Artillery draft Mc Gill*

M. D. 4

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

PARTICULARS

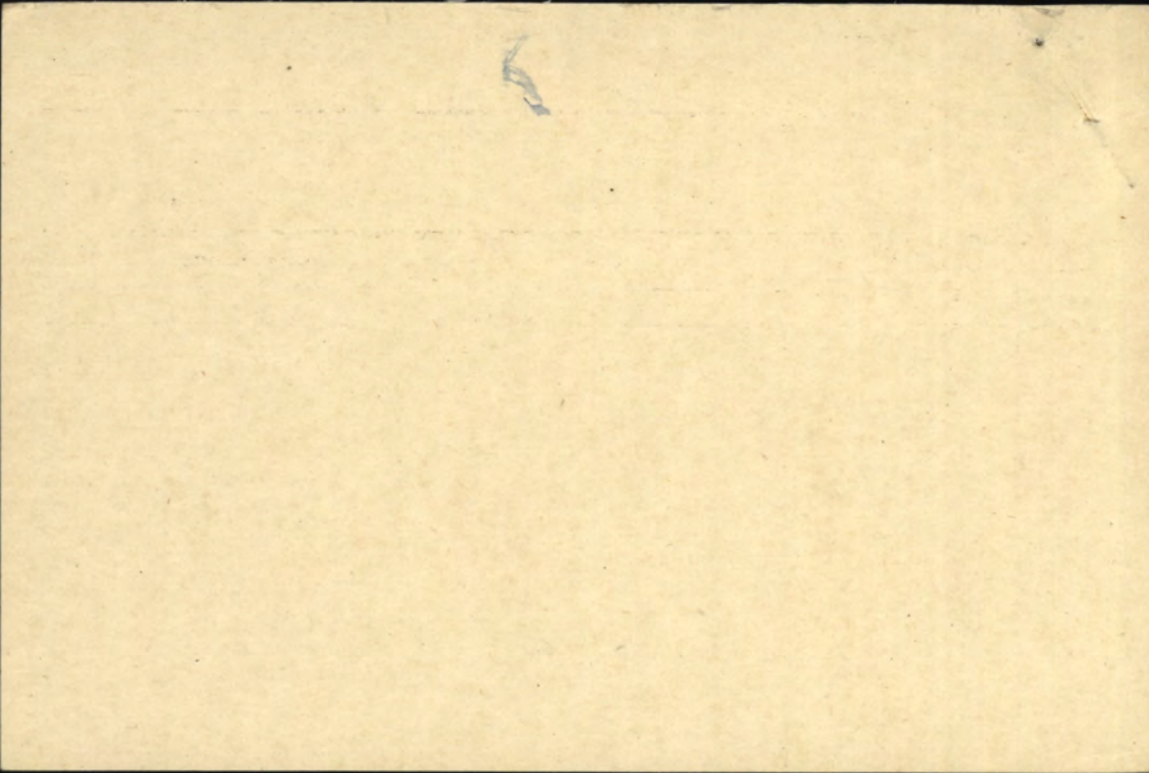
AUTHORITY

1919

1917

c

*June 1**June 30*



SURNAME.

Knipe

CARD NO.

✓

CHRISTIAN NAMES

*Leslie Albert**S.O.S. Dis. 3/1/18.*

FOLL.

4

REGL. NO.

2341362

RANK

*Gr.**a.m.g.*

UNIT

Siege Art. (R.L.) Mc Gill Univ. (1st R. 10)

FORMER CORPS

Inf.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Knipe, Albert S.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*219 Amhurst St., East Orange N.J.
U.S.A.*

COUNTRY OF BIRTH

England Iruro.

DATE

Dec. 1st 1898

PLACE OF ATTESTATION

Montreal P.Q.

DATE

*May 8th 1914**%s. 25-6-17 888**6**R.L. 14.11.17.*

FROM HALIFAX PER S S 'JUSTICIA' 25-3-17

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING *Student*

RELIGION *Baptist or Congregationalist*

DESCRIPTION.

APPARENT AGE

18

YEARS

5

MONTHS

HEIGHT

5

FEET

7 1/2

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

5

INCHES

COMPLEXION

medium

EYES

Blue

HAIR

lt. Brown

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION

PLACE

Montreal, P. Q.

DATE

May 8th 1914

*Present Address 219 Amhurst St. East Orange N.J.
U.S.A.*

This space to be for numbering

MILITARY DISTRICT - No. 4
FEB 4 1918
M.D.4

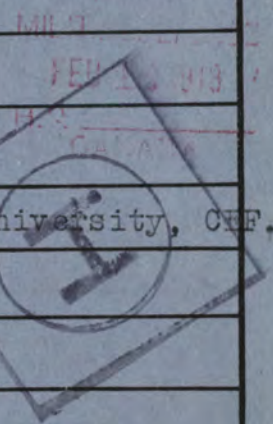
Proceedings on Discharge.

DBO
MB



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2341362.
Rank	Private
Name	Leslie Albert Knipe.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	Siege Art. Draft, McGill University, CEF.
Date of Discharge	January 31st. 1918.
Place of Discharge	Montreal, Que.



1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....17.....years.....1.....months.
 Height.....5.....feet.....8.....inches.
 Complexion fresh
 Eyes blue
 Hair brown
 Trade Student.

Descriptive Marks

None.

Intended place of residence } 122 Park Ave.,
 Montreal, Que.
(To be given as fully as practicable.)

2. The above-named man is discharged in consequence of

Routine Order #83. "Underage"
MD4.22-K-337.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Sord

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Student.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

No file
18-2-18
28

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

L. A. Leitch

(Place) Montreal, Que.....

Major.

January 31st. 1918.

O. C. No 4 Casualty Unit,

(Date).....

Commanding Military District No. 4.

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Montreal, Que..... *L. Krife* (Signature of Soldier.)

(Date) January 31st. 1918. *A. Argele* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed. *L. A. Leitch*

(Place) Montreal, Que.....

Major.

(Signature) O. C. No 4 Casualty Unit,

(Date) January 31st. 1918.....

Military District No. 4.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

None -

Laknipe

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

July 1/17.

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15.</i>			
------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. *23 41362.*

Rank *Gr.* Promoted Reverted Discharge

Soldier's Name

Leslie A. Knipe
Siege. Art. Mc Gill Univ

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs A. S. Knipe*

Address *217 Amherst St East.*

Change of Address *Orange N. J.*

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i> <i>Dec 31</i>	<i>—</i>		<i>75</i>	<i>75</i> 00 ✓	<i>A/c closed 30-11-17</i> <i>Ret'd Olympic 6-11-17. F.X. 27-11-17.</i>

227K23

Category A-2.

2341362

In the event of my death, I will the whole of my property and effects to my mother,

Mrs. A. S. Knipe,
217 Amherst St.,
East Orange,
New Jersey U.S.A.

Leslie Albert Knipe
Gnr., 2nd Brigade, C. P. Co.
August 2, 1917.

For use in case the Rates of Pay given on p. 3 require to be amended—

(1)

The Rate of Pay for issue has been reduced or raised to.....\$......c. (words)

from.....191, on account

of.....

Paymaster.

(2)

The rate of Pay for issue has been reduced or raised to.....\$......c. (words)

from.....191, on account

of.....

Paymaster.

*NOTE.—The above rates should be verified, whenever opportunity offers, by the Paymaster compiling the man's account. A new book should be issued, if necessary, the Paymaster forwarding the old one to Paymaster at the Base, for transmission to the Chief Paymaster, London.

Particulars of

(1)

Next of kin (State relationship, wife, father, &c.)

Father

Albert S. Kripe

and address

*217 Amherst St
East Orange N.J.*

(2)

Person to whom Assigned pay is payable

Mother

Mrs A. S. Kripe

and address

*217 Amherst St
East Orange N.J.
U.S.A*

(3)

Children (if any), number, age and sex

(4)

Bank account at

In witness whereof I have hereunto set my hand
this.....day of.....191 .

(Signature)

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. (Two witnesses must then sign,
giving their address.)

Signature of 1st Witness.....

Address.....

Signature of 2nd Witness.....

Address.....