

UNIT

copy
24 Battalion

Lieut

Regimental No.

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *Murdoch Laing.*
 2. In what Town, Township or Parish, and in what Country were you born? *Montreal, Canada.*
 3. What is the name of your next-of-kin? *James H. Laing (father)*
 4. What is the address of your next-of-kin? *125 Cedar Ave. Montreal, Canada*
 5. What is the date of your birth? *March 4th 1894*
 6. What is your Trade or Calling? *Architect*
 7. Are you married? *No*
 8. Are you willing to be vaccinated or re-vaccinated? *Yes*
 9. Do you now belong to the Active Militia? *Yes McGill C.O.T.C.*
 10. Have you ever served in any Military Force? *In above*
If so, state particulars of former Service.
 11. Do you understand the nature and terms of your engagement? *Yes*
 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *Yes*
- Sgt Murdoch Laing, Lieut* (Signature of Man).
J. A. Ross Major (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Murdoch Laing*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Murdoch Laing (Signature of Recruit). *Lieut*
J. A. Ross Major (Signature of Witness).

Date.....1915.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, 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.

.....(Signature of Recruit).
.....(Signature of Witness).

Date.....1915.

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

.....this.....day of.....1915.

.....(Signature of Justice).

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

Certified true copy,.....(Approving Officer).

J. Bamhart Major
for Colonel i/c Records, C.E.F.

Description of on Enlistment.

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

Height ft. ins.

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

Complexion

Eyes

Hair

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

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.)

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* for the Canadian Over-Seas Expeditionary Force.

Date 1915

Place

* Insert here "fit" or "unfit."

Medical Officer.

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.

.....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 of Officer).

Date 1915.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....



Officers
DISCHARGE DOCUMENTS

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

Name **LAING MURDOCK M.**
 Regt. No. _____ Rank **Lieut.**
 Corps **24th Bn. V.R.**
NO of W 18-9-16
mes 7-6-21



03453

mess Smith 6/21

ATA 45 2
ATA 45 1
paid
mis 1-19

Box 5314 28
 18
 18

P Card 7



Lieut

I.D. number
No. d'identification

Laing

Surname
Nom de famille

Murdock Murdock

Given names
Prénoms

D of w 18/09/16

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

Box 5314

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
184	Rep. from Gen. Hdqrs. (W.O. 13/10)	11-10-15	Wounded
186 ⁽¹⁾	C.C. No 3. Gen. Lee Depot - reports	13.10.15	(W.O. 14/10) G.S.W. R. Wrist Seriously Ill.
191 (1)	H.S. "Newhaven" (W.O. 20/10)	19-10-15	
192	Royal Free Gray's Inn Rd. W.C. (W.O. 21/10)	19-10-15	G.S.W. R. arm
220 (2)	Medical Board (D.M.S. ret. 20/11)	16-11-15	G.S.W. R. hand. Incap. for Home Service 4 mths. Incap. for Gen. Service 6 months.
313 U			
313 U	Discharged	19-11-15	G.S.W. R. Arm,
317 (1)	Med. Board (Law)	—	Extension of sick leave granted till April 21 st 16
473 ^{III}	no. 7. Stat. Boulogne (W.O.)	13-9-16	G.S.W. M. ult.
	Dangerously Ill. May be Visited.		
474-1	Died of Wounds. 18	9-16	

NAME

Laing Murdoch

H. Q. FILE No. 649-

REG'T'L. NO.

RANK AND CORPS

Lieut. 24th Battalion

CABLE

NO.

DATE

"C"

NATURE OF CASUALTY

(39th Batta)

M 1384	14-10-15	wounded Oct 11/15.
M. 1425	16-10-15	Seriously ill. No 3. Gen. Lee Report Oct 13 th (G.S.W. R-wrist)
0981	18-9-16	Dangerously ill at No 7 Stat Hosp. Boulogne Sept 18 th 1916 Ills Multiple May be visited ✓
0988	19-9-16	Died of wounds Sept. 18 th . Seven stat. Hosp. Boulogne. ✓
AFB 2090 ^A	Rouen 19-9-16.	Died from wounds received in action No. 7 stat. Hosp. Sept. 18 th 1916.

NO. 91

FOLLX

✓ LAING, Murdock, ✓ Lieut. ✓ 24th Bn.

H. A. D.

Eligible for Star

MEDALS &
DECORATIONS

Jas. N. Laing (Father)
125 Cedar Ave., Montreal, P. Q.

M

PLAQUE &
SCROLL

Father, as above.

Serial No 782914

MEMORIAL
CROSS

Mrs. Florence B. Laing (Mother)
Same address.

8501

Resp JUN 4 1920 810016

Scroll Desp. FEB 2 1921 Reqn. No. 22115

Plaque Desp. JUN 13 1922 Reqn. No. 139944

S.D.
21.4.6

87

322.

Name Laing M. ^{Widdock} Rank Lieut. 9 755 Reg. No.

Unit ~~19th~~ 24th Batt

Next of Kin CANADA.

a7B 104-93

over

Date	Movement	Place	Casualty	List No.	Notified N/K O M	W.O. List
11.10.15	Rep. from Gen. Hdqrs.	Wounded.	✓	184	x1384	14/IC
13.10.15	O.C. 3 Gen. Hosp. Le	Treport reports:-			M	
adm. 13/10/15	<u>SERIOUSLY ILL.</u>	✓	SSW. R Wrist	186	1425	
19.10.15	"H.S. Newhaven".		"	191		
	Royal Free Hosp. Grays Inn Rd.	W.C. GSW R arm		192		
16 11	Med. Bd. Incap. home serv.	4 months.				
	" gen.	" 6 months.	✓	220		
19 11	Royal Free Hosp.	<u>Dischd.</u>		313		
(bl. bar)	Extension sick leave granted	April 26th	—	317		
18.9.16	7 Stat. Hos. Banlogne Dang. Ill.	<u>Maybe</u>				
	<u>visited</u>	SSW meet		473	0981	19/9

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
18.9	7 S. Hos.	B'logne	<u>Died</u> of W ds.	474	09'88	20/9

Number Rank *LIEUT*

Surname *LAINC*

Christian Names *MURDOCK*

Unit Theatre of War *FRANCE*

Dates of Service

Remarks *D*

Latest Address *Jas H. Lainc Esq.*

*125 Cedar Ave
Montreal P. Q.*

Roll No. *13*

Page 17/14

G. 10061 Klapp

APR 9 - 1921

Ga 38089 dem

SEP 14 1921

No.

RANK

Lieut.

NAME

Laing Murdock.

T. O.

1915 UNIT 24 Battalion
 May. Paylist.

M. D. 4.

PAID
FROMPAID
TOSIG.
OR
REC'T

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

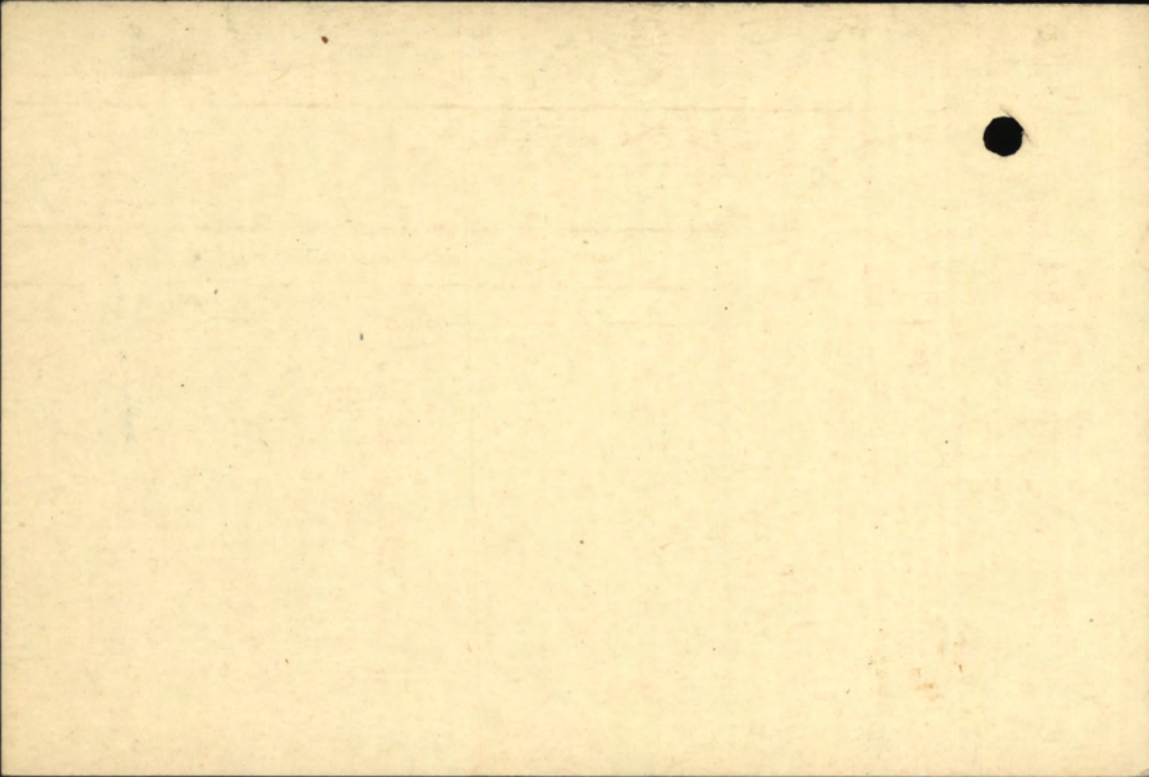
AUTHORITY

1916
Apr. 20.

1915
May. 31.

✓

UNIT SAILED
MAY 1 1 1915



Surname

Christian Name

Reg. No.

LAING.

M.

Rank

Unit

Co.

Troop

Batty.

Lieut.

24th Canadians.

MEDICAL BOARD held at

Date

Serial No.

(1) Caxton Hall,
S.W.

16-11-15.

Other Medical Boards at

Date

Serial No.

(2) D.M.S. Office.

15-5-16.

(3) O.C.A.C.

29-5-16.

(4)

(5)

Condition found by Board

G.S.W. right hand.

Disposition Recommended

(1) Incapacitated for (Gen. Home Service - 4 mths.
- 6 mths.)

(2) Fit for General Service.

(3) Fit for General Service.

(4)

(5)

CASUALTY BOARD held at

Date.....

Disposition

Extension of leave until 21-4-16.

Remarks

Address. Royal Free Hospital, Gray's Inn Road,
London, W.C.

Maing.

M.

Lieut. 24th. Battn. (39th.).

No. 3. Gen. Le. Treport. 13-10-15.

H.S. Newhaven. 19-10-15.

Royal Free Grays. Inn Rd. 19-10-15.

No. 7. Sta. Boulogne. 18-9-16.

G.S.W. hand.

G.S.W. rt. arm.

G.S.W. Multiple.

(Dang. ill. may be visited)

discharged:-. 19-11-15..

DIED OF WOUNDS:- 18-9-16.

C.L. 22-10-15. 191.

23-10-15. 192.

25-11-15. 220.

14-~~16~~-15. 184.

16-10-15. 186.

15-3-16. 313.

20-3-16. 317.

19-9-16. 473.

20-9-16. 474.

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

20

Lainq
MEDICAL HISTORY SHEET.

Surname Lainq Christian Name M W

Examined { on 19 day of Apr 1915
at Montreal Que

Birthplace { City or Town do
County Que

Apparent age 21

Trade or occupation Architect

Height 6 Feet 1 1/2 Inches

Weight 175 Lbs.

Chest measurement { Minimum 35 inches

{ Maximum expansion 37 1/2 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 1914

(a) Marks indicating congenital peculiarities or previous disease 3 scars right leg above knee about 1 1/2 inches long

(b) Slight defects but not sufficient to cause rejection

Approved by J Jenkins
Rank Capt Que M.O.

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

Date	Result	VACCINATIONS
<u>July 20</u>	<u>J Jenkins</u>	<u>Capt</u> <u>Que</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>June 15</u>	<u>J Jenkins</u>	<u>Capt</u> <u>Que</u> M.O.
<u>25</u>	<u>do</u>	M.O.
		M.O.

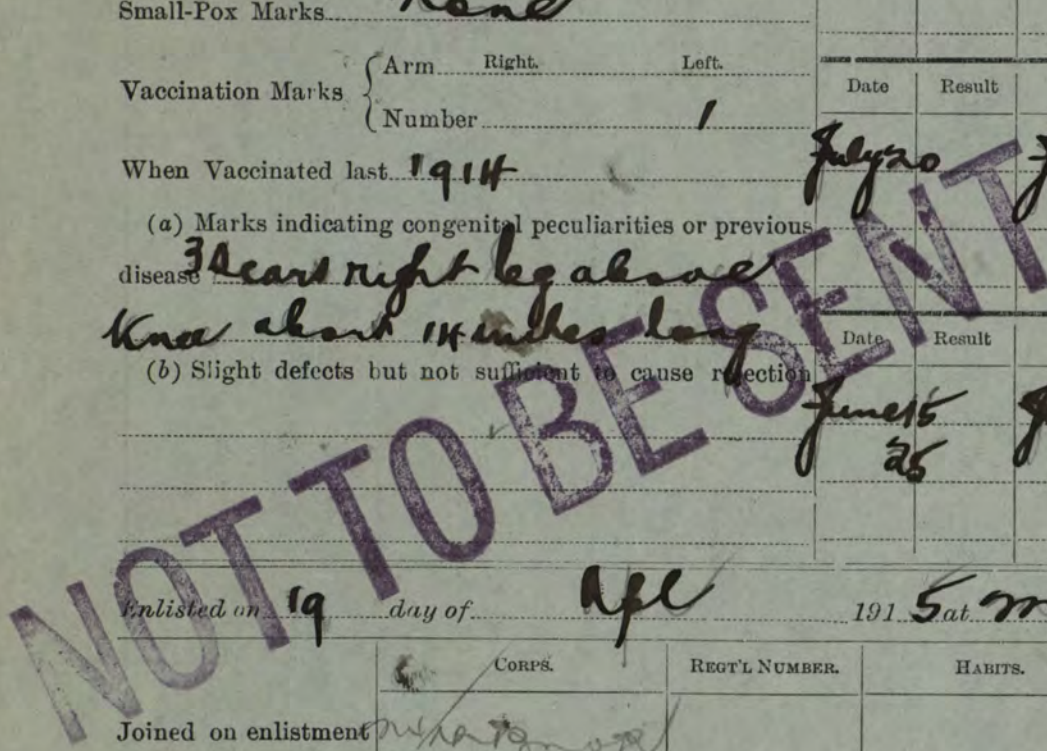
Enlisted on 19 day of Apr 1915 at Montreal

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Que</u>			
Transferred to.. ..	<u>6 ET</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.



Christian Name

Surname

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>103</i>	<i>3</i>						<i>103</i>				
<i>104</i>	<i>3</i>						<i>104</i>				
<i>105</i>	<i>3</i>						<i>105</i>				
<i>106</i>	<i>3</i>						<i>106</i>				
<i>107</i>	<i>3</i>						<i>107</i>				
<i>108</i>	<i>3</i>						<i>108</i>				
<i>109</i>	<i>3</i>						<i>109</i>				
<i>110</i>	<i>3</i>						<i>110</i>				
<i>111</i>	<i>3</i>						<i>111</i>				
<i>112</i>	<i>3</i>						<i>112</i>				
<i>113</i>	<i>3</i>						<i>113</i>				
<i>114</i>	<i>3</i>						<i>114</i>				
<i>115</i>	<i>3</i>						<i>115</i>				
<i>116</i>	<i>3</i>						<i>116</i>				
<i>117</i>	<i>3</i>						<i>117</i>				
<i>118</i>	<i>3</i>						<i>118</i>				
<i>119</i>	<i>3</i>						<i>119</i>				
<i>120</i>	<i>3</i>						<i>120</i>				

TEMPORARY

Army Form B. 103.

6643

Certified Correct (Commeccord)
8/8/16 10/1/29 TEMPORARY Casualty Form—Active Service.

Regiment or Corps *24th. Inf. Div. 3rd. Can. Divn.*Regimental No. _____ Rank *Lieut.* Name *Faring. Murdock.*Enlisted (a) _____ Terms of Service (a) *Wat* Service reckons from (a) *enlistment.*


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) _____

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				
<i>13/10/15</i>	<i>M.S.S. Strick No 3 GENL HOS</i>	<i>Disembarked Wounded. (M.S.S. Strick) No 3. GENL HOS</i>	<i>Doulogne</i>	<i>16/9/15 11/10/15</i>	
<i>19/10/15</i>	<i>1/2 No 3 GENL.</i>	<i>Wounded. Transferred to England. 19/10/15 (2121)</i>	<i>England.</i>	<i>19/10/15</i>	<i>C. B. Smith Lieutenant to Lt. Col. D. A. G.</i>
<i>19.10.15</i>	<i>1/2 No 3 GENL.</i>	<i>G.S. W. R. WRIST (W. 3034) 19.10.15 TRANS</i>	<i>ENGLAND</i>	<i>19.10.15</i>	
<i>19.10.15</i>	<i>1/2 No 3 NEWHAVEN</i>	<i>PER. H.S. NEWHAVEN (a. 26) 19.10.15 TRANS</i>	<i>"</i>	<i>19.10.15</i>	
<i>H-7-16</i>	<i>G.O.C.C.I.D.</i>	<i>Proceeded to 24th Bn</i>		<i>1-7-16</i>	<i>D.O. 3484 K A 60</i>
<i>4.7.16.</i>	<i>A.A.G.</i>	<i>Arrived in France as Reinforcement and pro- ceeded to join 24th. Bn.</i>	<i>In the Fld.</i>	<i>1.7.16.</i>	<i>K.R.5-321. Part II Orders 14.7.16.</i>
<i>7.7.16.</i>	<i>24 C. Bn.</i>	<i>Joined Unit 184</i>	<i>" " "</i>	<i>2.7.16.</i>	<i>B.213.</i>
<i>15.10.16</i>	<i>1/2 Lt.</i>	<i>Dead from 6 m.m. bullet</i>	<i>1/2 Lt.</i>	<i>18.9.16</i>	<i>76408 { Part II Ord. H.B.D. 19/1/16 22. 11. 19/1/16 J. Hogan Captain to Lt. Col. D. A. G. from Sec 3 P.T.O. 5. N. 2.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		 <p>2261-251</p>			

Confidential.

To be used in cases of wounds or injuries received in action.
(For instructions for preparing this report see back of form.)

PROCEEDINGS OF A MEDICAL BOARD assembled by order of _____

A.D.M.S. Canadians

for the purpose of examining and reporting on the present state of a wound or injury sustained

by Lt. R.M. Laing 24th Batt

at (Place of injury) Kemmel on the (Date of injury) Oct 10/15

The Board find That this Officer still has restriction of movement in the right wrist the result of an injury to the carpal bones from a bullet wound received on above date. The movements of the fingers are however practically unimpaired and he is fit for General Service

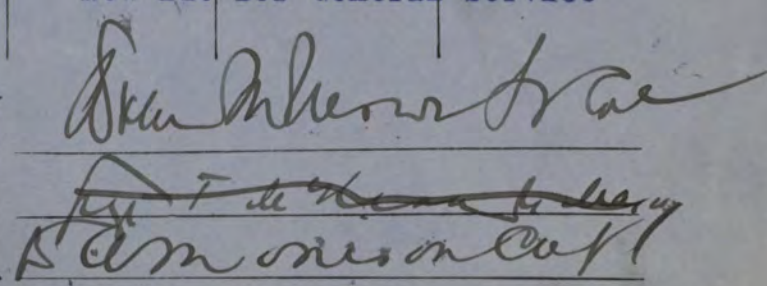
The opinion of the Board upon the questions below is as follows:—

- 1.—Has the officer lost an eye or a limb; or has he permanently lost the use of an eye or a limb; or is the injury equivalent to the loss of a limb, and permanent, or likely to be permanent? (Articles 585 to 588 of the Royal Warrant for Pay, &c.)
- 2.—If the case does not come under the category of 1:—
 - (a) Was the injury, in the first instance, very severe in character?
 - (b) Are its effects still very severe?
- 3.—If the case is classified under category 2, are the effects of the injury permanent, or likely to be permanent? (Article 590.)
- 4.—Injuries that do not come under the above categories should be classified here, making use of the following terms:—*severe* or *slight* and *permanent* or *not permanent*, as the case may be.
- 5.—For what period, calculated from the date of the wound or injury, is it probable that the officer will be incapacitated for military duty by such wound or injury?

	Replies		
	As to first wound	As to second wound (if any)	As to third wound (if any)
1.—	No		
2.— (a)	No		
2.— (b)	No		
3.—	Not applicable		
4.—	Severe but not permanent		
5.—	Now fit for General Service		

I concur in the findings of the Board of Medical Officers here recorded.
 Major, C.A.M.C.
 For D.M.S.
 Canadian Contingents.
 30 5 16

Signatures



SHORNCLIFFE—C.C.A.C.
(19, Westbourne Gardens, Folkestone.)

Station

Date 29 MAY 1916

**INSTRUCTIONS to be observed by the Medical Board
preparing the Report.**

1. On the occasion of an officer's first appearance before a medical board, the circumstances under which the wound or injury was sustained will be fully detailed.

2. If the injuries be more than one, they should be numbered and described separately; and should it be considered that, though slight in themselves, they represent together the equivalent of a single "very severe" injury, such an opinion may be expressed in the columns provided for that purpose.

3. The board will not express any opinion, either to the Officer examined, or in their report, as to the amount of compensation they may think should be awarded.

1369

CONFIDENTIAL.

PROCEEDINGS OF A MEDICAL BOARD

assembled at SHORNCLIFFE—C.C.A.C. on May 29/16
(19, Westbourne Gardens, Folkestone.)

by order of A.D.M.S. Canadians

for the purpose of examining and reporting upon the present state of health of

(Rank and Name) Lt. R.M. Laing (Corps) 24th Batt

Age 22 Service 19/12 Disability G.S.W right wrist

Date of commencement of leave granted for present disability Nov 16/15

Date on which placed on half-pay for present disability Not applicable

The Board having assembled pursuant to order, and having read the instructions on the back of the form, proceed to examine the above-named officer and find that

This officer who was shot in the right wrist by bullet passing through the carpus. Although there is still considerable diminution of movement, is in our judgment fit for General Service

29 of Am. W. Landing

The opinion of the Board upon the questions herein is as follows:—

- (1.) a. Is the officer fit for "General Service"? Yes
- b. If not so fit, how long is he likely to be unfit? not applicable
- (2.) a. If unfit for General Service, is he fit for service at home? not applicable
- b. If not so fit, how long is he likely to be unfit for service at home? not applicable
- (3.) Was the disability contracted in the service? Yes
- (4.) Was it contracted under circumstances over which he had no control? Yes
- (5.) Was it caused by military service? Yes
- (6.) If caused by military service, to what specific conditions is it attributed? G. S. W

I concur in the findings of the Board for Medical Officers here recorded

Dr. Blair
Major, C.A.M.C.
For D.M.S.
Canadian Contingents.

30 5 16

Signatures

[Signature] President.

[Signature] Members.

Instructions.

1. On the occasion of an Officer's first appearance before a Medical Board for his present disability, the circumstances under which the disability was contracted will be fully detailed; whenever possible a statement of the case by his medical attendant will also be attached.

2. In recording the proceedings of subsequent Boards, the progress of the individual since his last appearance will be clearly and concisely stated so as to ensure a continuous medical history of the case being available.

3. Question 2 is only to be answered by the Board, when specially instructed by the convening authority.

4. Enteric Fever, Dysentery, Malaria, etc., contracted when on service abroad, in countries where there is a special liability to the disease, are to be regarded as caused by military service.

NAME Laurig M. Lieuh.

UNIT 24th Inftry Batta

1915-16

DATE OF APPOINTMENT

MARRIED (YES OR NO)

NEXT OF KIN: NAME James W. Laurig, Father.

ADDRESS 125 Cedar Avenue, Montreal.

DATE NON-EFFECTIVE AND CAUSE leave. 16. 11/15 - 13. 3. 16. R.O. 3811 CTD 28 11/15. bet to 21 11/16. 190.1051 CTD 27 11/16

ASSIGNED PAY:

MONTHLY AMOUNT

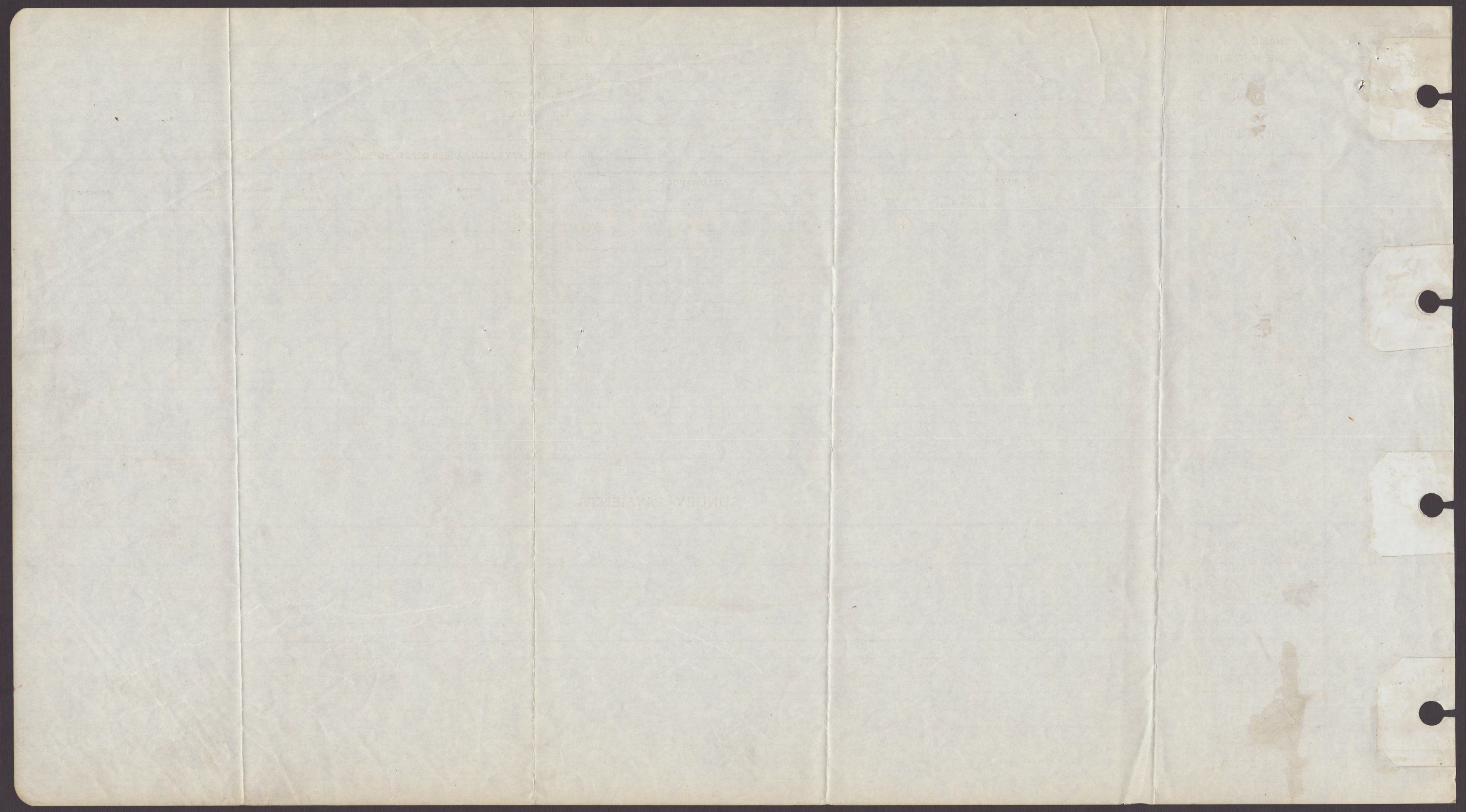
TO WHOM PAYABLE

BANK IN WHICH PAY & ALLOWANCES DEPOSITED Bank of Montreal.

PERIOD	No. OF DAYS	REGT. RATE	PAY				RATE OF FIELD ALLOWANCE	ALLOWANCES				TOTAL PAY AND ALLOWANCES	ASSIGNED PAY	SUNDY DEDUCTIONS	NET P. A.	PAID IN BANK	DEPOSITED IN BANK	CARRIED FORWARD	REMARKS
			AMOUNT OF REGIMENTAL	COMMAND	ADJUTANT	CR. FROM PREV. ACCOUNT		TOTAL PAY	AMOUNT OF FIELD ALLOWANCE	P. F. ALLOWANCE	MESSING								
1/6 30/6	30	r	60				60	18			30	48	108		108		108		
1/7 31/7	31		62				62	18 60			31	49 60	111 60		111 60		111 60		
1/8 31/8	31		62				62	18 60			31	49 60	111 60		111 60		111 60		
1/9 30/9	30		60				60	18			30	48	108		108		108		
1/10 31/10	31		62				62	18 60			31	49 60	111 60		111 60		111 60		
1/11 30/11	30		60				60	18			30	48	108		108		108		
<p>183 Days at \$ 60 658.80 dep in Bank</p>																			

SUNDY PAYMENTS

DATE	CHEQUE No.	PARTICULARS	AMOUNT					REMARKS
			\$	c.	£	s.	d.	
1915 June 7	1968	Outp all	100		20	10	11	



ASSIGNED PAY.

UNIT. 24 13 attache
 NAME OF DATE AUTHORITY

RANK. lieutenant
 DATE AUTHORITY

NAME.

Beneficiary

Name *hainy*

Address

Initials *W.*

Amount. \$

Bank

Separation Allowance issued. Yes or No.....

Died of wounds 18⁹/₁₆ Oct 4/14 20⁹/₁₆

Date	No. of Days	Regt. Rate	Amount Regimental	F. A.	Messing	Other Credits	Total	Ass. Pay	Charges	Bank	Debit Balance	Credit Balance	Initials
1. 12. 15													
30. 4. 16	157	<i>2. lay 60⁰⁰ 3A. 1. Mess</i>	3024	91 20	157		547 20			243 33. 303 87.			
1. 5. 16	31		67	18 60	31		111 60			111 60			
1. 6. 16	30		60	18	30		108			108			
1. 7. 16	31		67	18 60	31		111 60			111 60			
1. 8. 16	31		67	18 60	31		111 60			111 60			
1. 9. 16	30		60	18	30		108						

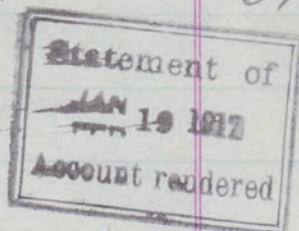
credit balance 108

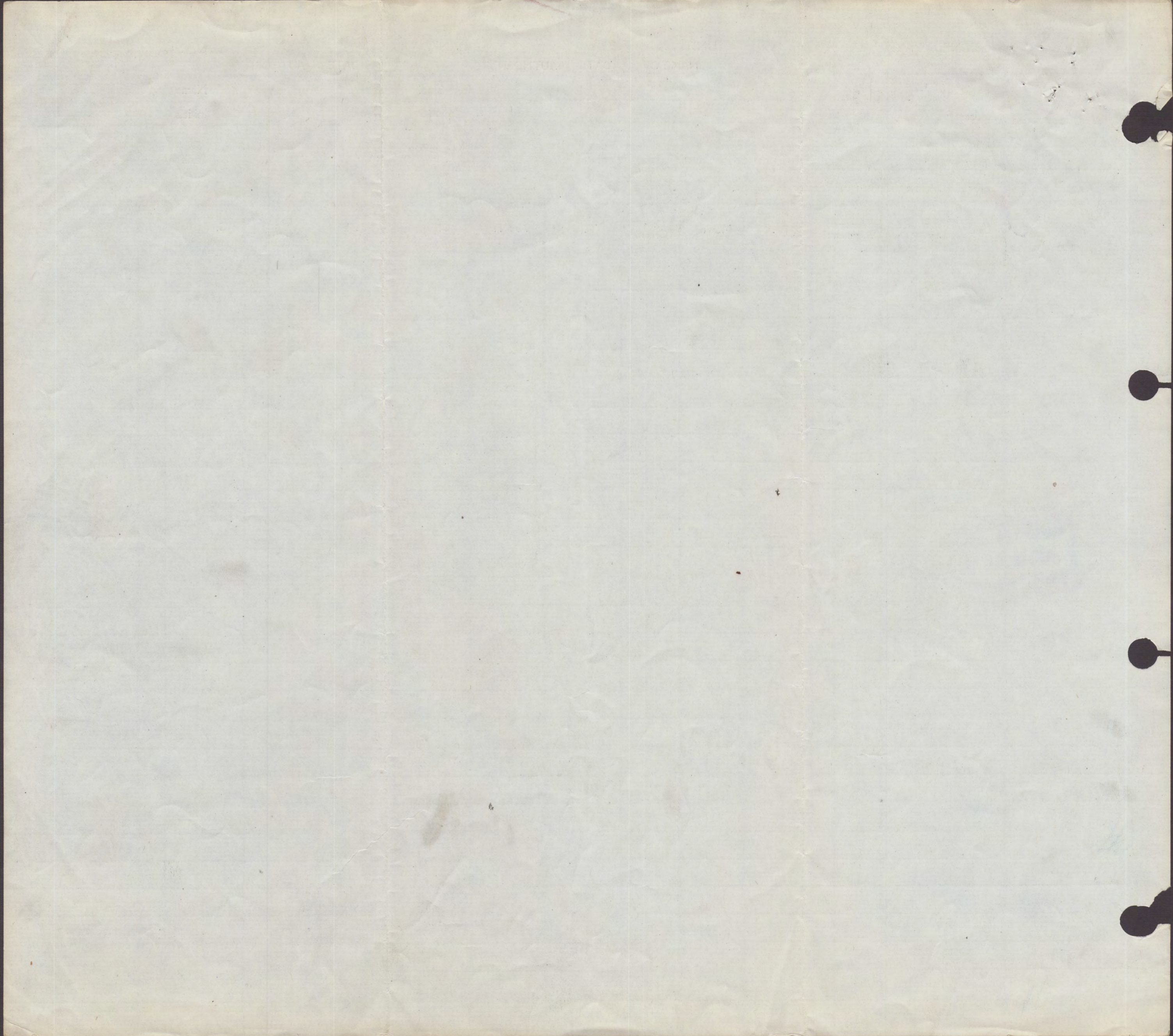
*W.C. no 16
 Recd 1/17*

69

10869

*69⁰⁰ 218 (Oct. 5/16)
 Rec for to
 Ban for set 11. 19⁰⁰/₁₇*





ASSIGNED PAY.

UNIT.

RANK.

NAME.

NAME OF DATE AUTHORITY

DATE AUTHORITY

Beneficiary

Address

Amount. \$

Separation Allowance issued. Yes or No.

24th Btn.

Lieut.

Name Laing

Initials L.B.

Bank

Rec'd of Wounds. 18th 6247H. 20th 16.

Bank of Montreal

Leave 16th 6247H. 21st 16. 20. 1051 672 2nd 16.

DATE	PARTICULARS	CK. NO.	CR.	DR.	ASSIGNED PAY PAID IN CANADA	BALANCE	SPECIAL AUTHORITIES To be initialed by P.M. in every case	INITIALS
May 9	Direct	1245		242 32				
12	Bank	1286		303 87				
24	Pay May from 1.12.15. - 30.4.16		547 20					
25	~ May (R)		111 60					
27	Bank			711 60		0		
June 9	Pay June (R)		108					
24	Bank			108		0		
July 21	Pay July (R)		111 60					
28	Bank	5569		111 60		0		
Aug 17	Pay Aug (R)		111 60					
26	Bank	7462		111 60				
Sept 20	Pay Sept		108			108		
Nov 15	Transferred to N.C. Branch			108		0		

Sept 17 to be carried forward. Trf to N.C. Ledger.

Rank and Name Lieut. LAING Murdock.

A.F.B. 158.

Regimental No.

Name and Address of Next-of-kin

James N. Laing, (Father)

Unit 24th Bn

125. Cedar Ave. Montreal, Can.

Date of enlistment

24th Bn 1-8-16

Place of birth Montreal, Canada

Married (Yes or No) Single.

Date and place of discharge

If in Permanent Force

Reason for discharge

Character on discharge

Promotions or appointments

Left leave 11.5.15

A.F.B. 103

1 AUG 1915

39-1-1-16

39-1 FEB 1916

39 APP 1 1916

do do MAY 1 1916

39 JUN 1 1916

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	Report		Place	Date	REMARKS
	Date	From whom received			
28.7.15	Comm. Can.	Qualified as 1st Class Mech. Instructor, Hq. Troop			R. 0614
		Proceeded overseas			NR
13.10.15	W.O.	Wounded	France	11.10.15	C.L. 184
14.10.15	W.O.	No. 3 General Hospital	Le Treport		Seriously Ill C.L. 186(12)
20.10.15	W.O.	H.S. "Newhaven"		19.10.15	C.L. 191(S1)
21.10.15	W.O.	Royal Free Hospital Clay's Inn Road, W.C.	Londow	19.11.15	Ch 313
		Invalided & transferred to England	France	do	Gen. P. Arm. C.L. 192
30.10.15	24 Bn.	Incap for 6 months	England	19.10.15	Pt. II Ord. 5
25.11.15	M.B.C.	Granted leave to Canada		16.11.15	C.L. 220.
28.11.15	Sec. C.T.D.	from 16/15 to 13 3/16 without expense to the public			Extended to 21.11.16.
17.4.16	39th Bn.	To General List		17.4.16	Rd 3811 R.L. 9-1
31.5.16	G.O.C. C.T.D.	Attached to Moore Bks. Hospital		15.5.16	Dg 1051 Rd 91-15 Dg 1322 C 1/31 Dg 2354, C 2D 1611, Rd 93 Pt. II Ord. 15 D.O. 2811 P 1000

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				
4-7-16	G.O.B.B.I.S.	Proceeded of seas to 24 th of Butte		1-7-16	PT Lord 29 PT Lord 28 (247B)
5.7.16	M.B. Hoop	cesses. to be catch on proceedings		1.7.16	Do 3484. For Barr 5
19.9.16.	WO.	Adm. No 7 State Hoop. Boulogne.		18.9.16	PT Lord 187
20.9.16	WO.	Dangerously ill. - may be visited		18.9.16	of 473. Esq.ault
		"DIED of WOUNDS"	Redd from No. 7 State Hoop	18.9.16	of 474 P.O. 4624 th 19.9.16 (27B 104-93 2090A) Esq. 10-1016