68

ATTESTATION PAPER.

No.

Folio. 146

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? ..... Mayer, Alfred Damase
2. In what Town, Township or Parish, and in what Country were you born? ..... Montreal, P.Q.
3. What is the name of your next-of-kin? ..... Father: Alfred Mayer.
4. What is the address of your next-of-kin? ..... 70 Demonville St. Cartier Ennard Montreal
5. What is the date of your birth? ..... 3rd July 1889.
6. What is your Trade or Calling? ..... Electrician.
7. Are you married? ..... Single.
8. Are you willing to be vaccinated or re-vaccinated? ..... Yes.
9. Do you now belong to the Active Militia? ..... No.
10. Have you ever served in any Military Force? ..... No.
    If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? ..... Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? ..... Yes.

A. D. Mayer ..... (Signature of Man).

G. H. Boyce ..... (Signature of Witness).

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

HOSPITAL REPRESENTATIVE CANADIAN SPECIAL HOSPITAL, LENHAM.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, A. D. Mayer, 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.

A. D. Mayer ..... (Signature of Recruit)

Date Sept 24 1914. G. H. Boyce ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, A. D. Mayer, 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.

A. D. Mayer ..... (Signature of Recruit)

Date Sept 24 1914. G. H. Boyce ..... (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 Valcartier this 24 day of September 1914.

R. W. Wright, Major ..... (Signature of Justice)

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

R. W. Wright ..... (Approving Officer)

100 M.—8-14.
H.Q. 1772-1-13.

Description of A. Mayer on En

Apparent Age 25 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 9½ ins.

Chest measurement: Girth when fully expanded 37 ins.
Range of expansion 4 ins.

Complexion Fair

Eyes Lt. Brown

Hair Fair

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

Distinctive marks, and marks indicating con peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has ser before, he will, unless the man acknowledges to any previo service, attach a slip to that effect, for the information of th Approving Officer).

Vaccination Mark on Left Arm

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 Aug. 28th 1914. A. T. Gardner Capt AMC

Place Valcartier Camp. 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.

A. Mayer 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.

A E Ross Lt Col (Signature of Officer)
No 1 Pd Camp

Date 25/9/1914.

DISCHARGE DOCUMENTS

R. O. No. .....

H. Q. No. .....

Name MAYER ALFRED DAMASE

Regt. No. 32887 Rank Pte

Corps #1 Field Ambulance C.E.F.

Medically Unfit

(2) Pro's on Disc. to Bn.
on M & W 2505.
Ref. BPC — Spec. 537d/
29 7 19

14837

Proceedings of Court of Inquiry or on men reported Missing on Active Service	
Attestation Papers	2X
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	
Disch Parchment Certificate	1
Medical Report for Invalids	1
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	2

ASB122 — 1
1. A. & D.
A & I 1237 — 3
misc — 1
Case card
Index card —
7149 — 1

M122
pay card —
H & A card

47 — 7
28 — 7
4 14
1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

Form DMS 1401

Lenham

Can: Convl: Hospital, Bear Wood. HOSPITAL.

A. & D. CARD

AT

A. & D. No. OS 12604 PL. OF ACTION

RANK Pte. REG. No. 35887 UNIT Camb. 1st Field Co. SICK OR WOUNDED

NAME Mayer A. AGE 29 RELIGION R/C.

PLACE IN HOSPITAL 207 C.

DIAGNOSIS Bronchitis Chronic

ADMITTED 26-3-18. FROM M.H. Edmonton

DISCHARGED TO

TRANSFERRED 22 MAY 1918 Sp. Hos. Lenham

SERVICE AT HOME 6/12 IN FIELD 37/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

P.T.O.

REMARKS.

Form DMS 1401.
8289 100M 9/3/17.

CANADIAN SPECIAL HOSPITAL, HOSPITAL.
LENHAM, KENT.

A. & D. CARD

AT

A. & D. No. T 272 Bk E PL. OF ACTION

32887

RANK Gte UNIT S. A. M. C. SICK OR WOUNDED

NAME Mayer Alfred AGE 29 RELIGION R. C.

PLACE IN HOSPITAL Section III

DIAGNOSIS Tubercle of Lung

ADMITTED 22-5-18 FROM S.S.H. Beaxwood

DISCHARGED 20-9-18 TO H.S. Neuralia

TRANSFERRED

SERVICE AT HOME 8/12 IN FIELD 37/12

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REMARKS.

Number 32887 Rank Pte

Surname MAYER

Christian Names Alfred

Unit C.A.M.C. Theatre of War France

Dates of Service 1-7-15

Remarks

Latest Address 70 Clemenville St. Montreal P.Q.

Roll No. B

Page 969

Form R. 149.

Name MAYER Alfred O. Rank Pte Reg. No. 32887

Unit C A M C 1 F A

Next of Kin Canada

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6-3		6 to 6 S.	Ch Bronchitis		A	159	14823
8-3		7 bar Gen	Etaples 11 Effes	of Shell Gas	A	165	D137 30815
17-3		Gen mil	Edmonton	"	B	64	14598
24-3		Can Leon	Brawood	Chr. Bronchitis	B	172	15120
23-5		Can Spec	London	Ch Pulm.	B	218	18520
20-9		Invalid to Canada		"	B	324	25268
						1/14	25/9

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

No. 32887 RANK Pte NAME Mayer A. D.

T. O. S. UNIT No. 1. Field Ambulance. C. A. M. C.

M. D. Val.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Sept. 16	1914 Sept. 21	✓		
1915 Sept	1915	"		
Oct		"		

649-M- 29993

1st. Flds Amb. Canc.

MAYER, Pte. Alfred #32887 - C.E.F.

Med & D (Father) Alfred Mayer Esq.,
70 Denonville Street
Ville Emard, P. Q.

986328

P & S (Father) Address as above

Mem Cross (Mother) Mrs. Bernadette Mayer Esq.,
(address as above)

1914/15-Star, was desp. G.O. G.M.D.4. 14/1/20

Elig for star Pte 1st Fd. Amb.

" " VM

" " B.W.M.

MF

45252

LEDGER No. 181 " 25

SERIAL No. 30700 A 5263

REG. NUMBER 3288 NAME Grayer A 22

RANK Pte CORPS ~~S.O.~~ 4

AGE 28 SERVICE C. E. F.

NAME OF HOSPITAL D. M. C. H. PLACE Montreal

DATE OF ADMISSION 28-10-18

DISEASE T.B. Lungs (Ischio-rectal abscess)

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO Duty 5/11/18 IN CATEGORY

Overs

M. F. W. 2553.
50m.—6-18.
1772-39-1332.

P. T. O.

REMARKS: Admitted Military Montreal no dolls.

Transferred St Ann De Bellevue 4-3-19.

(Abscess Ischio Rectal) 2-4-19.

REGT'L. No. 32887

NAME Mayer. Alfred. D.

H. Q. FILE No 649

RANK AND CORPS Pte. No 1. Fld. Amb. Depot

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
Q 137 5-3	20-3-18.	C Adm. To 7. Can. Gen. Hosp. Le Treport Mar. 9th. 1918. Shell. Gas.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS C.A.M.C.
a159-1	No 6 Cas. Cl. Station	6-3-18	Bronchitis
a165	" 7 Can Gen Etaples	9-3-18	" Chr. Effect of Shell Gas.
B164	Gen. Mil. Edmonton	17-3-18	" " Shell Gas.
B172.	C.C. "Bearwood" Wokingham	27-3-18	" "
B218	Can Spec. Lenham	23-5-18	T.B. Pulm.
B324 (2)	Invalided to Can.	20-9-18	" " "

649-M-29993

SURNAME. Mayer 9/7/17 M M auth L.G. 30172

CARD NO.

S.O.S. Disc 16-11-18 - 4
D.O. 216 FOLL. 20-11-18
M.U. #4 10 10

CHRISTIAN NAMES Alfred W.

REGL. No. 32887 RANK Pte

UNIT No 1. Fld. Amb.

FORMER CORPS Inf

NEXT OF KIN.

NAMES IN FULL Mayer. Alfred

RELATIONSHIP TO SOLDIER

ADDRESS 70 De Bonville St, Montreal, P.Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada.

DATE

PLACE OF ATTESTATION Valcartier, P. Q. DATE Sept. 24th 1914

Awarded Military Medal for bravery in the field auth R.O. Turner 13/7/17

L. L. 6945. M. & D. 6994. Ot. 4.10.14 12/3

M. F. W. 22/3 100M.—8-16. H. Q. 1772-39-339.

R/C. 1-10-18 - 23/13 - M.W. 4

From Quebec per S. S. "Megantic" 17/10/14

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

*Name Mayer. Alfred D. Rank Pte. Regtl. No. 32887

Fyle Depot M 319

Original unit CAMC Present unit M. or S. Age 25 Religion RC Ref. H.Q.

Port, ship and date of arrival Halifax, "A.T.Neuralia" 1-10-18.

Next of kin (Father)Alfred Mayer, 70 Denonville St,Cartier Emard, Montreal.

Address on leave

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Electrician Date and place of enlistment Valcatier,24-9-14.

Diagnosis Date of Medical Boards 28-8-14.

Date.	Remarks.	Pt. 2 Ord. No.
5-10-18.	TOS. having reported from clearing depot.by. A.T. Neuralia.20-9-18.posted to "esp. Sec.&3 leave. W/sub. 18-10-18.	170-p-1.

*—Name will be given in full; surname first.

(over)

Date.	Remarks	Pt. 2 Order No.
22-10-18.	Sick leave till 28-10-18. W/Sub	287-p-3
-11-18.	SOS.Hosp.Sec.on Trans to Dis.Sec.W/sub. For.I.S.C	
	5-11-18.	202-p- 2
16-11-18	KR&O 377 (10) C.M. 1917 MD4 22-M-4098 Category "E" Medically unfit R.O.#693 discharged to I.S.C.	

M. F. W. 192
150m.—5-18
1772-39-1243

D.M.S. 1300-50M-21-11-17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Mayor.	A. D.	32887

RANK	UNIT	CO.	TROOP	BATTY
Pte	C.A.M.C. (17a)			

HOSPITAL	DATE OF ADMISSION
6 Bas. C. Stn	6.3.18.
1. 7 Can. Gen. Hospital Etaples. General Mil. Edmonton "N"	HOSP. 9.3.18. 17-3-18
2. 1 Can. Con. Bearwood N. C. S. Lenham	HOSP. — 27-3-18 23-5-18
3.	HOSP.
4.	HOSP.

DIAGNOSIS

1. ~~Bronchitis~~ Bronchitis chr Effect of Shell Gas
2. add. T.B. Pulm at.
3.

Inv to Canada 20.9.18 →

DISPOSITION	DATE
CA. 12-3-18 a159	
19.3.18 M65	
20-3-18 B164	
" 30-3-18 B172	
" 27-5-18 B218	
1.10.18 B324.2.	

REMARKS

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 32887. (Rank) Private.

Name (in full) MAYER, Alfred Damose. enlisted in

the No 1 Field Ambulance.

CANADIAN EXPEDITIONARY FORCE at Valcartier, QUEBEC. on the 24th,

day of September, 19 14.

HE served in France.

and is now discharged from the service by reason of K.R.&.O. 377 (10) C.M. 1917.

MD4. 22-M-4098. Category "E". Medically Unfit. R.O.#693.

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age 28 yrs. 3 mos.

Height 5 ft. 10 ins.

Complexion Dark.

Eyes Brown.

Hair Brown.

Marks or Scars

Tattoo. Canada surmounting globe on right arm.

A. J. Mayer
Signature of Soldier

R. W. Lee
Issuing Officer

Lieutenant,
Rank

Officer i/c Discharge Section, District Depot No. 4.
Appointment

Date of Discharge November, 16th, 1918.

Signed at Montreal, QUEBEC. this 16th, day of November, 19 18.

in Military District No. 4.

File Reference No. DD4-19-M-319.

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 32887. (Rank) Private. Name MAYER, Alfred Demose.

Unit No. 1 Field Ambulance, C.E.F.

Address on Discharge 70 Denonville Street, Montreal, QUEBEC.

Character and Conduct — Very Good —

Former Occupation Labourer.

Special Qualifications of Value in Civil Life Labourer.

Medals and Decorations Awarded the Military Medal. 9-7-18.

Remarks "EUROPEAN WAR". Service in France. 21-10-15 to 17-3-16.
Entitled to wear one casualty stripe. 6-3-18.

Signed at Montreal, QUEBEC. this 16th, day of November, 19 18.

R W Lee
Name of Officer

Rank

Appointment

*PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS.

MILITARY DISTRICT No. 4
OCT 25 1918
M. D. 4

CONFIDENTIAL INFORMATION

CATEGORY

Report No. 7571

M 319

Unit

M.D. No. 4

Surname: Mayer Christian Name: alfred

Permanent Address: 40 De Nonguille St Montreal

No. of M. H. C. File	No. of Local File	No. of H. Q. File

No.* 32887 Rank Pte Original Unit 5 Field Ambulance Service Unit* — 1.F.A

Age* 29 Height 5 ft. 10 ins. Complexion dark Eyes blue Hair dark Conduct —

Date of enlistment Aug 1914 Where enlisted Montreal Where seen service* France

Ship returned by Nelwania Date of arrival 1-10-18 Port of arrival Halifax

Birthplace* Montreal Religion R.C.

Present disease or disability ¾ Tubercle of Lung Cause or origin Infection

Condition in detail which prevents the soldier from earning a full livelihood

Family neg. no illness prev. to enlist. To France Feb. 1915 Carried on well till gassed Aug. 1917. 6 wks. at rest Camp Retd to lines and gassed again Feb. 1918. Evac. to Mil Hosp Edmonton in March Transferred to Lenham 22-5-18. Condition good Sputum neg. Chest pains indefinate till Tuberculin test. .005 O.T. neg. O.I.O.T. local systemic and focal reaction . Double apical involvement incipient good prognosis A.F.B. 179 Canada.

Degree of Incapacity—Eng. Board. Canadian Board

Is disability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which? Trans. Hosp. M. D. 4

Destination to which transportation issued Montreal

Members of Board T.R. Welwood, Maj F.H. Pratten Capt.

Place C.S.H. Lenham Date 6-7-18 19

E. 1. Discharge, no pensionable disability.
E. 2. Waiting Reclassification.
E. 3. Discharge with claim for pension.

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE—IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1	Smile				
2					
3					
4					
5					

Name and address next of kin father alfred Mayer. above place

Notification of return to be sent to

Occupation prior to enlistment Laborer (Seaman) And for how long followed

Regular trade or occupation do

Do you consider that your disability will prevent you from following your previous occupation.

Average earnings previous to enlistment 40 P. M. Any other income

Name and address of last employer Mitchell Merchant Lines

Rent per month If owner of or purchasing property, amount due and annual payment $ $

Taxes If Homestead or Farm, where located

If carrying life or accident insurance, annual premium $ Name of Society

If work should not be available at old occupation, name preference.

I declare that the above statement is correct.

References

Witness W.B. Morley

Date 1-10-18 Place Signature A. Mayer

Remarks by Interviewer:

C. Service in Canada.
D. Treatment.

Last Pay Cert. Cr., $ Dr., $ Amount paid at Depot H.Q., $ L.P.C. leaving Depot, $

Amount forwarded to H.Q. Unit, $ Credit Clothing allowances, $

PENSION—Class..... Amount per year, $..... Period granted for..... Dating from.....

First payment date.....

Form I.S.C. No. 5c.

A. General Service.
B. Service abroad, not general.

PARTICULARS MARKED THUS TO BE OBTAINED FROM SOLDIER AND CHECKED FROM DOCUMENTS

CONFIDENTIAL INFORMATION

CATEGORY

Report No.

Unit

M.D. No.

No. 62887

Age 24

Place of enlistment

Ship required to

Birthplace

Present disease or disability

Tuberculosis of Lung

Condition in detail which prevents the soldier from earning a full livelihood

Degree of Incapacity — Any Hope?

Liability due to or aggravated by Service?

Probable duration of incapacity

Does it render him unfit for Military Service?

Is further treatment or use of appliances recommended, if so, which?

Disposition to which transportation issued

Members of Board

Place

Date

INFORMATION TO BE FURNISHED BY SOLDIER

DEPENDENTS	NAME	AGE	WHERE-IF EMPLOYED	WAGES	STATE OF HEALTH
Wife					
Children 1					
2					
3					
4					

Name and address of last employer

Nature of return to be made

Occupation prior to enlistment

Regular trade or occupation

Do you consider that your disability will prevent you from following your occupation

Average earning power (in minutes)

Name and address of last employer

Rent per month

Town

If married, his or another insurance, annual premium $

Name of Society

If work should not be available at old occupation, name pay rate

I declare that the above statement is correct

Witness

Witness

Date

Place

Signature

Remarks by Interviewer

Date Pay Cert. Gen. 1

Amount paid at Depot H.Q. $

L.P.C. leaving Depot. $

Amount forwarded to H.Q. Unit. $

Credit Clothing allowance $

PENSION—Class

Amount per year $

Period granted for

Dating from

First payment due

Form I.S.C. No. 2c

CASE HISTORY SHEET.

D.M.C.H. Hospital. Montreal. Station

No. 32887 Rank Pte. A. Name Mayer Age 28

Unit D.D.#4. Completed years of service (Where and how long) C. 1/12. E. 1.1/12. F. 3 1/12.

Date of admission Octr. 28th.18. Date of discharge ~~Oct. 30th.18.~~ 5-11-18

Diagnosis T,B. both apices Place of origin France.

CONDITION ON ADMISSION AND PROGRESS OF CASE Complains of pain in left chest. Does not cough or expectorate. No history night sweats. Spat blood when he was gassed and also when in the Sanatarium two or three timed. Has lost 21 lbs since enlistment but is now gaining. Appetite is good.

Exam. reveals very emaciated male large framed, color fair.

Chest. Well marked supra and infra clavicular fossa both sides, expansion is good and equal. V fremitus is ∓ ∓ on the left upper chest.

Anteriorly. Resonance no appreciable difference though both sides seem to be high pitched. Breath sounds harsh accompanied by moist crepitations in the supra clavicular fossa both sides and in the left inframclavicular fossa V.R. increased.

Posteriorly. moist rales left apex.

Sputum. positive for T.B.

X. Rays.

FAMILY HISTORY (Tuberculosis, mental or nervous diseases.) Health good previous to enlistment. Enlisted Aug. 1914 with C.A.M.C. Went to France with 1st Field Amb' Carried on till Aug. 1917 when he was gassed. Spat blood for 3 weeks but carried on. Again gassed in Mar.18 was blinded temporarily lost his voice, coughed with mucoid expectoration. Sent to Hospital and later to a

TREATMENT (Especially any specific or special form.) Sanatorium where he was treated for T.B. Invalided to Canada and arrived here Oct. 4th.18. Admitted D.M.C.H. Oct24/18.

CONDITION ON DISCHARGE (and disposal made of case.) As above M.F.B. 227 Class "E" to the I.S.C. for further Sanatarium treatment.

Date Oct.30th.18. (Sd). W.Templeman, Capt.
Medical Officer i/c case.

M. F. B. 313a.
200M. 5-18.
1772-39-439.

30700.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Article 71, Financial Instructions C.E.F., 1914).

Regimental No. 32887 Rank Pte. Name Alfred D. Mayer

Corps C.A.M.C. who was* Discharged

On Nov. 16th, 1918 ~~1918,~~ to I.S.C.

* Insert "discharged" or "transferred." from Nov. 1st,1918 to Nov. 16th,1918.

The following is a statement of the account of the above-named to date of transfer or discharge inclusive:—

	Dr.	$	c.		Cr.	$	c.
To	Bal. Dr. from previous month			To	Bal.Cr.from prev.month	285	44
	Adv.cheque No.9677 ~~xxxxxxxxxxxxxxxxxx~~	35	00		Regimental pay 16 days at $ 1.00	16	00
	" " No.9686 from	30	00		Field allowance 16 " $ 10	1	60
					Other allowances Civ.Clothing	35	00
	Assigned Pay				Other Credits (give particulars) Subs. D.O.202/3	9	60
	Other Charges (give particulars) 9863 Payment on disc.	282	64				
From	Bal. Cr. on discharge or transfer			From	Bal. Dr. on discharge or transfer		
	Total	347	64		Total	347	64

The amount shewn as Balance Cr. due on discharge or transfer has † ..... paid.

Monthly stoppage on account of assignment of pay is $10.00, and has been charged in Paylist for month of Oct. 1918

A. Mayer
70 Dennoville St,
Montreal, Que.

† Insert "been" or "not been," as case may be.

REMARKS:—

State (1) date of enlistment 24-9-14

(2) if married and if a Separation Allowance Card has been submitted Nil

(3) cause of discharge and authority M.D.4. 22-M-4098

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date.....

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

Date .....

Place .....

MILITARY DIST. No. 4
NOV 16 1918
DEMOBILIZATION
PAY DIVISION

for CAPTAIN
O-I-C—Demobilization Pay Division-Military Dist. 4
Paymaster

M. F. W. 44
100 M.—11-15
H. Q. 1772-39-903

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name Mayer Adm
Surname Christian Name

Regimental Number 32887 Rank Pte

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. 0721

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

File No. 12051-A.12

WAR SERVICE GRATUITY.

Register No. Spec. Reg 70/2082.

Reg. No. 32887.

Name Mayer A D M

Address

Pay Soldier $

Clerk

Dependent

Address

not eligible for W.S.G. under P.C. 2419.

P. J. Martin. 7/10/20.

Pay Dependent $

Days Rate Due

Less P.D.P. credited $100.00 mo 4

Less further Dr. Bal. or overpayment.

Net

See Register Sheet for adjustment

R 1113 25-10-20

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1		PDP Paid by mistake			1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

R. Evans 7/10/20.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mayer Mr A.

Address 70 Dennoville St. Montreal

By Whom Assigned Mayer A D

Regtl. No. 32887

Rank Pte

Corps No 1. Field ambulance

Rate $10 00 per month Oct 1/14

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.		6995	10 —	
Nov.		G1723	10	
Dec.		G3268	10 00	
Jan.	1915	J3081	10	
Feb.		E4130	10	
March		C5640	10	
Apl.		B6949	10	
May		J3001	10	
June		J3966	10	
July		H10839	10 -	
Aug.		G12238	10	
Sept.		F11557	10	
Oct.		E17795	10 —	
Nov.		C14596	10	
Dec.		B15385	10	
Jan.	1916	A14603	10	
Feb.		9130031	10	
March		J13516	10	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. Pte. A. Mayer

L. L. Job 89002.—Req. 6213.

Name of Soldier Mayer, A. D. Pte.

$10.00

Remarks. # 1 Fd. Amb.

Month.	Year.	Cheque No.	Amt.	
April	1916	E742	10	
May		71880	10	
June		A41116	10	
July		O11388	10	
Aug.		C11989	10	
Sept.		K17995	10	
Oct.		K22541	10	
Nov.		K27513	10	
Dec.		P30670	10	
Jan.	1917	F39334	10	
Feb.		F45168	10	
March		K50969	10	
April		T3568	10	10 Ch
May		T9343	10	
June		S16638	10	Ba
July		T24411	10	B.
Aug.		H30966	10	
Sept.		H38062	10	D
Oct.		R49933	10	
Nov.		Y50812	10	
Dec.		K58607	10	390
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
Go 31-7-18
W. A. Moreland
AUDIT CLERK
DATE 20-6-19

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.					

29247 THE MORTIMER SYSTEMS, OTTAWA, CANADA

NAME MAYER, Alfred, D. Pte

Regimental No. 32887

Unit No.1 Field Ambl.

Date of enlistment Sept.24th,1914.

Place of birth Montreal,P.Q.

Married (yes or no) No

Amount of pay assigned monthly $ 10.00

To whom payable Next of Kin

Name and address of next-of-kin
Alfred Mayer,(father)
70,Denonville St,Cartier Emard,
Montreal,P.Q.

Date and place discharged

Reason for discharge

Character on discharge

Date 1914 From	To	PAY No. of Days	Rate	Amount	Field Allowance No. of Days	Rate	Amount	Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
Sept 24	Oct 31	40	1.00	40	40	.10	4		44			30	10		40	
Nov 1	Nov 30	30	1.	30	30	10	3	4	37			15	10		25	
1/12	31/12	31	1.	31	31	10	3 10	12	46 10			36 10	10		46 10	
1/1 19.5	31/1	31	1	31	31	10	3 10		34 10			20	10		30	
1/2	28/2	28	1	28	28	10	2 80	4 10	34 90				10		10	
1/3	31/3	31	1	31	31	10	3 10	24 90	59			15 -	10		25	
1/4	30/4	30	1	30	30	10	3	30	63				10		10	Incorrect Error adjusted June '16
1/5	31/5	31	1	31	31	10	3 10	53	87 10			5 -	10		15	
1/6	30/6	30	1	30	30	10	3	72 10	105 10			3 -	10		13	
1/7	31/7	31	1	31	31	10	3 10	92 10	126 20			6 -	10		16	
								110 20				30 10				
								347								
1/8	31/8	31	1	31	31	10	3 10	113 67	144 77			11 32	10		21 32	
1/9	30/9	30	1	30	30	10	3	126 45	159 45			8 10	10		18 10	
1/10	31/10	31	1	31	31	10	3 10	141 35	175 45			34 50	10		44 50	
1/11	30/11	30	1	30	30	10	3	130 95	163 95			75 68	10		85 68	
1/12	31/12	31	1	31	31	10	3 10	78 27	112 37			6 98	10		16 98	
1916 1/1	31/1	31	1	31	31	10	3 10	95 39	129 49			5 23	10		15 23	
1/2	24/2	24	1	24	24	10	2 40	114 36	146 16				10		10	
				$26			$260	3 47	582 07			271 91	170		441 91	140.16 1/4/15

CANADIAN ASSIGNED PAY AUDITED
To 31/5/18
AUDIT CLERK
DATE 20/6/19

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Remarks, Casualties, etc.
From 1916	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date					
1/3	31/3	31	1.00	526 31 00	31	10	52 60 3 10	3 47 136 16 7 162 43	582 07 170 26			271 91 7 83	170 10		441 91 7 83	undercredit error in bal. £4 = 1/4/15 £2 = 31/3/16 overcredit
				557 00			55 70	3 47	616 17			279 74	180		459 74	Cr balce 156.43

P 820
12474—375M—13-2-18.

* Strike out whichever is inapplicable.

ASSIGNED PAY.	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:– ~~$10.00~~		AMOUNT:–	

NAME: MAYER, ALFRED, D.

NUMBER:– 32887.

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mr. Alfred Mayer.
70 Devonvile St.
Cartier Ennard, Montreal.
Canada.
(Stopped Eff. 1/8/18)
AG

Set 32887

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte

UNIT AND TRANSFERS

ORIGINAL UNIT:–

DATE ACCOUNT FIRST OPENED:–

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			1st F.A.
Dis to Can	1/7/18.		Non Eff. G.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
28/10/15		London	~~19 47~~	9/7/18	506	Lenham £7-00	~~34 07~~
26/1/16		15 8/7	~~2 62~~				
15/2/16		✓	~~2 62~~				
1/3/16		✓	~~2 62~~				
16/3/16		✓	~~2 62~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dis. to Can. Audt. 23 A/55

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mch 31	Bal. Fwd.								294 84	135–	
April				Can A.P.				10	284 84		
	P.P.	33			—				317 84		
				M² AR 652 – B'Wood – 17/4/18.	487				312 97		
				M¹ " 182 – " – 3/4/18.	243				310 54		
				M⁴ " 759 – " – 19/4/18.	1947				291 07	140–	
May	P.P.	33– 34 10			26 77 —			10	325 17		
					—			10	315 17		
				M¹ AR 1108 – B'Wood – 1/5/18.	487				310 30		
				M⁵ " 1619 – " – 15/5/18.	487				305 43		
				M¹⁰ " 252 – Lenham – 27/5/18.	487				300 56	145–	
June	P.P.	34 10 33			14 61 —			10			
				A.P. June.	—			10	323 56		
July.	P.P.	34 10			—				357 66		
				A.P. July.	—			10	347 66	155–	
	Int on Def Pay to 31/7/18.	10 33 7 43			—				357 99		
				AR P506, 6 24 Lenham 9.7.18 (31	34 07			20	323 92		
Sept.				P 667 Can S/P Lenham 9/9/18. Eud 17	9 73				314 19		
				AR 342. Dec 1915. 1st Gld aub.	8 72				305 47		
					19 45						
Vd				Sailg Balance c/fwd N. Note 3979 53	293 97				11 50		
					293 97						

CANADIAN
ASSIGNED PAY AUDITED
31/7/18
AUDIT CLERK
DATE 20/6/19

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
				London.					11 50		
				AR? 26-10-15 Field	19 17						
				✓ 26-1-16 Field	2 62						
				1-3-16 –	2 62						
				15-2-16 ✓	2 62						
				16-3-16	2 62						
					29 95				18 45		

Married or Single: Single

Place of Birth: Montreal Que

Name and Address of Next of Kin: Alfred Mayer
#70 Denonville St, Cartier Ward, Montreal

Relationship of Next of Kin: Father

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
Awarded Military Medal for bravery in the field		D.O.S.D. 20/7/17

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital

Reg'l No. 32887 Rank Pte. Name Mayer Alfred A. D.

If in Perm't. Corps What Unit — Unit 1st F. Amb. — Transferred to — Date — Authority

Permanent Force Allowances — Transferred to — Date — Authority

Place of Attestation — Transferred to — Date — Authority

Date of Attestation: Sept 24th 1914. — Transferred to — Date — Authority

Assigned Pay Monthly $ 10 1/8/1 — Date Effective

Payable to: Alfred Mayer, 70 Denonville St, Cartier Ward, Montreal. — Relationship: Father

Assigned Pay Monthly $ — Date Effective

Payable to — Relationship

Stop-Payment Form (Assigned Pay) Rendered (Date) — Effective — Reason

Discharge Date and Place — Reason and Authority

Account Transferred to Non-Effective Branch (Date)

Account Transferred to Officers' Pay Branch (Date)

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	2	3	4	Assigned Pay c.	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	C.S.	Remarks
Mch	31		55	7 -			55	10						347	616	17										279	74	180 - 10		459	74	152	43				Error of 1/4 adjusted below
Apl	30	1.	30		30	10	3								33		561	15 / 531	1/4					262 / 262				10		152	4	170	19				
May	31	1	31		31	10	3	10							34	10			630	30 / 611	16/5				340 / 256			10		159	6	188	33				
June	30	1.	30		30	10	3							4	37				642	10/6			London £5. 16/6/16		341		24	33	10		37	4	187	59				Obs't. Apl's 1/7 Amb. Bal'ce Bot Forwd incorrectly 1/34 as 30/-
July	31	1.	31		31	10	3	10							34	10	685	35/6	749 / 700	27 / 24/7				341	261. / 348			10		19	50	202	19				
Aug	31	1.	31		31	10	3	10							34	10			791	15/8.	362 / 499	17/6/16			261	97	33	10		109	94	126	35				
Sept.	30		30	-			3	-							33	-	808	29/8	824	18/9				174	349			10	-	152	3	144	12				
Oct.	31		31	-			3	10							34	10	889	30/10						349				10		134	9	164	73				
Nov.	30		30	-			3	-							33		861	26/10	893	15/11				524	262			10	-	178	6	179	87		55	00	
Dec	31	1	31		31	1	3	10							34	10	908	28/11/16	925	15/12/16				1133	262			10		239	5	190	02				
1917			82	20																																
Janu	31	1	34	10											34	10												10	-	10	-	214	12				
Feb.	28	-	30	80											33	80	959	31 / 944	15/1					262				10	-	196	0	225	32		70	-	
			90	10										347	983	57	1014	X	1118	25/3				4 262	262	377	07	24	33	290	7	82	25				
Mch	31	-	34	10											34	10	1000	15/2	1039	15/3				261	261					10	20	46	23	896			
Apl	30	-	33	-											33													10	-	10		261	96				
			647	20										347	1050	67								45	28	320	377	07	24	33	310						

CANADIAN
ASSIGNED PAY AUDITED
L. Morin 30/7/18
AUDIT CLERK
DATE 20/6/19

32887 Pte. Mayer, A.D.

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits
			647	20										347	1050 67
May	31	1/10	34	10											34 10
June	30	"	33												33
July	31	"	34	10											34 10
Aug	31	"	34	10											34 10
Sept	30	"	33												33
			1215	50										347	1218 97

Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
7	24/4						
160	1/5	214	6/6				
313	3:7						
263	20:6			115	10:5		
				2 Boy	8 Sept to 2/8		
466	20/8	512	3/9	368	17/7		

Cash Payments 1	2	3	4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue
45 78	32 03	37 07	24 33	310		788 71	261 96			
523				10		1523	280 83			
268	268			10		1536	298 47			
				10		10	322 57			
268										
268		268		10		1804	335 63		100	
		35 69								
268	267	268		10		573 72	317 91			
61 23	37 38	418 12	24 33	360		901 06				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.
	Bal fwd	347 47							317 91	105	
Oct	Pay	34 10						10			
				Div. 17a. 388	31/7	53 54			352 01		
									119 74		
				Ad. 260 17a.	25/7	26 17					
				" 256 17a.	30/7	52 53			232 27		
Nov	P.P.	34 10				109 74		10			
		33		" 602 "	4/10	4 46		10			
Dec	do.	34 10		" 633 "	15/10	3 57			299 37		
				" 756 "	21/11	12 49			44 98		
				" 691 "	4/11	4 46					
1918				Ad. Dre.				10	254 39	120	
		67 10				24 98		20			
Jan	do.	34 10		Ad. 793 17a.	4/12	4 46		10			
				" 857 "	28/12	3 57			270 46		
		34 10				8 03		10			
Feby								10			
				Ad. 922 - 1st 7a.	4/1/18	4 46					
	P.P.	30 80		" 1039 - " -	18/1/18	3 57			283 23		
		30 80				8 03		10			
Mch								10	34 10		
									317 33		
									22 48		
				In 14 Ad 1379 1st 7a.	27/2/18	8 03					
	P.P.	34 10		In 27 Ad 1535 " -	6/3/18	4 46			294 84	135	
						12 49					
		34 10				12 49		10			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SEP. ALLCE. ENG.

REMARKS

10942
S. ~~32887~~.

6

Rank and Name MAYER, Alfre d D.

Regimental No. 32887

Unit No 1 Field Ambl.

Date of enlistment 24 Sept.1914.

Place of birth P.Q.

Married (Yes or No) No.

If in Permanent Force

Promotions or appointments

Name and Address of Next-of-kin

Alfred Mayer - Father
70 Denonville, Cartier Emard
Montrea,l P.Q.

Date and place of discharge

Reason for discharge

Character on discharge

Pte. OTS

N.E. R.B. No. 3851
File R.L.
Category M U.CAN

21/1/19 mg

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				
C		On Strength	France	July 1915	Nom Roll.
30.10.15	O/C 1 F.A.	Granted 7 days leave from		21.10.15	G.H.Q. 34
		On strength No 1 F. Amb. In Field		1.3.16	Nom. Roll.
21.6.16	-"-	Granted 8 days leave	-"-	11.6.16	P II.O 25
7.7.16	-"-	Returned from leave	-"-	19.6.16	-"- 27
20.7.17.	"	Awarded Military Medal for bravery in the field	Pte "	9.7.17	" 52,
19-3-18.	1st Fld Amb	Adm. 7 Can Gen Hp. (SICK)	Etaples	9-3-18	Bronchitis chr. effect of shell gas CL A165
25-3-18	Camc D.	TOS from 1st Fld Amb.	Pte S'cliffe	17-3-18	Pt II 84 & 17 d 31 3/18 of 1st Can Fld Amb.
9-5-18	"	S.O.S. to camc Cas D.	"	9-5-18	Pt II 129 & 1 d 9 5/18 of Camc Cas D
1-10-18	CAMC	Inv to Canada ex CSH	" Penham	20-9-18	CL-B 324
5-10-18	CAMCCD	SOS on Inv. to Canada	Pte S'cliffe	20-9-18	Pt II D.O 129

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				

60

Form I. 1237 / 12

Leg

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
	32887	Pte	Mayer	Alfred.
Year	Unit.		Age.	Service.
	7th Can F.A.		29	3 7/12

Station and Date.

Disease Chronic Bronchitis

Had shell gas poisoning last aug. & again in Jan. Has had hacking cough since that time. Has lost weight. Small area dullness post surface rt lung. Tubular breathing. Coarse rales Bronchial. Transfer to Can Hosp

Pte Bolton L.O.S.H.

CANADIAN SPECIAL HOSPITAL REGISTRAR'S OFFICE 22 MAY 1918 LENHAM, KENT.

T272

GENERAL MILITARY HOSPITAL EASTERN COMMAND 26 MAR 1918 EDMONTON, N. 18

Complaint. Pain lower part of both sides of chest. Cough & Weakness. Haemoptysis (3 wks Aug).

Family History. Father & mother. 2 brothers & 4 sisters. 1 brother died childhood cause unknown.

Previous Illness. No previous illness. To Eng. Sept. 1914 Oct. To France Feb. 1915

Present Illness. States he was quite well till he was gassed in Aug 1917. ~~[illegible]~~ Was in hospital 4 weeks after he was gassed. Lost his voice. Had sore eyes and very severe cough. After six weeks in rest camp he was again

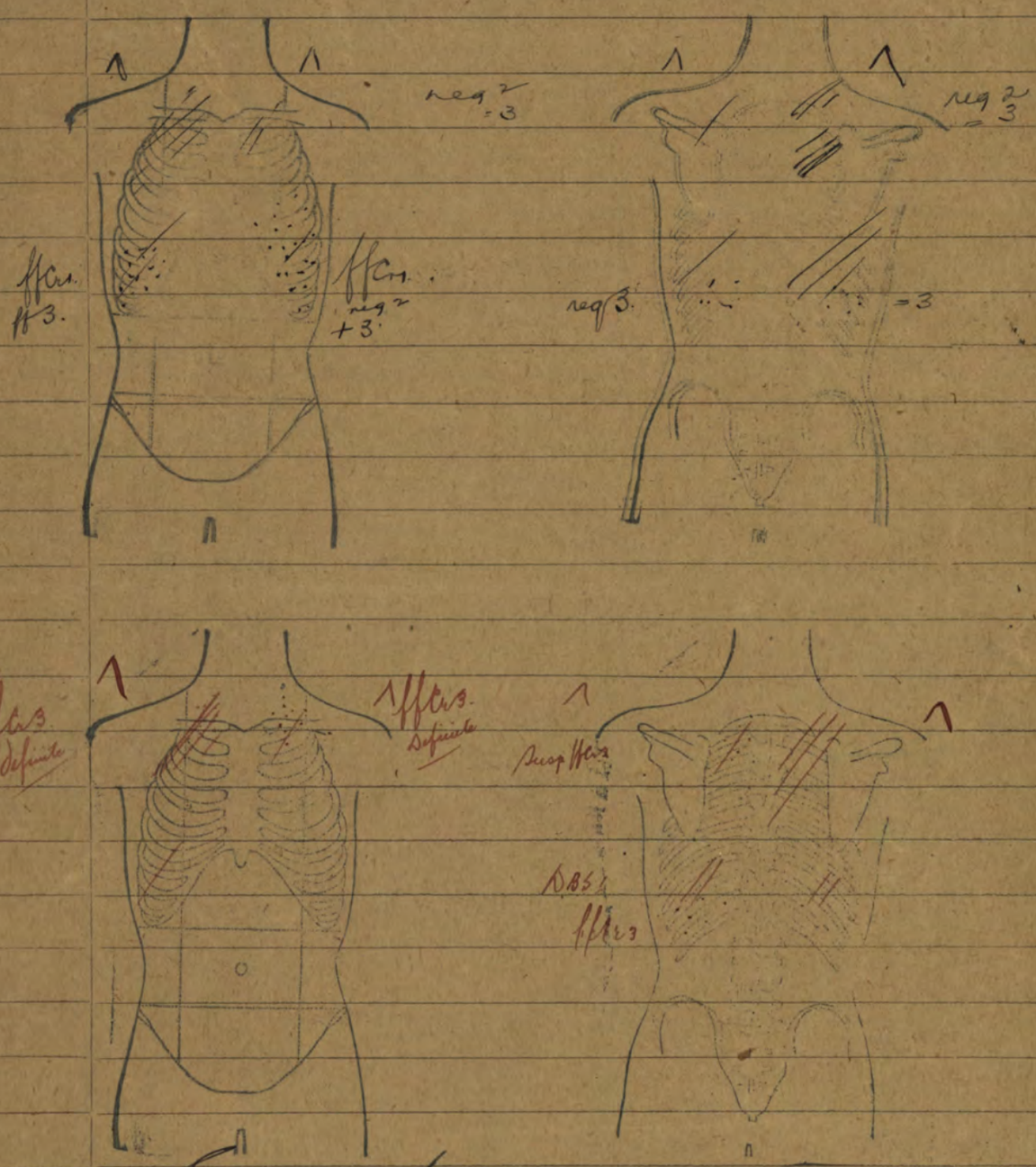
* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.

sent back to Eng. Was coughing a great deal and was not progressing. Was again passed in Feb. 25th 1918 and again sent to Hospital. Evacuated March 17th 1918. to Edmonton.



Exam following tuberculin
G W Torrance
Capt C.O.M.C.

Forms I. 1237 12

Army Form I. 1237.

RC

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 12604 85	32887	Pte	Mayer	A.
Year 1918.	Unit. Canc. Ist	Age. 29	Service. 4 3/12	

Station and Date. Beaulieu

26 MAR 1918

Disease Chronic Bronchitis

~~Date~~ 9 Night Cough. looks anaemic

30/3/18 Very ~~hoarse~~ and Coughs

8/4/18. Improved Pain in Rt Chest.

15/4/18 Still Coughs hoarse

22/4/18 On leave

C

29-4-18. Cough & night sweats & losing weight 4-6 poor.

Complaint: Pains in chest. Dyspnoea. Cough.

Family History.

Neg for Pulmonary Diseases.

Previous Illness-

Has always been healthy.

Present Illness-

Enlisted in Sept 1914. Was gassed in Aug 1917 After 6 weeks in rest camp was again sent into the lines. During this time had severe cough and expectoration and pains in chest. Began to lose weight. Carried on until Feb. 25 '18 when he was again gassed. On March 5 '18 was sent to CCS and admitted to No 7 Can. Gen Hosp at Etaples where X Ray of chest was made. Transferred to Edmonton Hospital London March 17 '18.

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349)

[P.T.O.

Station and Date.	
	Transferred to C.C.H. Beaverwood Mar. 26.'18
	Present Condition:
	Patient complains of severe cough with very little expectoration dyspnoea dizziness on exercise or exertion. General weakness Pains in left chest. Appetite fair. Bowels regular. Is anaemic and somewhat emaciated. Perspires at night since admission to this Hospital.
	Supra clavicular area depressed. Small area of dullness post surface upper rt lung. Tubular breathing over this area no râles can be made out. G.C poor.
	R.L.C. Cowan Capt.
3.5.18	~~Chest has clear~~ ~~Further treatment,~~ R.D.A.
	I.> 7
3.5.18	Debility but nothing definite in chest.
	Suggest I. to C. R.D.A.
~~May 22nd~~	~~Transferred to Lowham for Spec. Diet.~~

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
		Pte.	Alfred	Moyer "Mac"
Year 1918.	Unit.		Age.	Service.

Station and Date.	Disease
June 1.	Had .005 O.T. today. Von Pirquet Positive
" 2.	No reaction to .0050.T.
" 3.	Tuberculin repeated. .01 O.T.
" 4.	Marked local, focal, & systemic reaction. See chart in red. for exam. following O.T.
" 5.	Reaction subsiding.
" 10	Feels OK.
" 20	Improving & gaining wt.
July 15.	Doing well.
" 20	Has quite severe pain in Rt side Painted with Iodine.
" 25.	Temp still around 99° in PM
Aug 1	Improving. No complaints. Cough not troublesome
" 15.	Exercise. ½ - ½.
Sept. 1.	Doing very well. No complaints.
" 15.	Improving gradually. Has gained about 2# in weight.
" 20	Transferred. E W Dorant

* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sp. (10938). Forms/I. 1237/12. (E239)

[P.T.O.

Station and Date.	

4

A.F.W. 3212

LABORATORY REPORT

Regt. No. 32887 Rank Pte Name Mayer, A. Corps C.A.M.C

Disease Tubercle of Lung Hospital Can. Special Denham

To:- Officer i/c Laboratory.

Please carry out an examination of the accompanying specimen of Sputum With special regard to T.B.

Date 28/5/18

28.5.18. Spec. Mucoid-purulent. No T.B. found. numerous cocci & bacilli.

13/6/18. Spec. Muco-pus. No T.B. found. a few Epithelium & cocci

Date

Thomas Campbell
Capt. C.A.M.C.
Officer i/c Section. No. 3

R. McCallum. M.B. for -
- Officer i/c Laboratory.

PART I. Form (D.M.S. 1312). A.F.B. 179 Canada Revised). 12485. 50M. 18-2-18.

Reserved for M.H.C.

Regt. No. 32887 Rank PTE Surname MAYER Christian Name ALFRED DAMASE

Unit or Corps—(a) Overseas from United Kingdom C.A.M.C. 1st F.A. (b) In United Kingdom C.A.M.C. Depot Shorncliffe.

Born at—Town Montreal County or Province Quebec Country Canada

Date of Birth—Day 3rd Month July Year 1887 Age 29 yrs. 10 months.

Joined at Montreal Canada Date Sept. 25 '14

Former Trade or Occupation Electrician

Permanent marks or peculiarities that will serve for future identification

Tattoo marks on right arm. Cut and flags on right forearm and names of battles in which he participated in France. Scar over left internal malleolus.

Height—feet 5 inches 9½ Colour of eyes Brown

Signature of Soldier (*for identification purposes*) Alfred Mayer

Medical Report.

☞ *The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.*

1. DISABILITY (*State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted*). (*Follow the official nomenclature as far as possible.*)

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*) DEBILITY AND BRONCHITIS.

Disabilities Group (*b*)

Disabilities Group (*c*).

2. CAUSE OF DISABILITY. (*Follow the official nomenclature in stating the disease or injury.*)

	Disease or injury to which the disability is due.	Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.	GAS, WET, COLD, AND EXPOSURE.	FRANCE	AUG. 1917.
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.			

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? No

(*i.*) As to Group (*a*) above? No If yes, has Active Service aggravated it? Not applicable

(*ii.*) As to Group (*b*) above? If yes, has Active Service aggravated it?

(*iii.*) As to Group (*c*) above? If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service—

(*i.*) As to Group (*a*) above? Yes

(*ii.*) As to Group (*b*) above?

(*iii.*) As to Group (*c*) above?

Proceedings of a Medical Board on the Soldier mentioned in Part I.

☞ *Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.*

11. Is the disability fully indicated in Part I. (1)?

If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)?

If not, indicate it.

13. Was the disability caused or aggravated by— (*a*) Negligence of the Soldier { Caused? / Aggravated? } (*b*) Misconduct of the Soldier { Caused? / Aggravated? }

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none*, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, *or* 100%.)

15. THE PENSIONABLE DISABILITY.—*see Part I.* (3). *Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate*).
What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?
(*Estimate at none*, $\frac{1}{5}$, $\frac{2}{5}$, $\frac{3}{5}$, $\frac{4}{5}$, *or all.*)

16. Permanency of the Pensionable Disability estimated next above in (15).
(*i.*) Is it permanent?
(*ii.*) If not permanent, what is its probable minimum duration (*in months*)?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

18. Remarks.

19. Recommendation :—(*a*) Fit for duty?
(*b*) Fit for base duty?
(*c*) Invalid to Canada?
(*d*) Discharge from service as permanently unfit?

Classification for the Military Hospitals Commission.

Date of Board

President.

Signatures of the Board.

Station

Approved

A.D.M.S.

Dated at

Station

191

PART I. (*continued*).

5. If a cause of disability was an injury received on Active Service, was it received—

(*i.*) While on duty? (*ii*) While off duty?

(*iii.*) Was a Court of Inquiry held not applicable (*iv.*) Where? (*v.*) When?

(*vi.*) Opinion of the Court?

6. HISTORY OF THE CASE. (*State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records*). Enlisted in No. 5 Field Ambulance in Sept. 1914. Went to France Feb. 11. 15 and since then has been a stretcher bearer in No. 1 Field Ambulance. Was gassed by gas shell in Aug. 1917 but continued to carry on. Went into rest camps for two weeks and again was sent into the lines. During this time passed an chest examination with severe cough and expectoration. Also began to lose weight and become weak. He carried on as stretcher bearer until Feb. 25. 18. Was admitted to No. 6 C.C.S. Admitted to No. 7 Can. General Hospital Etaples March 4. 18 when chest was X Rayed. Transferred to Edmonton Hospital London March 17. 18. Transferred to C.C.D. Hospital Bearwood March 26. 18. Examined by Col. Rudolf who recommended invaliding to Canada.

7. PRESENT CONDITION. (*Give previous and present weight if likely to indicate progress of disability.*) General condition poor. Patient is weak anaemic and run down. Severe cough especially at night with profuse expectoration. Complaines of pains in left chest, dyspnoea and dizziness especially after any exertion. During the past month he states that he perspires freely at night. Has lost some weight. Appetite poor. Nothing definite can be made out on chest examination. All other systems are apparently normal. Urine clear negative.

8. OPERATION. (*i.*) Was one performed?

(*ii.*) If so, state what. not applicable

(*iii.*) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (*i.*) Is there loss or decay of teeth attributable to Active Service? No.

(*ii.*) If so, describe. —

10. DO YOU RECOMMEND:—

(*a*) Fit for duty? No

(*b*) Fit for base duty? No

(*c*) Invalid to Canada? Yes

(*d*) Discharge from the Service as permanently unfit? No.

Date of Report May 4 1918 Signed R. L. Cleeves Capt.

Officer in medical charge of case.

Station C.C.D.H. Bearwood

I have satisfied myself of the general accuracy of the above Report and concur therein except

E. W. Rudolf Lt Col AMC { Officer i/c S.M.O. / Hospital / Brigade } Strike out one of these.

Dated at ROOM Station, on 191

* Delete if inapplicable.

Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 191

Members of the Board :—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend :—

Dated at this day of 191

Signatures of the Board

.....
President.

.....

.....

.....

CASE HISTORY SHEET.

Ste. Anne's Military Hospital. Ste. Anne de Bellevue Station.

No. 32887 Rank Pte Name Mayer, Alfred Age 28

Unit I.S.C. Completed years of service (Where and how long) C. E. F.

Date of admission 4-3-19 Date of discharge APR - 2 1919

Diagnosis Ischio -rectal abscess Place of origin

CONDITION ON ADMISSION AND PROGRESS OF CASE

History:- Was operated for ischio rectal abscess in Montreal Gen. H.
In Hospital from 20- 1-19 till he was transferred here.
Abscess discharging freely.
Condition on admission - Has occasional pain in abdomen and diarrhea.
Abscess discharging freely. Intestines move regularly.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form) 10-3-19 Touch with silver nitrate.
25-3-19 Improving. 27-3-19 Boracic acid powder. Sputum examined
no tuberlce bacilli found (John James Ower)

CONDITION ON DISCHARGE

(and disposal made of case.) Condition improved but still discharging.
Transferred to I.S.C. Montreal.

Date April 4th. 1919

Leon Gerintajoiez
Medical Officer i/c case

M. F. B. 313a.
50M.—3-18.
1772—39-439.

A 5263

B3

(8915)—Wt. W4862—540.—600,000.—9-14.—G. A. T. & S., Ltd. Forms B. 103/1.

Certified Correct.
AAG FILE
102·353

Army Form B. 103.

✓ 1CFAMB

Casualty Form—Active Service.

Regiment or Corps 1 Field Ambulance.

Regimental No. 32887 Rank Pte. Name Mayer, Alfred Maurice.

Enlisted (a) Sept 22/14 Terms of Service (a) Duration of war Service reckons from (a) Sept 22/14

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) _____

INVALIDED TO CANADA FOR FURTHER MEDICAL TREATMENT

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				
24/10/15	O.C. ~~1st~~ 1st CFAmb	Proceeded on 7 days leave	In the field	21/10/15	B 213.
31/10/15	do	Rejoined from leave	"	29/10/15	B. 213.
11/6/16	do	Granted 8 days leave	"	11/6/16	B213 Pt Ord 25 21/6/16
25/6/16	do	Rejoined from leave	"	19/6/16	B 213 " 27 7/7/16
9/7/17	Sup to Ron Gaz.	Awarded the Military Medal for bravery in the Field.	"		No 30172 page 6842. " 52 29/7/17
28/7/17	1st CFAmb.	Granted 10 days leave.	Paris	28/7/17	B213. " 57 6/8/17
11/8/17	"	Rejoined from leave	Field	7/8/17	B213 " 60 21/8/17
6/3/18	6 CCS	Bronchitis	adm	6/3/18	A36/D 6657
9.3.18	7 C.G.H.	Chronic Bronchitis. Effects of gas shell	7 C.G.H. admitted	9.3.18	W.3034 D7742
6.3.18	1.C.F.A.	do. do.	To	6 C.C.S.	6.3.18 A36 D6644
9.3.18	6 C.C.S.	Bronchitis	To	A.T. 16	9.3.18 A36 D7108

HOSPITAL REPRESENTATIVE,
CANADIAN SPECIAL HOSPITAL, TEMHAM.

(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				
17/3/18	M. Ville de Liege.	Struck off strength & posted to C.A.M.C. Depot. (Chronic Bronchitis).	Shorncliffe.	17/3/18	W3083/4917. Pt II O. 17 d/- 31/3/18
					H A Chisholm Capt. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.
25-3-18	Camc D	T O S from 1st Fld Amb.	Scliffe	17-3-18	Pt II 84.
9-5-18	" "	S O S to camc C D.	"	9-5-18	Pt II 129. 47/18
9-5-18	Camc C D	T O S from camc D.	"	9-5-18	Pt II 1.
					G Parkinson LIEUT: FOR LT: COL: I/C RECORDS, C.O.M.F.
5-10-18	O/S	T.O.S. District Depot No. 4.	Montreal.	20-9-18	D.O.Pt II #170
					R W Lyes Lieutenant, Officer i/c Discharge Section, District Depot No. 4.

Pending Card sent up 26/11/18.
216-2

This space to be for numbers

Proceedings on Discharge.

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

No.	32887,
Rank	Private.
Surname	MAYER,
Christian Name	Alfred Damose.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	No.1 Field Ambulance, C.E.F.
Date of Discharge	November, 16th, 1918.
Place of Discharge	Montreal, QUEBEC.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

MILITARY DISTRICT No. 4
NOV 21 1918
M.D.4.

		Descriptive Marks
Age	28 years 3 months.	
Height	5 feet 10 inches.	
Complexion	Dark.	
Eyes	Brown.	
Hair	Brown.	Tattoo, Canada surmounting globe, on right arm.
Trade	Labourer.	
Intended place of residence (To be given as fully as practicable.)	70 Denonville St., Montreal, QUEBEC.	

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

K.R.&.O. 377n(10) C.M. 1917. MD4. 22-M-4098. Category B2. Medically Unfit. R.O.#693. Discharged to the I.S.C.

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.

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

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

Very Good

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

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

Labourer.

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

Ehtitled to wearone casualty strips. 6-3-18.

Service in France. 21-10-15 to 17-3-17.

Awarded the Military Medal. 9-7-17.

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.

(Place) Montreal, QUEBEC.

(Date) November, 16th, 1918.

R. W. Lee

Commanding

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, QUEBEC. *(Signature of Soldier.)*

(Date) November, 16t h, 1918. *(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.

(Place) Montreal, QUEBEC.

(Date) November, 16th, 1918.

(Signature) R. W. Lee

Lieutenant,

Officer I/c Discharge Section, District Depot 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.)

NO RESERVATIONS.

Alf. Mayer

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

Separation and Assigned Pay Branch M

15625

Date of Assignment

Oct 1-1914

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

10			

PARTICULARS OF SEPARATION ALLOWANCE

No. 32887

Rank Pte Promoted Reverted Discharge

Soldier's Name A. D. Mayer

Battalion No 1. Fld amb.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name A. Mayer

Address 70 Dennoville St.

Change of Address Montreal

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Dec 31	—		390	390	
Jan 18	Y 66854		10	10	✓
Feb	F 72954		10	10	✓
Mar	O 93401		10	10	✓
April	L 11728		10	10	✓
May	R 12402		10	10	✓
June	L 24593		10	10	✓
July	J 32867		10	10	✓
Aug	P 35354		10	10	✓
Sep	S 46554		10	10	✓
Oct.	X 50821		10	10	✓
Nov.	~~J. 57269~~		~~10~~	~~10~~	✓
Dec.	~~Y 65560~~		~~10~~	~~10~~	✓
			490	490	

REMARKS

12051-A-12

A/c Closed 31-10-18

Ret'd per Neuralia

Date 4-11-18 F.X. 8-10-18

Clerk J. Gooden

J. 57269 Rt. & can. 6-[illegible]

Y 65560 can 10-12-18

CANADIAN ASSIGNED PAY AUDITED

To 31-7-19

W.a Moulang

AUDIT CLERK

DATE 20-6-19

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22520—M. & D. 7993.

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—1772-89-1141
L. L. 22220—M. & D. 7663.

P.830-25M-21-2-18.

LAST PAY CERTIFICATE. PARTICULARS.

1. L.P.C. Issued, date 11/7/18. 2. Authority 23. a/55. 6/7/18.

3. Discharged to Canada 4. Pay Book Verified 31/7/18.

5. Balance shown on L.P.A. $ 293.97 6. Balc. shown on Ledger Sheet $ 357.99

7. Full particulars of entries making difference between 5 and 6 if any:-

No.	Date	Unit and Particulars of Entry	Amount Debit	Amount Credit
	28/10/15	C.P. London 4-0-0	19 47	
	26/1/16	Freed 15 Francs	2 62	
	15/2/16	" 15 "	2 62	
	1/3/16	" 15 "	2 62	
	16/3/16	" 15 "	2 62	29 95
506.	9/7/18.	Leuhan # 7-0-0	~~34 07~~	
			64 02	

8. Ass'd Pay ~~Cancelled A3M forms rendered~~ stopped Eff 1/8/18. 32 392 29 95 29 397

or

9. Sep. Allce. and Assd. Pay continued to dependent in England and transf'd to Acc'ts Br. for payment —

Certified Correct. Officer i/c Group "G"

20-10-11½
1-3-4
26-14 4

AUDITOR | PAYMASTER

M. OR S.

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

REGT. NO. 32887 RANK Pte NAME (IN FULL) Mayer Alfred (BLOCK LETTERS SURNAME FIRST)

ORIGINAL UNIT C.E.F. 1st H.A.M.B. IF IN P.F. WHAT UNIT?

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

small ledger sheet Paymaster's office

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	E.S.B.	20-11-18
S.O.S.	" "	11-4-19.
Died 20-7-19.		
Non active		
Director of Estates notified re credit 18-8-19		

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 24-11-14? | 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 | PLACE | DATE 16-11-18. | REASON | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND R.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	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.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT											Cheque numbers																											
17-9-17											443																	33 00				33 00						
22-10-17											442																	33 00				33 00						
27-11-17											447																	34 10				34 10						
																																100 10						Sent by Ottawa see letter in H.A.M.B. file
17-2-23	183	70	W S & G						420 -																			319 90				100 10	420 -	0	0			~~to Estate~~
28-2-23	183	70	W S & G						420 -																			420 -					420 -	0	0			CK No to Estates

Entries of PD & Gratuity in approved form

200M-3-19.—L. ... 58785-... & D. 9985.
M. F. W. 2096.
1773-30-1300