

ATTESTATION PAPER.

1st Depot Bn. 2nd C O Regt.

No.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- M c C O R D**
1. What is your surname?..... **Robert**
- 1a. What are your Christian names?..... **Battleboro, Vermont, USA**
- 1b. What is your present address?..... **Danville, Quebec, Canada.**
2. In what Town, Township or Parish, and in what Country were you born?..... **Mrs. Mary Fowler**
3. What is the name of your next-of-kin?..... **Danville, Quebec, Canada.**
4. What is the address of your next-of-kin?..... **Sister**
- 4a. What is the relationship of your next-of-kin?..... **October 3rd 1887**
5. What is the date of your birth?..... **Chauffeur**
6. What is your Trade or Calling?..... **Single**
7. Are you married?..... **Yes**
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... **No**
9. Do you now belong to the Active Militia?..... **No**
10. Have you ever served in any ^{naval or} Military Force?..... **No**
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... **Yes**
12. Are you willing to be attested to serve in the } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. **No**
14. If so, what was the nature of the disability? ..
15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? .. **No**
16. If so, what was the reason? ..

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Robert McCord (Signature of Recruit)

Date October 15th 1917 *P. Norster* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Robert McCord**, 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.

Robert McCord (Signature of Recruit)

Date October 15th 1917 *P. Norster* (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 Toronto Canada this 15th day of October 1917.

[Signature] (Signature of Justice)

Description of Robert McCord on Enlistment.

Apparent Age 30 years months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 4 ins.

scar r knee.

Chest measurement { Girth when fully expanded..... 36 ins.
 Range of expansion..... 4 1/2 ins.

Complexion dark

Eyes Brown

Hair Dark

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

Hearing of Nose & throat 0.
 each eye D20-30

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 October 15th 1917

Place Toronto Canada.

DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE

E. M. Hooper Sr. M.O.
 Medical Officer PRESIDENT

*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.

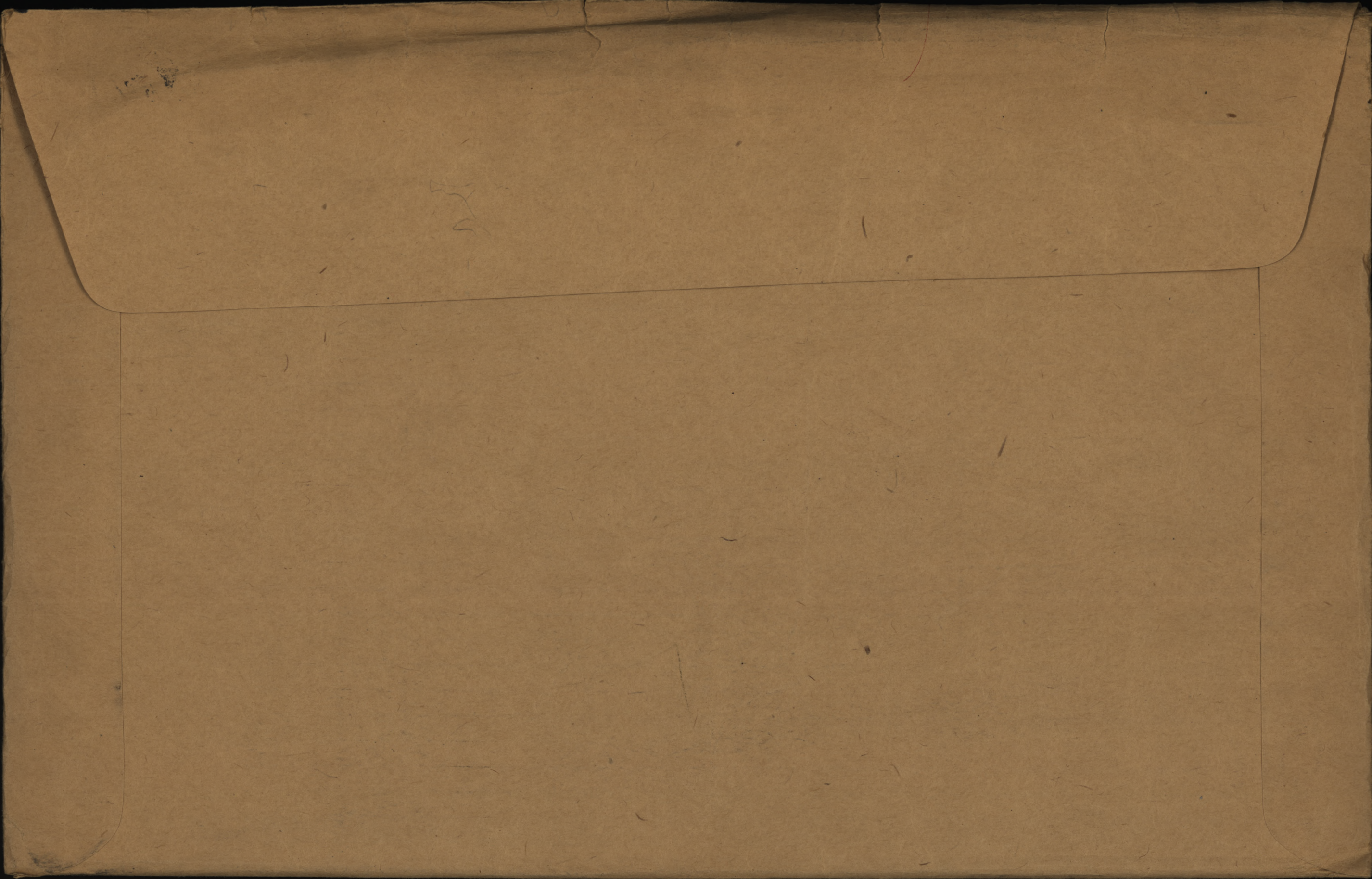
Robert McCord

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

[Signature] (Signature of Officer)

Date Oct 17 1917 1917

for O.C. 1st Depot Bn. 2nd C.O.R.



HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.

50M-6-19.

1772-39-1332.

No. 3108335

RANK

Pte

NAME

McCord R.

T. O. S.

UNIT

N. C. O.'s Training Depot.

M. D.

2

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1918 Jan. 7	1918 Jan. 15	m.	Attached 7/1/18 Returned to Unit 15/1/16	(D.O. 7) (D.O. 16)



90P
m

~~B~~

Number. 3105335 Rank Pte

Surname. McCORD

Christian Name. Robert

Units. 116th Bn Can. Inf. Theatre of War. France

Date of Service. 20-8-18

~~D~~

Remarks. Sister.

Latest Address. Mrs. Mary Fowler

Box 75 Danville P. 2.

Roll No. B. Page 8439

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR RECT	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<p>DESP. DEC 13 1921</p> <p>REGN. NO. 49/2844</p>				

116 #13m

649-M-38767. 3105335 Pte. Robert McCord. CEF.,

Medals & Dec.

(Sister) Mrs. Mary Fowler,
Box #25,
Danville, P.Q.,

AM

Plaque & Scroll.

(Father) Robert McCord, Esq.
Amherst St.,
Worcester, Mass.
U.S.A.,

Memorial Cross ----- Nil.

Scroll Desp. ~~3102~~ Reqn. No. 245-317

Plaque Deso. AUG 4 1921 Reqn. No. P1066

butelig. 14/15 star.
7 cig. 10. m.
2 " 3.10 m.

38977

2435

REGT'L. No. 3105-335

NAME Mc. Cord, Robert

H. Q. FILE NO 649

RANK AND CORPS plc. 116th Br. Inf.

FOLLOWS, No. 1/2, C. O. P.
FOLLOWS

CABLE

NATURE OF CASUALTY

NO.	DATE
336	Prof. R. Mrs Mary Isouler "sister"
397	18-10-18
934	16-10-18

Canville P. I.
Fin A. Sept-29th. 1918.

LIST NO.

HOSPITAL

**DATE OF
ADMISSION**

REMARKS



1022
9/14

SURNAME.

McCord

CARD NO.

V

CHRISTIAN NAMES

Robert.

FOLL.

REGL. NO.

3105 335.

RANK

Oth

UNIT

1st Depot (2nd Ceu, Ont. Regt.)

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Fowler, Mrs. Mary.

RELATIONSHIP TO SOLDIER

sister.

ADDRESS

Danville, P.Q.

COUNTRY OF BIRTH

Canada. Danville, P.Q.

DATE

Oct. 3rd - 1887.

PLACE OF ATTESTATION

Toronto, Ont.

DATE

Oct. 15th - 1917.

*O/S-5-2-18-1064
9*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Chauffeur

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

30 YEARS

MONTHS

HEIGHT

5 FEET

4 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 1/2 INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Dark.

DISTINGUISHING MARKS

Scar right knee.

MEDICAL EXAMINATION.

PLACE

Toronto, Ont.

DATE

Oct. 15th 1917.

*Present Address - Brattleboro, Vt.
U.S.A.*

Surname

Christian Name or Names

Reg. No.

MC CORD
Rank

R

Unit

3105335

Pte.

2CO.116.

Cas. List.

16-10-18.A334.2

RFB KILLED IN ACTION. 29-9-18. a ↗

A.M.D. 2 DEPT.

Dep. of D.G.N.S. O.M.F.C. London.

D.M.S. 1300. 50M-30-8-18.

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

M. F. W. 54. (A. F. B. 103:
500M.—9-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

^{1st Fed} Unit, Regiment or Corps 1st Depot Bn. 2nd. C.O.R.

Regimental No. 3105335 ✓ Rank Pte. Name MCCORD, Robert.

Enlisted (a) Oct. 15-17 Terms of Service (a) D. OF W. — Service reckons from (a) Oct. 15-17
six months after.

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) Chauffeur.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents
Date	From whom received				
		<u>Embarked Canada.</u>	<u>Halifax</u>	<u>3-2-18.</u>	
		<u>Disembarked England.</u>	<u>Liverpool.</u>	<u>16-2-18.</u>	
<u>26-2-18</u>	<u>8th R.Bn. T.O.S. from 1st Depot Bn., 2nd C.O.R., on arrival from Canada.</u>		<u>E. Sandling</u>	<u>3-2-18</u>	<u>D.O. Pt. 2. #57 & 58.</u>
<u>19/8/18</u>	<u>8th Re.</u>	<u>Proceeded overseas for Service with 116 Bn.</u>	<u>Witley</u>	<u>18/8/18</u>	<u>SO # 231</u>
					<u>Mr Sandling, Lieut.</u>
					<u>ASS'T ADJ'T FOR O.G. 8th CANADIAN RES, D.</u>
	<u>O. C. C. B. D.</u>	<u>Landed in France.</u>	<u>Taken on</u>	<u>Nom. Roll d/ 20/8/18</u>	
		<u>strength 43rd ¹¹⁶ Cdn. Bn.</u>	<u>20/8/18</u>	<u>Pt II D.O. 67 d/ 24/8/18</u>	
	<u>- do.</u>	<u>Left for <u>CCRB</u></u>		<u>Nom. Roll d/ 23/8/18</u>	
<u>25.8.18</u>	<u>CCRB</u>	<u>Arrived</u>		<u>d/</u>	
<u>31.8.18</u>	<u>CCRB</u>	<u>Left for Unit</u>		<u>27.8.18</u>	<u>HR 1478</u>
	<u>CCRB</u>	<u>and</u>		<u>13223</u>	
<u>OCT 5 - 1918</u>		<u>KILLED IN ACTION.</u>			

CERTIFIED CORRECT.
27 AUG 1918
WAR RECORDS, LONDON

OCT 5 - 1918

SEP 29 1918

PL 11 B 90

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

1st Sec Is Depot Bn 2nd C O R To 8th Res Bn

TLH Rank Name McCORD, Robert, Reg'l No. 3105335
 Unit If in perm. Corps } Married or Single Single
 What Unit? }
 Place and Date of Enlistment Toronto, Octr. 15th. 1917 Place of Birth Danville, Quebec
 Canada
 Name and Address, Next-of-Kin Mrs Mary Fowler,
 Danville, Quebec, Canada Relationship Sister

*mx
15/12/20
K*

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

NIE. R.B. No. 4290
 File No. 25M 8406 28/10/18
 Category KA
Pte

Discharge, Date and Place Reason Character

H. W. V., Ld.-9346-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.			
<i>b</i>		Arrived in England	16-2-18	S/S SCANDINAVIAN
26 FEB 1918	8th Res Bn	T. O. S. FROM Canada	E. Sand'g 3.2.18	D 057
19/8/18	do	SOS to 116 Bn O/seas Witley	Pte 18/8/18	Do 7314, 116 Bn Do 67/24/18
12.10.18	116 Bn.	Killed in Action	Yield 7 29.9.18	Do 90 4 PRA 344d/16.10.18

A.I.B. 103 CHECKED
 26 AUG. 1918

MILITARY SERVICE ACT, 1917.

Original
3105335

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname McCord Christian name Robert
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
 3. Consecutive number on schedule of men reporting for service (if he appears on it).....
 4. Address (including street and number, if any)..... Battleboro Vermont, USA

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th day of October 1917, by the undersigned medical board sitting at Toronto Canada.

5. Age as stated 30 Years..... Months..... 6. Apparent age..... Years..... Months.....
 7. Height 5 Feet 4 Inches. 8. Weight 126½ Pounds.
 9. Chest measurement { Minimum 32½ Ins. 10. Complexion dark { Eyes brown
 { Maximum 36 Ins. { Hair dark
 11. Physical development..... good { Good Fair Poor 12. Smallpox marks..... nil
 13. Number of vaccination marks { Right arm 5 14. When vaccinated last..... 1914
 { Left arm.....
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection nil
Hearing good Nose & throat 0.
 The man denies having had { Rheumatism We find no evidence of past { Rheumatism
 { Tuberculosis each eye D 20/30
 { Syphilis
 (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE

President E. M. Hooper Sr. M.O. PRESIDENT

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29/10/17</u>		<u>A.P. Williams</u>	<u>10/18/17</u>	<u>TAB</u>	<u>T.P.P.</u>
			<u>19/10/17</u>		
			<u>27/10/17</u>		
			<u>2/11/17</u>		

Joined 15th day of October 1917 at Toronto Canada.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>Ist Depot and C O R.</u>			
<u>8th RES. Bn.</u>			

FEB 3 1918
AUG 18 1918

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.

Signature of Man

MILITARY SERVICE ACT, 1917.

Duplicate 3105335

MEDICAL HISTORY SHEET. 6

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

1. Surname McCord Christian name Robert
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Battleboron Vermont, USA

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 15th day of October 1917, by the undersigned medical board sitting at Toronto Canada.

5. Age as stated 30 Years
6. Apparent age
7. Height 5 Feet 4 Inches
8. Weight 126 1/2 Pounds
9. Chest measurement { Minimum 32 1/2 Ins. Maximum 36 Ins.
10. Complexion dark
11. Physical development good
12. Smallpox marks nil
13. Number of vaccination marks { Right arm 5 Left arm
14. When vaccinated last 1914
15. Distinctive marks and marks indicating congenital peculiarities or previous disease

16. Slight defects but not sufficient to cause rejection nil
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
Hearing good nose & throat O.K. each eye D 20/30

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

DECLARED FIT BY MEDICAL BOARD TORONTO MOBILIZATION CENTRE

President S. M. Hooper Sr. M.O. PRESIDENT

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries for dates like 29/10/17 and 19/10/17.

Joined 15th day of October 1917 at Toronto Canada.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes text: Ist Depot and 2nd C O R.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT.

N. B.—This sheet is 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.

Signature of Man

FORM OF WILL

87.5

I, Robert McCORD (Name in full)
Regimental Number 3105335 serving in 1st Depot Battn. 2nd C.O.R.

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

I devise all my real estate unto

Will already made. Can be found
at Chase and Chase Lawyers
Brattleboro Vermont U.S.A.

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

absolutely, and my personal estate I bequeath to

as above.

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

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 22nd day of December A.D. 1917

Robert McCord Signature of Soldier.

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

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness R. P. Alexander Major
Address of Witness 2nd C.O.R. Hamilton

THE TWO
WITNESSES
MUST
SIGN HERE

Occupation of Witness Soldier
Signature of Second Witness R. A. Thomson Sgt
Address of Witness 2nd C.O.R. Hamilton Ont
Occupation of Witness Soldier

FORM OF WILL

Robert McGee

1st Regt Battn. 2nd G.O.C.

2108335

Will already made. Can be found

at Chase and Chase Lawyers

Braintree Vermont U.S.A.

as above.

NOT

The above is the
substantive
document.

IMPORTANT
NOTE

This must be signed
and sealed by
the testator.

The testator's name
must appear in
every part of the will.

Signed and acknowledged by the Testator as and for his Will in the presence of
two witnesses, who in the presence of the Testator have subscribed their names as witnesses.

Signature of Testator

Address of Witness

Witness

Signature of Witness

Witness

Signature of Second Witness

Witness

Address of Witness

Witness

Signature of Witness

Witness

Address of Witness

Witness

Signature of Witness

Witness

M. W. L. 1888
2108335

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.				
EFFECTIVE DATE: <i>1/2/18</i>		EFFECTIVE DATE: -					
AMOUNT: <i>15-00</i>		AMOUNT: -					
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.					
<i>Mary Fowler 1862 75 Sawmill Quebec Sister) Caw</i>							
PARTICULARS OF RANK OR APPOINTMENT							
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT					
<i>L. C. Caw</i>		<i>Pli</i>					
UNIT AND TRANSFERS							
ORIGINAL UNIT: <i>7th Bn. 1 Depot Bn 2 COTB</i>							
DATE ACCOUNT FIRST OPENED: <i>1/2/18</i>							
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO				
<i>L. C. Caw</i>	<i>1/2/18</i>		<i>8th Res</i>				
	<i>1/9/18</i>	<i>21/9/18</i>	<i>116th Bn</i>				
	<i>1/10/18</i>	<i>22/10/18</i>	<i>"B" NE</i>				
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
DAILY RATES OF PAY AND ALLOWANCES							
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE			
<i>L. C. Caw</i>	<i>1⁰⁰ = 10</i>						

PARTICULARS OF RENDERING NON-EFFECTIVE: *Killed in Action 29-9-18 b/c 344 16-10-18* *ASB's. Vint. 12-12-18*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>Nov 31</i>	<i>Balance FORWARD</i>								<i>2440</i>		
<i>Dec</i>	<i>P.P.</i>	<i>33</i>		<i>AR</i>				<i>15-</i>			
				<i>AR 275 14/4/18 8th Res</i>	<i>973</i>	<i>✓</i>					
				<i>" 559 25/4/18 ✓</i>	<i>1460</i>	<i>✓</i>			<i>18 07</i>		
		<i>33</i>		<i>AR</i>	<i>2433</i>			<i>15</i>			
<i>May</i>	<i>do</i>	<i>34 10</i>		<i>AR 1205 13/5/18 ✓</i>	<i>973</i>	<i>✓</i>		<i>15</i>			
				<i>" 1681 23/5/18 ✓</i>	<i>1217</i>	<i>✓</i>		<i>15</i>	<i>15 27</i>		
		<i>34 10</i>		<i>AR</i>	<i>2190</i>			<i>15</i>			
<i>June</i>	<i>do</i>	<i>33</i>		<i>AR 2312 13/5/18 ✓</i>	<i>730</i>	<i>✓</i>		<i>15</i>			
				<i>Q 1318 4/6/18 ✓</i>	<i>36</i>	<i>✓</i>					
				<i>AR 2648 26/6/18 ✓</i>	<i>973</i>	<i>✓</i>			<i>15 88</i>		
		<i>33</i>		<i>AR</i>	<i>1739</i>			<i>15</i>			
<i>July</i>	<i>P.P.</i>	<i>34 10</i>		<i>AR 3005 11/7/18 ✓</i>	<i>973</i>	<i>✓</i>		<i>15</i>			
				<i>" 3443 28/7/18 ✓</i>	<i>973</i>	<i>✓</i>			<i>15 52</i>		
		<i>34 10</i>		<i>AR</i>	<i>1946</i>			<i>15</i>			
<i>Aug</i>	<i>do</i>	<i>34 10</i>		<i>AR 3716 11/8/18 ✓</i>	<i>973</i>	<i>✓</i>		<i>15</i>			
				<i>" 3992 17/8/18 ✓</i>	<i>487</i>	<i>✓</i>			<i>20 02</i>		
				<i>XNA R 959 30/8/18 116th Bn</i>	<i>257</i>	<i>✓</i>			<i>16 45</i>		
		<i>34 10</i>		<i>AR</i>	<i>1817</i>			<i>15</i>			
<i>Sep.</i>	<i>"</i>	<i>33</i>		<i>AR 1135 14.9.18 116th Bn</i>	<i>357</i>	<i>✓</i>		<i>15</i>			
				<i>1310 21.9.18</i>	<i>357</i>	<i>✓</i>			<i>27 31</i>		
		<i>33</i>			<i>714</i>			<i>15</i>			

Compiled by J. A. H. Brown 7-219 G. Bal 2731

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

1677

1-2-18

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15 ⁰⁰ / ₁₀₀			
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Auth. N.R.

PARTICULARS OF SEPARATION ALLOWANCE

No. *3105335*
 Rank *Plt* Promoted Reverted Discharge
 Soldier's Name *Inchord Robt*
 Battalion *1st Depot Bn 2nd B O B*
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Mary Lowler (sister)*
 Address *Box 25 Danville Quebec*
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>Feb 18</i>	<i>C 78775</i>		<i>15</i>	<i>15</i>
<i>Mar</i>	<i>Q 78544</i>		<i>15</i>	<i>15</i>
<i>April</i>	<i>R 5073</i>		<i>15</i>	<i>15</i>
<i>May</i>	<i>M 14748</i>		<i>15</i>	<i>15</i>
<i>June</i>	<i>H 27111</i>		<i>15</i>	<i>15</i>
<i>July</i>	<i>N 32612</i>		<i>15</i>	<i>15</i>
<i>Aug</i>	<i>P 36676</i>		<i>15</i>	<i>15</i>
<i>Sept</i>	<i>M 48076</i>		<i>15</i>	<i>15</i>
<i>Oct</i>	<i>S 54304</i>		<i>15</i>	<i>15</i>

12218-R-16

REMARKS

*R ✓
R ✓
✓
✓
✓
✓
✓
✓
✓*

KILLED IN ACTION
 MEDICAL WOUNDS DATE *Sept - 29 - 1918*
 C. L. No. *245* DATE *Oct - 28 - 1918*
 M. R. O. *14517* TO DESTROY RENDERED *Nov - 1 - 18*
 B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
12218-R-16
 CLERK *C. Dwyer* DATE *Nov - 1 - 18*

15⁰⁰ ap for Oct received by Estates Br. by charging to non effective a/c. H.C. 649-M-38767.

J. Dwyer 28-2-18

