

ATTESTATION PAPER.

No. 748060

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name? *Mc Rae* *Kenneth Wallace*
- 2. In what Town, Township or Parish, and in what Country were you born? *Scotstown, Que*
- 3. What is the name of your next-of-kin? *Kenneth J. Mc Rae*
- 4. What is the address of your next-of-kin? *Leynoville, Que. P. M. D. #1*
- 5. What is the date of your birth? *Sept 29, 1896.*
- 6. What is your Trade or Calling? *Farmer*
- 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? *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*

W H Mac Rae (Signature of Man.)
J E Smith (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Kenneth J. Mc Rae*, 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.

W H Mac Rae (Signature of Recruit)
 Date *Dec 2* 191*5*. *J E Smith* (Signature of Witness.)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Kenneth J. Mc Rae*, 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.

W H Mac Rae (Signature of Recruit)
 Date *Dec 2* 191*5*. *J E Smith* (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 *Sherbrooke* this *2* day of *December* 191*5*.

J. H. Edwards (Signature of Justice)
Alderman City of Sherbrooke

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

(Approving Officer)

Description of The Recr, Kenneth Wallace on Enlistment.

Apparent Age 19 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 ft. 8 1/2 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 3 ins.

Complexion Dark

Eyes Brown

Hair Dark Brown

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

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 December 2 1915.

Place Sherbrooke

[Signature]
 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.

Kenneth Wallace The Recr 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)

DEC 7 1915

Date 1915

REGIMENTAL DOCUMENTS

NAME Joe Roe, Kenneth Wallace REGT. NO. 748060 UNIT _____ H. Q. FILE NO. _____

S

I

I

34571

M-X
30-3-21
RR

1 7. Brn of Wall
2 10-19
3 11-17
4 12-17
5 1-17

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

2
13-17
13-17
4-17

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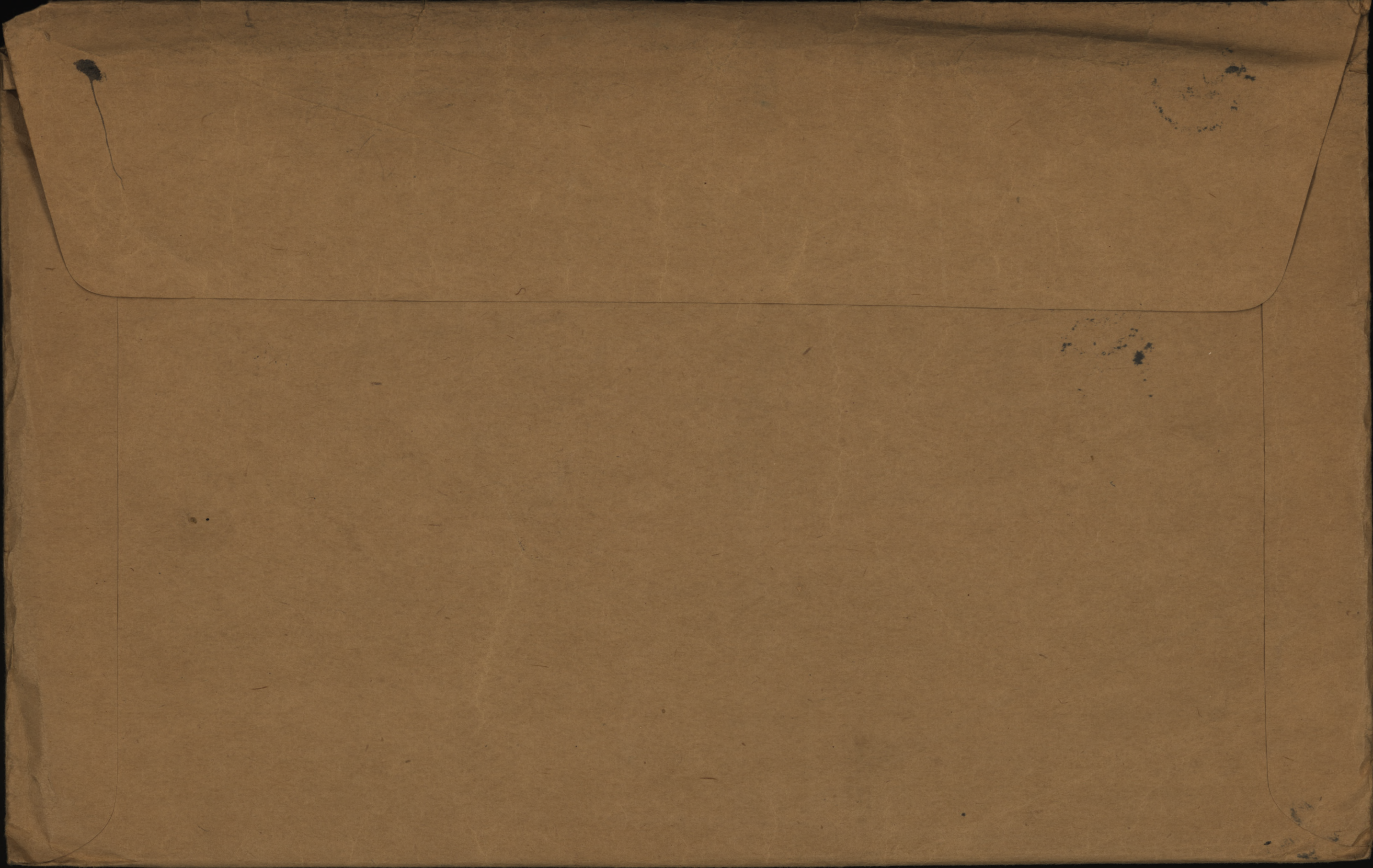
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505 REFERENCE



No. 748060 RANK P6
748062

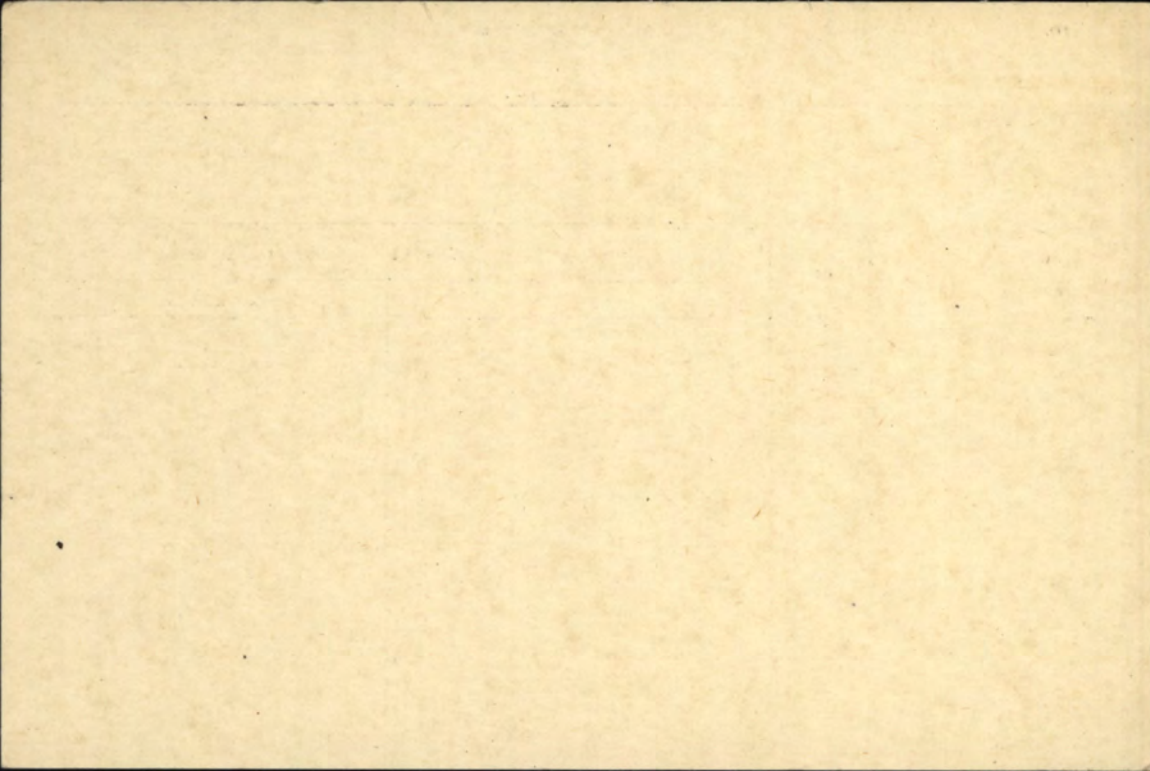
NAME - McRae Kenneth W.

T. O. S.

UNIT 117th Battalion

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
			see Mac Rae Kenneth W.	



No 748060. RANK Pte.
748062 apr. payroll

NAME MacRae Kenneth W.
Mc Rae

T. O. S. 2-12-15.
(D.O. 4 of 6-12-15.)

UNIT 117th. Battalion.

M. D. 4.

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915. Dec. 2.	1915. Dec. 31.	✓		
	1916. Jan.	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May	✓		
	June	✓		
	July	✓		
	Aug.	✓		

UNIT SAILED
AUG 14 1916



Name *Mc Rae. Wallace. Kenneth.* Rank *Private.* Reg. No. *748060.*
 Unit *5th C. Mts.*
 Next of Kin *Canada.* *R. L. - 25 - M - 5201.*

Date	Movement	Place	Casualty	List No.	Notified N/K O. <small>m</small>	W.O. List
<i>1. 6. 17</i>	<i>Reported for Loss:-</i>			<i>A. 399</i>	<i>- 5579</i>	<i>16. 6. 17</i>
	<i><u>Killed in Action.</u></i>				<i>196/17</i>	
	<i>PR Cert No. 254</i>					

Reg. No.

748060

Name

Mc Rae

Rank

Pte

Corps

117

Age

19

Service

8 1/2

Ledger No.

Serial No.

HOSPITALS

DATE

DIAGNOSIS

Camp Valcartier Quebec
Dis to Unit

21.7.16

24.7.16

Influenza

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.
75M.—9-19.
1772-39-1332.

Sig on A.P. McRae. W.K.
Sig on Will. McRae. Kenneth Wallace.

✓ 2 ✓ 1 ✓
McRae, K.W., Pte. 748060 5th C.M.R. 649-M-19112

Med. & Dec. (Father) Kenneth D. MacRae, Esq.,
P.O. Box 116, ~~18 Birch Street,~~
Lennopville, P.Q. (26 2/22) Sherbrooke, Que.

91

P. & S. (Father) Address as above.
(Ser # 769382)

Mem. Cross. (NIL)

J.B. 9-7-21

not eligible for 14-15 Star

Scroll Desp. JUN 20 1922 Reqn. No. *572281*

E " " " " *1922* Reqn. No. *P 36325 12-*

E " " " " *B.W.M.*

P.P.

Scroll no. desp. 26-12-22 B 2275.

NAME *Mc Rae, Kenneth Wallace* ✓
RANK & No. *Pte*
CORPS *117th*
ENLISTMENT, PLACE *Sherbrooke* DATE *Dec. 2nd, 1915*
FORMER CORPS *Nil*
COUNTRY OF BIRTH *Canada, Scotstown, P.Q.*
NEXT OF KIN *Mc Rae, Kenneth D.*
ADDRESS OF NEXT OF KIN ~~*R. M. D #1, Lennoxville, P.Q.*~~
18 Birch St, Sherbrooke, P.Q. auth Chad C...
DISCHARGE, PLACE DATE

749060
D
Batt.

of-s. 14-8-16. 517.
9

REMARKS:

REG'T'L. NO. ² 748060

H. Q. FILE NO. 649

NAME

M Rae, Wallace, Kenneth

RANK AND CORPS

Pte. 5th Rgt. 6 M.R. form. 114th Bn.

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

6

*ms 55299
am. B. 2090
Review 11677*

16.6.14

Killed in Action June. 4th, 1914
Killed in action 4-6-14
Rec. 6-9-14

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

2399 Rep. from Base 4617 Killed in action

NAME

McRae

REGT'L No.

748060

H. Q. FILE No. 649.

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

See. Kenneth Wallace

LIST NO.

HOSPITAL

**DATE OF
ADMISSION**

REMARKS



Mc
Erw
Number *748060* Rank *Pte*

Surname *McRAE*

Christian Name *Wallace Kenneth*

Units *5th C.M.R.* Theatre of War *France*

Date of Service *1/12/16*

Remarks *Factor*

Latest Address *Kenneth D. MacRae Esq.*

18. Birch Street

Roll No *B Page 6828* *Sherbrooke, Que.*

DESP. DEC 13 1921
REGN. NO. 41/3/28

Surname

Christian Name or Names

Reg. No.

McRae
Rank

Unit

W.K.

Co.

Troop 748060
Batty.

Pte
Hospital

5th.C.M.ⁿ

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in action 4-6-17 *JH*

DISPOSITION

Date

C.L.16-6-17 A399 R.F.Base. REMARKS

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Albin

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

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 117th EASTERN TOWNSHIP
OVERSEAS BATT., C. E. F.

Regimental No. 748060 Rank Private Name Kenneth Wallace McRae
C. E. F.

Enlisted (a) 12/3/15 Terms of Service (a) Duration of War. Service reckons from (a) 12-3-15.
2-12-

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }
2-12-

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				

CERTIFIED CORRECT,
8 DEC. 1916
CAN. RECORDS, LONDON

		<u>Embarkation</u>	<u>Canada</u>	<u>Aug 14/16</u>	
		<u>Arrival</u>	<u>England</u>	<u>Aug 24/16</u>	
		<u>Appointed aft Corporal</u>	<u>Bramshott</u>	<u>Oct 1/16</u>	<u>DO Part II #226 Oct 3/16</u>
		<u>Proceeded for Overseas Service.</u>		<u>NOV 27 1916</u>	<u>Part. II Order 784</u>
		<u>Transferred to 5th C. M. B.</u>		<u>NOV 30 1916</u>	
		<u>Reverts to the Permanent Grade.</u>	<u>Nov, 13/16</u>	<u>D.O. Part II. #267</u>	<u>d/14-11-16.</u>

Deadweight. Lieut. & Asst. A for O.C. 117th E.T. Battalion.

O. C. C. B. D. Landed in France. Taken on strength ~~5th~~ 5th Cdn. Bn. 1/2/16 Nom. Roll d/ 1/2/16.

Left for 3rd Ent Bn 22/12/16 Nom. Roll d/ 22/12/16.

Arrived 1st for duty 22/12/16 Freea 29-12-16 9th.

do Left for unit do 29-12-16 B213. DCI 193 2/17.

do Joined do do

79-12-16 do
30-12-16 Unit

(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				
6/6/17	Unit	Killed in Action	France	4-6-17	<p> <i>W. H. Hall</i> Killed on 4/4/17. No. 16/9430. Pl. 57 of 1/4/17. Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F. </p>

ORIGINAL
MEDICAL HISTORY SHEET.

Surname ~~Mc Rae~~ **Mc REA** Christian Name ^{Wallace} ~~Kenneth Wallace~~ **748060**

Examined { on 2 day of December 1915
at Shubbs

Approved by A. J. [Signature]
Rank Capt M.O.

Birthplace { City or Town Scottstown
County Compton

Apparent age 19

Trade or occupation Farmer

Height 5 Feet 8 1/2 Inches.

Weight 150 Lbs.

Chest measurement { Minimum 35 inches.

Maximum expansion 3 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last 1905

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

Date	Result	VACCINATIONS.
<u>7/8/10</u>		<u>EDD</u>
		M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>5/31/15</u>	<u>+</u>	<u>1/2 B EDD</u>
<u>6/23/16</u>	<u>B</u>	<u>EDD</u>
<u>7/5/16</u>	<u>B</u>	<u>EDD</u>
		M.O.
		M.O.
		M.O.

Enlisted on 2 day of December 1915 at Shubbs, La

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>117TH EASTERN TOWNSHIPS, O/S BATTALION C. E. F.</u>	<u>748060</u>		<u>2/12/15</u>
Transferred to	<u>5th L. M. A.</u>			<u>NOV 30 1916</u> <u>NOV 27 1915</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.

104
[Signature]

Surname *McLellan* Christian Name *Jennith Wallace*

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>Valcartier Camp. Hosp.</i>		<i>JUL</i>	<i>21</i>	<i>1916</i>	<i>JUL</i>	<i>24</i>	<i>1916</i>	<i>Influenza</i>	<i>4</i>	<i>recovery</i>	<i>R.H.B. [Signature]</i> <i>O.C. A.M.C. Training Depot No. 4.</i>

A.C. Rank Name **McRAE, Wallace Kenneth.** Reg'l No. **748060**
 Unit **117th. Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Sherbrooke. Dec. 2nd. 1915.** Place of Birth **Scotstown,**
Quebec.
 Name and Address, Next-of-Kin **Kenneth D. McRae.**
Lennoxville, Que., R.M.D. 1. Canada. Relationship

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

Pt. 2 - 5 - CMR

H. W. & V., Ltd.—7165-16.

N/E. R.B. No 1811
 FIVE R.L. 25-M-5201
 OMBUDSMAN *Ha.* *4-6-17*

M.K.
30-3-21
R.P.

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.				
		<i>Arrived in England.</i>	<i>Emp of Britain</i>	<i>24 AUG. 1915</i>	
<i>3.10.16</i>	<i>O.C. 117</i>	<i>Appointed Acting Corporal Bramhall</i>		<i>3.10.16</i>	<i>D.O. Pt II 226.</i>
<i>14.11.16</i>	<i>"</i>	<i>Reverts to Permit. Grade at own req.</i>	<i>Seaford</i>	<i>13.11.16</i>	<i>D.O. Pt II 267</i>
<i>1.12.16</i>	<i>"</i>	<i>Transferred to 5th CMR</i>	<i>"</i>	<i>30.11.16</i>	<i>" " 288</i>
<i>8.12.16</i>	<i>5th. CMR</i>	<i>Taken on Strength,</i>	<i>Field.</i>	<i>1.12.16</i>	<i>Pt, 2, O-67</i>
<i>16.6.17</i>	<i>5th. CMR</i>	<i>Killed in action</i>	<i>Field</i>	<i>4-6-17</i>	<i>C.F.A. 399</i>

CHECKED
 6 DEC. 1916

DLBm.

H

and Pt. II Do by 11-6-17

FORM OF WILL.

I, Kenneth Wallace McRae (Name in full)
Regimental Number 748060 serving in 7th C.F. Batt.
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me
made and declare this to be my last Will.

I bequeath all my real estate unto

Miss Kathryn McRae
262 Wellington St.
Sherbrooke

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

absolutely, and my personal estate I bequeath to

Miss Kathryn McRae
262 Wellington St.
Sherbrooke

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

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

this Tenth day of August A. D. 1916.

Kenneth Wallace McRae
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 Oliver Stanley Hamilton

Address of Witness Sawyerville Ave,

Occupation of Witness Soldier

Signature of Second Witness Clifford Smith

Address of Witness Beak Shore Ave

Occupation of Witness Soldier

**THE TWO
WITNESSES
MUST
SIGN HERE**

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that I am of legal age and sound mind and memory and am not under any legal disability and I hereby declare that I have read this will and know the contents thereof and I have signed this will and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way.

I hereby declare that I have read this will and know the contents thereof and I have signed this will and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way.

I hereby declare that I have read this will and know the contents thereof and I have signed this will and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way.

I hereby declare that I have read this will and know the contents thereof and I have signed this will and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way.

I hereby declare that I have read this will and know the contents thereof and I have signed this will and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way and I have caused it to be signed by me in the presence of _____ witnesses who are of legal age and sound mind and memory and are not related to me in any way.

IMPORTANT NOTE
This will is not valid unless it is signed by the testator in the presence of two witnesses who are of legal age and sound mind and memory and are not related to the testator in any way.

TRIBUNE BOND



TRIBUNE BOND
INCORPORATED
NEW YORK
1922

Bank Account
ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom

Address

By Whom Assigned

Regtl. No.

Rank

Corps

*Bank of Montreal
Sherbrooke
Que.*

*M. G. R. W.
748060
Pfc
#1 Co. 117th Bn*

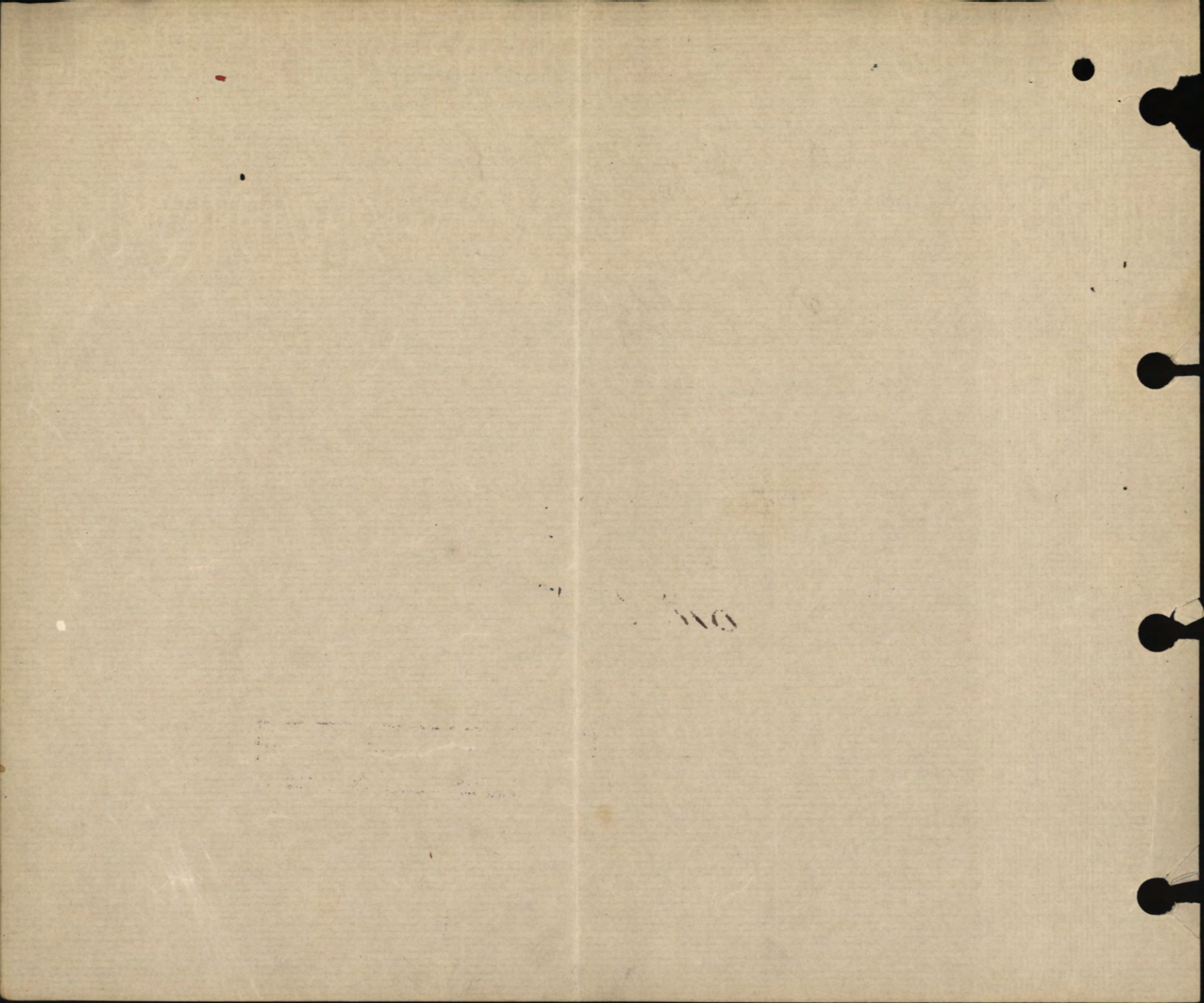
Rate

*15⁰⁰ Sept, st/16
2^m 15⁹/₁₆ and 28¹⁰/₁₆*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

Pensions Notified Date... *21-6-17*
 Killed in Action }
 Died of Wounds } Date... *4-6-17*
 Missing }
 C. L. 9... *18/6/17* Clerk *Stewart*
 Date Noted... *21-6-17* 1917



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 4503. - Req. 6832.

Bank of Montreal

Name of Soldier

McFarlane W.

PAYMENTS.

Pte #1 Co. 117 Bn

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>024181</i>	<i>30</i>	<i>15⁰⁰ Sept. 1st/16.</i>
Nov.		<i>029887</i>	<i>15</i>	
Dec.		<i>236477</i>	<i>15</i>	
Jan.	1917	<i>039811</i>	<i>15</i>	
Feb.		<i>045824</i>	<i>15</i>	
March		<i>451101</i>	<i>15</i>	
April		<i>E 3422</i>	<i>15</i>	<i>15-6</i>
May		<i>E 10225</i>	<i>15</i>	<i>15-13. C/F 3/15/17. 135⁰⁰ Newarth. 21</i>
June		<i>D16081</i>	<i>15</i>	<i>at/c closed 3/15/17 Newarth 6</i>
July				<i>CB₂ D16081 cld. 17.</i>
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

20

F. X. Road. Date *total* By *135.00*
E. F. X. " Date *7-12-17* By *Ab*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Scotstown P. 2.*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. Kenneth G. McKee
R. P.O. #1, Lenoirville P. 2*

RELATIONSHIP OF NEXT OF KIN *Mother*

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
<i>Promoted acting Supt.</i>	<i>1-10-16</i>	<i>F.T.O. 226.</i>
<i>Resets to permanent grade.</i>	<i>13-11-16</i>	<i>F.T.O. 267.</i>
<i>Killed in action</i>	<i>4-6-17</i>	<i>C.C.A. 399. 4/6/17</i>

ADMISSIONS TO HOSPITAL, & C.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *448060* RANK *Private* NAME *McKee, Kenneth*

IF IN PERM. CORPS; WHAT UNIT *117TH EASTERN TOWNSHIPS, UNIT O/S BATTALION C. E. F.* TRANSFERRED TO *5 P.M.P.* DATE *16-12-16* AUTHORITY *F.T.O. 284*

PERMANENT FORCE ALLOWANCES *13 JUL 1917* TRANSFERRED TO *Sub Div L* DEAD DATE *1-7-17* AUTHORITY *C.C.A. 399 4/6/17*

PLACE OF ATTESTATION *Shelbrooke P. 2.* TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION *Dec 2nd 1915* TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ *16.00* DATE EFFECTIVE *Sept. 1st/16* *J.P.D.*

PAYABLE TO *Bank of Montreal* *Shelbrooke Que.* RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE *1/7/17* REASON *Killed in action 4-6-17 C.C.A. 399. 4/6/17*

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

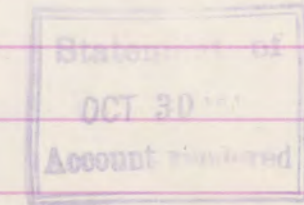
Entered on N.E. Card Index
Checked by J. Black
CI



DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3					4					CREDIT	DEBIT
			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE				NO.	DATE					
									19 10	19 10									19 10								
<i>1-9-16</i>																											
<i>30-9-16</i>	<i>30</i>	<i>1</i>	<i>30 00</i>		<i>30</i>	<i>10</i>	<i>3 00</i>		<i>33 00</i>	<i>19</i>	<i>28/16</i>	<i>98</i>	<i>29/16</i>					<i>15 00</i>		<i>41 77</i>	<i>10 33</i>						
<i>1-10-16</i>																											
<i>31-10-16</i>	<i>31</i>	<i>10</i>	<i>34 10</i>		<i>31</i>	<i>10</i>	<i>3 10</i>		<i>37 20</i>	<i>133</i>	<i>16/16</i>	<i>176</i>	<i>29/16</i>					<i>18 00</i>		<i>32 03</i>	<i>18 80</i>						
<i>1-11-16</i>	<i>12</i>	<i>10</i>	<i>13 20</i>		<i>12</i>	<i>10</i>	<i>1 20</i>																				
<i>30-11-16</i>	<i>18</i>	<i>1</i>	<i>18 00</i>		<i>18</i>	<i>10</i>	<i>1 80</i>		<i>34 20</i>																		
<i>1-12-16</i>																											
<i>15-12-16</i>	<i>15</i>	<i>1</i>	<i>15 00</i>		<i>15</i>	<i>10</i>	<i>1 50</i>		<i>16 50</i>	<i>163</i>	<i>31/16</i>	<i>213</i>	<i>18/16</i>					<i>15 00</i>	<i>1 09</i>	<i>16 09</i>	<i>33 61</i>				<i>1.09 Q. 4005-74-9-11-16</i>		
<i>31-12-16</i>	<i>16</i>		<i>16</i>		<i>16</i>		<i>1 60</i>		<i>17 60</i>											<i>4 36</i>	<i>31 32</i>						
<i>1917</i>			<i>12 20</i>				<i>12 20</i>																				
<i>1/31-1-17</i>	<i>31</i>	<i>10</i>	<i>34 10</i>						<i>34 10</i>																		
<i>1/28-2-17</i>	<i>28</i>		<i>30 80</i>						<i>30 80</i>	<i>144</i>	<i>31/17</i>									<i>15 00</i>	<i>24 59</i>	<i>40 83</i>					
<i>1/31-3-17</i>	<i>31</i>		<i>34 10</i>						<i>34 10</i>	<i>1534</i>	<i>2/17</i>	<i>1703</i>	<i>16/17</i>							<i>15 00</i>	<i>18 49</i>	<i>53 14</i>					
<i>1/30-4-17</i>	<i>30</i>		<i>33</i>						<i>33</i>	<i>1572</i>	<i>2/17</i>	<i>1642</i>	<i>16/17</i>							<i>15</i>	<i>35 07</i>	<i>52 17</i>					
<i>1/28-5-17</i>	<i>31</i>		<i>34 10</i>						<i>33</i>											<i>15</i>	<i>17 62</i>	<i>67 55</i>					
<i>1/30-6-17</i>	<i>30</i>		<i>33</i>						<i>34 10</i>	<i>80</i>	<i>30/17</i>									<i>15</i>	<i>17 62</i>	<i>84 03</i>					
<i>1/30-6-17</i>	<i>30</i>		<i>33</i>						<i>33</i>	<i>145</i>	<i>31/17</i>									<i>15</i>	<i>17 68</i>	<i>99 35</i>				<i>Killed in action 4/4/17 C.C.A. 399. 4/6/17</i>	
<i>1/7-17</i>			<i>337 60</i>						<i>19 10</i>	<i>356</i>	<i>70</i>									<i>150</i>	<i>1 09</i>	<i>257 35</i>	<i>99 35</i>				

Checked *W.P. Hill*

Can. M.P. (35⁰⁰) from 1/16 to 31/17 @ 15 P. B.A.M. 2/21/17.



748060. O.H. McRae K

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE											
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2				3	4			CREDIT	DEBIT									
			\$	C.						\$	C.																No.	DATE	No.	DATE	No.	DATE	No.	DATE	
Jan 1917			337	60				19	10	356	70					54	38	43	16	8	72		150		1	09	257	35	99	35					
Oct 17								15	00	15	00																								
Dec 1918																																			
May 1918																																			
June 18																																			

Balance 572.00 from O.H. McRae
 Aug 1917 1918
 Remarks: 1917-1918
 1918-1919
 1919-1920
 1920-1921

Charged Barley
 99 40
 Balance transferred to N.E. Branch
 99 40
 114 40
 114 40
 572 572
 572
 572
 1144 transferred for Eng settlement Vou E3630 N.E. 5/3/20
 W 572 Cr. # 1584 3/4/18.
 W 535 7 N.E. 31/14.