

TRIPPLICATE

# ATTESTATION PAPER.

No. 61866

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? *Robert Louis*
  2. In what Town, Township or Parish, and in what Country were you born? *St. Catharines, P.Q.*
  3. What is the name of your next-of-kin? *Mrs. M. J. Robert*
  4. What is the address of your next-of-kin? *2 Boulevard*
  5. What is the date of your birth? *21 June 1892*
  6. What is your Trade or Calling? *Salesman*
  7. Are you married? *No*
  8. Are you willing to be vaccinated or re-vaccinated? *Yes*
  9. Do you now belong to the Active Militia? *Yes*
  10. Have you ever served in any Military Force? *Yes*  
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*
- Robert Louis* (Signature of Man).  
*J. de la... (Signature of Witness).*

### DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Robert Louis*, 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.

Date *Oct 29th* 1914. *Robert Louis* (Signature of Recruit)  
*J. de la... (Signature of Witness)*

### OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Robert Louis*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *Oct 29th* 1914. *Robert Louis* (Signature of Recruit)  
*J. de la... (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.....this..... day of.....1914.

*Henri-Charles... (Signature of Justice)*

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

*J. A. ... (Approving Officer)*

Colonel



Description of Patric Louis on Enlistment.

Apparent Age... 22 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. 7 1/2 ins.

Chest-measurement { Girth when fully expanded..... 37 1/2 ins.  
 Range of expansion..... 5 ins.

Complexion..... Light Brown

Eyes..... Grey

Hair..... Light Brown

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

~~L. Small~~  
Heavy Built

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..... 21st 1914.....

Place..... Montreal.....  
 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.

Patric Louis.....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.

J. M. Jones.....(Signature of Officer)

Date..... 3rd March 1914.....

**Colonel**



60M 29-11-18

DISCHARGE DOCUMENTS

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

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



Name Potvin, Louis  
 Regt. No. 61866 Rank Pte.  
 Corps 22<sup>nd</sup> Bn



Presumed to  
 have died  
 3-10-16.

4567

*1. P. card*  
*1. P. card*  
*2. F. B. 2090 R*  
*1. P. card*

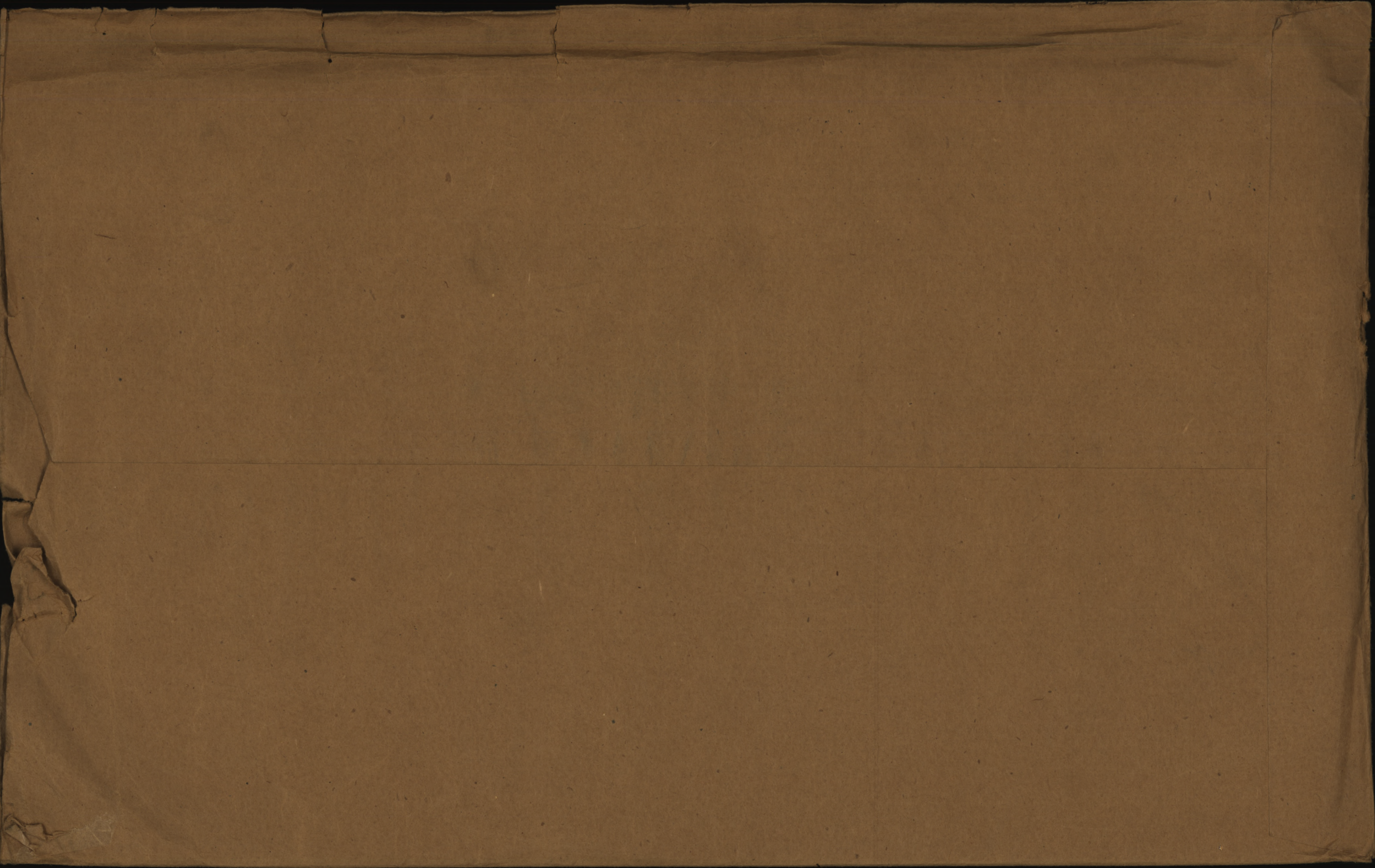
AO



31-6  
 22-6  
 3-8  
 T

25-9-18  
 25-9-18







(M.M.)

649-P-3972

*Hag*

✓  
Potvin, Louis, #61866, Cpl. 22nd Btn. *on m.*

*E lig. for 14-15 Star L. Cpl 22nd. Bn.*

Medals & Decs. Mother Mrs. M.E.A. Potvin,  
1 rue Bordeleau,  
Montréal, Que. *M*

P & S. Mother Same as above.,

*Serial No 769867*

*25844*

Mem. Cross Mother Same as above.

*18.6*

*d*

*Resp. 4-10-20 (M) C25489*

Scroll Desp. ~~JAN 21 1922~~ Reqn. No. ~~812 053~~

Plague Desp. ~~JAN 7 1922~~ Reqn. No. ~~P 53889~~

46E

W

ed  
9mch

Number, 61866 Rank, cpl

~~B~~  
~~X~~

Surname, POTVIN

Christian Name, Louis

Units, 22nd Bn Can Reg of War France

Date of Service, 15-9-15

Remarks, Mother

Latest Address, Mrs M. E. A. Potvin,

1. Rue Bordeaux,

Roll No. B Montreal, Que.

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Next of kin \_\_\_\_\_

Address on leave \_\_\_\_\_

Address on discharge \_\_\_\_\_

Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_

Previous occupation \_\_\_\_\_ Date and place of enlistment \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date \_\_\_\_\_ Remarks \_\_\_\_\_

DESP NOV 22 1921  
REGN. NO. GA 58820

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



3-10-16

649-P-3972

CARD NO. ✓

SURNAME

CHRISTIAN NAMES

REGL. NO.

UNIT

FORMER CORPS

NAMES IN FULL

RELATIONSHIP TO SOLDIER

ADDRESS

COUNTRY OF BIRTH

PLACE OF ATTESTATION

NEXT OF KIN.

CHANGE OF ADDRESS

RANK

FOLL.

Bn.

Potvin, M.M.

Louis, P.

61866

Pvt. 1/corpl.

22nd (Can. G.S.)

82nd Regt.

Potvin, Mrs. O.

Mother

~~7 Bordeaux St.~~ Montreal, P.Q.  
449 Hotel de Ville,  
L.S.-4-17, Mt.

Canada, Mont Carmel, P.Q.

Montreal, P.Q.

DATE

DATE

Oct. 29, 1914

Sailed from Halifax 20-5-15

L.L. 94504. M. & D. 6512. S.S. Saxonia

89/15



*Awarded Military Medal. (Auth. L. G. 9/12/16)  
#29854.*

MARRIED  SINGLE  *Yes* 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 POTVIN, Louis. Rank Cpl.

Reg. No. 61866.

Unit 22nd. Battalion.

25-P-1382

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
3-10-16.Missing.		A403.07025.1-1-17.				
Previously reported missing for Official purposes presumed to have died on or since 3-10-16 A581						







No. 6/1866

RANK Pte

NAME Potden Louis

T. O. S. 29-10-14  
Nov paylistUNIT 22<sup>nd</sup> Battalion (French Canadian)

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Oct 29	1914 Oct 31	-		
	Nov	✓		
	Dec	✓		
1915 Jan	1915	✓	forfeits 4 days pay 4 days det	Or # 67. Jan paylist " 72 26-1-15
	Feb	✓	forfeits 4 days pay Prom. Lie Cpl.	" 90 22-2-15
	Mar	✓		" 74 3-2-15
	Apr	✓		
	May	✓		
	June	N.		

UNIT SAILED  
MAY 20 1915







NAME

Potvin Louis

REGT'L NO

61866.

RANK AND CORPS

Cpl. 22nd Bn.

H. Q. FILE NO. 649-

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY

07025

1-1-17

Missing since Oct. 3rd. 1916 ✓

Cas. Rept.

11-5-17

Prev. rept. making now for offic purposes

A. G. B

20906

presumed to have died on

August 16th 1917.

or since 3-10-16 Date rec. 5-6-17

Rec.

27-9-17

Reported by W. G. G. R. &amp; C. under reference

C.C.M.

Lb/8/

Buried at Regina French Cemetery

12569

5 1/2 miles N.E. of Albert, Plot 4,

Row "A" grave 5.



LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

2303

Rept. from Base

3-10-16

missing

2581

Pres. rep. missing,  
presumed to have died on sink.now for official purposes  
3-10-16.



Surname

Christian Name or Names

Reg. No.

*Posvin*

*L.*

*61866*

Rank

Unit

Co.

Troop

Batty.

*Cpl.*

*22<sup>nd</sup> Bn.*

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

Date

*C.L. 11-8-17A.581*

*Prev. rep'd missing now  
for off. purposes presu-  
med ~~to~~ MARKS have;*

*Died on or since <sup>3-10-16</sup>*

A.M.D. 2 Dept.

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

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



Rank \_\_\_\_\_ Name **POTVIN Louis** Reg'l No. **61866**  
 Unit **22nd Bn.** If in perm. Corps, What Unit? \_\_\_\_\_ Married or Single **Single.**  
 Place and Date of Enlistment **Montreal. Que. 29th Oct. 1914** Place of Birth **MontCarmel. P.Q.**  
 Name and Address, Next-of-Kin **M<sup>re</sup> E. Potvin, 7, ~~Bordeaux~~ <sup>Bordeaux</sup> St - <sup>hilly</sup>**

*m.l.*  
*259-2*  
*57*

Relationship **Mother.**



Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

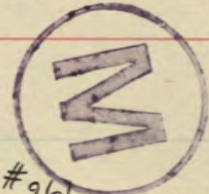
Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

*R.L. 25.9.1382*

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		Arrived in England per S. S. Saxonia		29-5-15	
1-9-15	O.C. 22 <sup>nd</sup>	Transferred to M.G.S	East Sandling	1-9-15	Pt. II O #261.
6-9-15	do.	Transferred to "A" Coy.	do.	6-9-15	Pt. II O #265.
7-9-15	do.	App'd. Lance Corporal	do.	7-9-15	Pt. II O #266.
	19 SEP 1915	Embarked for France.	Folkestone	15-9-15	Emb. Memo. 288
31-5-16	22 <sup>nd</sup> Bn.	Promoted Corporal	In the Field	10-5-16	Part II - 22
23-12-16	"	Rep. missing & I.O.P.	"	3-10-16	" 60
2-1-17	"	" from Base missing	"	"	A 403: ON:
31-1-17	"	Awarded the Military Medal for Recovery in the Field	"	8-12-16	Pt. II - 10
1696	C.S. (C.)	Awarded the Mil. Medal (22 <sup>nd</sup> Bn)			L.G. 29854 d/8-12-16









# MEDICAL HISTORY SHEET. A 866

Surname Potvin Christian Name Louis

Examined { on 29th day of oct 1914  
 at Montreal  
 Birthplace { City or Town Mont-Carmel, P. Q.  
 County \_\_\_\_\_

Approved by Arthur Mignault  
 Rank St Col. Amé M.O.

Apparent age 22  
 Trade or occupation Laborer  
 Height 5 Feet 7 1/2 Inches. M.O.  
 Weight \_\_\_\_\_ Lbs. M.O.  
 Chest measurement { Minimum 37 1/2 inches. M.O.  
 Maximum expansion 42 1/2 inches. M.O.  
 Physical development Good M.O.  
 Small-Pox Marks \_\_\_\_\_ M.O.

Vaccination Marks	Date	Result	VACCINATIONS.
{ Arm <u>Right</u> _____ Left _____ Number _____			
When Vaccinated last _____	<u>27 28 29</u>		<u>Exempt</u> M.O.
(a) Marks indicating congenital peculiarities or previous disease _____			M.O.
			M.O.

(b) Slight defects but not sufficient to cause rejection	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
	<u>FEB 28 75</u>		<u>Exempt</u> M.O.
			M.O.
			M.O.

Enlisted on 29th day of oct 1914 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.
Joined on enlistment	<u>22nd P.C. Bn</u>	<u>61866</u>	
Transferred to.. .....			

### 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.







Army Form B. 103.  
CERTIFIED CORRECT.  
Canadian Record Office,  
Westminster House,  
7, Millbank, S.W.

## Casualty Form—Active Service.

Regiment or Corps 22nd (F.C.) BattalionRegimental No. 61866 Rank Private Name Potvin LouisEnlisted (a) 29.10.14 Terms of Service (a) for war Service reckons from (a) 29.10.14

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) \_\_\_\_\_

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				
		<u>Disembarked</u>	<u>Boulogne</u>	<u>15<sup>9</sup>/<sub>15</sub></u>	
<u>12-5-16</u>	<u>O.C.Bn</u>	<u>Promoted CORPORAL</u>		<u>10-5-16</u>	<u>B213.Pt 2 ord.22 d/31-5-16</u>
<u>6<sup>10</sup>/<sub>16</sub></u>	<u>"</u>	<u>Wounded</u>		<u>30<sup>4</sup>/<sub>16</sub></u>	<u>B213</u>
<u>14<sup>12</sup>/<sub>16</sub></u>	<u>"</u>	<u>Missing</u>		<u>3<sup>10</sup>/<sub>16</sub></u>	<u>H.D. 108/575</u>
					<u>H.D. 116/217</u>
					<u>206-23<sup>12</sup>/<sub>16</sub></u>
					<u>PF II O. 60-8/23<sup>12</sup>/<sub>16</sub></u>
					<u>Capt. for Lt.-Col., A. A. G.</u>
					<u>Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</u>
<u>31-1-17</u>	<u>22<sup>7</sup> Bn</u>	<u>Awarded the Military Medal for Bravery in the Field France</u>		<u>8-12-16</u>	<u>D.O. #10</u>
					<u>L9. 29854 d 8-12-16.</u>
<u>22-8-17</u>	<u>---</u>	<u>Now for official purposes presumed to have died on or since</u>		<u>3-10-16</u>	<u>D.O. 82</u>

(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.

Adair  
[P.T.O. Lieut.  
for Colonel i/c Records,  
GMFC



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				



Rank

Name

POTVIN Louis

Reg'l No. 61866

Unit

22nd Bn.

If in perm. Corps,  
What Unit?Married or Single **Single.**Place and Date of Enlistment **Montreal. Que. 29th Oct. 1914**Place of Birth **MontCarmel. P.Q.**Name and Address, Next-of-Kin **Mde E. Potvin, 7, Boulevard St**Relationship **Mother.**

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Entered on N.E. Card Index

Character

Checked by *F. H. Murray*

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
1915																	
June 1	30	30	1.	30.	30	.10	3.		33.		30.			30.	3.		
1-7-15	31-7-15	31	1.	31.	31	.10	3 10		34 10		35			35	2 10		
Adj't of Exchange										143	173				3 83		
															3 83		
1-8-15	31-8-15	31	1.	31	31	.10	3 10		34 10		34 06			34 06	3 87		
1-9-15	6-9-15	6	1.	6	6	.10	60										
7-9-15	30-9-15	24	1.05	25 20	24	.10	2 40		34 20		13 38			13 38	74 69	Proposed L/C pl 7/9/15 P.O. 266.	
1-10-15	31-10-15	31	1.05	32 55	31	.10	3 10		35 65		5 22			5 22	55 11		
1/11/15	30/11/15	30	1.05	31 50	30	.10	3		34 50		14 27			14 27	75 34		
1/12/15	31/12/15	31	1.05	32 55	31	.10	3 10		35 65		5 24			5 24	105 75		
1/1/16	31/1/16	31	1.05	32 55	31	.10	3 10		35 65		26 2			26 2	138 78		
1/2/16	29/2/16	29	1.05	30 45	29	.10	2 90		33 35		8 72			8 72	163 41		
1/3/16	31/3/16	31	1.05	32 55	31	.10	3 10		35 65		6 98			6 98	192 08		

31 330

30 50 1 43 34 58

Carried forward to  
Large Ledger sheet

31 335

30 50 1 43 34 58

155 60

155 50 192 08 by *Selbert*Statement of  
AUG 3 1917  
Account renderedPAY OFFICE, N. E. BRANCH  
FEB 9 1917  
ATTENDANTS

3-10-16

Missing  
6/10/15  
6/10/15  
7/19







MARRIED OR SINGLE *S.*  
 PLACE OF BIRTH *Mont Carmel P.Q.*  
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. E. Potvin*  
*7 Boulevard St. Montreal P.Q.*  
 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 Capt. 10/1/16</i>		<i>220-22-51 1/16</i>
<i>Missing</i>	<i>3/10/16</i>	<i>403 1/16</i>
<i>OP</i>	<i>3/10/16</i>	<i>a 581 1/16</i>

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

REG'L NO. *61866* RANK *Capl* NAME *Potvin Louis*  
 IF IN PERM. CORPS | UNIT *22nd Co* TRANSFERRED TO *NEB.* DATE *4/10/16* AUTHORITY *C/O. 403 1/16*  
 WHAT UNIT  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Montreal P.Q.* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *29 10 14* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 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) *4.10.16*  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



COMPILED BY...  
 CHECKED BY...

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		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT						
			\$	C.			\$	C.			\$	C.																				NO.	DATE	NO.
<i>1916</i>			<i>345 85</i>												<i>347 58</i>										<i>155 50</i>	<i>192 08</i>								
<i>1-30/4</i>	<i>30</i>	<i>1.05</i>	<i>31 50</i>	<i>30</i>	<i>1.0</i>	<i>30</i>									<i>345 00</i>	<i>858 44</i>	<i>903 20/4</i>							<i>349</i>	<i>349</i>			<i>6 98</i>	<i>2196 00</i>					
<i>1-9/5</i>	<i>9</i>	<i>1.05</i>	<i>9 45</i>	<i>9</i>	<i>1.0</i>	<i>9</i>																												
<i>10-31/5</i>	<i>22</i>	<i>1.0</i>	<i>24 20</i>	<i>22</i>	<i>1.0</i>	<i>22</i>									<i>36 70</i>	<i>924 15/5</i>	<i>990 24/5</i>								<i>340</i>	<i>4 26</i>			<i>7 66</i>	<i>248 69</i>				
<i>1-30/6</i>	<i>30</i>	<i>1.00</i>	<i>30</i>	<i>30</i>	<i>1.0</i>	<i>30</i>									<i>36</i>	<i>104 1/6</i>												<i>8 52</i>	<i>276 17</i>					
<i>1-31/7</i>	<i>31</i>	<i>1.10</i>	<i>34 10</i>	<i>31</i>	<i>1.0</i>	<i>31</i>									<i>37 20</i>	<i>1088 20/7</i>	<i>1077 20/7</i>											<i>8 72</i>	<i>304 65</i>					
<i>1-31/8</i>	<i>31</i>	<i>1.0</i>	<i>34 10</i>	<i>31</i>	<i>1.0</i>	<i>31</i>									<i>37 20</i>													<i>4 36</i>	<i>34 85</i>					
<i>1-30/9</i>	<i>30</i>	<i>1.0</i>	<i>30</i>	<i>30</i>	<i>1.0</i>	<i>30</i>									<i>36</i>	<i>1143 20/8</i>	<i>1164 14/8</i>	<i>118 21/8</i>	<i>14 8</i>									<i>4 36</i>	<i>4 36</i>	<i>1 36</i>	<i>1208</i>	<i>364 77</i>		
<i>1-31/10</i>	<i>31</i>	<i>1.0</i>	<i>34 10</i>	<i>31</i>	<i>1.0</i>	<i>31</i>									<i>37 20</i>	<i>1244 26-9</i>												<i>5 23</i>	<i>396 44</i>					
<i>1-30/11</i>	<i>30</i>	<i>1.0</i>	<i>30</i>	<i>30</i>	<i>1.0</i>	<i>30</i>									<i>36</i>														<i>4 36</i>	<i>4 36</i>	<i>1 36</i>	<i>1232 44</i>		
<i>Dec 31</i>	<i>31</i>	<i>1.0</i>	<i>34 10</i>	<i>31</i>	<i>1.0</i>	<i>31</i>									<i>37 20</i>														<i>5 23</i>	<i>396 44</i>				
<i>1917</i>			<i>27 50</i>			<i>27 50</i>																												
<i>Jan 1</i>															<i>675 55</i>																			

Checked *W.H.A.*

Statement of  
 AUG 3 1917  
 Account rendered

Balance transferred to N. E. Branch. *363 14*

*Missing 7/16 C/O. 403 7/17*  
*106 80 C/O. 2/16-3/1/16*  
*Trans to NEB. 24/10/16.*  
*Trans to Dead by Bal. 363 14*

*In agreement with Ottawa Ass Pay Slip*  
*(No Can Ass Pay) Auth. H.L. 593-1-12 at 20-12-16 RS*

Small  
 Ledger Sheet.



















