

ATTESTATION PAPER.

No. 3156037
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

TRIPPLICATE

- | | |
|--|--|
| 1. What is your surname?..... | Reinville |
| 1a. What are your Christian names?..... | Romeo |
| 1b. What is your present address?..... | 243 St. Paul, Montreal, Que. of. Add. <input checked="" type="checkbox"/> |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | St. Brigitte Co. d'Iberville, Que. |
| 3. What is the name of your next-of-kin?..... | Reni Reinville Suf. Add. <input checked="" type="checkbox"/> |
| 4. What is the address of your next-of-kin?..... | 243 St. Paul, Montreal, Que. |
| 4a. What is the relationship of your next-of-kin?..... | Father |
| 5. What is the date of your birth?..... | 11th January 1899 |
| 6. What is your Trade or Calling?..... | Shoe Manufacturer |
| 7. Are you married?..... | No. |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... | Yes. |
| 9. Do you now belong to the Active Militia?..... | No. |
| 10. Have you ever served in any Military Force?.....
<small>If so, state particulars of former Service.</small> | No. |
| 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. |
| 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? .. | Nil. |
| 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?..... | Nil. |

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Reinville, Romeo, 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.

Romeo Reinville (Signature of Recruit)

Date January 30th 1918. Jules A. Fortin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Reinville, Romeo, 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.

Romeo Reinville (Signature of Recruit)

Date January 30th 1918. Jules A. Fortin (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 Montreal this 30 day of January 1918

M. J. Curran (Signature of Justice)

Description of Rainville, Romeo 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 6 ins.

Chest measurement { Girth when fully expanded.....34 1/2 ins.
 Range of expansion.....3 ins.

Complexion.....Medium

Eyes.....Brown

Hair.....Brown

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

R. D. = 30
 L. D. = 30
 R. EAR GC
 L. EAR

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him*..... for the Canadian Over-Seas Expeditionary Force.

Date..... 191 .

Place.....

*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:—

Light Weight

Declared **FIT** by MEDICAL BOARD
 MOBILIZATION CENTRE, M. D. #4

R. P. Ross Medical Officer.

"A" Fit for General Service

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....Rainville, Romeo..... 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.....January 30th..... 191 8

REGIMENTAL DOCUMENTS

ME/26-9-19

Pto

NAME

Rainville Rome

REGT. NO.

3156037

UNIT

2nd Inf Bn

H. Q. FILE NO.

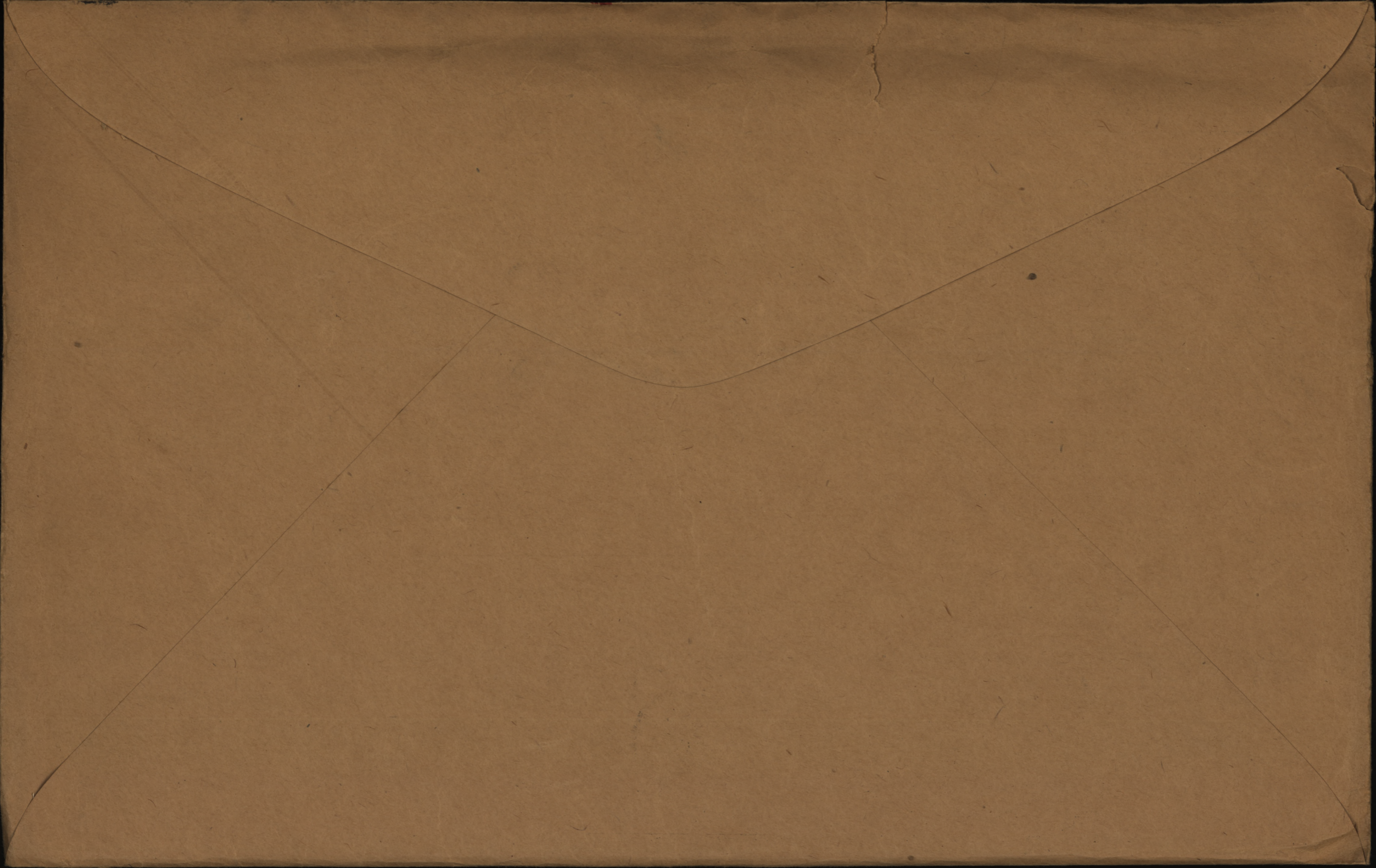
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)		<i>M</i>			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)		<i>22</i>			Category <i>1a</i>
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				01129	
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>1 less than</i>					<i>7 15</i>
<i>2 of the copy & copy</i>					<i>7 15</i>
<i>R122</i>					<i>5- 15-</i>
					<i>/</i>

S

H

H

m.k.



CARD NO. 827
13 4

SURNAME.

Rainville.

CHRISTIAN NAMES

Romeo.

REGL. No.

3156037.

RANK

UNIT

2nd Ave. Regt. 2nd Div. Brn (3rd Cal)

FORMER CORPS

nil.

FOLL.

NEXT OF KIN.

NAMES IN FULL

Rainville, Remie.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

243 St. Paul St. East,
Montreal, P. Q.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. Ste Brigide d. Sherbrooke, P. Q.

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Jan. 11th 1899.

DATE

Jan. 30th 1918.

"S.S. Saponia", fr. Halifax 15/2/18.

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

No. 3156037 RANK *Plt*

NAME

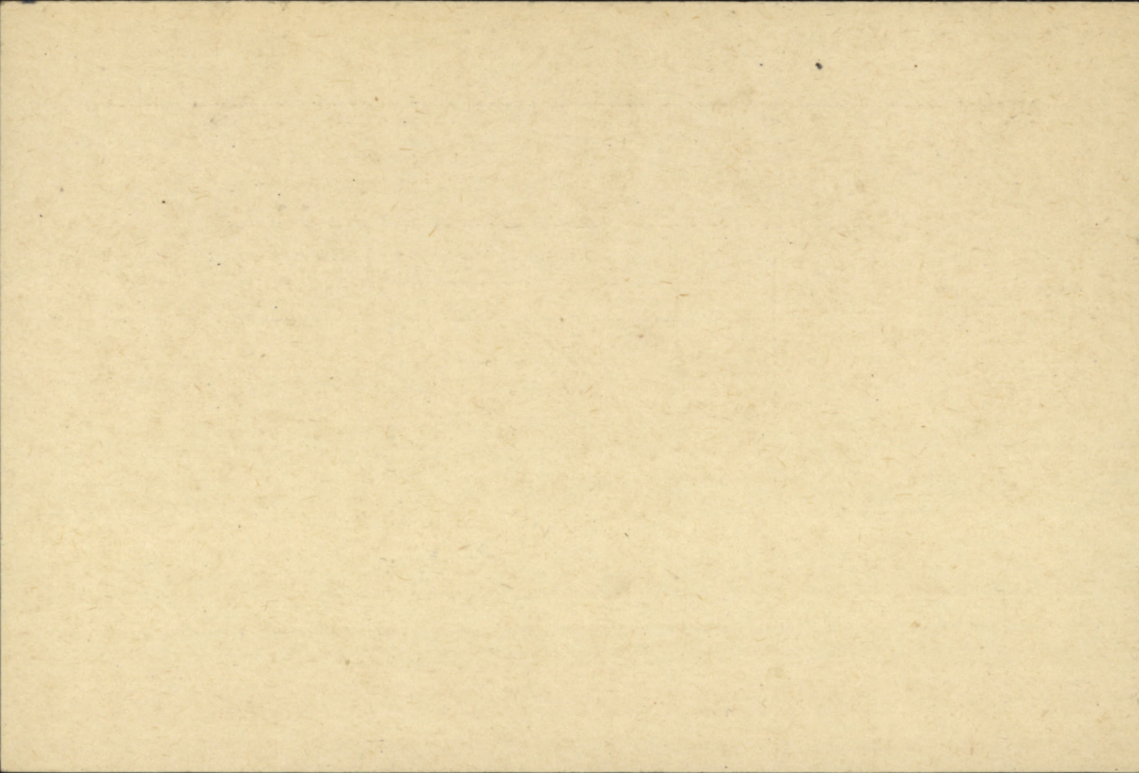
*Rainville, R.*T. O. S. *30-1-18,*
all 32 of 1-2-18.

UNIT

2nd Depot Battalion 2nd Quebec Regt.

M. D. H.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918</i> <i>Jan 30</i>	<i>1918</i> <i>Feb 15</i>	<i>n</i>	<i>Overseas 15-2-18</i>	<i>1046 of 15-2-18</i>



649-R-13829

RAINVILLE, Romeo, Pte. 3156037. ~~2nd. Depot. Batt.~~ ^{2nd.}

Medals & Dec. (Father) R. Rainville, Esq.,
243 St. Paul St.,
Montreal, P.Q.

P & S. (Father) R. Rainville, Esq.,
Address as above.

Serial No. 769978

Memorial Cross (Nil)

JAN 21 1921

Scroll Desp. _____ Reqn. No. *12025*

18536

Plague Desp. *OCT 7 1921* _____ Reqn. No. *10627*

H.P.

RUST

SAUNDERS, E., Pte. No.401333, 7th Battalion,

Sh.No.4824

Wade

13
4

Number..... *3156034* Rank..... *Pvt.*

Surname..... *RAINVILLE*

Christian Name..... *Rowles*

Unit..... *92nd Bn CAN INF* Theatre of War..... *France*

Date of Service..... *12-8-18*

Remarks.....

Father

Latest Address..... *Mr. R. Rainville*

243 - St. Paul St.

Roll No. *B Page 2824* *Montreal, P.Q.*

4 15001 - 10000

APR 25 1879

REGT'L. No. 3156037
H. Q. FILE No. 649

NAME Rainville Romeo

RANK AND CORPS Pte 22nd Bn Form 2nd Div Regt. 2nd

FOLLOWS
NO. 3rd R. D.
FOLLOWS

CABLE

NATURE OF CASUALTY Dps Bn.

NO.	DATE
P322	17-9-18
H.L. 9320	16-9-18

N.Y.K. Rainville Remi (Father)
243 St. Paul St. E. Montreal, P.Q.
Kin P. Aug. 27th 1918

LIST NO.

HOSPITAL

**DATE OF
ADMISSION**

REMARKS



Surname

Christian Name or Names

Reg. No.

Rainville

R.

315-6037

Rank

Unit

Pte

Que 22

Cas. List.

169.1803702

R. FB Killed in Action 27-8-18.

*A.M.D. 2 DEPT.
Bch of D.M.S. O.M.F.C. London.*

Casualty Form - Active Service.

Regiment of *2nd Depot Bn 2nd Quebec Regt*
 Corps *2nd*
 Rank... *Pte* Surname... *Rainville* Christian Name... *Romes*
 Religion... *P.C.* Age on Enlistment... *18* years... *2* months
 Enlisted (a)... *30.1.18* Terms of Service (a)... *D of W* Service reckons from (a)... *30.1.18*
 Date of promotion to present rank..... Date of appointment to lance rank.....
 Extended { } Re-engaged { } Qualification (b)... *Shoe Manufacture*
 or Corps Trade and rate.....
 Occupation..... Signature of Officer

CERTIFIED COPY
 116 AUG. 1918
 CAN. RECORDS, LONDON.

Report		Record of promotions, reductions, transfers, casualties, &c. 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ... <i>Canada</i>	<i>18.2.18</i>	
			Disembarked ... <i>England</i>	<i>4.3.18</i>	
<i>5.3.18</i>	<i>10th and Res Bn</i>	<i>10.5 on arriving from Canada</i>	<i>Stitley</i>	<i>4.3.18</i>	<i>DD P.I. 57</i>
<i>12.8.18</i>	<i>O.C. 10th. Res. Bn.</i>	<i>Transf. to 22nd Bn. B. E. F. B. Shott-11.8.18</i>			<i>D.P. 11. O. 189</i>
<i>13/8/18</i>	<i>C.I.B.D.</i>	<i>Arrived & T.O.C. 22nd Bn.</i>	<i>France</i>	<i>13/8/18</i>	<i>A724 B2092</i>
<i>13/8/18</i>	<i>C.I.B.D.</i>	<i>Left for C.C. Rein. C.</i>	<i>Field</i>	<i>15/8/18</i>	<i>NR-1347.</i>
	<i>C.C. Rein. C.</i>	<i>Arrived.</i>	"		
		<i>Left for Unit</i>	<i>Field</i>		
		<i>Arrived</i>	<i>Field</i>		
	<i>22th Bn.</i>				

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) Signaller, Shoeing-Smith, &c.
 W. 8663-112733 20.000 9.17 (cont.) C.I.B.D. 213, Form B.103 B.107. P.11.0.

Dft. 2nd Depot BN 2nd Que, REGT

TTH Rank Name RAINVILLE, Romeo, Reg'l No. 3156037
 Unit If in perm. Corps, }
 What Unit? } Married or Single Single
 Place and Date of Enlistment Montreal, Jany. 30th. 1918 Place of Birth St. Brigitte Co.
 Name and Address, Next-of-Kin Remi Reinville, d'Iberville, Que
 Relationship Father
 243, St. Paul, Montreal, Que

Assigned Pay Monthly \$ Payable to

Relationship

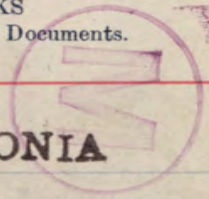
Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 13981
 File R.L. 25.R. 2950
KILLED IN ACTION
 CATEGORY

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		4-3-18	S/S SAXONIA
5.3.18	10 th Res	T.O.S.	Willet	4.3.18	D.O. 57
12.8.18	-	S.O.S. to 22 nd Bn	Bahott	12.8.18	15920, 820/50.8-18 22B.
16.9.18	OR	Killed in action		27.8.18	CL 4520
13.9.18	22 nd Bn	---		27.8.18	D.O. 90



FORM OF WILL

185

I, Rainville ~~Romeo~~ Romeo (Name in full)

Regimental Number 3156037 serving in 2nd Depot Bn. 2nd Quebec Regt

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

Remi Rainville

243 St Paul, Montreal Que.

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

absolutely, and my personal estate I bequeath to

Remi Rainville

243 St Paul, Montreal Que.

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 30th day of January A.D. 1917

Remi Rainville 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 Paul St-Barthelemy

Address of Witness Paul St-Barthelemy Montreal

THE TWO
WITNESSES

Occupation of Witness Soldier

MUST
SIGN HERE

Signature of Second Witness Jules A. Montefiore

Address of Witness Paul St Barthelemy Montreal

Occupation of Witness Soldier

FORM OF WILL

REGISTERED.
WILLS-SECTION
27 MAR. 1918
ESTD. S. O. M. F. C., LONDON.

MEDICAL HISTORY SHEET.

3156037

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

- Surname Rainville Christian name Romeo
- Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- Consecutive number on schedule of men reporting for service (if he appears on it).....
- Address (including street and number, if any)..... 243 St. Paul St. Montreal, Que.

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

- Age as stated 19 Years _____ Months
- Apparent age _____ Years _____ Months
- Height 5 Feet 6 Inches
- Weight 104 Pounds
- Chest measurement { Minimum 31 1/4 Ins. Maximum 34 1/4 Ins.
- Complexion Medium { Eyes Brown Hair Brown
- Physical development Good { Good Fair Poor
- Smallpox marks None
- Number of vaccination marks { Right arm _____ Left arm 1
- When vaccinated last Child
- Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection.....

The man denies having had { Rheumatism Tuberculosis Syphilis

We find no evidence of past { Rheumatism Tuberculosis 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

- (a) Vision R. 30 L. 30
- (b) Hearing R. ac L. ac

H. H. H. H. H. President.
R. R. R. R. R. Member. G. G. G. G. G. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/2/18</u>		<u>E. Palau & P. M.O.</u>	<u>2/2/18</u>	<u>J. a. B.</u>	<u>E. Palau & P. M.O.</u>
			<u>12/1/18</u>	<u>J. a. B.</u>	
			<u>12/2/18</u>	<u>J. a. B.</u>	

Joined 30th day of January 1918 at Montreal, Que.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment				
Transferred to.....	<u>22 Bn</u>	<u>3156037</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
		FIT	

INSPECTING MEDICAL BOARD
 M. D. No. 4
 FEB 6 1918
W. W. W. W. W. Pres.

Signature of Man

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, or the man becoming non-effective; the date and cause being stated on next page.

ASSIGNED PAY. EFFECTIVE DATE:- 1-6-18 AMOUNT:- 15 ⁰⁰	ENGLAND or CANADA. EFFECTIVE DATE:- AMOUNT:-	SEPARATION ALLOWANCE. EFFECTIVE DATE:- AMOUNT:-	ENGLAND or CANADA. EFFECTIVE DATE:- AMOUNT:-	NAME:- RAINVILLE <i>Rinceo</i> NUMBER:- 3156037
NAME, ADDRESS, RELATIONSHIP & AUTHORITY <i>M. Remi Rainville, 243 St. Paul St East, Montreal, P. Q. (Father) as M send 29-4-18</i>				PARTICULARS OF RANK OR APPOINTMENT AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT <i>Plc</i>
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UNIT AND TRANSFERS ORIGINAL UNIT:- <i>210 R</i> DATE ACCOUNT FIRST OPENED:- <i>16.2.18</i>
DATE OF PAYMENT, NUMBER OF A.R., UNIT PAID BY, AMOUNT				UNIT TRANSFERRED TO AUTHORITY, DATE EFFECTIVE, DATE LEDGER SHEET T'S F O, UNIT TRANSFERRED TO <i>Kin A 1/9/18 19/9/18 NE "D"</i>
DAILY RATES OF PAY AND ALLOWANCES				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31.3.18	<i>Balance</i>								52.91	77.50	
April	<i>Plc Pay</i>	33	-	<i>AR 76 10 Res 12.4.18</i>	487				81.07		
May	" "	33 34 10		<i>AR 174 " 24.4.18</i>	487				77.20	37.50	
June	" "	34 10 33		<i>AR 294 " 15.5.18</i>	487				105.43		
July	" "	34 10 33		<i>AR 336 " 23.5.18</i>	2920				7623	52.50	
Aug	" "	33 34 10		<i>AR June</i>	3607			15	9423		
Sept	" "	33 34 10		<i>AR 537 10 Res 12/6/18</i>	487				8449	52.50	
Oct	" "	33 34 10		<i>AR 661 " 26.6.18</i>	487			15	103.59		
Nov	" "	34 10 34 10		<i>AR 822 10 Res 15.7.18</i>	730				9629	52.50	
Dec	" "	34 10 34 10		<i>AR 951 " 26.7.18</i>	730			15	8899		
Jan	" "			<i>AR 1014 " 10.8.18</i>	487				10793		
Feb	" "			<i>AR 1187 50 RB 22.8.18</i>	357			15	9906		
Mar	" "			<i>AR 14005 26.10 Res 4/8/19</i>	62				9844		
Apr	" "			<i>AR 14005 96. " 1/8/18</i>	26				9818		
May	<i>Let on W of Ray</i>	201			58						
June	" "			<i>DR Bastrans to Ottawa</i>	10019						
July	" "				10019						
Aug	" "										
Sept	" "										
Oct	" "										
Nov	" "										
Dec	" "										

* Strike out whichever inapplicable.

320
1-9-18
Amputation 27-8-18

NE STATE 27/12
10019 C Bal 10019

Date of Enlistment *30-Jan-18*

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

1st June 18

OVERSEAS CONTINGENTS

*5 L1 R2
SC*

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>15.</i>			
------------	--	--	--

R *285*

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.	Rank	Promoted	Reverted	Discharge
Soldier's Name				
Battalion <i>2^d Quebec Regt</i>				
Beneficiary				
Relationship				
Address				

Name	Address	Change of Address
1	REMI RAINVILLE, 243 ST. PAUL ST. E., MONTREAL, P. Q.	15 15.00
2	A-C 3156037 PTE. R. RAINVILLE	
3	FIFTEEN DOLLARS	
4		

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1918</i>					
<i>June</i>	<i>Q 25302</i>		<i>15-</i>	<i>15-</i>	<i>✓</i>
<i>July</i>	<i>7 21638</i>		<i>15-</i>	<i>15-</i>	<i>✓</i>
<i>Aug</i>	<i>5 34792</i>		<i>15-</i>	<i>15-</i>	<i>✓</i>
<i>Sept</i>	<i>2 43941</i>		<i>15-</i>	<i>15-</i>	<i>✓</i>
			<i>60</i>		

File 14978-R-13 NR 703

KILLED IN ACTION }
DIED OF WOUNDS } DATE *27-8-18*
C. L. No. *206* DATE *19-9-18*
M. R. *11.2.10* DESTROY RENDERED *25-9-18*
B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE
14978-R-13
CLERK *W. Whitting* DATE *29-9-18*

EFX and 75-3-19

M. F. W. 128.
400M. 1772-38-1141
L. L. 22220-M. & D. 7903.

AUTHORITY } *2M19-4-18*
FOR }
NEW ACC'T. } *DC Brown 31-5-18*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128.
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