

ATTESTATION PAPER.

No. 65895.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your name?.....
- 2. In what Town, Township or Parish, and in what Country were you born?.....
- 3. What is the name of your next-of-kin?.....
- 4. What is the address of your next-of-kin?.....
- 5. What is the date of your birth?.....
- 6. What is your Trade or Calling?.....
- 7. Are you married?.....
- 8. Are you willing to be vaccinated or re-vaccinated?.....
- 9. Do you now belong to the Active Militia?.....
- 10. Have you ever served in any Military Force?..
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?.....
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?}

Herbert Slater,
 Montreal, Que.
 Mrs B. Slater, (Mother)
 Montreal South, Que.
 April 20/1892
 Pen Maker.
 No.
 Yes.
 No.
 No.
 Yes.
 Yes.
 + Herbert Slater (Signature of Man).
 Crawford (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, + Herbert Slater, 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.

+ Herbert Slater (Signature of Recruit)
 Crawford (Signature of Witness)

Date OCT 28 1914 1914.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, + Herbert Slater, 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.

+ Herbert Slater (Signature of Recruit)
 Crawford (Signature of Witness)

Date OCT 28 1914 1914.

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 28 day of Oct 1914.

W. S. McNeill (Signature of Justice)

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

(Approving Officer)

Description of Herbert Slater on Enlistment.

Apparent Age 22 years 6 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. 9 ins.

1 Nacc. L upper arm

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 4 ins.

1" scar L ankle

Complexion Dark Pink

1/2" scar base R thumb

Eyes Brown

Hair Dark Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Wesleyan.....
 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 OCT 28 1914 1914.

Place Montreal

H. M. L.
Capt A M L
 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.

.....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 of Officer)

Date.....1914.

Estmales

NAME **SLATER Herbert**

REGT. NO. **5895**

UNIT **24th Bn**

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

1 TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

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)

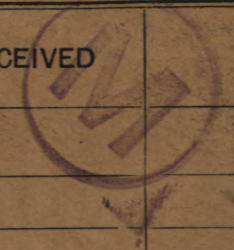
LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

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

1 card
1 AFB 241
1 R 22
1 pay card



med # 70...

DEATH

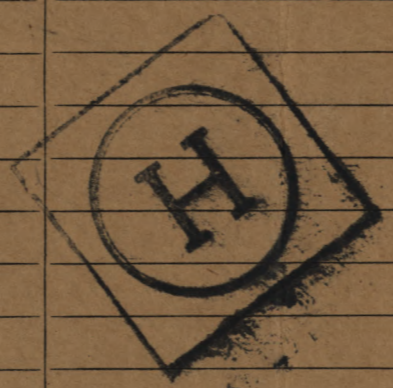
Category

DISCHARGE

Category

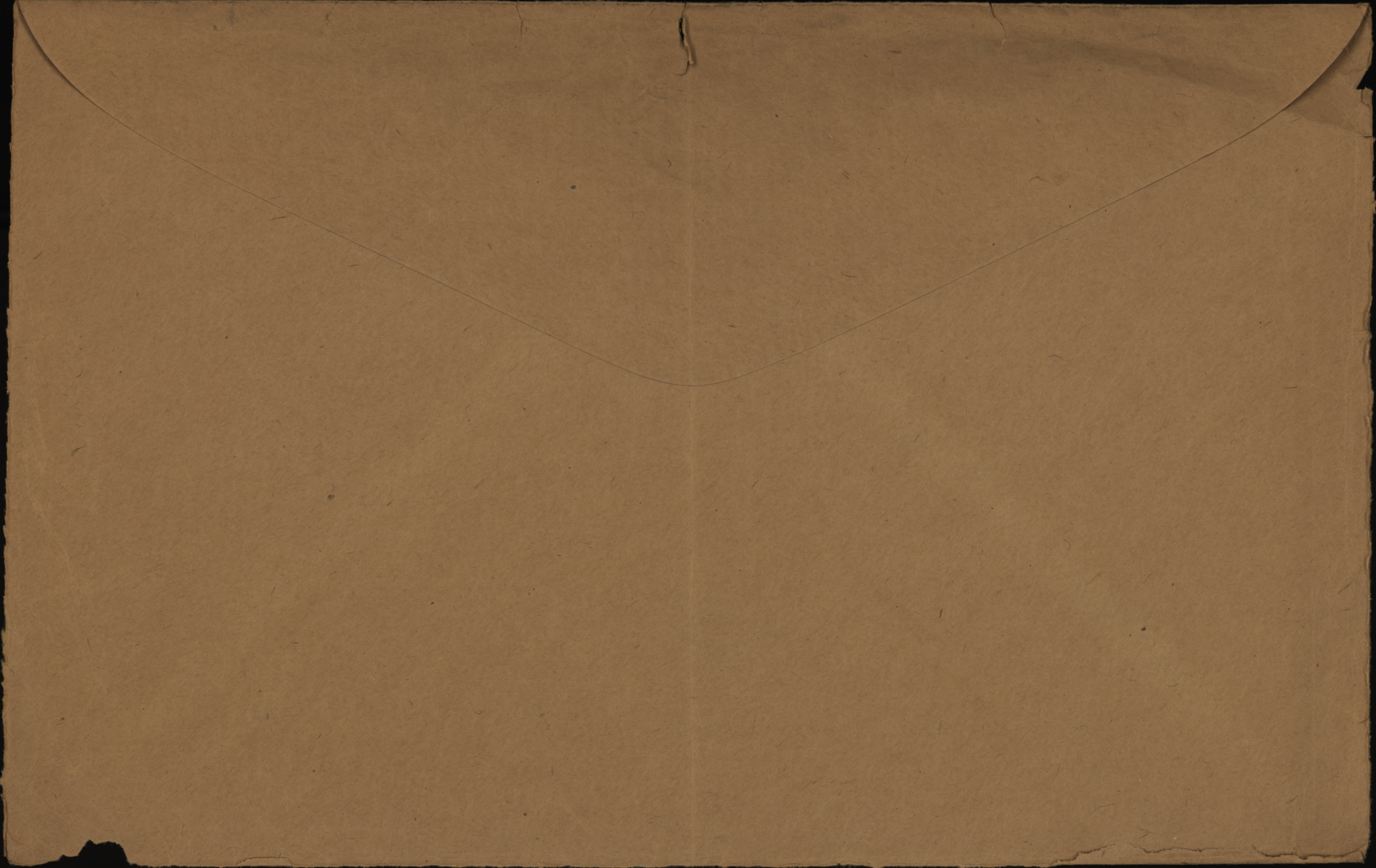
DESERTION

40 - 12
13 - 12
4 - 12
1



23637

8974



65895

I.D. number
No. d'identification

SLATER

Surname
Nom de famille

Herbert

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

8974

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»

8974

mt

~~B~~

Number 65895 Rank *Capt*

Surname BLATER

~~V~~

Christian Names *Herbert*

Unit *24th Am Can Inf* Theatre of War *France*

Date of Service *15-9-15*

~~D~~

Remarks *Yukon*

Latest Address *Samuel Slater Esq.*

36 Lafayette Ave

Roll No. *B.* *Montreal, 24th Div*

G. A. 774 Receipt

Y 549.40 \$ fees SER 23 1904

JAN 12 1921

Scroll Desp.

Reqn. No

29455

649-S-3748

Id A.Q.

Plague Desp.

AUG 6 1921

Reqn. No

P1333

Slater, Herbert Cpl. No. 65895 C.E.F.

5th. M. G. Coy.

Med. and Dec.

Father

Samuel Slater, Esq.,
36 Lafayette Ave.,
Montreal S. Que.

P. & S.

Father

Samuel Slater,
Address as above.

Memorial Cross

Mother

Mrs. Emily Slater,
Address as above.

E. lig. for 14-15 Mar. P. to 24th Mar

33485

" " v. m

" " B.W.M

Desp 24-11-20 (M) C 32525

Pa

M

538

No. 127

RANK

Pte.

NAME

Slater H.

65895 Mar. Paylist

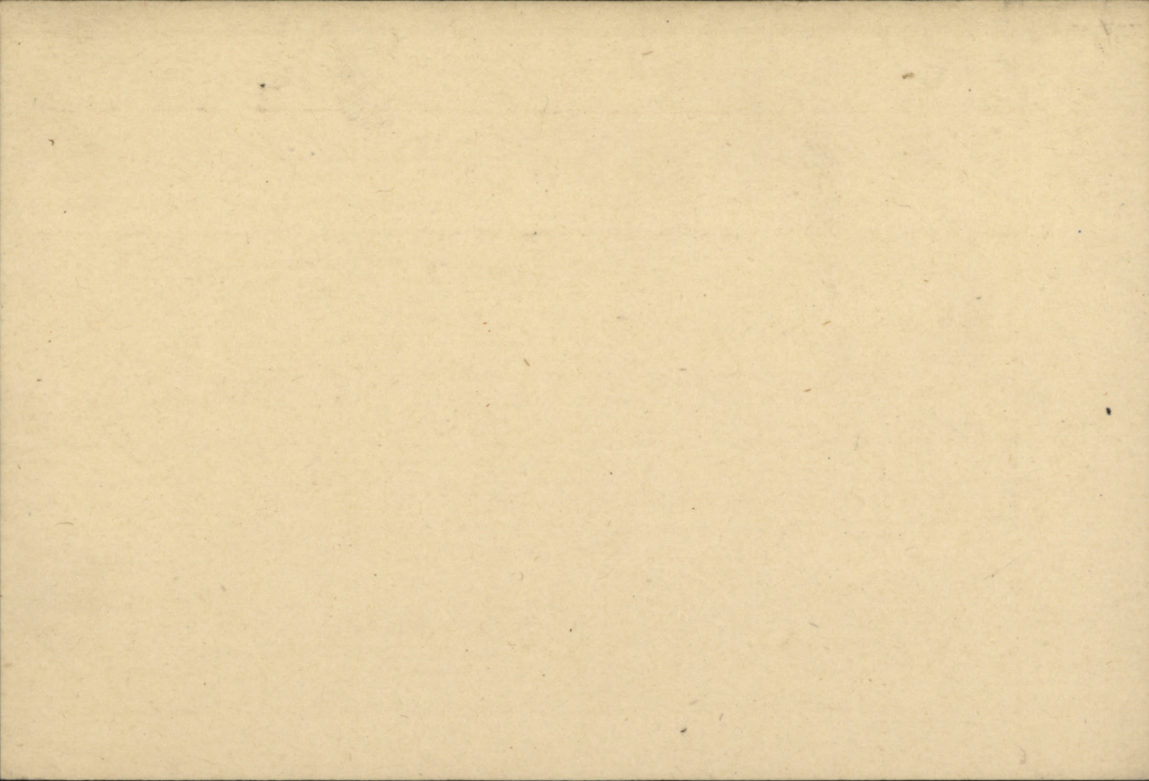
T. O. S. 28-10-14 UNIT 24th. Battalion

Nov. Paylist.

M. D. 4

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 28 Oct.	1914 31 Oct.	✓		
Nov.		✓		
Dec.		✓		
1915	1915			
Jan.		✓		
Feb.		✓		
Mar.		✓		
Apr.		✓		
May.		✓		

UNIT SAILED
MAY 11 1915



(649-S-3748)

CARD NO.

D

SURNAME.

Slater

CHRISTIAN NAMES

Herbert

FOLL.

REGL. NO.

65895

RANK

Pte.

UNIT

24th

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Slater, Mrs. S.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Montreal South,
36, Lafayette Ave,
P. Q.

(auth letter 7/11/16)

COUNTRY OF BIRTH

Canada Montreal P.Q.

DATE

PLACE OF ATTESTATION

Montreal, P.Q.

DATE

Oct. 28th 1914

ols. 11/5/15 73/18

From Montreal per

S.S. "Cameronia" 11-5-15

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

Present Address

Surname

Christian Name or Names

Reg. No.

Slater

H.

65895

Rank

Unit

Co.

Troop

Batty

Cpl. 2nd Can Div M.G. Co. (5th Co)

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

Died of Wounds 10-6-16.

DISPOSITION

Date

Ch. 1-7-16 A45

REMARKS

Repts from Base

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.

MEDICAL HISTORY SHEET.

Surname Wates Christian Name Herbert

Examined { on 28 day of Oct 1914
 at Montreal
 Birthplace { City or Town Montreal
 County Que

Approved by and signed for
H. S. Muckleston
 Rank Capt. A.M.C. M.O.

Apparent age 32 1/2
 Trade or occupation Refr. maker
 Height 5 Feet 9 Inches.
 Weight _____ Lbs.
 Chest measurement { Minimum 38 inches.
 Maximum expansion 4 inches
 Physical development Good
 Small-Pox Marks _____

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Vaccination Marks { Arm Right Left
 Number 1
 When Vaccinated last _____
 (a) Marks indicating congenital peculiarities or previous disease _____

Date	Result	VACCINATIONS.
<u>Feb 8/11</u>	<u>Nil</u>	<u>W. S. P.aney</u> <u>Capt Amb</u> M.O.
<u>May 07</u>	<u> </u>	<u>J. S. Jenkins</u> <u>bapt</u> <u>Came</u> M.O.

(b) Slight defects but not sufficient to cause rejection
1" Scar R. ankle
1/4" Scar Base R. Throat.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 1/14</u>	<u> </u>	<u>W. S. Muckleston</u> <u>Capt Amb</u> M.O.
<u>14</u>	<u> </u>	<u>do</u> M.O.

Enlisted on 28 day of Oct 1914 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>24th Batt. C.S.F.</u>	<u>65895.</u>		<u>Oct. 28. 1914.</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.

65895 ✓

Casualty Form—Active Service.

CERTIFIED COPY
Canadian Record Office
Westminster House,
7, Millbank S.W. 1
J.H.

Regiment or Corps *9th Victoria Rifles (C.F.F.)*

Regimental No. *65895* Rank *Private* Name *Slater, H.*

Enlisted (a) *25th Oct 14* Terms of Service (a) *War.* Service reckons from (a) *Enlistment.*

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				

16.9.15	24 C.Bn.		<i>Disembarked Doulogne</i>	16.9.15	<i>Nom. Roll.</i>
31.12.15	5.C.I.B.	<i>Trans. 5th. Can. Inf. Bde. Machine Gun Coy. Machine Gun Corps.</i>	<i>In the Field.</i>	24.12.15	<i>B. 213 & A. Order No. 414-1915. Part II Order No 5 21-29.1.16</i>
31-12-15	<i>RAAC. Gen. Sec.</i>	<i>Taken on strength of 5th M. & Coy.</i>	<i>do</i>	25-12-15	<i>No 1862. Pt 2 Order 4 d/7-2-16</i>
8-4-16	<i>OB Unit</i>	<i>Promoted Corporal</i>	<i>do</i>	27-3-16	<i>B 213 Pt 15 d/21-4-16</i>
13-4-16	<i>OB M/C Records</i>	<i>Granted 24 hours extension Will in England</i>	<i>England</i>	13-4-16	<i>R d. 12-9-302 Pt 11 ord 15 d/21-4-16</i>
28/4/16.	<i>OB Unit</i>	<i>Granted leave of absence</i>	<i>Engy.</i>	13/4/16.	<i>Letter d/10/4/16 P 50 24/30/16</i>
19/6/16	<i>do</i>	<i>Returned from leave</i>	<i>Field.</i>	24/4/16.	<i>" " " D.C.S. P 10. 24/30/16</i>
17/6/16.	<i>do</i>	<i>Died of wounds.</i>	<i>Field.</i>	10/6/16.	<i>B 213. 99. 27/6/16</i>

D. P. Skinner LIEUT.
OFFICER i/c RECORDS
CANADIAN SECTION G.H.Q.
3RD ECHELON

(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				

Rank

Cpl

Name SLATER, Herbert.

Reg'l No. 65895. ✓

Unit

24th Bn.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment

Montreal. 28th Oct. 1914.

Place of Birth Montreal Que.

Name and Address, Next-of-Kin

Mrs S Slater. Montreal South. Que.

Relationship

Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

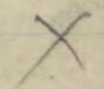
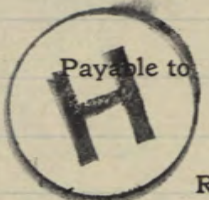
Relationship

Discharge, Date and Place

Reason

Character

m.s.
18.11.20
X



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				
19.9.15	"b" Arrived in England per S. S. Cameronia Embarked for France.		Folkestone.	20.5.15 15.9.15	Emb't. Memo. # 288.
8.1.16	OE 24 th	Transferred to 5 th band of Sde Mach Gen Coy Mach Gen Corps	In the field	24.12.15	Pt 20 ^o 2
15.1.16	OE 24 th	Above transfer cancelled	In the field	15.1.16.	Pt II O 3 (1)
29.1.16	" OE 24 th	Transf'd to 5 th Cu. Inf. Bde. M. G. Corps	"	24.12.15	" 5(2)
7.2.16	" OE 24 th	Taken on Str. 5 th M. G. Coy on transfer from 24 th Bn	"	25-12-15	" 5
21.4.16	O.C. 5 th M. G. B.	Granted 24 hours extension whilst in England.	"	13-4-16.	Part II O 15. auth. i/c. Records. London.
21.4.16	2 ^o down	Promoted Corporal.	"	27-3-16	Part II O 15.
1-7-16	M. G. Comp	Reported from base Died of Wounds	"	10/6/16	Gas List A 75
30.6.16	"	Granted leave of absence	"	15/4-16 624-4-16	Part II O 11 ^o 24

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				
30.6.16	OC 2 nd Gen M B Com	Died of Wounds led in Action in the Field		10/6/16	Part II O 119 24

Rank *5th M. Gun 6^o* Name *SLATER, Herbert.* Reg'l No. *65895.*
 Unit *24th Bn.* If in perm. Corps, What Unit? *5th Coy* Married or Single *Single.*

Place and Date of Enlistment *Montreal. 28th Oct. 1914.* Place of Birth *Montreal Que.*

Name and Address, Next-of-Kin *99. Lafayette St. Mrs S Slater, Montreal South. Que.* Relationship *Mother.*

Assigned Pay Monthly \$ *20* Payable to *Head of Km.* Relationship

Separation Allowance \$ Payable to Relationship

Discharge, Date and Place *10/6/16* Reason *D.S.W.* Character *Pt. Order 24*



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							
June	30 June	30	1 ⁰⁰	30	30	10	3		33			7 50	20		27 50	5 50		
July	31 July	31	1 ⁰⁰	31	31	10	3 10		34 10			7 50	20		27 50	12 10		
<i>adjustment of Exchange.</i>																		
Aug	31 Aug	31	1 ⁰⁰	31	31	10	3 10	40	40							12 50		
Sept	30 Sep	30		30	30		3		33			5 35	20		25 35	24 52		
Oct	31 Oct	31		31	31		3 10		34 10			2 62	20		22 62	36		
Nov	30 Nov	30		30	30		3		33			5 30	20		15 30	43 70		
Dec	31 Dec 1916	31		31	31		3 10		34 10			2 62	20		2 62	34 22	40 96	<i>Transferred to 5th Canadian Infantry Brigade F. Based on strength of 400. authy letter office 1/3/16</i>
Jan	29 Feb	29		29	29		2 90	34 10	66			7 86	20 Jan 20 Feb		47 86	59 10		
Mar	31	31		31	31		3 10		34 10			7 84	20		27 84	65 36		

Statement of Account rendered
 OCT 31 1916

Sch No 352
 Cash found in effects *20 55*

Checked *W.W.*

BALANCE TRANSFERRED TO NEW LEDGER.

274 *2740345033590* *70 54 200* *270546536*

MILITIA AND DEFENCE
ASSIGNED PAY

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

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. E. Slater

Name of Soldier

Slater, H.

467

L. L. Job 89002.—Req. 6213.

PAYMENTS.

#127

A Co 24th Batta

*119
270*

8

20.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>12073</i>	<i>20</i>	<i>280⁰⁰ FX 27/12/16 SAs</i>
May		<i>15167</i>	<i>20</i>	
June	<i>I</i>	<i>16889</i>	<i>20</i>	
July				<i>Account closed. Cas.</i>
Aug.				<div style="border: 1px solid black; padding: 10px; display: inline-block;"><i>Casualties</i></div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

462

429534
14512

To Whom *M^{rs} E. Slater*
Address *99. Lafayette Ave
Montreal South
P.Q.*
Rate *\$ 20⁰⁰* MAY 1 1915

By Whom Assigned *Slater J.*
Regtl. No. *124 65895*
Rank *P/E*
Corps *A. Co. 24th Battrn*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apr.				
May		<i>P. 129</i>	<i>20</i>	<i>Died of wounds June 10/16. C. L. 30/6/16. J.A.G.</i>
June		<i>N 1891</i>	<i>20</i>	
July		<i>P. 1338</i>	<i>20</i>	
Aug.		<i>O 6318</i>	<i>20</i>	
Sept.		<i>Q 6746</i>	<i>20</i>	
Oct.		<i>S 6601</i>	<i>20</i>	
Nov.		<i>T 8435</i>	<i>20</i>	
Dec.		<i>U 10023</i>	<i>20</i>	
Jan.	1916	<i>X 7691</i>	<i>20</i>	
Feb.		<i>Y 10739</i>	<i>20</i>	
March		<i>Z 14872</i>	<i>20</i>	

Casualties

*Also 3 M. July 11/16
J.A.G.*

4.
10/1/68

10/1/68

5.

MARRIED OR SINGLE *S*
PLACE OF BIRTH *Montreal P.Q.*
NAME AND ADDRESS OF NEXT OF KIN *Mrs S. Slater
99 Lafayette St. Montreal 24th. 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

ADJUSTMENT OF A.P. FROM OTTAWA
Authority *649-S-3748*
Amount *20.00* Reason *Credit*
July 16. Sub Paid
Statement SH

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Promoted Corporal</i>	<i>27-3-16</i>	<i>Pt 2 order 15.</i>
<i>Died of Wounds.</i>	<i>10-6-16</i>	<i>Pt 2 order 14</i>

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
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REG'L. No. *65895.* RANK *Cpl.* NAME *Slater, Herbert*
IF IN PERM. CORPS | WHAT UNIT | UNIT *24th Bn* TRANSFERRED TO *5th Mun Coy* DATE *1-3-16* AUTHORITY
PERMANENT FORCE ALLOWANCES TRANSFERRED TO *Home off* DATE *10-6-16* AUTHORITY *Platoon 24*
PLACE OF ATTESTATION *Montreal* TRANSFERRED TO DATE AUTHORITY
DATE OF ATTESTATION *Oct 28th 1914.* TRANSFERRED TO DATE AUTHORITY
ASSIGNED PAY MONTHLY \$ *20.00* DATE EFFECTIVE
PAYABLE TO *(Next of kin) Mrs S. Slater 99 Lafayette St. Montreal 24th P.Q.* RELATIONSHIP *Mother*
ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP
STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *July 7 1916* EFFECTIVE *1st August* REASON *Died of Wounds.*
DISCHARGE DATE AND PLACE *10/6/16* REASON AND AUTHORITY
ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)
ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



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	1	2				3	4				CREDIT	DEBIT					
			\$	C.						\$	C.																	\$	C.			
									<i>335.90</i>										<i>270.54</i>	<i>65.36</i>												
<i>Apr 15 30/16</i>		<i>33</i>	<i>00</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>00</i>		<i>50</i>	<i>385.90</i>					<i>7.30</i>	<i>20</i>		<i>27</i>	<i>30</i>	<i>74</i>	<i>56</i>					<i>Died of Wounds 31 days diffnary Pts & Exp</i>						
<i>May 31 31/16</i>		<i>34</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>3</i>	<i>10</i>			<i>372.00</i>	<i>2</i>	<i>6/1/16</i>	<i>27/6/16</i>			<i>20.00</i>		<i>82</i>	<i>83</i>	<i>28</i>	<i>93</i>											
<i>June 30 10</i>		<i>10</i>	<i>00</i>	<i>10</i>	<i>00</i>	<i>1</i>	<i>00</i>			<i>12</i>				<i>4</i>	<i>26</i>	<i>20</i>		<i>24</i>	<i>26</i>	<i>16</i>	<i>67</i>											
<i>July</i>																<i>20</i>		<i>20</i>				<i>3</i>	<i>33</i>									
																			<i>20</i>				<i>3</i>	<i>33</i>								
																							<i>78</i>								<i>255.03 S. Sub 352</i>	
																															<i>78.00 balance for collection 25/7/16</i>	
									<i>20.00</i>	<i>20.00</i>					<i>20.00</i>			<i>20.00</i>												<i>Ported 2-3-17. Ref to loan liability Deads</i>		
									<i>2</i>	<i>14</i>													<i>1</i>	<i>07</i>							<i>Ref 102.6 Pts 1720 2/1/17 V.31 B 22/37</i>	
									<i>8</i>	<i>70</i>													<i>1</i>	<i>07</i>							<i>62.40 Ref for 894 Del. V.9 B. 12/1/17</i>	
																															<i>Dy 187.1719 2/1/17</i>	
																																<i>10 3173.22/37</i>

Checked *backward*
n.s. Oct 16
" Mar 17
Sept 17
Statement of
OCT 31 1916
Account rendered

Cash found in effects *2.55*

255.03 S. Sub 352
78.00 balance for
collection 25/7/16
Ported 2-3-17. Ref to
loan liability Deads
Ref 102.6 Pts 1720 2/1/17 V.31 B 22/37
62.40 Ref for 894 Del. V.9 B. 12/1/17
Dy 187.1719 2/1/17
10 3173.22/37

2626

DESCRIPTIVE RETURN of a Soldier at present stationed at In the field
 who is desirous of being * ^{transferred} ~~posted~~ ^{attached} from the 24th Bn. (Victoria Rifles) Can. Regiment
 at In the field to the 5th Brigade Machine Gun Coy Regiment
 or Corps at In the field for the purpose of joining the Coy.

Regiment and Battalion 24th Bn (Victoria Rifles) Can.

No. 65895 Rank and Name A/L/Cpl. H. Slater

Service towards engagement years 14 months.

Date of Attestation Oct. 24 - 1915

Period for which attested duration of the war Reserve.

Age 23 years 8 days. Height 5 feet 11 inches.

Chest Measurement { Girth when fully expanded 38 inches.
 Range of expansion 3 inches.

Trade or Calling:- Gold Pen maker.

Where born Montreal South County Oulac - Canada

Married or single, if married, } Single
state if with leave }

Certificate of Education

Character

Good conduct badges

Musketry qualification and score

Schools or Courses of Instruction
 at which the soldier has
 attended and qualified.
 Nature of certificates ob-
 tained to be stated.



To be signed by a Soldier applying to be transferred.

I request to be transferred as above, and I understand that, if transferred, my conditions of service will be modified (if necessary) so as to correspond with the general conditions of service in the corps to which I am transferred, in accordance with Section 83 (3) of the Army Act.

Signature of Soldier H. Slater

To be signed by a Soldier applying to be posted or attached.

I request to be transferred as above.

Signature of Soldier H. Slater

I have examined the above man and find him medically fit for the branch of the service to which it is proposed
 to * ^{transfer} ~~post~~ ^{attach} him. H. J.
 Signature of Medical Officer H. J.

I have no objection to this man being transferred as above

Signature of applicant's present Commanding Officer

(Station) In the field (Date) 24th Dec. 1915 2nd Lt. Victoria Rifles

I have no objection to this man being transferred as above

Signature of Officer Commanding applicant's proposed
Regiment, Corps or Battalion

(Station) Field (Date) 1/1/16

Signature of competent authority for transfer G. E. Ouelbaed

* See King's Regulations. The words which do not apply to be erased, and in the case of the R.A.M.C., it should also be stated whether suited for the duties of the Corps.
 † Insert "transferred," "posted," or "attached," as the case may be.
 Captain Staff Capt. for H. Col. B.C.A.C. Gen. Dec. 2nd Bn. C. 42 for Dalh Bore

CERTIFICATE to be rendered in the case of a Non Commissioned Officer who

is to be $\left. \begin{array}{l} \text{posted} \\ \text{transferred} \\ \text{attached} \end{array} \right\}$ to the Regular Establishment of any arm of the
Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify that _____

_____ is in every respect competent to undertake and suitable for the duties he will be required to perform as an Instructor in the arm of the Special Reserve or the Territorial Force

to which I recommend he should be $\left. \begin{array}{l} \text{posted} \\ \text{transferred} \\ \text{attached} \end{array} \right\}$

_____ Officer Commanding,

Place _____

Date _____

DOCUMENTS TO ACCOMPANY THIS FORM.

In all cases	Copies of Regimental and Company Conduct Sheets.
In cases of Tradesmen	Certificate of Proficiency on Army Form B. 195 or 195 A, as the case may be.
In case of Clerks (or of any trade if for Royal Army Medical Corps . . .)	Specimen of handwriting and ciphering.
In case of Candidates for Military Police.	Specimen of handwriting.
In case of Candidates for the Military Provost Staff Corps	Copy of Record of Service on Army Form B. 200.