

ATTESTATION PAPER.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Stone.
- 1a. What are your Christian names?..... Ernest Edmund
- 1b. What is your present address?..... 102 Pine Ave West, Montreal, Que.
- 2. In what Town, Township or Parish, and in what Country were you born?..... London, Eng.
- 3. What is the name of your next-of kin?..... Mrs. May Stone,
- 4. What is the address of your next-of-kin?..... 102 Pine Ave West, Montreal
- 4a. What is the relationship of your next-of-kin?..... Wife
- 5. What is the date of your birth?..... 7th March 1887
- 6. What is your Trade or Calling?..... Accountant
- 7. Are you married?..... Yes
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... 6th Hussars
- 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
- 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? .. Not applicable
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... Yes, 5th C.M.P.
- 16. If so, what was the reason?..... Deaf Left ear.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Stone, Ernest Edmund, 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.

Stone (Signature of Recruit)

Date 22.10.17. 191 . (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Stone Ernest Edmund, 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.

Stone (Signature of Recruit)

Date 21. 10. 17. 191 . (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 Que. this 22 day of October 191 7.

J. P. [Signature] (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of STONE, ERNEST EDMUND on Enlistment.

Apparent Age 30 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 4 1/2 ins.

Chest measurement { Girth when fully expanded 33 1/2 ins.
 Range of expansion 3 ins.

Complexion Med.

Eyes Brown

Hair Brown

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

RR 80 SP 40 Cas S deab R. ofi

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:—

Declared **FIT** by MEDICAL BOARD
 MOBILIZATION CENTRE, M. D. 14
Attest Medical Officer.

CERTIFICATE OF OFFICER COMMANDING UNIT.

...STONE, ERNEST EDMUND..... 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 21. 10. 17 191 .

18-11-18

Deceased

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 3 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms..... 1
- 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..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 2

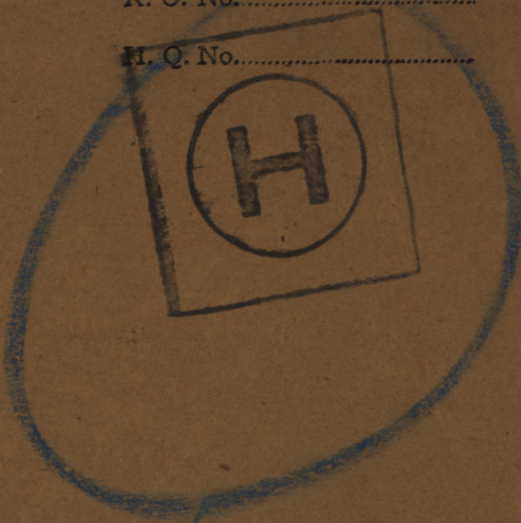
Name STONE, ERNEST, EDMUND.

Regt. No. 3153008 Rank C. Q. M. Sgt.

Corps 4th Cav. Gen. Regt.

S. O. I. 33-10-18

M. D. H.



45107

1-25
1-25

M. D. H.
15-2-21
R. M. R.

Ordinary

Handwritten marks on the left margin, possibly initials or a signature.

LEDGER NO. *3974 - 224*

SERIAL NO.

REG. NUMBER *3155008* NAME *Stone E. E.*

RANK *C Q M S* CORPS *Hth C. G. R.*

AGE SERVICE

NAME OF HOSPITAL *Gen. Gds. Em.* PLACE *Montreal*

DATE OF ADMISSION *19/10/18*

DISEASE *Influenza (Pneumonia)*

TRANSFERRED TO OTHER HOSPITALS

Died 23/10/18

OPERATION

DISCHARGED TO IN CATEGORY

REMARKS:.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

D 20/10/18
in Canada

SURNAME.

Stone

649-S-27727

CARD NO.

CHRISTIAN NAMES

Ernest Edmund

REGL. NO.

3155008

RANK

Pte.

UNIT

2nd. Depot (2nd. Que Regt.)

FORMER CORPS

6th. Huss.

S.O.S. 23-10-18.4
S.O.S. 181 FOLL 28-10-18
"Deceased" 4th Apr 1918 G.G.R.

Bw.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Stone, Mrs. May

RELATIONSHIP TO SOLDIER

Wife

ADDRESS

102 Pine Ave, W. Montreal P.Q.

COUNTRY OF BIRTH

England, London

DATE

Mar. 7th, 1887

PLACE OF ATTESTATION

Montreal P.Q.

DATE

Oct. 21st, 1917

MARRIED

yes

SINGLE

WIDOWER

TRADE OR CALLING

Accountant

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

39

YEARS

7

MONTHS

HEIGHT

5

FEET

4 1/2

INCHES

CHEST MEASUREMENT

34 1/2

INCHES

EXPANSION

3

INCHES

COMPLEXION

Medium

EYES

Brown

HAIR

Brown

DISTINGUISHING MARKS

nil.

MEDICAL EXAMINATION.

PLACE

Montreal P. Q.

DATE

Oct. 22. 1917

Present address, 102 Pine Ave., W. Montreal, P. Q.

H. Q. 649-S-27727

4th Bn C. S. R.

STONE, Pte. Ernest E. #3155008, 2nd Depot Bn.

form 2nd Que Regt

Med & D (Widow)

Mrs. May B. Stone,
Richmond,
Co. Richmond, P.Q.

P & S (Widow)

Address as above.

Rec # 808622

Mem Cross (Widow)

Address as above.

MAY 10 1921

Sorell Desp.

Reqn. No.

2472779

OCT 15 1921

Flague Desp.

Reqn. No.

11935

Canada Only.

P.R.

1087

W 46042 FEB 22 1921

1000000000

CLINICAL CHART

Name: _____
 Date of Admission: _____
 Room No. _____
 Ward _____
 Date of Discharge: _____
 Physician: _____
 Nurse: _____
 Diet: _____
 Order: _____
 Signature: _____

Time	Temp	Pulse	Respiration	Blood Pressure	Weight	Height	Condition	Remarks
7:00 AM								
8:00 AM								
9:00 AM								
10:00 AM								
11:00 AM								
12:00 PM								
1:00 PM								
2:00 PM								
3:00 PM								
4:00 PM								
5:00 PM								
6:00 PM								
7:00 PM								
8:00 PM								
9:00 PM								
10:00 PM								
11:00 PM								
12:00 AM								
1:00 AM								
2:00 AM								
3:00 AM								
4:00 AM								
5:00 AM								
6:00 AM								

MEDICAL HISTORY SHEET



Surname STONE Christian Name ERNEST EDMUND

Examined on 22nd day of Oct. 1917.
 at Montreal, Que.

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

Birthplace { City or Town London,
 County England

Rank Private M.O.
Harbyway

Apparent age 30 yrs.

Trade or occupation Accountant

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		"C" Fit for Service in Canada only. M.O.
		MAR 30 1918 M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Height 5 feet 4 1/2 Inches

Weight 133 lbs.

Chest measurement { Minimum 31 inches

{ Maximum expansion 34 1/2 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right 2 Left
 Number 2

Date	Result	VACCINATIONS
<u>1/12/17</u>		<u>Influenza Capt.</u> M.O.
		M.O.
		M.O.

When Vaccinated last child

(a) Marks indicating congenital peculiarities of previous disease

(b) Slight defects but not sufficient to cause rejection

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>17/11/17</u>		<u>Influenza Capt.</u> M.O.
<u>24/11/17</u>		M.O.
<u>1/12/17</u>		M.O.

Albuminuria - Deafness
RM 40 SN:40 RE OR: 32 dent

Enlisted on 21st day of October 1917 at Montreal, Que.

	CORPS	REGT'L NUMBER	HABITS	DATE
Joined on enlistment	<u>2nd Depot Bn.</u> <u>2nd Quebec Regt.</u>	<u>3155008</u>		<u>21.10.17.</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>HOSPITAL GROUP</u>			
<u>RECEIVED</u>			
<u>OCT 23 1918</u>			
<u>AM</u>			
<u>17189101144 1171917917</u>			

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.

M.X.
15-2-21
R.R.

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. 2nd Depot Bn. 2nd Quebec Regt.

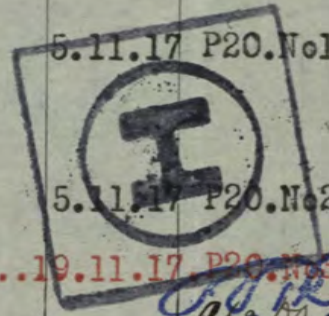
Regimental No. 3155008 Rank Pte Name Stone, Ernest Edmund.

Enlisted (a) 21/10/17 3155008 Terms of Service (a) War & 6 months Service reckons from (a) 21/10/17.

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).....

Date	Report From whom received	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
22.10.17		Affect. x assign. Regt. No. 3155008	Montreal.	21.10.17	F.I.D. No 5. Para 9.
22.10.17		Draw subs. allow. of 0.60 p.d. in lieu of quarters & rations.	Montreal.	21.10.17	F.I.D. No 5. Para 11.
5.11.17		Promoted C.Q.M.S. 21.10.17 to complete Est. of A. Co'y.	"	21.10.17	F.I.D. No 19 Para 47.
5.11.17		Cease to draw subs. allow. with effect 5.11.17	Montreal	5.11.17	P20. No 19. Para 51
9.11.17		Draw subs. allow. of 0.60c. p.d. in lieu of quarters & rations with effects 5.11.17.	"	5.11.17	P20. No 23. Para 62.
20.11.17		Cease to draw subs. allow.	"	19.11.17	P20. No 33. Para 97.
18.2.18	No. 4 S.S. Co.	Detached for duty K.O.C. Robin & Statistics	Montreal	19.11.17	Captain G. C. No. 4 Special Service Co. C.E.F.
1/2/18	No. 4 S.S. Co.	TAKEN ON STRENGTH 4TH BN. C. G. B. C. E. F. ARTH. FT. M.D. O.		1/2/18	Captain Lieut.



T.O.S. SPECIAL SERVICE BATTALION

Adjutant, 4th Bn, Canadian Garrison Regiment, C.E.F.

(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.

Casualty Form A

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				
28.10.18	4 th Lt. S.R.	STRUCK OFF STRENGTH 4TH BN, C. G. B., C. E. F. AUTH. PT. II D. O. Died in Genasiers Quarters Army Hospital at 3 ³⁰ AM. - 23.10.18.		23.10.18.	W. Melville Lieut. Adjutant, 4th Bn, Canadian Garrison Regiment C.E.F.

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins..... 2nd Depot Bn. 2nd Quebec Regt.

(2) Regimental Number..... 3155008

(3) Full Name of Soldier..... Stone, Edmund, Ernest.

(4) Place of Birth..... London, Eng

(5) Are you married, or not?..... Yes.

(6) If married, state,
 (a) Full name of your wife..... Mrs. May Stone, 102 Pine Avenue West, Montreal, P. Q.

(b) Present Postal Address..... *Last address 92 St-Luke St JJB*

(7) Are you a widower?..... No

(8) Have you any children?..... Yes

If so, give number of boys and girls..... One boy

Also their names and ages..... Eric Eric. Ernest, Edmund,

age 1 year.

(9) Is your Father alive?..... **No**.....

If so, state name and address.....

(10) Is your Mother alive?..... **No**.....

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes applied.

(15) Are you insured?..... **Yes**.....

If so, in what Company?..... **Metropolitan Life, Montreal.**.....

Have you made arrangements for payment of your Insurance premium..... **Yes.**.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

[Handwritten Signature]

Officer Commanding.

Lieut.-Colonel,

Cmd'g. 2nd Depot Bn. 2nd Québec Reg't.

Date.....

5337 1 533

Register No. D 81064

WAR SERVICE GRATUITY

A.P. File No. 17483-C-25

TO
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 3155-108 Name Ernest Edmund Stone
(Christian Name) (Surname)
Unit 40th BATT Rank Sergt Date of enlistment.....
Date of casualty 23-10-18 B.P.C. File No. 52846
Was service performed overseas? yes

DEPENDENT

Name Mrs May Stone Relationship Widow
Address 92 St. Luke St.
Montreal P Que

M.F.W. 2652
25M-6-20,
H.Q. 1772-39-1473

Emb

Amount of Special Pension Bonus \$ 85.00 Abstracted by M L Dunn

Eligible for Gratuity \$ 180.00

Less amount of Special Pension Bonus paid..... \$ 85.00

Less Debit Balance of S. A. or A.P..... \$

Total deductions \$ 85.00

Balance due \$ 98.00

Cheque No. 9 1798675 ✓ Date issued AUG - 4 1920 *h/born*

Clerk J. LeCourt.

REMARKS :
.....
.....
.....
.....

Audited by
[Signature]
Date 2/2/20 98.00

2925

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 53961—M. & D. 9721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

Remarks:

M. F. W. 127
 300M-1-10
 1772-39-1140

CANADIAN CONTINGENT EXPEDITIONARY FORCE

AMENDED

Adjustment of S.A.

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. **5155008** Rank **C.Q.M.S.** Name **STONE E.E.**
 Corps **4th Batta. Can. Garrison Regt. CEF.** who was* **DISCHARGED**
 On **October 25rd.** 191**8**, to **-----**
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **October 1st.** 191**8** to **October 25rd.** 191**8**, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month		
Advances by Cheques } No. 19055	15	00	Regt'l. Pay 25 days at \$ 1c. 50	54	50
Assigned Pay and Sep'n Allee. No. 18589	20	00	Field Allow. 25 days at \$ c. 20	4	60
Other charges			Separation Allowances* (Monthly) Oct.	25	00
Payment on transfer or discharge No.			Adj. of S.A. Sept. & Oct.	10	00
Balance Cr. (to be paid by the new unit) ...	19	30	Other Allowances*		
			Other Credits* 19 days Sub. 80c.	15	20
Total	89	30	Bal. Dr. (to be deducted by new unit) ...		
			Total	89	30

*Give particulars.

A monthly stoppage of \$ **20.00** (†) has (‡) been paid on account of Assigned Pay for the month of **October** 191**8** and Sep'n Allee. for month of **Oct.** 191**8** (to) Assignee **Mrs. Mary Stone**
 (Address) **92 St. Luke St. Montreal**

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of \$ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment **9-10-17**
 (2) if married and if a Separation Allowance Card has been submitted **Paid for October**
 (3) cause of discharge **DECEASED** authority **R.O. 181**
 (4) authority for transfer **-----**

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date **November 19th, 1918**
 Place **Montreal P.Q.**

Lieut. Capt.
Paymaster, 4th Bn. Canadian Garrison Regt. Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

FORM OF WILL.

MILITARY DEFENCE
NOV - 6 1918
P.C. CANADA

I, Ernest Edmund Stone (Name in full)

Regimental Number 3155008 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 bequeath all my real estate unto

<u>Mrs. May Stone,</u>	} Name and Address of person or persons to whom it is to go.
<u>102 Pine Avenue West,</u>	
<u>Montreal. P.Q.</u>	

absolutely, and my personal estate I bequeath to

<u>Mrs. May Stone,</u>	} Name and Address of person or persons to receive personal estate* (See note).
<u>102 Pine Avenue West,</u>	
<u>Montreal. P.Q.</u>	

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

this 7th day of November A. D. 1917
E. E. Stone 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 Roger Archambault
 Address of Witness 1924 Jeanne Mance, Montreal
 Occupation of Witness Private
 Signature of Second Witness G. M. Demers
 Address of Witness #1390 Greave Ave. Montreal
 Occupation of Witness Soldier

THE TWO WITNESSES MUST SIGN HERE ESTATES



MIL. & DEF. A.C. NOV 7 1918

9125-6-11-18

D 577. 6/11/18

FORN... 81-11-9 256

I hereby certify that the following is a true and correct copy of the original...

Name and Address of Person to be Examined
Name and Address of Person Examining

RECORDED
INDEXED
MAY 20 1918

IMPORTANT NOTE
This is a copy of the original...

Witness my hand and seal this 11th day of June 1918.
Notary Public for the State of New York

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

21-10-17.

Separation and Assigned Pay Branch

S 18581

OVERSEAS CONTINGENTS

383

RATE OF SEPARATION ALLOWANCE

25			
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RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. 3155008
 Rank *Sgt.* Promoted Reverted Discharge
 Soldier's Name Ernest Edmond Stone
 Battalion 2nd Depot Battr. 2nd Quebec Regt
 Beneficiary Mrs. May Stone
 Relationship Wife
 Address 102 Pine Ave West, Montreal Que.

Name
 Address
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Nov 1917	E 51017	33		33	R mailed 27-11-17.
Dec	C 62410	25		25	
Jan 18	G 60817	25		25	F P M W #4 Paid from 1-2-18 to
		83			
2 Nov. 18	N. 1752.	30	20	50	Jan 31-10-18. Kob. mld. 28-11-18.

19483-E-25

ENTERED IN
 AUDIT LEDGER
 DEC 19 1918
 BY
 VOUCHER SECTION

PAYMASTER PAYING
 From 1-2-18
 To M D #4

2nd Dep. Btly
 closed 23/10/18 - 29 and closed 31/10/18 per the P.M.
 letter on file
 9/1/18

M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 22320-M. & D. 1983.

Make sure

2 out

