

42nd Batt

# ATTESTATION PAPER

No. 18695

Folio. 93

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? Gordon Thacker
2. In what Town, Township, or Parish, and in what Country were you born? Swadlingcote, Derbyshire, England
3. What is the name of your next-of-kin? Mother. Elizabeth Ann Thacker.
4. What is the address of your next-of-kin? 20 Horne Ave. Montreal
5. What is the date of your birth? 20 October 1896
6. What is your trade or calling? clerk
7. Are you married? No.
8. Are you willing to be vaccinated or re-vaccinated? YES
9. Do you now belong to the Active Militia? No.
10. Have you ever served in any Military Force? No.  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? YES
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? YES

G. Thacker (Signature of Man.)

P. A. Peterson (Signature of Witness.)

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

I, Gordon Thacker, 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.

G. Thacker (Signature of Recruit.)

Date April 10<sup>th</sup> 1915 P. A. Peterson (Signature of Witness.)

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

I, Gordon Thacker, 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.

G. Thacker (Signature of Recruit.)

Date April 10<sup>th</sup> 1915 P. A. Peterson (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 14 day of April 1915

[Signature] (Signature of Justice.)

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

[Signature] (Approving Officer.)

DESCRIPTION OF Gordon Thacker ON ENLISTMENT.

Apparent Age 18 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. 5 1/2 ins.

Chest measurement { Girth when fully expanded 35 ins.  
 Range of expansion 2 ins.

Complexion Fair  
 Eyes Brown  
 Hair Brown

1 Vac. Marks  
Label on Right Forearm.

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date April 10 1913

Place MONTREAL

H. C. Burgess  
 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

Gordon Thacker 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.

G. S. Beattie (Signature of Officer.)

Date 1913

REGIMENTAL DOCUMENTS



NAME

*Thacker Gordon*

REGT. NO.

*418695*

UNIT

*42nd Bn*

M. F. W. 2505  
REFERENCE

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

NON-EFFECTIVE BY

**S**

*H2*

**M**

DEATH

Category

DISCHARGE

Category

DESERTION

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

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

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)

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TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

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

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

05737

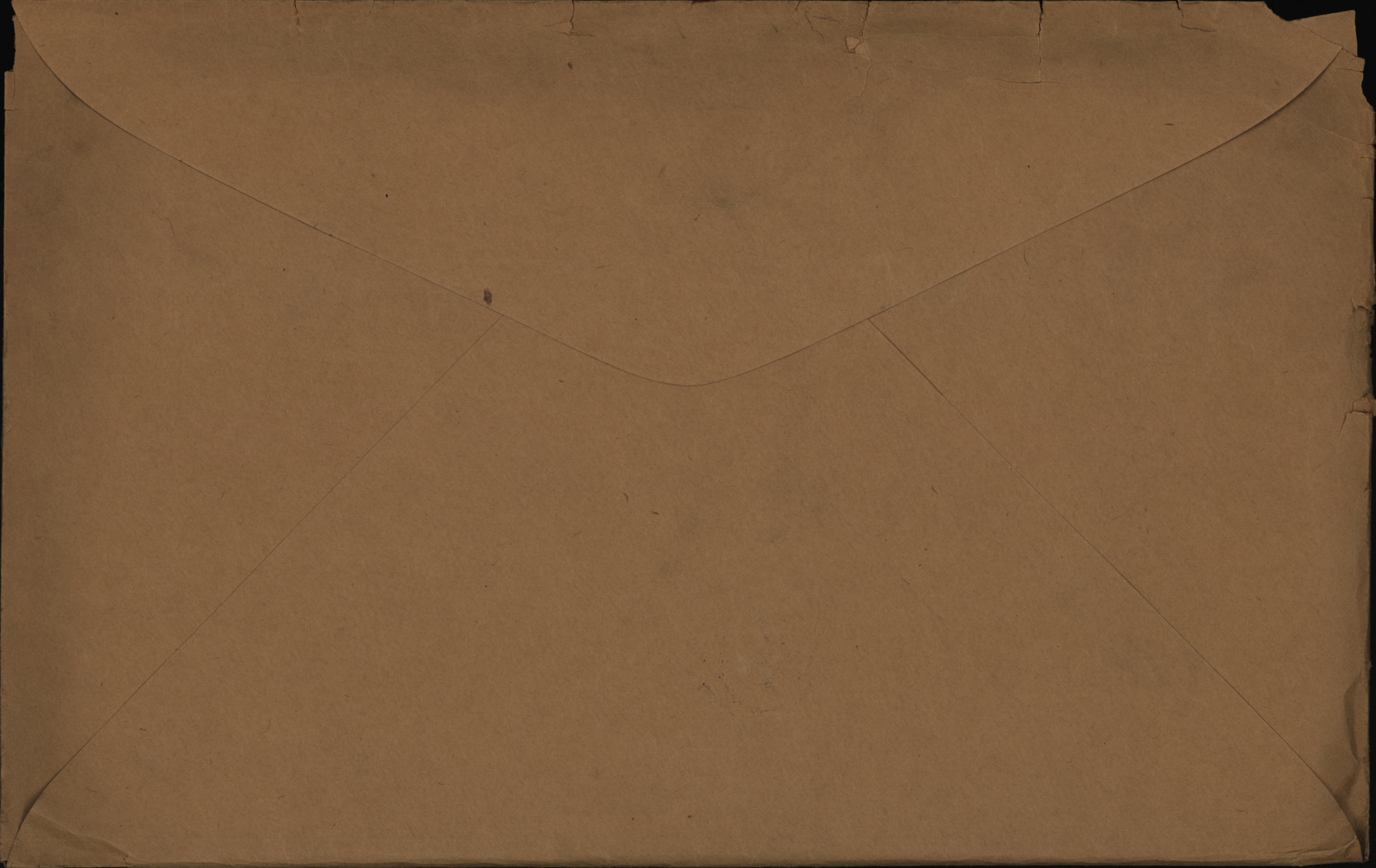
*pas card  
R122*



*2*

*25 = 26  
10 26  
5 = 27  
2*

*m2  
3/1/20*



SURNAME.

*Thacker.*

*649-Y-1276.*

CARD NO.

*D*

CHRISTIAN NAMES

*Gordon.*

FOLL.

REGL. NO.

*418695.*

RANK

*Cte*

UNIT

*42nd*

*R.W.*

FORMER CORPS

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Thacker, Mrs. Elizabeth*

RELATIONSHIP TO SOLDIER

*(Ann)*

ADDRESS

*20 Lane Ave., Montreal,  
P. Q.*

COUNTRY OF BIRTH

*England*

DATE

*Swadlinjole Secty Oct 25<sup>th</sup> 1896.*

PLACE OF ATTESTATION

*Montreal, P. Q.*

DATE

*Apr. 14<sup>th</sup> 1915.*

*6/s. 10/6/15. <sup>102</sup>/<sub>16.</sub>*

*From Montreal Per S. S. "Hesperian" 10-6-15*

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 -*

NAME *Thacker, Gordon*

H. Q. FILE No. 649-

REGT'L. No. *418695.*

RANK AND CORPS *Pte.*

*42<sup>nd</sup>. Battalion*

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
<i>M. 7849</i>	<i>11-6-16</i>	<i>Admitted to No. 13 Stationary Hosp. Boulogne, June 3<sup>rd</sup>. 1916., Wounded left arm. ✓</i>
<i>O. 1325</i>	<i>22-9-16</i>	<i>Died of wounds at 23, Gen. Hosp. Etaples Sept. 21<sup>st</sup> 1916. G.S.M. head, leg, thigh, fractured femur gas gangrene. ✓</i>
<i>A7B2090</i>	<i>28-9-16</i>	<i>Rozen - Died of Wounds 21-9-16. ✓</i>

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A178 <sup>2</sup>	no 13 Stat., Boulogne	3-6-16	G.S.W Left arm Slight
a186	" 1 bonv. Dep. Boulogne	13-6-16	" " " "
A196	Trans. by Navire spec. Hosp.	22-6-16	Wounded.
A211	Trans from France to Can. Base Depot	28-6-16.	Wounded.
A255	O.C. 23 Gen., Etaples	Reports 21-9-16	Died of wounds, G.S.W.
			Head, thigh, R. Leg.
			Fract. by Femur
			Gas Gangrene



Name **Thacker, Gordon** Rank **Pte.**Reg. No. **418695**Unit **42nd Battalion.***R.Y. 25-T-661.*Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
3-6	No. 13. Stat. Hosp. Boulogne	Boulogne	GSW. L. Arm Slt	A 178	M 7849	17/6.
13.6.	No. 1. Con. Depot B'logne.	Dob	186.			
22.6.	Transferred to Avon Special.	Wounded.	196.			
28.6.	Canadian Base Depot.	Dob.	211.			
	O. P. 23. Gen. Hosp. Staples reports.					
21-9	Died of lvs.		Ed. Sh. Head 18. High trac fever. Gas. Gangrene.	A/ 255	0/ 1325	25/9.



649-T-1276 *H. E. P.*

THACKER, Gordon, Pte. 418695. 42nd. Bn,

*Elig for star Pte. 42nd Bn.*

Medals & Dec. (Father)

Robert Thacker, Esq.,

Scroll Desp. *JAN 22 1921* Reqn. No. *12301*

~~20 Lorne Ave., 30 Crescent St.~~  
Montreal. P.Q.

*11 redesp 20.8.21 - 3715 - SR.*  
Plague Desp. *SEP 19 1922* Reqn. No. *46164*

P & S. (Father)

Robert Thacker, Esq.,

*Serial No 770914*

~~20 Lorne Ave.,~~  
Montreal, P.Q.

*M*  
*215.07*

Memorial Cross (Mother)

Mrs. E.A. Thacker,

Address as above.

*m.f.* *Resp.* SEP 7 1920 *(M) C 21574*

7

304

Imp

✓  
418695

✓  
Pte ~~B~~

Number

Rank

Surname

THACKER

Christian Name

Gordon ✓

Units

42nd Bn

Can Corps ✓

Theatre of War

France ✓

Date of Service

9/10/15 D

Remarks

Gather ✓

Latest Address

Robert Thacher, Esq.

30. Crescent St. Montreal

P.Q.

Roll No.

B  
Page 10458

DESP. APR 11 1922

REGN. NO.

*8405*

No. 186 95- RANK

Pte

NAME

Thacker G

T. O. S. 14-4-15-

UNIT

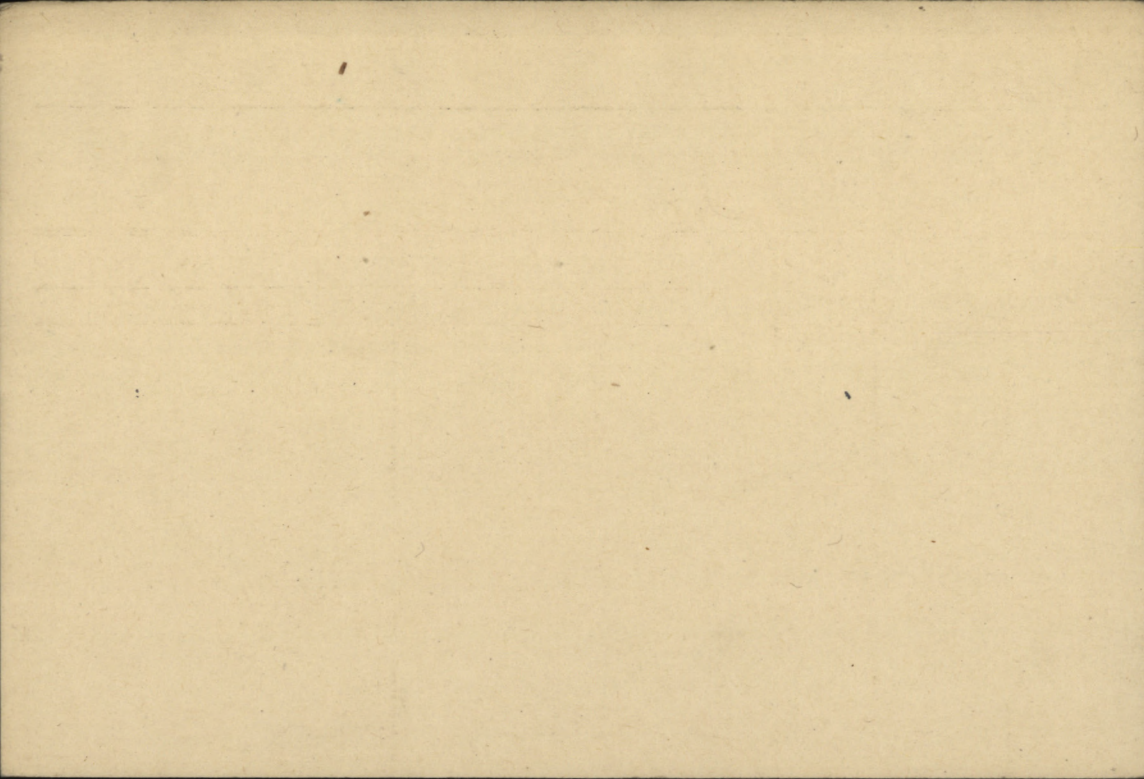
42nd Battalion

So # 54 15-4-15-

M. D. 4

PAID		SIG. CR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1915 Apr 14	1915- Apr 30 May June	L L oo	On leave	June payroll

UNIT SAILED  
JUN 1 0 1915





Surname *Thacker* Christian Name or Names *G.* Reg. No. *418695*  
 Rank *Rü* Unit *42 Battrn* Co. Troop Batty  
 Hospital Date of Admission

Transferred *13 Stat Boulogne* Hosp. *3.6.16*  
*No 1 Con. Dep. Boulogne* Hosp. *13-6-16*  
*Naval Special* Hosp. *22.6.16.*  
 Hosp.

Diagnosis *G.S. W. L. Arm (see)*

(1)  
 Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Cl. 23 G. H. Etapes, reports aid of wounds 2.9.16*

DISPOSITION

Date

*62 12.6.16 # 2178 (2)*

REMARKS

*" 21-6-16 2186 Trans. to Havre (Spe.) 22-6-16*

*" 3-7-16 2196 C. B. Depot. 28.6.16.*

*25.7.16. 2211.*

*25.9.16 2255*

A.M.D. 2 DEPT.

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

*fr  
R*

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

# MEDICAL HISTORY SHEET.

Surname Thacker Christian Name Gordon

Examined { on APR 14 1915 day of APR 14 1915 1915  
 at Montreal

Approved by A. A. Mackay

Birthplace { City or Town \_\_\_\_\_  
 County \_\_\_\_\_

Rank Capt M.O.

Apparent age 18 years 6 mts.

Trade or occupation clerk

Height 35 Feet 5 1/2 Inches

Weight 118 Lbs.

Chest measurement { Minimum 35 inches.  
 Maximum expansion 2 inches.

Physical development Good

Small-Pox Marks no

Vaccination Marks { Arm Right Left  
 Number \_\_\_\_\_

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease Tatto heart right forearm

(b) Slight defects but not sufficient to cause rejection no

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,

Date	Result	VACCINATIONS.
<u>28/6/15</u>		<u>A. A. Mackay Capt</u> M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>3/5/15</u>		<u>5cc miltin A. Mackay</u> M.O.
<u>13/5/15</u>		<u>10cc Do A. Mackay</u> M.O.
<u>29/5/15</u>		<u>10cc Do A. Mackay</u> M.O.

Enlisted on APR 14 1915 day of APR 14 1915 1915 at MONTREAL

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>A-18695</u>		<u>APR 14 1915</u>
Transferred to.. ..		<u>418695</u>		

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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



## Casualty Form—Active Service.

Regiment or Corps 42nd Batt C.O.F.  
 Regimental No. 418695 Rank Pte. Name Thacker G.  
 Enlisted (a) 4th Apr. 1915 Terms of Service (a) dun. 1 year + 6 months Service reckons from (a) enlistment  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N.C.Os. }  
 Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

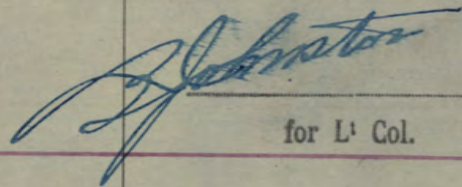
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
Oct/12/15	C 42nd		DISEMBARKÉ D BOULOGNE N.R.		
3/6/16	13 Coy.	G.S. L arm. Sldy. injn.	13 Coy.	3/6/16	W3034
3/6/16	10e. C.S.	do.	10e. C.S.	3/6/16	436-702. To 10. a. 7. 3/16
13/6/16	1 Co. Dep't	Wounded	1 Co. Dep't	13/6/16	W3034
22/6/16	1 Co. Dep't	do.	Have	22/6/16	W3034
17/6/16	13 Coy.	St. Wd. L. Sldy.	Co. Camp	13/6/16	W3034
22/6/16	1 Co. Dep't	Dismissed	Boullogne	28-6-16	7/10/238
28-6-16	C.B.D.	Taken on strength	C.B.D.		
25/6/16	4 Com. Dep.	Admitted	4 Com. Dep.	22/6/16	B212/260
12/8/16	C.B.D.	Left Base	Field	12/8/16	N. R/273. 22/8/16
14/8/16	3rd Cdn. Int. Bn.	Arrived 3rd Cdn. Int. Bn.	D <sup>2</sup>	14/8/16	N. R/273. 22/8/16
2/7/16	Com. Dep.	Should to strength. Disch <sup>d</sup>	ac. Reint. Have	29/6/16	B212/289. 4/9/16

(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.]

1915  
 6  
 1/10/16  
 1/10/16

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 33, 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				
1/9/16	O.C. 42 <sup>nd</sup>	Ret <sup>d</sup> to Amb	Field	28/8/16	B 213/259. 9/9/16.
22/9/16	O.C. 23 <sup>rd</sup> Gen Hosp	Died of wounds received in Action. E.g. s.w. head, right leg & comp. frac. h. femur (gas gangrene)	23 <sup>rd</sup> Gen Hosp Staples	21/9/16	Cdn Sec. file KI. 137-1385- S/ 25-19/16. P. 50 of 22/9/16



Lieutenant  
for Lt Col. A. A. G.

Rank

*Pte*

Name THACKER Gordon

Reg'l No. *A* 18695

Unit

42nd BN.

If in perm. Corps,  
What Unit?

Married or Single Single.

Place and Date of Enlistment Montreal.P.Q. 10th April.1915. Place of Birth Derbyshire.Eng.

Name and Address, Next-of-Kin Elizabeth Ann Thacker, 20, ~~Rome~~ <sup>L. R.</sup> Ave, Montreal.

Relationship Mother

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

*R.L.T.661 5.12.16*

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		19 <sup>6</sup> / <sub>15</sub>	
		Embarked in France.	Irthstone	9.10.15	
12.6.15.	Adm No 13	Stationary Hosp.	Boulogne	3.6.16.	Q78 - 43 G.S.W. Left. Arm Stt.
21.6.16	do	Adm No 1 Lewis. Hosp	Boulogne	13.6.16	CL#A186 " "
3.7.16	do	Trans to Havre	France	22.6.16	CL#A196 " "
25.7.16	— " —	Adm Base Depot	Field	28.6.16	CL#A211 — " —
25.9.16	do	Dica of Wounds No 23 Gen Hosp	Etaples	21.9.16.	CL#A255. {G.S.W. Head High R Leg. Fract. L. Forearm. Gas Gangrene.
28.9.16	do	Dica of Wounds	Swed	21.9.16	Pi II 2.0.50

*m x  
3/1/1916 m.g.*





MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

Robt. Thacker

PAYMENTS.

Name of Soldier

Thacker Gordon <sup>103</sup>  
42 Batt. Staff

L. L. Job 8902.—Req. 6213.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	A 1543	15	
May		Q 5424	15	
June		L 7897	15	
July		A 8407	15	
Aug.		N 15921	15	
Sept.		C. 18828	15	
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

15<sup>00</sup>

JB

Spec Reg Hoops 640  
 Dec of Wounds Sept 25<sup>th</sup> 16 to 25<sup>th</sup> 16  
 (Sheet 10)

Casualties  
 F. X. Rend. Date Total 1240  
 E.F.X. " Date 12/7/17 LHS

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS✓  
102*10*  
*man*

To Whom ~~M.~~ *Robt. Thacker* By Whom Assigned *J. Thacker Gordon*  
 Address *20 Lorne Ave* Regtl. No. ~~#88~~ *#18695.*  
*Montreal, Que* Rank *Pte*  
 Rate *June* ~~\$ 15.00~~ *JUL 1 1915* Corps *4 2nd Bn. C.E.F.*  
*Headquarters staff.*

## PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Casualties</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July		<i>R2143</i>	<i>30 00</i>	
Aug.		<i>S2536</i>	<i>15 00</i>	
Sept.		<i>V4080</i>	<i>15 00</i>	
Oct.		<i>W1324</i>	<i>15 00</i>	
Nov.		<i>Z2682</i>	<i>15 -</i>	
Dec.		<i>K5977</i>	<i>15 -</i>	
Jan.	1916	<i>K8700</i>	<i>15 -</i>	
Feb.		<i>L11751</i>	<i>15 -</i>	
March		<i>P15147</i>	<i>15 -</i>	

RECEIVED  
ASSIGNED BY  
OFFICE OF THE  
ATTORNEY GENERAL

1917

RECEIVED

6

Rank *Private* Name *THACKER, Gordon* Reg'l No. *18695*  
 Unit *42nd BN.* If in perm. Corps, What Unit? Married or Single *Single.*  
 Place and Date of Enlistment *Montreal, P.C. 10th April, 1915.* Place of Birth *Derbyshire, Eng.*

Name and Address, Next-of-Kin *Elizabeth Ann Thacker, 20, Roxhe Ave, Montreal.* Relationship *Mother*  
 Assigned Pay Monthly \$ *15.00* Payable to *Mrs. E. Thacker, 20 Roxhe Ave Montreal*  
 Relationship

Separation Allowance \$ Payable to *Diad of Wounds 21-9-16* Relationship

Discharge, Date and Place *Q255 25-9-16* Reason Character



Statement of  
 APR 23 1917  
 Account rendered

Cash found in  
 effects *N.P.*

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 July 1	July 31	31	1.00	31.00	31	10	3.10		34.10			14.60	15.00		29.60	4.50	
Aug 1	Aug 31	31	1.00	31.00	31	10	3.10		34.10			17.03	15.00		32.03	6.57	
Sept 1	Sept 30	30	1.00	30.00	30	10	3.00		33.00			17.03	15.00		32.03	7.54	
Oct 1	Oct 31	31	1.00	31.00	31	10	3.10		34.10			5.24	15.00		20.24	21.40	
Nov 1	Nov 30	30	1.00	30.00	30	10	3.00		33.00			2.68	15.00		17.68	36.72	
Dec 1	31	31	1.00	31.00	31	10	3.10	10	44.10			7.85	15.00		22.85	57.97	blo. Ref.
Jan 1	31	31	1.00	31.00	31	10	3.10		34.10			5.24	15.00		20.24	71.83	
Feb 1	29	29	1.00	29.00	29	10	2.90		31.90			5.24	15.00		20.24	83.49	
Mar 1	31	31	1.00	31.00	31	10	3.10		34.10			5.24	15.00		20.24	99.35	Checked
				275			2750.10		31250			80.18	135			215.15	

BALANCE TRANSFERRED TO NEW LEDGER.



MARRIED OR SINGLE *S*

PLACE OF BIRTH *Derbyshire*

NAME AND ADDRESS OF NEXT OF KIN *Eliz Ann Thacker*

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>Died of Wounds</i>	<i>21.9.16</i>	<i>CLA 255 d 25.9.16</i>

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
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REG'L No. *418635* RANK *Pte.* NAME *Thacker Gordon*

IF IN PERM. CORPS; WHAT UNIT *42nd Bn*

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION *Montreal*

DATE OF ATTESTATION *10-4-1915*

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE

PAYABLE TO *Mrs E Thacker, 20 Lorne Ave. Montreal* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *27.9.16* EFFECTIVE *1.10.16* REASON *Died of Wounds 21.9.16 CLA 255 d 25.9.16*

DISCHARGE DATE AND PLACE *Field* REASON AND AUTHORITY *Died of Wounds 21.9.16 CLA 255 d 25.9.16*

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *7/9/16*

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		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	c.			\$	c.			\$	c.																				No.	DATE	No.	DATE	No.
<i>Mar 31</i>																																				
<i>April 1-30</i>	<i>30</i>	<i>1-</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>-</i>																												
<i>May 1-31</i>	<i>31</i>		<i>31</i>	<i>-</i>	<i>31</i>		<i>3</i>	<i>10</i>																												
<i>June 1-30</i>	<i>30</i>	<i>1-</i>	<i>30</i>	<i>-</i>	<i>30</i>	<i>10</i>	<i>3</i>	<i>-</i>																												
<i>July 1-31</i>	<i>31</i>	<i>21</i>	<i>21</i>	<i>-</i>	<i>21</i>	<i>10</i>	<i>2</i>	<i>10</i>																												
<i>Aug 1-31</i>	<i>31</i>	<i>21</i>	<i>21</i>	<i>-</i>	<i>21</i>		<i>2</i>	<i>10</i>																												
<i>Sept 1-21</i>	<i>21</i>		<i>21</i>	<i>-</i>	<i>21</i>		<i>2</i>	<i>10</i>																												

Checked by *J. P. Mealey*

*N.E. Branch, Mar 17.*  
*N.E. Branch, June 17.*

Cash found in effects *N.R.*

Statement of APR 23 1917 Account rendered



*Ob's H.A. 2nd Bn Nos 15. Audit from APR 4-26.*  
*at W 2069 Deane on Rept. 6720.665 21/7/16*  
*Died of Wounds 21/9/16 CLA 255 d 25.9.16*  
*Transf. N.E. Branch 7/9/16*  
*23rd para 21/9/16 eff 1/10/16*  
*47 clothing changes*  
*C. B. D. Aug 1916, N.E. 12*  
*14724 30 0 10/16 for Sett 18*  
*14/6/17. V. 50.*

