

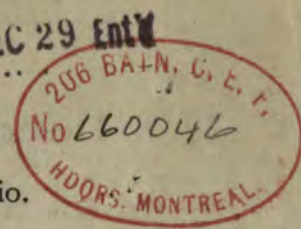
ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

DEC 29 Ent

No.

Folio.



Original

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name?..... JOYAL ROMEO
- 2. In what Town, Township or Parish, and in what Country were you born?..... Montreal
- 3. What is the name of your next-of kin?..... Pierre Joyal (Father)
- 4. What is the address of your next-of-kin?..... 252 Bourbonniere Maisonneuve
- 5. What is the date of your birth?..... 18 Mars 1896
- 6. What is your Trade or Calling?..... Laborer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... or inoculated 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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

R. Joyal (Signature of Man.)
Henri Valois (Signature of Witness.)
serg.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Joyal Roméo, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date Dec 29 1915. Roméo Joyal (Signature of Recruit)
Henri Valois (Signature of Witness)
serg.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, JOYAL 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.

Date Dec 29 1915. Roméo Joyal (Signature of Recruit)
Henri Valois (Signature of Witness)
serg.

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 reported to, and the said Recruit has made and signed the declaration and taken the oath before me, at Montreal this 29 day of Dec 1915.

E. C. Guenard (Signature of Justice)
Capt

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

(Approving Officer)

1-14 June 14 1916
R. No 660046
from Comd. Reg. Transfer

96/20

Description of JOYAL ROMEO on Enlistment.

Apparent Age 19 years 3 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. 3 ins.

Scar on center of forehead

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

Complexion Fair

Eyes Blue

Hair Fair

Religious denominations: { Church of England
 Presbyterian
 Methodist
 Baptist or Congregationalist
 Other Protestants (Denomination to be stated.)
 Roman Catholic Yes
 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 29 Dec 1915 *Jachabotcaptaine*

Place Montréal 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.

Joyal 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.

Alvin Koolin, mjr, Ob. (Signature of Officer)

Date January 6 1916

147 St. Mary
 A. O. C. 206th BATT. C. E. F.

REGIMENTAL DOCUMENTS

NAME Joyal Romeo

REGT. NO. 660046 UNIT

H. Q. FILE NO.

9

DEATH **I**

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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)

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)

100-94-24-17-20

M

14083

OBPH

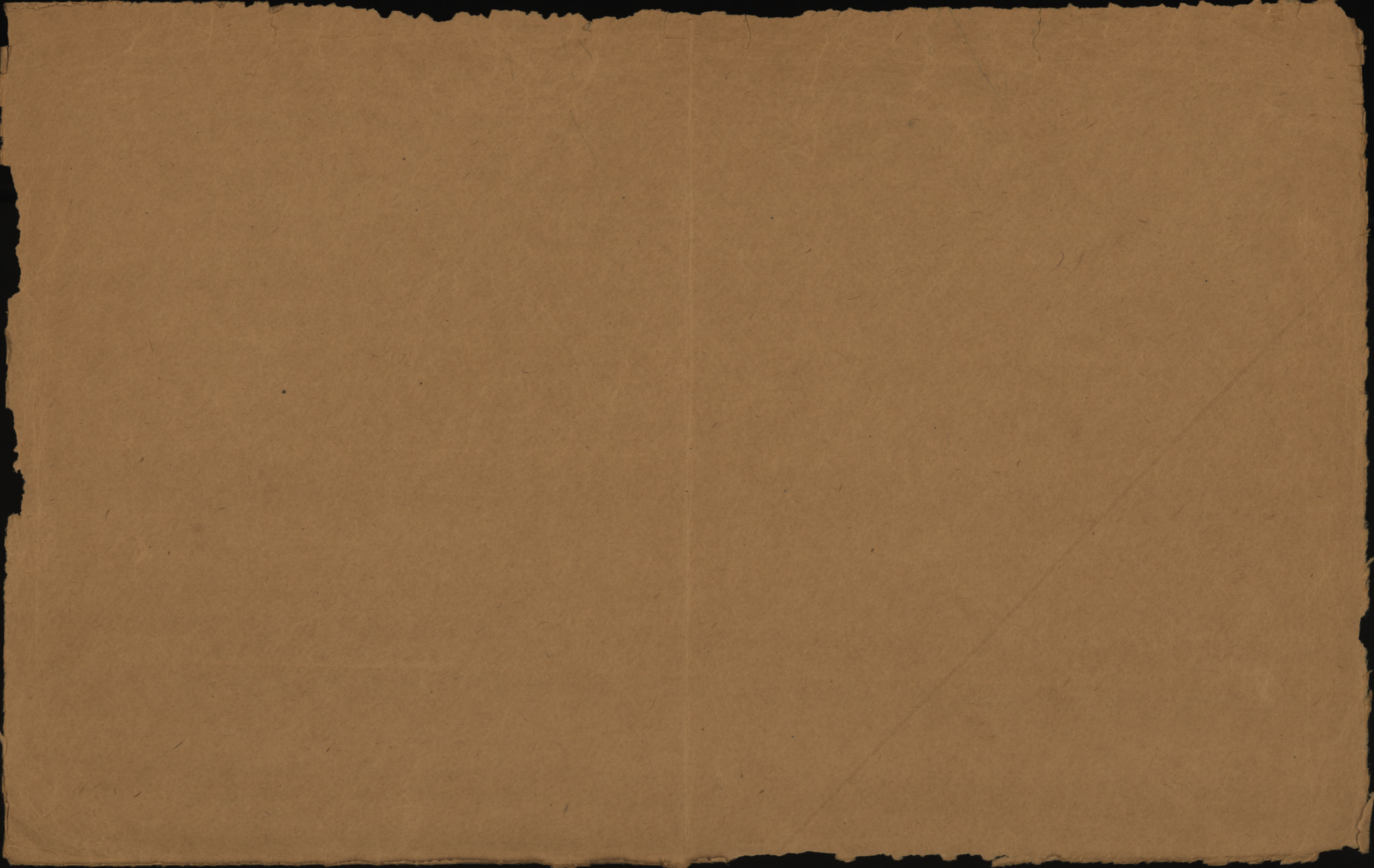
CANADIAN FORCES
RECORDS CENTRE
PERS. TICKET

~~1406972~~

16-7
24-7
30-7
2

misc
8149
M.F.W. 82
pay

MY
4/10/51



14083

660046

JOYAL

ROMEO

I.D. number
No. d'identification

Surname
Nom de famille

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu

4980

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



No. 660048 RANK *Pte*

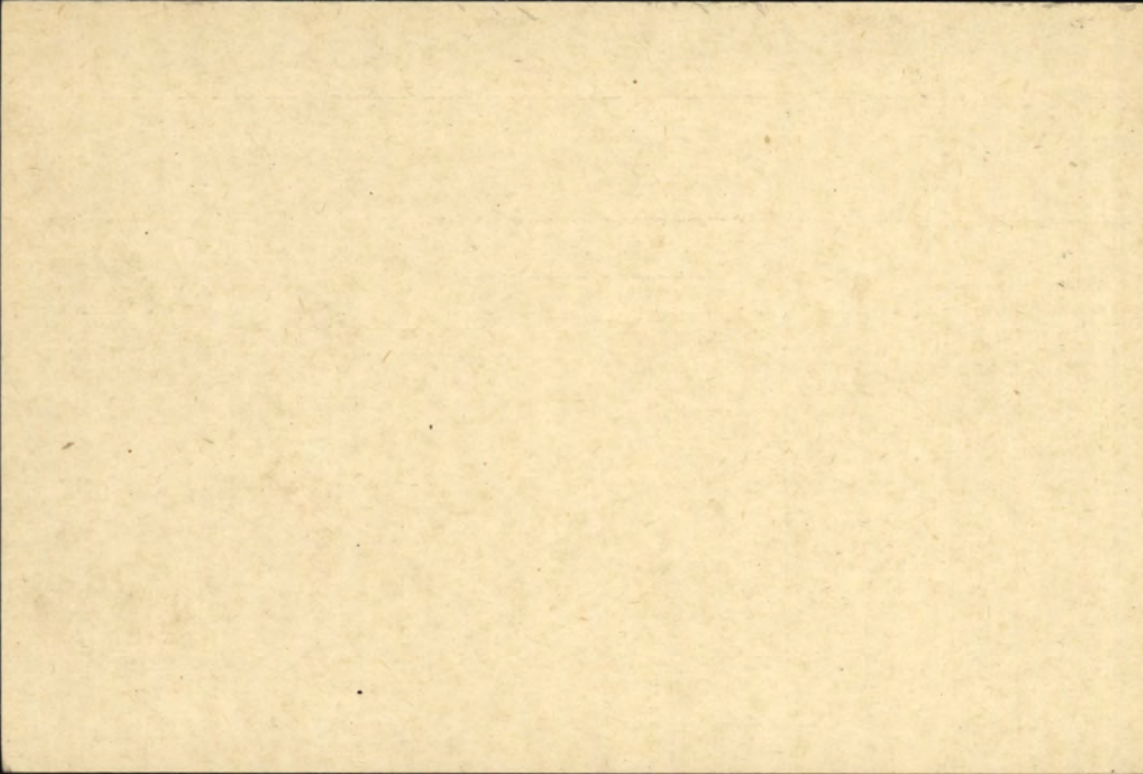
NAME *Joyal, Romeo*

T. O. S. UNIT *206th Battalion C. E. S.*

*Trans from 163rd Bn
21-5-16 Do. 9 of 16-6-16*

M. D. *4*

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAIL FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>		<i>On Do. ret on Paylist</i>	<i>Do. 9 of 16-6-16</i>



SURNAME.

Joyal

CHRISTIAN NAMES

Romeo

REGL. No. *660046*

RANK *Pts.*

UNIT ~~*163rd*~~ *206th (1st R.D.)*

Bn.

FORMER CORPS

Nil

CARD NO.

D

FOLL.

NEXT OF KIN.

NAMES IN FULL

Joyal, Pierre

RELATIONSHIP TO SOLDIER

Father

ADDRESS

*252 Bourbonniere St, Maisonneuve
Montreal, P. Q.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Montreal, P. Q.

DATE

Mar. 18th 1896.

PLACE OF ATTESTATION

Montreal, P. Q.

DATE

Dec. 29th 1915.

Trans from 163rd Bn. 16206th Bn. (1st R.D.) auth.

206th Bn. (1st R.D.) n. R. 25/8/16.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Roman Catholic

DESCRIPTION.

APPARENT AGE

19

YEARS

3

MONTHS

HEIGHT

5

FEET

3

INCHES

CHEST MEASUREMENT

33 1/2

INCHES

EXPANSION

1 1/2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Fair.

DISTINGUISHING MARKS

Scar on centre of forehead.

MEDICAL EXAMINATION.

PLACE

Montreal, P. Q.

DATE

Dec, 29th 1915,

Present Address, Not Stated.

No. 660046 RANK *Pte.*

NAME *Joyal, R.*

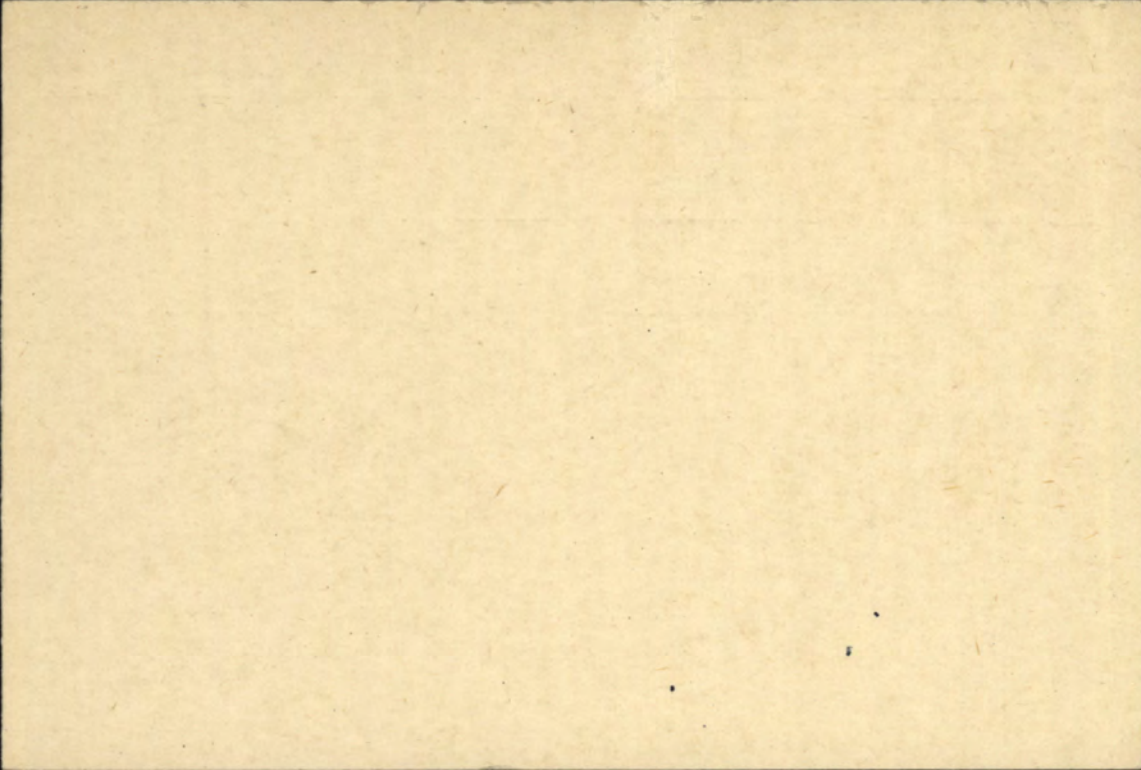
T.O.S. Trans from 206 d Bn 163rd Battalioⁿ, C. E. F. Aug. Paylist.

M. D. 4

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
<i>1816</i>	<i>1916</i>			
<i>Aug</i>	<i>Aug 31</i>	<i>L</i>		
<i>Sept.</i>		<i>L</i>		
<i>Oct.</i>		<i>L</i>		
<i>Nov.</i>		<i>L</i>		
<i>Dec</i>		<i>n.</i>		

UNIT SAILED

NOV 27 1916



✓
Hoyal., ✓
Romeo., ✓
Pte. ✓
660046 ✓
22nd Bn. ✓
649-J-4659

Med. & Dec. (Father) Pierre Joyal. Esq.,
#2. Bonsecours St.,
Montreal. P. Q.

P. & S. (Father) Address as above.

See # 76 7770
Mem. Cross.

(NIF)

~~Plaque Data FEB 10 1922~~ ~~Rep. No. 253743~~

Plaque Data FEB 15 1922 ~~Rep. No. P29697~~
56868

Not eligible for star.
Efig. *Y.M.*
M. E. *B.W.M.*

L.

Plaque rec'd 7.3.22

scroll rec'd 7-3-22

NAME

Joyal Romeo

REG'T L NO.

660046

RANK AND CORPS

Pte.

22nd Bn. (form 206)

H. Q. FILE NO. 649.

CABLE

NO.

DATE

NATURE OF CASUALTY

1st. P.W.

FOLLOWS
NO.

FOLLOWS

M. 5735 17-7-17

87.

Killed in Action July 2nd 17

A. J. B. 269^a 12-7-17

Romeo

Killed in action. Fld. France. 2-7-17

Red. date 31-8-17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A 559. Rep. from Base 2-7-17. Killed in action

No 660046 RANK *Plt*

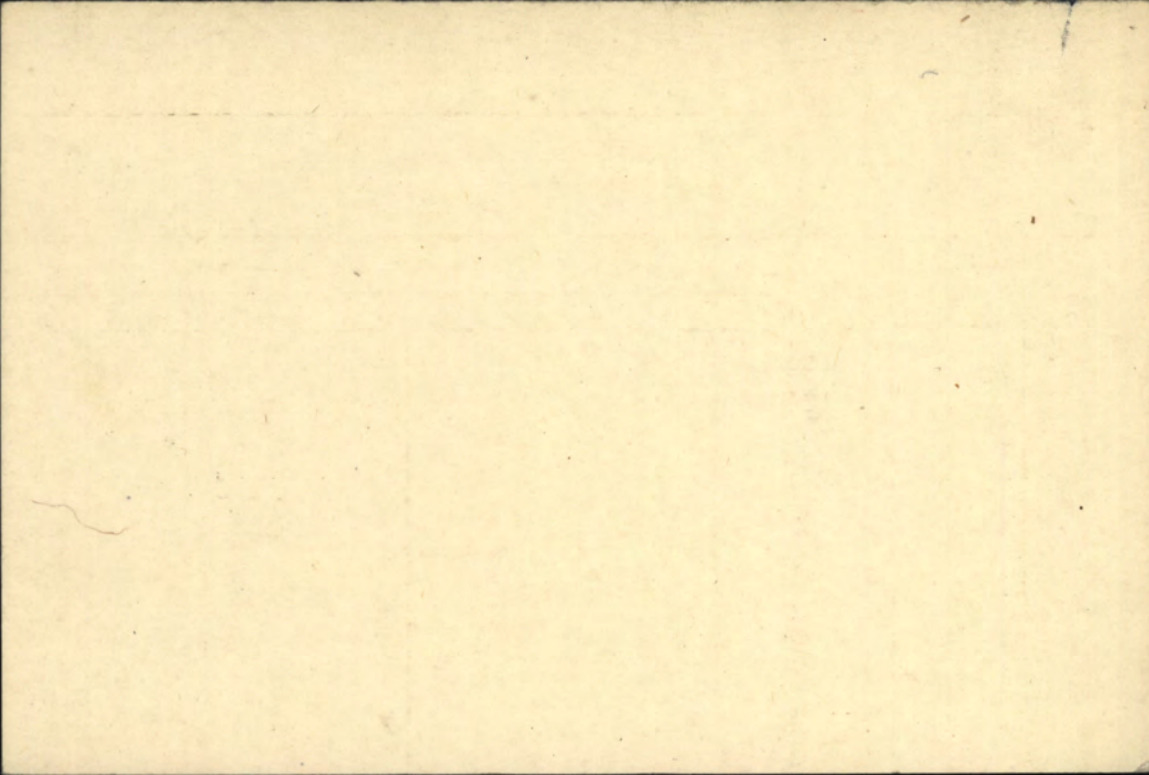
NAME *Joyal Romeo*

T. O. S. *29-12-15*
Do 6/29-12-15

UNIT *163rd Battalion, C. E. F.*

M. D. *4*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec 29</i>	<i>Dec 31</i>	<i>✓</i>		
<i>Jan 1</i>	<i>Jan 31</i>	<i>✓</i>		
<i>Feb 1</i>	<i>Feb 29</i>	<i>✓</i>		
<i>Mar 1</i>	<i>Mar 31</i>	<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May 1</i>	<i>May 20</i>		<i>trans. to Comp. Bn.</i>	<i>Os 128-20-6-16</i>



com

Number 660046

Rank Pte.

A
A

[Handwritten signature]

Surname JOYAL

Christian Name Romeo

Units 22nd Bn. Can. Inf. Theatre of War France.

Date of Service 20-4-17 17

Remarks

Latest Address

Pierre Joyal, Esq. (Jr.)
#2 Bonsecours St.
Montreal P.Q.

Roll No.

B Page 16460

200m. -2-21.M.

BeVnetz 3-10-02
U.S. DEPT. OF AGRICULTURE
SEP 20 1922
REGN. NO. 18175

Reg. No. 660016 Name Jozal P
Rank ^{PO} Corps 206 Age 20 Service 6 7/12
Ledger No. 3660 - 3661 Serial No.

HOSPITALS	DATE	DIAGNOSIS
Grey ^{Wing} Military	4.3.16	
General Monreal	7.2.16	V.D.G.
Dist. Duty	15.4.16	
Camp Valcarlos	27.6.16	V.D.G.
Dist. Unit	5.7.16	

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.

50M-6-19.

1772-39-1332.

Surname
Joyal.
Rank
Plt.
Hospital

Christian Name or Names
R.
Unit
22nd Bann

Reg. No.
660, 046.
Troop
Batty.
Date of Admission

Transferred Hosp.
..... Hosp.
..... Hosp.
..... Hosp.

Diagnosis

- (1) Later Diagnosis (if changed)
- (2)
- (3)

Additional Diagnosis: if more than one state present

Killed in Action 2. 7. '15.

DISPOSITION

Date

C.S. 17. 7. 14 A559.

REMARKS

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

14498 ✓

no card ✓

FORM OF WILL.

116202

I, Rosnio Joyal (Name in full)
Regimental Number 660046 serving in 10th Can Res Bn

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

my Father

Pierre Joyal
31 Pie IX Ave.
Montreal

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

absolutely, and my personal estate I bequeath to

Pierre Joyal
31 Pie IX Ave.
Montreal

Name and Address of person or persons to receive personal estate* (See note).

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

this 14th day of April A. D. 1917

R Joyal 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.

THE TWO WITNESSES MUST SIGN HERE

Signature of First Witness Joscan Dubé
Address of Witness 10th Can Res Bn
Occupation of Witness Pay-Sgt
Signature of Second Witness J. J. J.
Address of Witness 10th Res. Bn.
Occupation of Witness Private

ESTATES BRANCH
AUG 31 1917
MILITIA DEPT.

FORM OF WILL

I, the undersigned, do hereby revoke all former Wills by me made and declare this to be my last Will.
I hereby make and enact this Will.

Name and Address
of Person to Whom
I Leave My Estate
Name and Address
of Person to Receive
My Personal Effects

IMPORTANT NOTE
This must be signed
and dated by
THE SOLDIER HIMSELF

Witnessed by the Testator as and for his last Will in the presence of the two persons named below, who in his presence, at his request, and in the presence of each other have subscribed our names as Witnesses.

Signature of Testator

Name of Witness

Occupation of Witness

Signature of Second Witness

Name of Witness

Occupation of Witness

THE TWO
WITNESSES
MUST
SIGN HERE

Handwritten notes and markings in the bottom left corner, including the word 'WILL' and other illegible scribbles.

No 66046

163 BATN. C. E. F.

COPY
Duplicata
163 BATN. C. E. F.
NO 660046
MORS. MONTREAL

MEDICAL HISTORY SHEET.

Surname JOYAL

Christian Name ROMEO

Examined { on 29 day of Dec 1915
at Montreal

Approved by

Jachabokaptan

Birthplace { City or Town Montreal
County P. Q.

Rank C M.O.

Apparent age 19

Trade or occupation Laborer

Height 5 Feet 3 Inches

Weight 112 Lbs.

Chest measurement { Minimum 30 inches

{ Maximum expansion 33 1/2 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left
Number 1

When Vaccinated last as a boy

(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	VACCINATIONS
<u>22/7/16</u>		<u>St Cooke Capt</u> M.O.
<u>18/10/16</u>	<u>Failed</u>	<u>St Cooke Capt</u> M.O.
<u>7/1/16</u>	<u>Failed</u>	<u>St Cooke Capt</u> M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10/6/16</u>	<u>1cc</u>	<u>St Cooke Capt</u> M.O.
<u>28/6/16</u>	<u>1cc</u>	<u>St Cooke Capt</u> M.O.
<u>8/7/16</u>	<u>1cc</u>	<u>St Cooke Capt</u> M.O.

Enlisted on 29th day of December 1915 at Montreal

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>163rd Bn.</u>	<u>660046</u>		<u>Dec 29th/15</u>
Transferred to.....	<u>163rd Bn.</u>			<u>7-1-17</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.

660046

19

Christian Name *Pamela*

Surname *Gayle*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
GNCH.	Nov 4/16	4	3	1916	7	3	16	acute gonorrhoea	6	M. G. H.	<i>[Signature]</i>
Montreal General Hosp	7 Mar 16	7	Mar	16	15	Apr	16	Gonorrhoea	39	best. Irrigations -	<i>[Signature]</i>
Montreal M. G. H.	18 Feb 16	18	Feb	16	7	6	16	Gonorrhoea Prostatitis	50	Rest Irrigations Still discharge in am. Considered fit	<i>[Signature]</i>
<i>Bermuda. Examined and found Fit for active service 6/10/16</i>										<i>[Signature]</i>	

Duplicate Medical History Sheet
posted to here.

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

M. F. W. 54. (A. F. B. 103.

350M.—5-16

H. Q. 1772-30-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

163 **163rd BATAILLON, F. E. C.**

Regimental No. **660046** ✓

Rank **Pte**

Name **Joyal, Romeo** ✓

C. E. F.

Enlisted (a) **29.12.15** ✓

Terms of Service (a) **D. of W. C.**

Service reckons from (a) **29.12.15** ✓

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) **Labourer**

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				
		Embarked.	Bermuda	18.11.16	
		Disembarked.	England.	6.12.16	✓
7.1.17	16.163 rd Bn	Transf. to 10 th Res. Bn.	Shoreham	7.1.17	D.O.P.2. 57
7.1.17	16.10 th Res. Bn	Taken on from 163 rd Bn	Shoreham	7.1.17	D.O.P.2. 1 st
20-4-17	O.C.10th Res. Bn	Transferred to 22nd Bn	Shoreham	20-4-17	D.O.Part-2-93
					Capt. for Adj. 10th Res. Bn
21.4.17	C.B.D.	TAKEN on STRENGTH 30 th Havre		21.4.17	N.R: Pt II is 57. 25.4.17.
"	"	Left for Unit	FIELD		N.R.
2 ⁶ / ₁₇	Unit	Joined Unit	FIELD	30 ⁵ / ₁₇	B. 213. DCS.
5-7-17	22 nd Bn.	Killed in Action	Field	2-7-17	B.36-X.S.16-13137. Part II: 0.73 D) 127-17. and 270 127.
					Major for Lt.-Col., A. A. G.

(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.]

LTR

Rank

Name

Joyal Romeo

~~Romeo~~ Joyal

Reg'l No.

R-122
8,401-50,000-21-10-16
660046

Unit 163rd, Bn.

If in perm. Corps,
What Unit? }

Married or Single

Single

Place and Date of Enlistment Montreal, Dec, 29th, 1915

Place of Birth Montreal, P.Q.

Name and Address, Next-of-Kin Pierre Joyal

252 Bourbonniere, Maisonneuve, P.Q.

Relationship

Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/° R.B. No 6422
File R.L. 259.1030
Category 41a.

Discharge, Date and Place

Reason

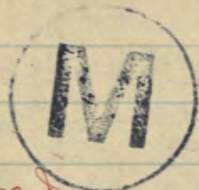
Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
ARRIVED IN ENGLAND Per S.S. Metagama 6-12-16					
7-1-17	163rd Bn.	S-O-S to 10th RES. BN.	Bramst	7-1-17	PT 1107
7-1-17	10th R. BN.	TOC. of 10th RES BN.	Shore'm	7-1-17	PT. 2 D.O. 1
20-4-17	10 Res	SOS to 22 Bn	Shore'm	20-4-17	93
24-4-17	22 Bn	D.S. from 10 Res	Field	21-4-17	51
17-7-17	22 Bn	Killed in action	Field	2-7-17	bl.a. 559
12-7-17	✓	✓	✓	3-7-17	Pt. II DO 93 - 12-7-17

A.B. 103 CHECKED
30 APR 1917



m.x.
4/10/21 m.j.



MARRIED OR SINGLE

PLACE OF BIRTH Montreal, Canada

NAME AND ADDRESS OF NEXT OF KIN Joyal Pierre

252 Bourbonniere St. Maisonneuve.

RELATIONSHIP OF NEXT OF KIN Father P.Q. Canada.

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.

Table with columns: PARTICULARS, EFFECTIVE DATE, AUTHORITY. Entry: Killed in action 27/17. Ch. 599. 2030 17-7-17

ADMISSIONS TO HOSPITAL, &c.

Table with columns: DATE ADMITTED, DATE DISCHARGED, V. OR A., NAME OF HOSPITAL

REG'L No. 660046 RANK Private

IF IN PERM. CORPS WHAT UNIT

UNIT 163rd

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION

Montreal

DATE OF ATTESTATION

15/6-16 29-12-15

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

Entered on N.F. Card Index.

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

Checked by M. Medeiros

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 24/17. eff 1/17. Ch. 599. 2030 17-7-17

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



Main pay table with columns: 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

Checked M. Medeiros

CHECKED

Statement of NOV 7 1917 Account rendered

660046

Pte Loyal R.

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				
MONTH	PARTICULARS	OR. 1	OR. 2	PARTICULARS				DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. SER. ENG.	DEFER. SER. ALLGE.	DEFER. SER. ENG.																	
June/18				Transit Pay "O"								nil																				
June/18				AR 222-24/17-22 No #136				268																								
June/18				AR 176-14/17-22 No #136				268																								
June/18				AR 27-7/17-22 No #136				268																								
June/18				AR 225-24/17-22 No #136				268																								
June/18				AR 290-10/17-22 No #136				268																								
July/19	Red Cross Pkng 368.																															
	WUS 19 C.N. 5992.																															
	Nov. 34/10.																															
				1340																												
				1340																												
				Nil																												

Date 13.40
 MAR 29 1919
 Account rendered

Dead 47/17 13.40
 Prall 17.88 20 Bld 28