C.E.F. REGIMENTAL DOCUMENTS WAR SERVICE DESCRIPS D.V.A.

KIRTON EVAN

931059

2 C C

11290

DEMOE.



3/05-9 Christian Units C. O. R. C.C. Theatre of War Than Date of Service 17-5-17. Remarks..... Latest Address 200m.-2-21.M.

Next of kin	
Address on leave	
Address on discharge	
Transportation issued N	es Character on No Date discharge
Previous occupation	Date and place of enlistment
	Date of Medical Boards
Date	Remarks
*—Name will be given in i	ull; surname first.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page).

No. 93/059
Rank Junate
Surname Kiten
Christian Name
Corps (Squadron, Battery or Company) No 2 Conn's Balln
Date of Discharge Hebruary 12th 1919
Place of Discharge Labelax n
1. DESCRIPTION AT THE TIME OF DISCHARGE.
Age. 26 years months. Descriptive Marks
Using 5 11 11 11 11
Complexion Concert. Sear on left
Eyes Brown and ley monding
Hair Black and I Black Allowances will be a supply of the
Trade present date, subject to the reservations of the claims normall page short
Intended place of residence
(To be given as fully as practicable,)
2. The above-named man is discharged in consequence of
When a soldier is resembling a soldier is not desirable to forward these proceedings from the men to sign, and when returned, should be attached here
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.
3. Conduct and character while in the service have been, according to the records, etc.
O O D O O O O O O O O O O O O O O O O O
on the control of the
Statement of Service.
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
3. Conduct and character while in the service have been, according to the records, etc. N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the officer Commanding his Squadron, Battery or Company. 4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)
The discharge of the above-named man is hereby confirmed.

	szedattin masou to south sill t
5. He is in possession of the following number	of G. C. Badges:
	Danimente
proceedings should be accompanied b	When forwarded for confirmation these
ed on fourth page).	the documents specific
No reference to G. C. Badges is to be mad	le on either the discharge or character certificate.
	and.
	Communication
The Continue Street, Addition form 15, 12	the C
6. Medals and Decorations	tito
	e object on area of
	(gods Squairon Bartery or Chanpany)
	Date of Discharge
 His account is correctly balanced, and signed or Battery), and I have impartially enquired in Regulations. 	d by the Officer Commanding his Company. (Squadron into all matters brought before me in accordance with
TME OF DISCHARGE.	1. DESCRIPTION AT THE T
(Place) Halefax MS	
Descriptive Makes	Age
(Date)	Commanding
9 Cartifornia to be oldered	by the Soldier on Discharge
	New York State of Sta
I hereby acknowledge that I received all my P	ay, Allowances and Clothing, and all just demands, up ations of the claims noted on the third page.
	Intended place of
(Place) Habfax Is A	owan lesson (Signature of Soldier.)
A The Account of the Control of the	proctamble.
	(Signature of Witness.)
When a soldier is absent through illness or a proceedings to him for signature, a manuscreturned, should be attached here.	any other cause and it is not desirable to forward these cript copy should be sent for the man to sign, and when
9. Additional Certificate in the cas	se of a Soldier who takes his discharge
on his	own request.
I hereby declare that I do of my own free wi	ill request to be discharged from His Majesty's Service.
Thereby declare that I do of the	100
	(Signature of Soldier.)
10 Statom	ent of Service.
the Company of the engagement of the specific and the angle of the	N.BThis will be assessed when practicable, by
Service toward Engagement to (the date to w	which the Record of Service is completed)yearsdays.
th civil life. (Vide para, 332, K. R. & O.,	Totalyearsdays.
11. Confirma	tion of Discharge.
The discharge of the above-named man is here	
The discharge of the above-hamed man is here	20 0 0 1
(Place) Halifay n.	De LIEUT, COL
MA 200 18 10 10 1010	(Signature)
(Date) 12.1919	ZH-R-STI Q-R

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263

Medical Report for Invalid*

Statement of Man's Account on Transfer and Last Pay Cer-tificate,

*Only if discharged "Medically unit."

Attestation Paper,

Mibria Form B 235.

B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (c) Medical History Sheet (in the event of act having been prepared.)

N. B .- In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263. Attestation Paper, Squadron Battery Company Conduct Sheet, Proceedings on Discharge " B. 263a. Copies of Convictions, by C. P. in MS. Militia Form B. 313 Med. Hist. Sheet. Medical Report for Invalid* B. 227. Statement of Man's Account on (b) Attestation. Transfer and Last Pay Cer-D. 877. tificate, *Only if discharged "Medically unfit."

Militia Form B. 235.

" B. 218.

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge.
- (c) Medical History Sheet (in the event of such having been prepared.)

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

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. 931059 Rank Po Name Multon E										
Corps Dullohlan who was Discharged										
0n / 2 - 2 - 69 191 to										
*Insert "discharged" or "transferred."										
The following is a statement of the account of the above named from										
to .1.2										
Dr. \$	c. \$ c.									
Bal. Dr. from prev. month	7.3. Balance Cr. from prev. month									
Advances No. 13676 70	Regt'l. Pay . 4.3. days at \$									
Cheques No.	Field Allow									
Assigned Pay and Sep'n Allce. No. 3.7.6.4.	Separation Allowances* (Monthly)									
Other charges	Other Allowances W. My allow.									
Payment on transfer or discharge No. 3.7.63	6. /. Other Credits*									
Balance Cr. (to be paid by the new unit)	Bal. Dr. (to be deducted by new unit)									
Total	41.] Total									
*	Give particulars.									
A monthly stoppage of \$	(†) has(‡) been paid on account of Assigned									
Pay for the month of	919. Mrs, H. Kerton									
and Sep'n Allce. for month of	91 (to) Assignee t Lunn									
(Address) Mr pary Wlaws	b coff									
	20.1									
(†) Insert amount to be (‡) Insert "not" if amount	assigned, whether it has been paid or not. t has not been paid for period of account.									
On Tra	nsfer of an Officer.									
	paid by Paymaster, Military District No.									
REMARKS:—										
(2) if married and if a Separation Allowan	ce Card has been submitted authority 242									
(4) authority for transfer										
NOTE.—Separation Allowance and Assigned Pay Card Certificate on transfer.	and Index Card (M.F.W. 71) are to accompany the original Last Pay									
	ount and find it to be a correct extract from the Pay List of the Unit.									
Date	lenera in el									
Place Hallfuy & W	Morgand									
	Paymaster. made out in quadruplicate. Original copy to paymaster of new unit,									
duplicate to District Paymaster; triplicate to accompany as a record.	y the pay list at the end of the month, and quadruplicate for retention									
to accompany pay list at the end of the month, and trip										
ruplicate. The original Last Pay Certificate will be and triplicate, with his discharge documents.	Post Discharge Pay, Last Pay certificate will be made out in quad- ferwarded with other documents to Paymaster Post Discharge Pay									

M. F. W. 44.

H.Q. 1772-39-908. 100M-9-18. D.P. 874. FEB 19 1919

SALIFAR N. S.

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTIONS TO DENTAL OFFICERS

Canadian Printing and Stationery Services, London NAME OF SOLDIER (Block Letters) KIRTON MO 6 I Construction & RANK Pte No. 931059 Date of Examination in England 31/12/18 Date of Examination in France 10 11 12 13 14 15 16 19 21 22 23 24 25 17 26 27 28 32

 This form will be made out for each individual at the time of Demobilization in England or France.

 Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
- 2. Extractions
- 3. Crowns
- 4. Dentures
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England

(c) In France

n.

Signature of Dental Officer Al Somund

NORTH WALES

ORIGINA 511000

Surname. Christian Name Approved by Examined Rank M.O. Birthplace Fit or Unfit. Date. EXAMINED FOR RE-ENGAGEMENT. Apparent M.O. Trade or occupation M.O. Weight. M.O. Minimum. M.O. Chest measurement Maximum expansion... M.O. Physical development M.O. Small-Pox Marks. M.O. Vaccination Marks Date. Result. VACCINATIONS. When Vaccinated last. M.O. (a) Marks indicating congenital peculiarities M.O. previous disease. M.O. Result. ANTI-TYPHOID INCCULATIONS, ETC. (b) Slight defects but not sufficient to cause rejection CORPS. REGT'L NUMBER. DATE Joined on enlistment Transferred to EXAMINED OR DISCHARGED BY A MEDICAL BOARD. STATION. DATE DISHASE. 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.

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			mos it som	Or Sevel	l; if mild	e: pow juduced	re of the diseas	njeu uo	Remarks		, o abquitin							30. S	DATE			Continue &	- 0+0U			Į,Š.

FORM OF WILL

3, Coan Cuton (Name in full)	
Regimental Number 9 3 1 0 5 9 serving in	
of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and	
declare this to be my last Will.	
In hule Florence Bell Ruton	
Mys Theresa com to Name and Address	
of person or	
O'arish persons to whom	
Charact Back it is to go.	
absolutely, and my personal estate I bequeath to	
Oh had been on	
my Wife his thornce DelCame and Address	
of person or	
hell Meet persons to receive	
Thur h & personal estate* (See note).	
(See note).	
NOTE	
This space for the	
appointment of Executor if	
necessary.	
IMPORTANT 10 H	
NOTE this day of A.D. 191	
and Dated by	
THE SOLDIER HIMSELF. 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	1
Address of Witness on total Trumped 1	5 %
/ 0	//
WITNESSES Occupation of Witness	
MUST COMMENT COMMENT COMMENTS	

M. F. W. 82. 300m,-12-16. 1772-39-983.

SIGN HERE

nombeel 3

Address of Witness New Reve

Occupation of Witness.....

FEB 16 1919

Medical Examination upon leaving the Service
of an Officer fit for general service or a Soldier fit for duty.
Officers leaving the Service upon being found unfit for general service by a Matical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.
Rank It Name Lection Surviame Livano.
Unit or Corps 17 Reserve . Uff a soldier) Regtl. No. 93/059
Born at Burbaroo 15 V. on date March twenty Swert 19
Signature (for identification) Lovand Mitston
The examination is to be made jointly by two Medical Officers.
1. PHYSIQUE—Any deformity, maining or lameness? If so, describe.
/ Weight
Height 220
2. NUTRITION AND DIATHESIS P
Fan
After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.
3. NERVOUS SYSTEM P
no
4. RESPIRATORY SYSTEM.
n n
5. HEART P
Abnormal Sounds? 24
Abnormal Size ? W
Pulse Rate? 80 Intermittence or irregularity? 200
6. ARTERIES.—Any hardening?
7. DIGESTIVE SYSTEM P
1 Des
8. GENITO-URINARY SYSTEM P
Urinalysis—s.c.? 1018 Reaction? acid Albumen? he Sugar Oul
9. SKIN, MIODLE EAR, EYE
or any other part?
10. Is there any evidence of impairment of health or
physical condition not mentioned above? If
so, describe.
11. Opinion as to the health
and physical condition of the one examined?
Examined at Kinnul Part Signed Blummer M.O.
Examined at Kennul Park Signed Blumming M.O.

Signed Warney

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

*Name.	itan & Rank Oti Regtl No 9:	3/059
Original 2 Can	Present 6 DA York Age 2 7 Religion C Ref. H.Q.	7 240
Port, ship, and date	of arrival Halifan Empres Button.	22-1-19
Next of kin	logence Firth wife	· · · · / ·
Address on leave	gruso mis	
Address on discharge	Janes M. B.	
Transportation iss	Yes Character on ued No Date discharge	
Previous occupation	Teumster Date and place of Agarety 28	July 16
Diagnosis	Date of Medical Boards	<i>U</i>
Date.	Remarks	Pt. 2 Order No.
2-1-19	90 Ap D Potest Carry 12-1-19	00 29
12-2-19	Discharget Feller	WO2/2
*—Name will be given	ven in full; surname first.	(over)

.

M.F.W. 192 150M-6-18. 1772-39-1243.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not

THIS SECTION FOR USE OVERSEAS

be used, but the case will be referred to a Medical Board for completion of M.F.B. 227. ... Surname Birthplace (Examination of Officer or Other Rank (stripped) to be made by one Medical Officer). 1. GENERAL DESCRIPTION: Height J. ft. !! in. Colour of Eyes dark brown Co. Weight 1.65 .. lbs. Identification marks, scars, or deformities. (Give cause and date of origin). Condition of arteries (If not satisfied, M.F.B. 227 will b Hearing (conversational voice) Rt....ft. Leftft. Opinion as to general health and physical condition..... 2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.) Nervous System Genito Urinary System Cardio-Vascular System Osseous and Joint System NAAny other general condition N.O...... 3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date

Gruro, N.S

of origin; and also a description of the present condition.



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.

immediately after arrival in England.
(1) Name of Overseas Unit which Soldier joins.
no 2 constinution but
(2) Regimental Number 931059
(3) Full Name of Soldier Evan Kirton
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support.
(4) Place of Birth Parish Land
Christ Church Barbardus Shil
(15) Are you insured?
(5) Are you married, or not?
(6) If married, state, (a) Full name of your wife thought foresce Bell
edto yns of gaitible ni touren de mineral Reston
(b) Present Postal Address mill Steet
True h. S.
(7) Are you a widower?
(8) Have you any children?
If so, give number of boys and girls
Also their names and ages Luan 2 months

(9) Is your Father alive	e ?	100.		autrai Atorabaan stroff.
If so, state nan	ne and address	*		
(10) Is your Mother ali	ve ?	Je.	FAMILY OF	PARTICULARS OF
If so, state nan	ne and address			
(11) If your Mother is a	heresa (ranford	Panol	Land B
(11) If your Mother is a	a widow	ko	Laurinar ai assar a	
	le support, or not?			(b) Care must be take
(12) If sole support of v your enlistmen	widowed mother, s t, also reason she h	state what amour has no other supp	t you have given ort than yourself.	her per month prior to
e man leaves his station	st seven days belon	or Dietricket lear	manding Division scass for transmis	to Officer Control to proceed over
ecords, C.E.F. London	er in chance of R		t to be forwards er arrivat in Ege	(e) Duplicate copy is immediately at
(13) If you have no wif address of you concerning you	ir next of kin, to	whom you wou	ld desire any co	tionship with full postal mmunication to be sent
		1 -		(1) Name of Overseas
			erou 4	×4
			oreb.	
(14) If you have a wife have you appl must be done.	, or children, or a ied to the Payma	widowed mother ster of your uni	for Separation	you as her sole support, Allowance? If not, this
18 2000		hs		
(15) Are you insured?.			5 300	(5) Are you married, or
1200 00	Company ?	Ulhar	T	(6) If married, state,
	le a rr angements for			A
	u wish to make.	ium, you can as		in addition to any other
	Fru		C C C C C C C C C C C C C C C C C C C	(b) Prosent Po
11	4 174		A x an	e Cost
1/		J	/	Officer Commanding.
Date 24 2/1	7		or of boys and gi	The first mot avent (6).
2 10 00		In Suc.		

SURNAME. Kinton	CARD NO.
CHRISTIAN NAMES Evan.	208Dis 12-2-19 Demo
REGL. NO. 931059. RANK Pte.	1/-2-19 -8- 0
UNIT no 2 leonstruction (coloured) \$600	Bw.
FORMER CORPS hil.	
NEXT OF KIN.	CHANGE OF ADDRESS
NAMES IN FULL Gramford, his Theresa.	
RELATIONSHIP TO SOLDIER mother.	
ADDRESS Parish Lane, Barbadoes. B. W. J.	
COUNTRY OF BIRTH B. W.J. Barbadoes. DATE	april 28, 1892.
	July 28.1916.
C18,28-3-17 PIC25-1-1	0 // .
	60м.—2-16. H. Q. 1772-39-339.

From Halifay per S.S. Southland 28/3/19.
MARRIED SINGLE yes WIDOWER TRADE OR CALLING Yearnster RELIGION Church of England.
DESCRIPTION. APPARENT AGE

2 4 YEARS

MONTHS

HEIGHT

5 FEET

///2 INCHES

CHEST MEASUREMENT

3 8 INCHES

EXPANSION

3 INCHES COMPLEXION Golowed EYES Brown HAIR Black forearm, Left forearm, Letters, E. It - Womens leg & heart MEDICAL EXAMINATION. PLACE Sychney. n. S. DATE July 26,1916. Cresent address. Glace Boy. n. S.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 93/159 (Rank) Junale	
Name (in full) Esan Kriton enlisted	in
the No 2 ternstruction Batton.	011
CANADIAN EXPEDITIONARY FORCE at Sydney Mon the 28th	ini)
day of July 1916	
HE served in France!	
and is now discharged from the service by reason of Alembelizateon	an ak
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—	
Age 26 years. 9 months Marks or Scars. Sear on	
Height 5 ft, 11 mehr. left leg.	
Complexion Coloured.	<i>i</i> **
Eyes Brown	
Hair Black.	
Gran Stirton	
Signature of Soldier O. C. DISCHARGESPEOPLOSTINGER BUILDING	1
Hali setting Rank	
Date of Discharge	
Signed at Halefry 18 this 11 th day of February 19	19
in Military District No. Sey	
File Reference No.	

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE Bischarge Certificate

BUHNY YRANGO TISENKE WAS DAVID			AHE DEPOLEMENTED MOLECULAR SHALL	Age Management of the state of		day of19	Name of Officer Rank
No. (Rank) Name. Unit	Address on Discharge Manne Manne Character and Gonduct	TOO	Octions of Value	De wor	TITY not to harge, i	igen I	JOIII JOIQ JOBEQ JURAN

Appointment

	3105q.1 25-7-1 5.31-7-1		te NAME /	Tirton. Evans tion Battalion M.D. 6
PAID	PAID	SIG.	PROMOTIONS, TRANS	SFERS, DISCHARGES, ETC.
FROM	то	REC'T	PARTICULARS	AUTHORITY
916 ly 25	dug 31	n-		
de	ph.() t.	m.		
no De	c.	v		
17 Ja	u 1917	·u·		
N	lar.	-w		

received. Reken from Official Documents. The authority to be quoted in each case. Date. From whom casualties, etc., during active service. Date. Place. Record of promotions, reductions, transfers, Report. H. W. & V., Ld. -9546-16. Character Discharge, Date and Place Reason Relationship Separation Allowance \$ Payable to Kelationship Assigned Pay Monthly \$ Payable to Relationship Wire. MILL St., Truro, N.S. Name and Address, Next-of-Kin Florence Olive Kirton. Place and Date of Enlistment Sydney. 28th July 1916. Place of Birth Barbadoes, B.W.I. Married or Single Married. If in perm. Corps, What Unit? Unit No. 2 Const. Bn. Reg'l No. KIRTON, Evan. 690T26 MC 91- 1-6-WOOI-ESES

931059 Kirton E:

Report		Record of promotions reductions transfers		S SULEU D		REMARKS	
The same of the sa	From whom received.	Record of promotions, reductions, transfers casualties, etc., during active service. The authority to be quoted in each case.	ier k	Place.	Date.	Taken from Official Documents.	
		• 110.0	1.1.0	ATTO ODD.	HE O.L.	Service of parents and account the	
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	Nan A					and the state of t	
		questo 1948					
				-		TOTAL NORTH No. No. 41620	
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				The same and the	Tables arrest		
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				1.			

Casualty Form—Active Service.

	Unit, Regiment or Corps.	Wie +	olo, during are	9
Regimental No. 7. 5.	1059 Rank Pto Name	e//		e.
Enlisted (a)	Terms of Service (a)	Ser	vice reckons	from (a)
Date of promotion to present rank	Date of appointmen to lance rank	ht}	Numeric roll o	al position on f N. C. Os.
Extended	Re-engaged	Qualification (b)	
Date 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
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Casualty Form-Active Service

Report		Record of promotions, reductions, transfers,		egunent of	F Junu	Remarks
Date	From whom received	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	amni/ Place	Date	taken Army	from Army Form B. 213, Form A. 36, or other official documents
	(ao	Numerical position roll of N. C. Os	te of appointment to lance rank	De		ate of promotion to). present rank
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Fill in Only.-Unit, Number, Rank and Name.

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Casualty Form-Active Service.

M. F. W. 54. (A. F. S. 173.)

250m.—1-16. H. Q. 1772-39-920.

Date of promotion present rank.	Date of appointmen to lance rank		erical position on }
Extended	Re-engaged	Qualification (b)	
Report Date 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 quetal-in each case.	Place Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
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⁽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.

Report Date 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.
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No. Folio. CANADIAN OVER-SEAS EXPEDITIONARY FORCE QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.) ceton 1. What is your surname?..... 1a. What are your Christian names?..... 1b. What is your present address?..... 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? hell 4a. What is the relationship 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 revaccinated and inoculated?..... 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?

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, 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.

Date 11/28 1916 Phelpufl (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, 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 128 196 Melicy (Signature of Recruit)

Date 128 (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 day of this day of (Signature of Justice)

M. F. W. 23.

M. F. W. 23. 600M.—2-16. H. Q. 1772-39-841.

	determined according to the instructions given in the Regu- ions for Army Medical Services.)	peculiarities or previous disease.
100	ons for Army medical services,	(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).
	BEFORE STYLETATION.	Approving Officer).
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ligio	Baptist or Congregationalist.	9. Do you now calong to the Active Militia?
Religious denominations.	Roman Catholic	10. Have you ever served to any Military Porce?
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	(Leonamianon to be stated.)	12. Are you willing to be attented to save in the i
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M. F. W. 12 50m.—7-16 H.Q. 1772-39-819

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Ms. Horence Kirton

Address Truso

By Whom Assigned Kirton Even

Rank

Regtl. No. 931059

Rate / 500

PAYMENTS

			H.	FATMENTS
Month	Year	Cheque No.	Amt.	REMARKS
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Sept.				(RED Z)
Oct.				[3]
Nov.				
Dec.				Noo
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

ASSIGNED PAY

Sheet No Mrs Harence Kirton Water

July

Sheet No. 2 (Assignee) 1. L. Job 5470—Req. 6888.	(wree)	WWW	PAYM	ENTS.	1	Name of Soldier Who Was 2 court Bry
1., L. J00 5410—Req. 0000,	Month.	Year.	Cheque No.	Amt.		Name of Soldier 1000 Court Bn 931059 VIte No. 2 court Bn Remarks.
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	June					

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

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	Oct						Je 16
	Nov.					The same of the sa	**
	NOV.						

MILITIA AND DEFENCE

M. F. W. 11. 50m.—6-16. H. Q. 1774-39-818.

SEPARATION ALLOWANCE

Name Florence Kirton

Name of Soldier Kirton, Evan

Address Oruro

Regtl. No. 931059

n. S.

Rank Pte Corps No 2 Court Batt

Relation to Soldier) To what Corr

To what Corps belonging

wife, child or mother \ Wife

when called out

PAYMENTS

1											
	Month	Year	Cheque No.	Amt.	REMARKS						
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Married 14-3-17
MILITIA AND DEFENCE

M. F. W. 11a. 50m.- 6-16. 1772-39-818.

SEPARATION ALLOWANCE

Sheet No. 2.

June July

OVERSEAS CONTINGENTS

Name of Soldier Kirton Evan

Florence Kirlon PAYMENTS. L. L. Job 4503. - Req. 6832. Remarks. Cheque No. Year. Amt. Month. 1916 April May June July Aug. Sept. Oct. Nov. Dec. 1917 Jan. Feb. March April May June July Aug. Sept. Nov. Dec. 20 1918 Jan. Feb. March April May

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

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Nov.	1					
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Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

3364

apr. //17

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

Address Truro n. S.

Change of Address

Rank Ple Promoted Reverted

Soldier's Name & ven. Rinton

Battalion #2 Const Batta.

Beneficiary #lorence Aciston

Relationship

Address

MFw-2554-8-8-18- Kest 2.

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Discharge

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MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF	SEPARA	CION ALL	OWANCE	

RATE OF A	SSIGNMENT	
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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.				Name	
Rank	Promoted	Reverted	Discharge	Address	
Soldier's Name				Change of Address	
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Beneficiary			*	2	
Relationship				3	
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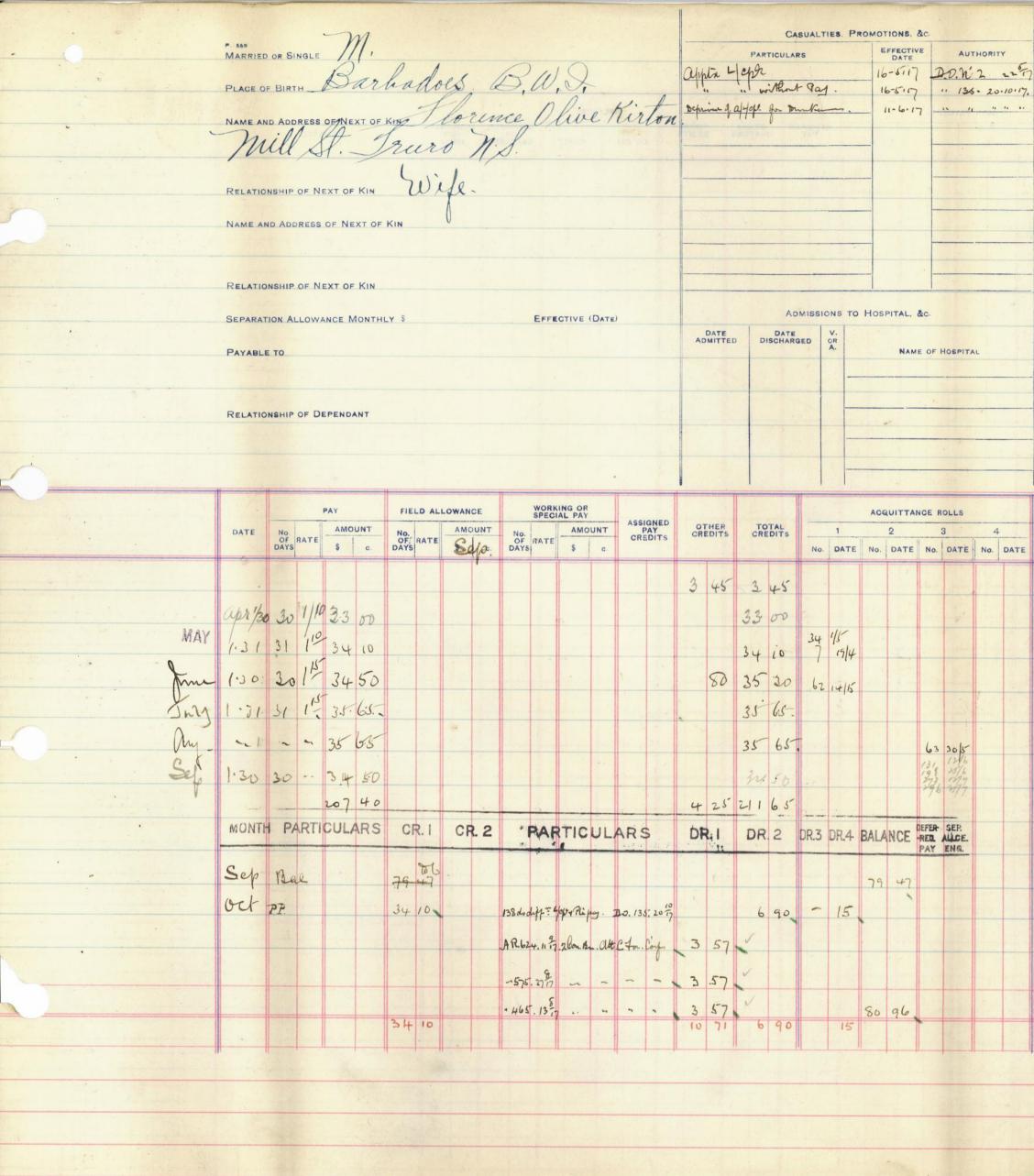
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