Original

ATTESTATION PAPER.

No. 189 ~~180~~

Folio. 189

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? — Leslie Arthur Shaver
2. In what Town, Township or Parish, and in what Country were you born? — Brantford Ont.
3. What is the name of your next-of-kin? Mother — Mrs Henry Shaver
4. What is the address of your next-of-kin? — St George P.O. Ont
5. What is the date of your birth? — June 4th 1893
6. What is your Trade or Calling? — Draughtsman
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? — 1st Field Troop Hamilton
10. Have you ever served in any Military Force? If so, state particulars of former Service. — No
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

Leslie Arthur Shaver (Signature of Man).

[signature] (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Leslie Arthur Shaver, 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.

Leslie Arthur Shaver (Signature of Recruit)

Date Jan 20th 1914. [signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Leslie Arthur Shaver, 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.

Leslie Arthur Shaver (Signature of Recruit)

Date Jan 20 1914. [signature] (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 Ottawa this 20th day of January 1914.

[signature] (Signature of Justice)

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

[signature] (Approving Officer)

Lieut. R.C.C.

200 M.—8-14.
H.Q. 177-1-13.

Description of Leslie A Shaver on Enlistment.

Apparent Age 21 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 7 1/4 ins.

Chest measurement:
- Girth when fully expanded 36 ins.
- Range of expansion 2 1/2 ins.

Complexion dark

Eyes hazel

Hair black

Religious denominations:
- Church of England —
- Presbyterian yes
- Wesleyan —
- Baptist or Congregationalist —
- Other Protestants (Denomination to be stated.) —
- Roman Catholic —
- Jewish —

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).

1 vaccination scars. left arm

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 December 1914. L. C. Renaud Capt A.M.C.

Place Ottawa

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.

L. A. Shaver 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)
Major, C. E.
O. C. 4th Field Company, Engineers
Canada.

Date FEB 15 1915 1914.

SHAVER, LESLIE ARTHUR 189 17 BTY 14189

DEMOB



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

PR

H

Leslie. Arthur.

Name Shaver, L.A. *Rank* Sapper. *Reg. No.* 189.

Unit 4th Field Coy, 2nd Divisional Engineers.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
6/5/15	Canad Mil Hosp	Shorncliffe	Mumps	3		
1916						
6-3.	No. 5 Can Fld Amb.		Laryngitis	A.114.		
7-3.	Div. Rest Stat. No 6. C.F.A.		do	A. 114.		
15-3.	No. 6 Mid Land Can. Corps Station		Do.	A. 124		
19-3.	Reinforcements		Do.	A. 127		
8-3-17	406 Coy Fld. Amb.		P.U.O.	A.335.		
8-3-"	D. R. Stat.		Do.	A335		
21-3	Reg. Unit		do	A346		

Date		Movement	Place	Casualty	List No.	Notified N/K O.		W.O. List

Disp area H.Q. SOS 25-5-19 Senob Salvage Co.

NAME Sharer, Leslie Arthur M.S.M. C.E. 30459 189 29-5-19 2 D.S.

RANK & No. Sapper

CORPS 2nd Div'l Can. Engineers

ENLISTMENT, PLACE Ottawa, Ont. DATE 20th Jan. 1915 D.

FORMER CORPS Nil

COUNTRY OF BIRTH Canada - Brantford, Ont.

NEXT OF KIN Sharer, Mrs Henry

ADDRESS OF NEXT OF KIN St George P.O. Ont

DISCHARGE, PLACE DATE

O/S. 18-4-15. 5-5-12

M/C 22-5-19 337 Gnr

L. L. 71518—M. & D. 5271.

M.F.C.A. 22—50m—12-14.
H.Q. 742—38—8-39.

REMARKS:

H. Q. FILE No. 649- S-1603

NAME Shaver, L. A.

REGT'L. No. 189.

RANK AND CORPS Sapper, 4th Field Co. Div. Eng.

CABLE

NO.	DATE

NATURE OF CASUALTY

NO. 7177

Y M FOLL.

L. L. Job 83225—M. & D. 5812.

M. F. W. 42—50m 7-15.
H. Q. 1772—39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
V 3.	Can. Mil. Hosp. Moore Barracks. Shorncliffe	6-5-16	Mumps.
A 117	No. 5 C. F. A.	6-3-16	Laryngitis.
	Trans. to D.R.S.	7-3-16	"
	No. 6 C. F. A.		
A. 124	D. R. Stat: No. 6 C. F. A.	15-3-16	Inflammation Laryngitis
	Trans. to N. midl. C. C. Stat		
A. 127	N. Midl. C. C. Stat:	19-3-16	Laryngitis. Rej. Unit.
a 345	No 6 Can. Fld. amb	8-3-17.	P. U. O. 2nd Canadian Engineers
a 345	Flix Rest Station	8-3-17.	" " "
a 346	Rep from Base	11-3-17	" " " Rej unit

Number. 189 Rank. Spr.

Surname. SHAVER

Christian Names Leslie Arthur

Unit. C. E. Theatre of War. France

Date of Service. 16-9-15

Remarks. 12 Tasket St Hamilton Ont

Latest Address. ~~St George Ont~~ ~~Boat Co~~

Roll No. B. Page 2034

Ont
2nd Div Coy
4-5-6 Fd Sqn

E. 121-22. Nov 7
Ga 32690 dem
SEP 10 1921

D.M.S. 1500.

Surname: Shaver | Christian Name or Names: L. A. | Reg. No. 189

Rank: Spr. | Unit: 2nd Can D Eng | Co. | Troop | Batty.

Hospital | Date of Admission

Transferred Moor Barr Shorncliffe Hosp. 6.5.15

W.O.S. Can. Hd. Amb Hosp. 6.3.16

Div. Rest Stat No 6. C.F.A. Hosp. 7.3.16

to 97. 777. D. Cas Clear Stat. Hosp. 15.3.16

Diagnosis: Mumps

(1) Later Diagnosis (if changed): Laryngitis. (Inflamm.)

(2)

(3) G.S.W.

Additional Diagnoses: If more than one state present

DISPOSITION: Rejoined Unit. 19.3.16. Date

" " " 11.3.17

C/f 23.6.15 #3

" 22.3.16 A117

" 1.4.16 A124

" 7.4.16 A127.

28.3.17 A345.

" 31.3.17 A346

REMARKS

A.M.D. 2 DEPT.

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

O

3 FEB 17.

QW

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	#6 b. F amb.	8-3-17
	Div. Rest. Stn.	8-3-17
2.		
3.		
4.		
5.		
6.		
7.		

DEPARTMENT OF VETERANS AFFAIRS
MINISTÈRE DES AFFAIRES DES ANCIENS COMBATTANTS

DEATH NOTIFICATION
AVIS DE DÉCÈS

Ottawa 4, Ont.
Oct 17, 1969
Date .....

Copy for HO file

TO:
À: ●

Attention of:
Compétence de:

CPC No.
CCP N° .....

NAME SHAVER Leslie A. Service No.
NOM ..... Matricule N° ~~189~~ WW1 ..... WVA No.
AAC N° .....

Information received from Superintendent of Veterans Insurance Ottawa Ont Date Oct 14, 1969
Information reçue de: .....

Date of Death
Date du Décès ..... Sept 20, 1969 .....

Cause ..... ~~Not stated~~ .....

Place
Endroit .....

Name and address of next-of-kin (if known)
Nom et adresse du plus proche parent connu .....

Distribution: WSR - VI - DQ - HO
DASG - ASS - BD - BC

Pour le chef
E.C. Richards
for Chief, Central Registry Division.
Dépôt central des dossiers.

DVA 24 Bil (Rev. 7/69)

C.A.D.C. 5009A

War Service Badge
Class "A" No. .....

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) SHAVER, Leslie, Arthur

REGIMENT 17th Batty. RANK Gnr. No. 189

Date of Examination in England _____ Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. 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 4. 9.
2. EXTRACTIONS 14.
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

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 Yes
- (*c*) In France

Dental Certificate issued.

Signature of Dental Officer Capt

Hearing G.22.

Eye, Ear, Nose and Throat Clinic,
Witley Camp, Surrey.

.... May 3rd .....1919.

UNIT. 17 Bty.....

Reg No. 189..... Rank. Gnr... Name. SHAVER. H. A.....

Original disease or injury. O.M.E.C.

Date of origin. since childhood

Place of origin.

Cause. unknown

Present Disability. Slight deafness left ear

RIGHT.	HEARING.	LEFT.
21 ft	Voice	18"
	Weber	
+	Rinne	—
	Schawabach	
	Upper Lt.	
	Lower Lt	

Category. A

Remarks. Drumhead retracted & sclerosed Rt & Left
Chr. Nasal Catarrh - Recommend further examination on return to Canada -

CONDITION WAS..... PRESENT BEFORE ENLISTMENT AND WAS..... not .....
BEEN CAUSED BY SERVICE.

HAS. not BEEN AGGRAVATED BY SERVICE.

Wm. A. Macdonald
Captain. C.A.M.C.
Ear Specialist.
Witley Camp, Surrey.

100/18.

TO ALL MEDICAL OFFICERS.

There will be a Meeting of all Medical Officers at No. 2. Sick Detention Hut, Tuesday afternoon, June 11th, 1918, at 4.30 p.m.

Witley Camp.
June 9th, 1918.

W.F. Nicholson
Major. C.A.M.C.
D.A.D.M.S. Canadian Troops.

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Major. C.A.M.C.
D.A.D.M.S. Canadians,

CLINICAL CHART.

(To be attached to Case Sheet.)

Army Form B. 181.

Corps Can. Engineers — Military Hospital C. M. H. Shorncliffe

No. 430 — Rank and Name Shaver, Spr. Leslie A. — Age 21 — Service 8 mos

Disease Mumps — Date of admission May 6. 1915 — Date of discharge — Result Cured

Dates of Observation	May 6	7	8	9	10	11	12	13.	14	15	16	17	18	19	20	21	22	23	24
Days of Disease	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	24

Temperature Fahrenheit — Time A.M. P.M. (each day)

107° 106° 105° 104° 103° 102° 101° 100° 99° 98° 97°

Pulse per Minute	50	60	54	54	48	60	60	62	60	68	62	70	58	56	56	68	60	72	96	74	76	70	68	66	72	80	72	76	80	64	64	64	72	60	78	84
Respirations per Minute																																				
Motions per 24 hours																																				

Signature George S. Shatty In charge of case.

(1002.) W9043—1195. 499,500. 1/15. K. & K. Forms/B. 181/3.

Forms
I. 1237
10

337716

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
13	430	Spr.	Shaver	Leslie A.
Year		Unit.	Age.	Service.
1915		Can. Engineers	21	8 mos.

Station and Date.
C.M. Hospital, Moore Barracks, Shorncliffe

Disease Mumps.

May 6. Complaint:

1. Soreness behind right Ear.
2. Swelling at right angle of Jaw.

Geo. S. Shelley
Capt C.A.M.C.

Present Illness:

Examination showed right parotid to be swollen and tender. Right submaxillary also involved. On May 5th the Left submaxillary was affected.

Past Illnesses:

Measles. Chicken pox. Typhoid.

Progress Notes:

May 10. May 10th Up and about the ward.

May. 24.

Geo. S. Shelley.
Capt C.A.M.C.

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(Hse. No.) W 10373-1916. 800M (E) 1/15. Mc. & W.

P.T.O.

Station and Date.	

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. ~~.....~~

THIS IS TO CERTIFY that No. 189 (Rank) Gunner

Name (in full) Leslie Arthur Shaver (M.S.M.) enlisted in

the ~~17th Battery C.F.A~~ 4th F. Coy C.E.

CANADIAN EXPEDITIONARY FORCE at Ottawa on the Twentieth

day of January 1915

HE served in 4th Field Co. C.E. 2nd Div., ~~17th Battery~~ in France

and is now discharged from the service by reason of Demobilization.
~~Medical Unfitness~~.

THE DESCRIPTION OF THIS SOLDIER on the Date below is as follows:

Age 25

Height 5 ft 7¼ ins

Complexion Dark

Eyes Hazel

Hair Black

Leslie A Shaver
Signature of Soldier.

Marks or Scars

Tree

Date of Discharge HAMILTON, ONT.

NO. 2
MAY 25 1919
DISTRICT DEPOT.

Wardley Capt
Issuing Officer.
For
O. C. No. 2 District Depot.

Rank

Date May 25th 1919

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.

M.F.B. 39A.

Uniform is not to be worn after expiration of one month from date of discharge, except by special permission of G. O. C. District.

8

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-20.

Casualty Form—Active Service.

Unit, Regiment or Corps.....

Regimental No. 189 Rank Pte C. E. F. Name S Laver Leslie arthur

Enlisted (*a*)..... Terms of Service (*a*)..... Service reckons from (*a*).....

Date of promotion to present rank }..... Date of appointment to lance rank }..... Numerical position on roll of N. C. Os. }.....

Extended..... Re-engaged..... Qualification (*b*)..... .....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAY 14 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT. TORONTO			PART II D. O. 149
MAY 25 1919		S.O.S. No.2 District Depot Part II, D.O. No. 149 W. C. Roberts Lieut. For O. C. No. 2 District Dep.			

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(*b*) *e.g.* Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

(1961)—Wt. W8208—1273.—800,000.—11-14.—K. & K. Forms B. 103/1.

War Service Badge Class "A" No. Gr 22

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office
Westminster House
7, Millbank, S.W

W.S.B. Class A

Casualty Form—Active Service.

Regiment or Corps 4th Field Coy C.E. Pte

Regimental No. 189 Rank ~~Sapper~~ Name Shaver L. Arthur

Enlisted (a) ~~11. 11. 14.~~ 20. 1. 15 Terms of Service (a) W. of War. Service reckons from (a) 20. 1. 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) Mechanical Designer Rpd Gunner

Report 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.
		~~OC. C.E. Aust. in U.K. S/s. Northland~~	~~29.3.15~~		Information Form
		Disembarked Harve 16.9.15.			
11/3/16	5 Cdt. amb	Laryngitis	adm. 5th C.F. amb	6/3/16	A36 = Des 134 = 18/3/16
			Trfd. D.R.S. 67 amb.	7/3/16	
11/3/16.	D.R.S. 67 a.	do.	adm. do.	7/3/16	A36 = Des 136 = 20/3/16
18/3/16	N.Mid.C.C.S.	do	adm N. Midland C.C.S.	15/3/16	A36 - D.C.S. 143 = 29/3/16
25/3/16.	O.C.	Reginld Unit from Hosp.	Field	19/3/16	B213 - No 27 = 25/3/16. Des - 148 = 2/4/16.
18/3/16.	D.R.S. 67. amb	Laryngitis	adm. D.R.S. 67. amb	7/3/16	A36 - D.C.S. 152 = 7/4/16
			Trfd. Midland C.C.S.	15/3/16	
25/3/16.	N.Mid.C.C.S.	do	adm N.Mid. C.C.S.	15/3/16	A36 - D.C.S. 152 = 8/3/16
			Trfd. To Duty	19/3/16	
6.1.17.	M.C.	Granted 10 days leave	Field	3.1.17.	B213 Pt 10 p. 3 dy 15.1.17.
20.1.17.	M.C.	Reginld Unit	Field	16.1.17.	" " 6 " 21.1.17.

Embkd Alnwick Castle 23rd May

(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.

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10-3-17	2/C.F. Amb.	P.M.O. Inspd.	D.R.L.	8-3-17.	A36. Nil 294 28-3-17
17-3-17.	Ld	Reported Unit	-Field-	11-3-17.	B213. Nil 292 28-3-17
8-3-17.	A.A.G. 4.	Struck off strength of Dep. on transfer to 2nd Can. Div. Amm. Column.	-Field-	28-3-17.	B241. K.G. 294-2692. Pt 20 17. 21-3-17
28-3-17.	D.A.A.G.	Taken on strength 2nd C.D.A.C.	do.	29-3-17.	K.G. 294-2692. P.R. 6. No. 52. 31-3-17.
18-8-17.	CRA.	Posted to 2nd C.D. Art. H.Q.	do	17-8-17.	B213. P.R. 6. No. 159. of 27-8-17.
18-8-17.	"	2.O.C. 2nd C.D. Art. H.Q.	do	18-8-17.	" " " 45. of 27-8-17.
15-9-17.	"	Granted 10 days Leave	do	13-9-17.	" " " 50. " 30-9-17.
29-9-17.	"	Returned from Leave	"	24-9-17.	" " " 51. " 6-10-17.
1-1-18	London Gazette	Awarded Meritorious Service Medal			No 30450 P.R. 6 of 21-1-18.
12-3-18	A.G.I. Can. Sect. G.H.Q.	SOS on proceeding to Eng with a view to being granted a commission in the R.F.C & posted to C.A.R.D. Witley		12-3-18	Authd. A.G. 2148/99(0). 25-2-18 2 CDA. Nil T. 451 of 11-3-18 Ref file KE. 25704. P.R. 6/17 of 15-3-18

Lieut-Capt for Lt.-Col., A. A. G.
Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Rank Sgt. Name SHAVER, L.A. Leslie Arthur Reg'l No. 189

Unit 4 Field Coy. C.E. If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Ottawa 20th Jan 1915 Place of Birth Canada

Name and Address, Next-of-Kin Mrs. Henry Shaver, St. George P.O.

Ontario. Relationship Mother.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Report Date	Report From whom received	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
	H.C.E.	Arrd in U.K. Ex Northland		29.4.15	Information Form
25/6/15.	D.O.	Adm. Can. mil. Hp.	Moore Bks. Shorncliffe	6/5/15	Cas. # 3. Mumps.
		Embarked for France		16-9-15	N.R.
22.3.16	2nd Div Eng.	Adm. No. 5 Can. Fld. Amb.	In field	6.3.16	Laryngitis & arth. L. a. 117
— " —	— " —	Trans. D.R.S. no. 6 Can. Fld Amb.	"	7.3.16	— " —
1.4.16	— " —	" North Mid. Can. L. Sta.	"	15.3.16	Inflammation Laryngitis L.L.a. 124
4.4.16	— " —	Rejoined Units	"	19.3.16	Laryngitis L. L. a. 127
28.3.17	— " —	Adm to No 6 Can Fld Amb.	"	8-3-17	6 L.C. 345 (P.U.O.)
31-3-17	— " —	Reported from Base Reyond Unit	"	11-3-17	6L.C. 346 (P.U.O)
28.3.17	— " —	Trans Div Rest. Station	"	8.3.17	— " — 346 "

2 Div Amm Col H

139-19

Report Date	Report From whom received	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
	4th Fld Coy.				also ~~A~~ II.O. 52 d/ 31.3.17
31.3.17.	2 Div Engrs	S.O.S. to 2 Div Amm Col.	Field.	28.3.17	A.II.O. 9/917.
27.8.17	2nd C.R.E.	T.O.S. from 2nd L.H.C.	"	18.8.17	A.II.O. 45 & 2nd L.H.C. Regt. No. 15-9-18 & 27.8.17
21.1.18	"	Awd. Meritorious Service Medal			" " 6. 2 on Gazette Supp. 30450 d/ 1/1/18
15.3.18	"	S.O.S. to Reg'l Depot with leave to Comd in R.F.C.	"	12.3.18	" 17 & C.A.R.D. 104 d/ 14/4/18
20.6.18	Res Depot R.A.F.	} attchd for pay rations & accommodation	Blandford	19.6.18	" 69
22.6.18	" "	Ceases to be attchd proceeded to C.A.R.D.	"	22.6.18	" 71 & C.A.R.D. A.H.Do. 175. D. 24-6-18.
26.6.18	C.A.R.D.	S.O.S. to Comp. Bde. R.A.	Witley	25.6.18	" 177 & Comp. Bde. 36 d/ 27/6/18
25.10.18	Comp. Bde.	S.O.S. proceeding O/seas	"	24.10.18	" 156 & Art. Pool 164 d/ 1/11/18
12.2.19	5th Bde. R.A.	S.O.S. from Art. Pool	Feed	23.12.18	" 18 & Art. Pool 12 d/ 11.2.19
15.4.19	" "	To Eng.	"	14.4.19	" 48
22.4.19	Hdqrs C.C.C.	T.O.S. pending R.T.C.	Witley	16.4.19	" 31.
21.5.19	" "	S.O.S. to Canada	"	14.5.19	" 45
		To Canada	55-J-66	14-5-19	

A.F.B. 122 CHECKED

2nd Sheet

Army Form B. 103. Regimental Number 189

War Service Badge
Class "A" No.

Casualty Form—Active Service.

Regiment or Corps 4th Field Coy C.E.

Rank Private Surname Shaver Christian Name Leslie Arthur

Religion Pres Age on Enlistment 21 years 6 months

Enlisted (a) ~~##/##/14~~ 20/1/15 Terms of Service (a) D of Dan ~~Regr~~ Service reckons from (a) ~~##/##/14~~ 20-1-15

Date of promotion to present rank..... Date of appointment to lance rank.....

Extended ..... Re-engaged ..... Qualification (b) 1st Cl Gunner

..... or Corps Trade and rate.....

Occupation Mechanical Designer Signature of Officer

W. S. B. Class A.

36/27.6.18

Report Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
		Embarked ...			
		Disembarked ...			
14.4.18	CARD	TOS from 2nd Dadg	Witley	12.3.18	P.T.O 104 6th
		pleno comm. [illegible]			Andrew LIEUT
					FOR LT COL I/C RECORDS O.M.F.C.
24-6-18	CARD	Attached D Depot Company	Witley	22-6-18	60 175
26-6-18	60	Lol 6 Camp Buccka	60	25-6-18	60 177
					A.W. Brinkley OFFICER I/C RECORDS
27/6/18.	Camp Bde CRA.	T.O.S. on posting from CARD.	Witley	25/6/18	BOOT 36

(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) Signaller, Shoeing-Smith, &c.

W. 8635—M2733 2000m 9/17 (35611) C. P. & S., Ltd., Form B /103 E/1807. P.T.O.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
25-10-18	O.C. Comp.	PROCEEDED O/SEAS. TO Can.	Witley	24-10-18	B.O. Pt II 156
	Bde. C.R.A.	Field Arty.			W Gaunt LIEUT. & ASST. ADJUTANT COMPOSITE BRIGADE CANADIAN RESERVE ARTILLERY
20.6.18.	R.A.F.	A.A. for pay rations + accomodation	Blandford	19.6.18.	Pt II O. 69
22.6.18.	"	Ceases to be attd. proc. to CARD.	"	22.6.18.	— 71.
					FOR LT. COL. I/C RECORDS, C.O.M.F. LIEUT
26/10/18	C.G.B.D.	Reinf. T.O.S. Art Pool from Eng		26/10/18	Nk. 804 Pt II O. 162
29/10/18	—"—	Left Base for C.A.R.C.		29/10/18	Nk. 1444
29/10/18	C.A.R.C.	Arrived at C.A.R.C.		29/10/18	N.K. 1776
22-12-18	—"—	Posted 5th Bdge C.F.A. Field		22/12/18	Pt 20/6/12-1919
—"—	—"—	T.O.S. 5th Bdge C.F.A. ✓		23/12/18	" 18 ✓
	Emb. Camp.	Proceeded to England. Group 2.		14/4/19	R.
					Pt. 2 O. No. d/.....
17/5/19	S.O.S.	On proceeding to Canada.			
	Part III Orders 44.	A. Hing C.C.C.			Capt for/Lt Col A.A. Edu Rec.
		For O.C. D/22 Dly			

ORIGINAL.

War Service Badge
Class "A" No. .....

MEDICAL HISTORY SHEET.

22

Surname Shaver Christian Name Leslie Arthur

Examined { on 11th day of Dec 1914
at Ottawa

Approved by W A Ermy
Rank Lt Col M.O.

Birthplace { City or Town Brantford
County Ont Canada

Apparent age 22

Trade or occupation Draughtsman

Height 5 Feet 7 1/4 Inches.

Weight ..... Lbs.

Chest measurement { Minimum 33 1/2 inches.
Maximum expansion 36 inches.

Physical development .....

Small-Pox Marks .....

Vaccination Marks { Arm Right. Left.
Number 1

When Vaccinated last .....

(a) Marks indicating congenital peculiarities or previous disease .....

(b) Slight defects but not sufficient to cause rejection Nil

Date	Fit or Unfit	Examined for Re-engagement.
		18 APR. 1918
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
8/2/15		Lt Col Young M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
7/12/14		Capt Beroard M.O.
15/12/14		" " M.O.
		TAB 9/3/18 Wilkie & Cobb M.O.

Enlisted on 11th day of Nov 1914 at Hamilton

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	Can Engrs.	~~1500~~ 189		
Transferred to..	PROCEEDED O/SEAS. TO C.F.C.	24 OCT 1918		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	6-5-19	Def. Hearing	A. Ebershoff Capt.

CANADIAN

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. F. B. 313.

100M.—1-15.
H. Q. 1772-39-439.

Surname ..... Christian Name .....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	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.
Can. Fuel. Hosp. Shorncliffe	Apr 30th/15	6	5	15.	24	5	15	Mumps.	18	Moderate attack of mumps. No complications	George S. Shelley.
No.6.C.F.A.		8	3	17	8	3	17	P.O.U.			A345
Div Rest Stat		8	3	17	11	3	17	do		R.F.B. Rej unit	A345-346 CP.

Duplicate Medical History Sheet posted to here.

L-L. Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

To Whom Allen M. Shaver

Address St George. P. O. Ontario

By Whom Assigned Shaver. L. A.

Regtl. No. 189

Rank Spr

Corps 2nd D. C.

Rate $ 50 00

SPECIAL REMITTANCE

Schedule # 178. 29.8.16

PAYMENTS ALSO ACCOUNT IN CURRENT LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		N. 16839	50.	
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

L. L. JOB. 85506 M. & D. 5997.

M. F. W. 12.
2m.—9-15.
H. Q. 1772-39-813.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Martha Shaver

Address St George P.O
Brant County
Ont.

Rate 20.00 Dec 1st 1915

By Whom Assigned Shaver Leslie A.

Regtl. No. 189

Rank Spr

Corps 4th Field Coy Engineers

2m 25/15 Jty

PAYMENTS SEE ALSO ACCOUNT IN SPEC. REM. LEDGER.

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		Z 7782	20 -	
Jan.	1916	10116	20	
Feb.		W12368	20 -	
March		W16280	20	

CONSOLIDATED 5 ACCOUNT

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

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

Sheet No. 2. Mrs. Martha Shaver

Name of Soldier Shaver, Leslie H. Pte 4 Fd Co C. E.

L. L. Job 89002.—Req. 6213.

$20.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	P 1442	20	
May		P 4548	20	
June		16284	20	
July		P 9858	20	
Aug.		G 13796	20	
Sept.		A 18956	20	
Oct.		a 23616	20	
Nov.		D 28670	20	
Dec.		Z 32494	20	
Jan.	1917	P 40977	20	
Feb.		P 47031	20	
March		52877	20	20 B.
April		[illegible]	20	
May		B 10981	20	
June		20120	20	20 W
July		B 26517	20	B.
Aug.		R 31725	20	
Sept.		Y 39304	20	
Oct.		I 45497	20	
Nov.		T 52917	20	
Dec.		J 62978	20	
Jan.	1918		500	
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

Rank ..... Name SHAVER, L.A. Reg'l No. 189

Unit 4 Field Coy. C.E. If in perm. Corps, What Unit?) Married or Single Single

Place and Date of Enlistment Ottawa 20th Jan 1915 Place of Birth Canada

Name and Address, Next-of-Kin Mrs. Henry Shaver, St. George P.O. Ontario. Relationship Mother.

Assigned Pay Monthly $ 20.00 Dec. Payable to Mrs Martha Shaver St Georges Post Office Relationship Brant County Ont. Canada

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
May 1	31	31	1.00	31	31	.10	3.10		34.10			30 ✓			30	4.10	
June 1	30	30	✓	30	30	✓	3	4.10	37.10			30 ✓			30	7.10	
July 1	31	31	✓	31	31	✓	3.10	4.10	41.20			30 ✓			30	11.20	
								11.20									Diff. in Electys. July 31
								2.40									
Aug 1	31	31	✓	31	31	✓	3.10	13.60	47.70			29.20 ✓			29.20	18.50	
Sept 1	30	30	✓	30	30	✓	3.00	18.50	51.50							51.50	
Oct 1	31	31	✓	31	31	✓	3.10	51.50	83.60			18.56 ✓			18.56	67.04	
Nov 1	30	30	✓	30	30	✓	3.00	67.04	100.04			2.62 ✓			2.62	97.42	
Dec 1	31	31	✓	31	31	✓	3.10	97.42	131.52			19.50 ✓ 20			39.50	92.02	
Jan 1	31	31	✓	31	31	✓	3.10	92.02	126.12			5.23 ✓ 20			25.23	100.89	
Feby 1	29	29	✓	29	29	✓	2.90	100.89	132.79			5.23 ✓ 20			25.23	107.56	
March 1	31	31	✓	31	31	✓	3.10	107.56	141.66			5.24 ✓ 20			25.24	116.42	
				336			33.60	2.40	372			175.58 ✓ 80			255.58	116.42	

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						

MARRIED OR SINGLE S.

PLACE OF BIRTH Canada

NAME AND ADDRESS OF NEXT OF KIN Mrs Henry Shaver
St. George P.O. Ont.

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
Awarded Meritorious Service Medal. London Gazette. 30450. 1/1/18.	1-1-18.	Bd 6. 2178

The account for pay has been adopted by Mr Shaver

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
11/7/16			

The account for Imp Army pay has been adopted by Mr Shaver

REG'L. NO. 189 RANK Sapper NAME Shaver L. A.

IF IN PERMT. CORPS WHAT UNIT UNIT 4th Can. F. E. TRANSFERRED TO 2nd Div Ammn Col. DATE 21/4/17 AUTHORITY A/17 31/3/17

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 2nd C.D.A.H.Q. DATE 11/9/17 AUTHORITY D.O.S. 2078/17
A.H.Q. 18.8.17

PLACE OF ATTESTATION Ottawa TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 20th Jany 1916 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $20 00/100 DATE EFFECTIVE Dec. 1st 1915

PAYABLE TO Mrs. Martha Shaver St. Georges Post Office Brant Co. Ont. RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 25/3/18 EFFECTIVE 1st April 1918 REASON Commission in Imp Army

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

C

DATE	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
March 31			336	00			33	60						240	372	00								175	58			80	00		255 58	116 42			
1/4/16 to 30/4/16	30	1st	30	00	30	10	3	00							33	00	618	19/4/16						523				20		25 23	124 19			
May 1-31	31	"	31	.	31	"	3	10							34	10	677	9/5/16	707	27/5/16				253	253			20		25 10	133 19			
June 1-30	30	-	30	-	30	-	3	00							33	00	765	6/6/16						256				20		22 56	143 63			
July 1-31	31	-	31	-	31	-	3	10							34	10	806	19/6/16	859	19/7/16				256	262			20		25 18	152 55			
Aug 1-31	31	-	31	-	31	-	3	10							34	10	919	24/7/16	969	31/7/16			RR. 1795	24/5/16	262	262		50	20		734	11 141			
Sept 1-30	30	-	30	-	30	-	3	00							33	00	1048	18/8/16						261				20		22 61	121 80			
Oct 1-31	31	-	31	-	31	-	3	10							34	10	1077	23/8/16	1151	13/9/16				523	523			20		2 46	125 44			
Nov 1-30	30	-	30	-	30	-	3	00							30	00												20		2 00	138 44			
Dec 1-31	31	-	31	-	31	-	3	10									1256	25/11/16						1133										
															34	10	1209	12/11/16						262				20		33 95	138 59			
			61	10													1444	19/12/16						262										
																	1397	27/12/16						261										
Jan 1-31	31	1/10	3	10											34	10	1214	12/1/17					GP 4/1/17	261			1947	20		47 31	125 38			
Feby 1-28	28	"	30	80											30	80	1449	31/1/17					F63 2300 1/1/17	523		9733		20		122 56	33 62			
Carried forward			737											240	1394	0								2259	6	1302	9733	6947	300		705 78	3362			

189 Shaver L. A. 2nd Div Engrs Ass Pay 20cts Eff 1/12/15

DATE	PAY No. of Days	PAY Rate	PAY Amount $	PAY Amount c.	FIELD ALLOWANCE No. of Days	FIELD ALLOWANCE Rate	FIELD ALLOWANCE Amount $	FIELD ALLOWANCE Amount c.	WORKING OR SPECIAL PAY No. of Days	WORKING OR SPECIAL PAY Rate	WORKING OR SPECIAL PAY Amount $	WORKING OR SPECIAL PAY Amount c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS
Brght Forward			737											240	739 40
March 31	31	1/10	34	10											34 10
Apr. 1-20	20	-	22	00											22 00
	10	"	11	-											11 -
May	31	-	34	10											34 10
June	30	"	33	-											33 -
July	31	-	34	10											34 10
Aug	31		34	10											34 10
Sept to 1-10	10		11	-											11 -
11-30 Sept	20	1/25	25											360	28 60
			975	40										600	981 40

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
				7th Bde C.F.A.			
1621	22/2/17			1454	26/3/17		
1600	10/2/17			1424	16/3/17		
				2nd D.A.C.			
				96	23/4/17		
				4 Bde	9/4/17		
				4 Bde			
				106	12-5		

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
225 96	13 02	97 33	69 47	300		705 78
261		261				
261		262		20		30 45
				20		20
		2 62 1		20		20
		2 62 1		20		25 24
				20		20 -
		268		20		22 68
				20		20
231 18	13 02	110 48	69 47	440		864 15

BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
336				
37 27				Transf to 2nd D. Ammn Col. Park 2/6/17
39 27				
60 27				
64 37				
72 13				
86 23				
97 65				
88 65				Transf to 2nd T.B. Coll Depot Eff 11/9/17 dd 15/9/17 Diff. in pay from 16.8.17. to 10.9.17 24 days @ 1/5 credits to deposit 2/6 eff 16.8.17
117 25				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER PAY	SER. REM.	ALLCE	ENG.
1917	Balance	117 25							117 25				
Oct.	H.Q.G.P.	38 75		16973 AP 225 11/7 4 Bde C.F.A.	5 35								
				640 6/7	4 46								
				DN AR 435 2 D.A.C. 6/7	4 46								
				DN AR 286 -20- 23/7	8 03								
				DMAR 703 -20- 9/7	5 35				108 36				
		38 75			27 65		20				38 75		
Nov	H.Q.G.P.	37 50		AR 800 6/7	5 35								
				AR			20						
				AR 542 23/7	4 46								
				DMAR 340 6 C.F.A. 6/7	2 68						35 00		
Dec	H.Q.G.P.	38 75		AR			20						
				AR 1002 10/7	48 67								
				" 4340 30/7	1 78								
				DMAR 402 6 C.F.A. 20/7	4 46				77 20 NIL				
		76 25			67 40		40				38 75		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER PAY	SER. REM.	ALLCE	ENG.
1918									77 20				
Jany	H.Q.G.P.	38 75		AR 1047 8/7					5 35				
				AR 1012 24/7					13 38				
				AR 949 22/7					8 92				
				AR 1171 6 Bde 24/7					5 35				
				DMAP 840 " 21/7					8 92				
				AP						20	34 03		
									41 92	20			
Feb	H.Q.G.P.	35 00		AP						20			
				AR 1231 8 Bde 9/8					5 35				
				" 1301 6 " 19/8					5 35		58 33		
									10 70	20			
Mch	H.Q.G.P.	38 75		CAP						20			
				CP 4998 17/3					4 87				
				2 Bde Hqrs 1387 17/2					5 35				
				CP 6084 14/3					48 67				
				2 Bde Hqrs 1487 23/2					5 35				
				2 Bde Hqrs 1536 3/3					5 35				
											7 49 Nil		
		38 75							69 59	20			

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable

ASSIGNED PAY	~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:-	1/12/15 / 1.2.18.	EFFECTIVE DATE:-	
AMOUNT:-	~~20.00~~ / 15	AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY. | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Mrs Martha Shaver
St George's P.O
Cancelled 1/12/15
Brant Co. Ontario

Stop Payment from Regd. 25/3/18

Off 1/4/18. Commission in Imp Army

Mrs. Martha Shaver.
St. Georges P.O. Brant. Ont

Stopped 1.5.18.

1868 Cr. $27.60 7/19

Return To Unit

Off 1/4/18

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
2.3.	1967		365			Ledger Bal	22 39
14.19	18		365			R.F.C. Balc	143 09
24.4.19	1706		73				
			80 30				80 30

PARTICULARS OF RENDERING NON-EFFECTIVE: Discharged to Canada 30/4/19 UR 7695 B'stood 28/7/19 B'stood

MONTH	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
31/3/18	Bal Fwd.								7 49		
Apr	P & A	33 00		AR. 1286 - 10 4/18 St Leon	14 60				25 89		
		33 00			14 60						
May	P & A	34 10		AR. 4258. 30 4/18. St L	9 73						
				AR. 6332. 14 5/18 St Lucs	4 87				45 39		
		34 10			14 60						
June	P & A	33 00		AR. 9186 3 6/18 St. Lw	14 60						
				AR. 11423 17 6/18. St L	24 33						
				AR. 2008. 24 6/18. CRA	9 73				29 73		
		33 00			48 66						
July	—	34 10		AR 2822. 15/7 CRA.	4 87						
				" 3119. 23/7 "	4 87				54 09		
		34 10			9 74						
Aug	—	34 10		AR 3311 6 Ra 10/8	~~8 76 60~~						
				" " "	2 43						
				" 4079 " 29/8	2 43				83 33		
		34 10			4 86				" "		
Sept	"	33 -		AR 4262 CRA 10/9	4 87				111 46		
				" 4962 " 27/9	9 73				101 73		
		33 -			14 60						
Oct		34 10		AR 5015. CRA 2.10.18	1460						
				" 5666. " 22.10.18	243				1188 80	105	
		34 10			1703						
Nov		33		AR 982. 2 Dab 7.11.18	373						
				AR 1022. 5 B. 22.11.18	373						
Dec		34 10		AR 1094. 5 B. 29.11.18	1306						
		67 10			2052						

COMPILED BY [illegible]
CHECKED BY R Mulb

NAME:- SHAVER L A

NUMBER:- 189

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Gunner.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 4th Co. C.E.

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
DO 45 27/8/17	18.8.17		2nd C.D.A. Hqrs
Comm in Imp Army	1.4.18	25.4.18	Imp Cadets
UR 1/8/18.	1/8/18.	21/8/18	C.R.A.

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 . .	10 85		

NUMBER 189 RANK Gr NAME SHAVER L. A.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919	Fwd	67 10			20 52						
Jan	Gp	32 10							199 48		
		101 20			205 2						
Feb	"	30 80		ak. 1146. 5.B. 17.12.18	6 49						
March	"	34 10		" 1346. 5.B. 21.1.19	19 49						
				" 1489. 5.B. 8.2.19	3 73						
				" 1613. 5.B. 19.2.19	3 73						
				" 1704. 5.B. 7.3.19	3 65						
				" 1755. 5.B. 7.3.19	18 25						
				" 1870 do 19.3	3 65				205 39		
		64 90			58 99						
apr		33						15	223 39		
				ak 1967. 5.B. 26.3	3 65						
				" 18. 5.B. 3.4.	3 65						
				" 1706. C&C. yr.4	73 00						
				" 2011. C&C. W.S.	9 73						
	Diff. in pay as clerk 14 2/19				90 03			"			
	to 31 3/19 46 days	27 60									
	5.B. HQ W.R. 187 30.3.19	60 60							160 96		
	ADPs arrears	60 60			90 03			15			

22379
80 30
14309

L of L Ltr 4/5/19

D.A.J.

SHORT FORM.

War Service Badge
Class "A" No. 141503

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

13

1. No. 189
2. Rank. Gnr
3. Name. SHAVER. Leslie Arthur
4. Unit. 17th Bty C.F.A.
5. Date of Discharge | MAY 25 1919 | Place HAMILTON, ONT.
6. Reason for Discharge Demob Surplus

EMB Minnekahda
MAY-14-19
DIS MAY-28-19

DEMOBILIZATION

7. Authority. No. 2 District Depot, Part II, D.O.No. 149
8. Proposed Residence after Discharge St. George, Brant Co. Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.?

Leslie Arthur Shaver
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Stat 28/10/19 mob.

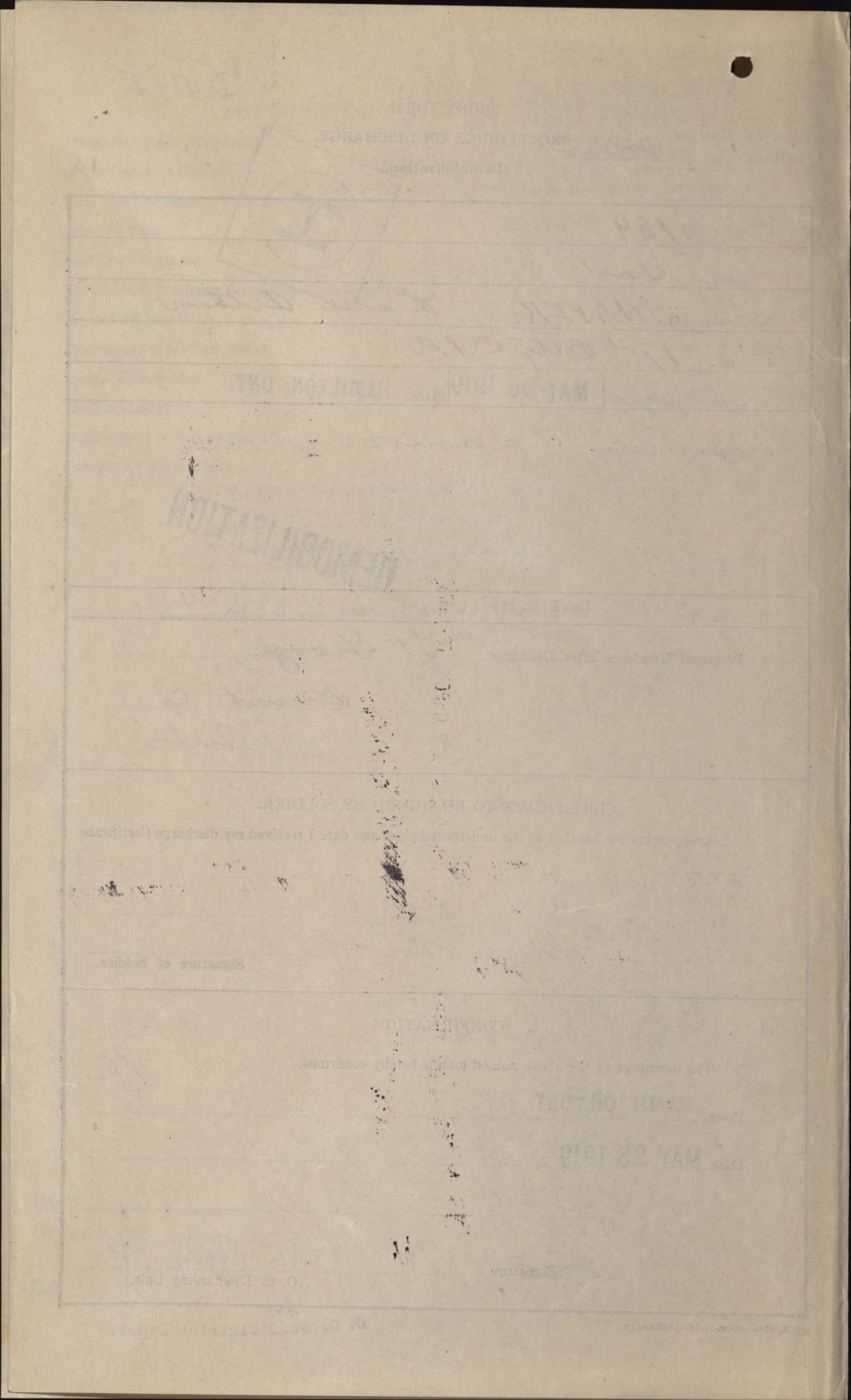
Place HAMILTON, ONT.

Date MAY 25 1919

Signature A Martley Capt.
(O. C. Discharging Unit.)

For O. C. No. 2 District Depot.

M.F.B. 218a—300M.-11-18—1772-39-113.



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 3009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (A.F.B. 218a)
8. Discharge Certificate (M.F.W. 23)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment (Statement Q.M.G. Form (D.O.S. 2).
    and Clothing) and dupl.
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B

Checked by No. 11

[signature]

Date 12 MAY 1919

War Service Badge
Class "A" No. .....

(900) W16037/178 300,000 1/16 J.F.W. Forms B 241/29

Army Form B. 241.

DESCRIPTIVE RETURN of a Soldier at present stationed at In the Field.

who is desirous of being* {transferred / ~~posted~~ / ~~attached~~} from the 4th Field Company C.E. Regiment

at In the Field. to the ~~H.Q.~~ 2nd Cdn. Div. ~~Artillery~~ amun. Column Regiment

or Corps at In the Field. for the purpose of Draughting.

Regiment and Battalion Fourth Field Company Canadian Engineers.

No. 189 Rank and Name Sapper SHAVER Leslie. A.

Service towards engagement Two years Five months

Date of Attestation 15th January 1915.

Period for which attested War. Colours Reserve

Age 23 years 270 days. Height Five feet Seven inches

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

Trade or Calling Draughtsman.

Where born Bantford. County Brant, Ontario.

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

Certificate of Education

Character

Good conduct badges One.

Musketry qualification and score

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

A.G's. OFFICE AT THE BASE
No. 24 H 2/69
- 8 MAR 1917
KG
CANADIAN SECTION

To be signed by a Soldier applying to be transferred.

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

Signature of Soldier Leslie A. Shaver.

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

I request to be ‡ _____ as above.

Signature of Soldier _____

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

Signature of Medical Officer R E Latta Capt M.O. 4th Fd Co C.E.

I have no objection to this man being‡ transferred as above

Signature of applicant's present Commanding Officer H.W.G. Smith Major 4th Fd Co

(Station) In the Field. (Date) 3/3/17

I have no objection to this man being‡ transferred as above.

Signature of Officer Commanding applicant's proposed Regiment, Corps or Battalion A H H Ldrs Capt R.E. Brev. Maj. 2nd Can Div Art

(Station) In the Field (Date) _____

Signature of competent authority for transfer R. Pauttaire Lieut for Major D.A.P.M.S. 2nd Can Div

28/3/17

* See King's Regulations. The words which do not apply to be erased, and in the case of the R.A.M.C., it should also be stated whether suited for the duties of the Corps.

‡ Insert "transferred," "posted," or "attached," as the case may be.

[P.T.O.

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

is to be { posted / transferred / attached } to the Regular Establishment of any arm of the Special Reserve or to the Permanent Staff of the Territorial Force, &c.

I certify that _____

_____

is in every respect competent to undertake and suitable for the duties he will be required to perform as an Instructor in the arm of the Special Reserve or the Territorial Force to which I recommend he should be { posted / transferred / attached }

_____ Officer Commanding,

_____

Place _____

Date _____

DOCUMENTS TO ACCOMPANY THIS FORM.

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

Original

H'Wing

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE May 5th 1919

1. 1 (a) Unit 17th Bty CFA (b) Regimental No. 189 (c) Rank Gnr

(d) Surname Shaver (e) Christian name Leslie Arthur

(f) Home address St George P.O. Brant, Ont.

(g) Next of Kin Mrs Henry Shaver (h) Relationship Mother

(i) Address of Next of Kin St George P.O. Brant, Ont.

2. Age last birthday 25 Date of birth ~~Sept~~ June 14th 1893

3. Enlistment, or Appointment (if an Officer) (a) Place Hamilton (b) Date 11-11-14

4. Personal description:

(a) Height 5' 7¼ (b) Weight 145' (stripped) (c) Complexion Dark

(d) Colour of hair Dark (e) Colour of eyes Dark (f) Identification marks, Scars, etc. Nil

5. Former trade or occupation Draughtsman

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	180.

	Periods	
	From	To
Canada	11-11-14	19-4-15
England	19-4-15 11-3-18	16-9-15 25-10-18
France or other theatres of War	16-9-15 25-10-18	11-3-18 11-4-19

7. Original disease, or injury OTITIS MEDIA AND CHRONIC NASAL CATARRH

(a) Date of origin Childhood (b) Place of origin Canada

(c) Cause Infection

M. F. B. 227.

400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

Slight deafness - left ear
Defective Hearing.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Specialists report - May 3. 1919

Right - Hearing - Left -
21' voice - 18'
Weber → - Category A
+ Rinne —

Drumhead retracted and sclerosed, right and left - Chronic nasal Catarrh - ~~recommend further examination on arrival in Canada~~ W.D.

Condition was present before enlistment and has not been caused by Service - Has not been aggravated by service -

Subjective - Complaints of deafness in left ear and chronic discharge from nose

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System	No	Cardio-Vascular System (If pulse rate is abnormal, B. P. will be taken.)	No	Genito-Urinary System (Albumen and Sugar will be excluded.)	No
Special Senses	No	Respiratory System	No	Integumentary System	No
Disturbances of Mentality	No	Digestive System	No	Muscular System	No
Osseous and Joint Systems	No	Any other general condition	No		

10. (a) History (of the condition referred to in Section 9 (a).)

Patient has had trouble with his left ear ever since he remembers - Does not think it is worse since enlistment

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

M.H.S. shows - Mumps, P.U.O.
Good recovery

(*c*) (Here give a description of wounds, scars and deformities.

None

11.—(*a*) Did the disabling condition have its origin before enlistment? Yes

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

No

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (a) No (b) No

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

None

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? No
(If the answer is "yes" state nature of treatment required and probable duration)

R.B.H.

~~None~~ ~~Recommend further examination in Canada~~ vide 2.

16. Can the former trade or occupation be resumed? Yes
(If not, briefly state why)

17. Recommendations

None

R B Harris Capt CAMC
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned Leslie Arthur Shaver have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of Nasal Catarrh since latter part of October 1918 only.

Leslie A Shaver Rank
Signature of invalid examined. Gnr

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or ~~No.~~) yes A
(*b*) Service abroad, not general service,	(" B)	(Yes or No.)
(*c*) Home service (Canada only),	(" C)	(Yes or No.)
(*d*) Temporarily unfit.	(" D)	(~~Yes or No.~~)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

20. It is certified that the invalid

(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

~~Specialist recommends further examination & return to Canada~~ W.R.2.

(*b*) Does not require treatment. Does not require treatment.

(*c*) Should pass under his own control.

(*d*) ~~Should not pass under his own control.~~

(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged.~~ (When not for discharge add special recommendation.)

RTC Auth AG 9083 (11-11-18)

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE Witley — ~~B.B. Brain Capt~~ ..... *President.*

DATE 6-5-19 — Ellershaw Capt RAMC } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....*President.*

PLACE..... } Members

DATE.....

APPROVED BY — APPROVED BY

Assistant Director of Medical Services. — *Director-General of Medical Services.*

DATE..... DATE.....

A.D.M.S. HEADQUARTERS CANADIAN CORPS CAMP. 6 MAY 1919 WITLEY SECTION

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch $ 1876 9.

OVERSEAS CONTINGENTS

Date of Assignment Dec 1/15

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

~~20~~	15		

1-2-19

1917
1918

PARTICULARS OF SEPARATION ALLOWANCE

No. 189

Rank Spr. Promoted Reverted Discharge

Soldier's Name Leslie A. Shaver

Battalion 4 Fld. Coy Engrs.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT (mother)

Name Mrs. Martha Shaver

Address St George P.O.

Change of Address Brant ~~County~~ Ont

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	
1917					
Dec 31	L—		500	500	✓
Jan 18	L 71340		20	20	✓
Feb	L 72846		20	20	✓
Mar	S 94149		20	20	✓
Feb	X 80998		15	15	✓
Mar	C 89600		15	15	✓
Apr	U 871		15	15	✓
May	O 7013		15	15	✓
			620	620	✓

16567-L-4

REMARKS LP D 110813 - 4-6-19 Tab

See Also Account in Spec Rem. Ledger

a/p a/c closed effective 1-4-18
auth. pals 1 file 16567-L-4
cable P. 5365. "Commission in Imperial Forces"
C. Taggart.
confirmation of closure 3m dated 16-4-18. C. Taggart 20-4-18.
Re open 1-2/19 Ref A 2 M 6 2/18. M.O. 54590. W.H. 7/2/19 dk. 1/2/19 CO

.....A/c Closed 31-5-19

M.D. 2 Ret'd per ....Minnekahda

Date .....2-3-5-19.....

.....Clerk.....T Cardwell

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

MR. O 2 B. rend'd 28-3-18 C

M. F. W. 128
400M.—6-17—177-39-141
L. L. 22320—M. & D. 7983.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7983.

"MINNEKAHDA" 23-5-19

DISPERSAL "J" 2 4895

AUDITOR | PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

M. OR S. | REGT. No. 189 | RANK Gnr | NAME (IN FULL) SHAVER, L.A.

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS Nil

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. CDO | IF IN P.F. WHAT UNIT? | (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION | TRANSFERRED TO Merchants Bank | DATE | AUTHORITY

DATE OF ATTESTATION 11-11-14 | TRANSFERRED TO ~~St George~~ Brant Ont | DATE | AUTHORITY

1414 Cor King & James St Hamilton

ASSIGNED PAY $ 15.00 closed by Ottawa 31/5/19 | DATE EFFECTIVE 7/8/19.

PAYABLE TO Mrs Martha Shaver | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS St George P.O. Brant Co Ont

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Hamilton | DATE 25-5-19 | REASON Demob | AUTHORITY Do 149 | IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1	COL. NO. 1 DATE	COL. NO. 2	COL. NO. 2 DATE	COL. NO. 3	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	$	C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					
30/4/19									143	09	143	09																							143	09	Bal Exp L.P.O.
29/5/19	29	1/-	31	90																																	Pay 1/5/19 - 29/5/19
					35	00																															Clothing
					70	00											973		5	21	00																Rat 10/8/19
																							15	00													Pay Pa
																			487		500																Boat & Train
							136	90	Cheque		245	39																			379	49					
L																													70	00							
																													4	40							AMOUNT DUE SOLDIER DEPENDENT
		W.S.G.																											W.S.G.								
183 days			420		420								May 25																		74	40	345	60				
													June 23				723345														65	60	140	-	280				
											93		July 22				1023326														70	-	210		210				
											118		Aug 21				1430734														70		280		140				S.G.C. Hamilton 7.14
											139		Sept 16				1443612														70	-	350		70	-			W.S.G. PAID IN FULL
											169		Oct 22				1453319														70	-	420		0				
			27	60	27	60																													27	60			Cr $27.60 to Clerks Pay Nov. 14/1/1960
											237		Jan 12				1738769														27	60	27	60					
			447	60	447	60																									447	60	447	60					

100M-1-19.—L. L. 53962-M. & D. 9723.
M. F. W. 2596.
1772-39-139J.

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