

REGIMENTAL DOCUMENTS

S *Finnamore Arthur.*

(Gm) REGT. NO. *2100233*

Cdn. *S.B.*

H. Q. FILE NO.

H

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY	
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)	M				DEATH	
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category	
TRAINING HISTORY SHEET (M.F.W. 113)						
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)						
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					07149	
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)						
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)						DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)						Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)						<i>Remot.</i>
1 MEDICAL EXAMINATION (M.F.W. 129)						
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)						
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)						
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION	
LAST PAY CERTIFICATE (M.F.W. 44)						
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)						
PARTICULARS OF CHARACTER (A.F.W. 3226)						
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)						
<i>Wrip. cert.</i>						
<i>Ident. cert.</i>						
<i>M.F.W. 67</i>						
<i>R. [unclear]</i>						
<i>pay [unclear]</i>						

H

Box
405024



ATTESTATION PAPER.

No. 2/00 233

Folio.



CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Finnamore*
- 1a. What are your Christian names?..... *Arthur*
- 1b. What is your present address?..... *569 Brunswick St, Fredericton, N. B.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Fredericton, N. B. Canada*
- 3. What is the name of your next-of-kin?..... *Lothie M Finnamore*
- 4. What is the address of your next-of-kin?..... *569 Brunswick St, Fredericton, N. B.*
- 4a. What is the relationship of your next-of-kin?..... *Wife*
- 5. What is the date of your birth?..... *12 December, 1882*
- 6. What is your Trade or Calling?..... *Shoe worker*
- 7. Are you married?..... *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *4 mos in South Africa with 4th M.R.*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Arthur Finnamore*, 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 *12 June* 1917. *Arthur Finnamore* (Signature of Recruit)
W. Baldwin (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Arthur Finnamore*, 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 *12 June* 1917. *Arthur Finnamore* (Signature of Recruit)
W. Baldwin (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 *Partridge Island* this *twelfth* day of *June* 1917.

W. Baldwin (Signature of Justice)

Description of *Arthur Finamore* on Enlistment:



Apparent Age... *34* years *6* months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height *5* ft *8 1/2* ins.

Chest measurement. { Girth when fully expanded *35* ins.
Range of expansion *1* ins.

Brown birth-mark left forearm

Complexion *Pale*

Eyes *Blue*

Hair *Brown*

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

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 *12.6.17* 191

J. Robertson
Captaine
Medical Officer.

Place *Partridge Island*

*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.

..... *Arthur Finamore* 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.

J. W. Wetmore (Signature of Officer)
Major

Date *12th June* 191 *7*.

O. C. #0 C. E. F.

To be made out in duplicate.

H.Q. 54-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins.....#9 OVERSEAS SIEGE BATTERY, C. E. F.

(2) Regimental Number.....2100233

(3) Full Name of Soldier.....Arthur J. Finnamore

(4) Place of Birth.....Fredericton N.B.

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

(6) If married, state,
(a) Full name of your wife.....Scottie M. Finnamore

(b) Present Postal Address.....569 Brunswick St.
Fredericton

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

(8) Have you any children?.....No

If so, give number of boys and girls.....✓

Also their names and ages.....✓

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

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

(10) Is your Mother alive?.....*Yes*.....

If so, state name and address.....*Mrs Abigail Yimmamore*.....

569 Brunswick St - Fredericton NB

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

Are you her sole support, or not?.....*N.P.*.....

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

✓

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

✓

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

Yes

(15) Are you insured?.....*No*.....

If so, in what Company?.....*✓*.....

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

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

W. Wetmore

Major
O. C. #9 Overseas Siege Battery, C. E. F. *Officer Commanding.*

Date *12th June 1917*

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

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps *3rd D.F.I. #9 OVERSEAS SIEGE BATTERY, C. E. F. to Res Bty*



Regimental No. *2100233* Rank *Sumner* Name *Arthur J. Sumner*
C. E. F.

Enlisted (a) *12-6-17* Terms of Service (a) *Duration of War* Service reckons from (a) *12th June 1917*

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) *W. S. B. CLASS. A Shoemaker - 4 mos. D.C. with 4th D.F.I.*

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
		Embarkation	St. John, N. B.	18/12/17	<i>J. J. Missinabiu</i>
		Disembarkation	Glasgow	31/12/17	<i>✓</i>
<i>8/1/18</i>	<i>Q.C. Res. Bty C.E.F.</i>	<i>T.O.S. from Canada as reinforcements</i>	<i>Witley</i>	<i>18/1/18</i>	<i>B.O. pt 11 ✓ #8</i>
<i>21-1-18</i>	<i>OC Res. Bty C.E.F.</i>	<i>S.O.S. to 12th Siege</i>	<i>do</i>	<i>21-1-18</i>	<i>Bope II 21 ✓</i>
<i>22-1-18</i>	<i>OC 12th Can. Siege Bty Res. Bty. C.E.F.</i>	<i>T.O.S. on posting from Res. Bty. C.E.F.</i>	<i>do</i>	<i>21-1-18</i>	<i>B.O. Pt 11 No. 22-1-18 ✓</i>
<i>31-5-18</i>	<i>OC 12th Can. Siege Bty Res. Bty. C.E.F.</i>	<i>Posted B.E.F. France</i>	<i>Calford</i>	<i>1-6-18</i>	<i>B.O. Pt 11 No. 31-5-18 ✓</i>
<i>18-6-18</i>	<i>A.M.I.O. NAVRE</i>	<i>Landed in France with 12th Siege Bty. as Reinf. for 3rd Bde. C.G.A.</i>		<i>2/6/18</i>	<i>L.R. No. 10487 BATTERY, P.II.O. 18, d/1918. ✓</i>
<i>23/19</i>	<i>3rd Bde</i>	<i>10 days leave Paris</i>	<i>Th</i>	<i>20/19</i>	<i>B.I.3 B.P.11-10 ✓</i>
<i>2/19</i>		<i>from leave</i>		<i>27-2/19</i>	

CERTIFIED CORRECT.
 7 JUN 1919
 CAN. RECORDS DIVISION

(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.]

Casualty Form - Active Service



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				

l ee

I proceeded to England

24/19 M

Attached C.C.C. Kinmel Park for return to Canada Part II Order No. 102. Ceases to be attached C.C.C. Kinmel Park on being assigned for Canada, Part II Order No: 119

Lieut.
for Lt. Col., A.A.G.,
Canadian Section

V.H. Rennie
Commanding M.S. 7 Wing,
Kinmel Park Camp.

*H.M. Sailing on 3/15/19
Emb'k'd S'ing on 3/15/19
Disen. d'b Hal' on 3/15/19*

29/4/19

on trans C.E.T.

W. A. ...
MAJOR,
O.C. No. 4 Canadian Siege Battery.

10 A of 4th, 1st B on transfer from 17th B. with effect from 5/4/19

3-5-19.

Eng.

TAKEN ON STRENGTH District Depot No. 7.
PART II. ORDER No. 133.

W. A. ...

Lieut. & Asst. Adj't

10-5-19.

*dis.
H.M.S.*

ST. JOHN, N. B.
STRUCK OFF STRENGTH District Depot No. 7.
PART II. ORDER No. 133.

For O. C. District Depot No. 7.

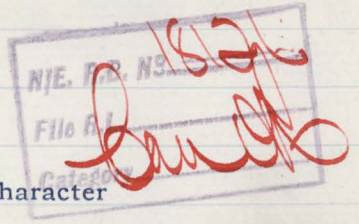
LTR

Rank FINNAMORE, Arthur
 Name 2100233
 Reg'l No. Married or Single Married
 Unit 3rd Dft 9tho/s Sge Bty. To Res Arty in perm. Corps, }
 What Unit? }
 Place and Date of Enlistment Partridge Island, 12th June, 1917. Place of Birth Fredericton N.B.
 Canada.
 Name and Address, Next-of-Kin Lottie M. Finnamore
 569 Brunswick St, Fredericton, N.B. Relationship Wife.



Assigned Pay Monthly \$ Payable to Relationship

Separation Allowance \$ Payable to Relationship



Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents
Date.	From whom received.				
		Arrived in England		31-12-17	S/S Missanabie
8.1.18	Per. C.G.A.	T.O.S. from Canada	Per. Willey	1.1.18	Pt. D. 8
22.1.18	12th S.B.	T.O.S. from Per. C.G.A.	"	21.1.18	" 1st C.G.A. 21/21.1.18
31.5.18	"	S.O.S. Pro. Overseas	" Godwin	1.6.18	" 130.
20.6.18	3rd C.G.A.	T.O.S. on arrival from Eng	" Field	2.6.18	" 17
6.4.19	L.P.	Proceeded to England	" Rouen	2.4.19	" 16.
9.5.19	4 S.B.	S.O.S. D Canada for Rhyl		3.5.19	-17
		To Canada	53-7-17	3.5.19	

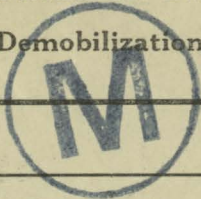
103 CHECKED 5 JUN 1918

4
W. S. B. CLASS A. No. 265223

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)



C

1. No.	2100233	Category	A1.
2. Rank.	Gnr.		
3. Name.	FINNAMORE Arthur.		
4. Unit.	9th SB.	12th SB.	Card. D. D. NO. 7
5. Date of Discharge	MAY 10 1919	Place	ST. JOHN N. B.

6. Reason for Discharge

DEMOBILIZATION

Service in France

10/12

Next of Kin

Wife.

7. Authority.

R. O. 1420 (e)

8. Proposed Residence after Discharge

St. John.

Occupation

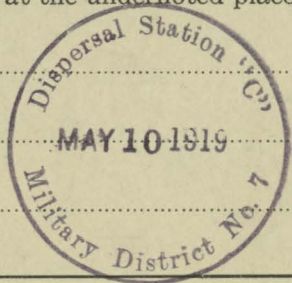
Shoe maker

Methodist
14

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. ? → 39 ←



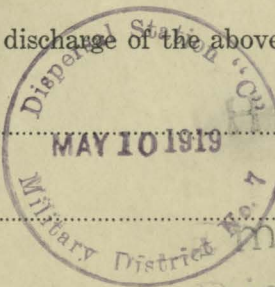
A Finnamore
Signature of Soldier.

10. CONFIRMATION.

CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place



M. T. Mauretania

Date

Sailing No 53

Emb'd S'th'ton 3/5/19

Disemb'd Halifax 9/5/19

Signature

Rau...
DISPERSAL STATION, ST. JOHN, N. B. FOR
(O. C. Discharging Unit.)

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)
2. Particulars of Recruit (M.F.W. 133)
3. Casualty Form (A.F.B. 103)
4. Medical History Sheet (M.F.B. 313 or A.F.B. 178)
5. Proceedings of Med. Board (M.F.B. 227 or A.F.B. 179)
6. Dental Certificate (M.F.B. 465)
7. Field Conduct Sheet (A.F.B. 122)
8. Discharge Certificate (M.F.W. 44)
9. Copy of Discharge Certificate (M.F.W. 44)
10. Disposal Certificate (M.F.W. 44)
11. Equipment Statement (M.F.W. 2895)
12. Last Pay Certificate (M.F.W. 44)
13. Pay Book (A.F.B. 103)
14. War Service Casualty (Form M.F.W. 2895)
15. Sundry Documents.

Group A 25
 Checked by [Signature]
 Date 30/4/19

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE



THIS IS TO CERTIFY that No. 2100233 (Rank) Gunner

Name (in full) Arthur Finnamore enlisted in
the 9th Canadian Siege Battery

CANADIAN EXPEDITIONARY FORCE at Partridge Island N.B. on the 17th
day of June 1917

HE served in Great Britain France and Belgium

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

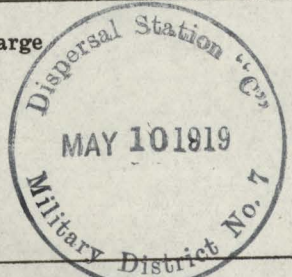
THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:

Age	<u>36 years</u>	Marks or Scars	
Height	<u>5ft 8 1/2 in</u>		
Complexion	<u>Pale</u>		<u>Net</u>
Eyes	<u>Blue</u>		
Hair	<u>Brown</u>		

A. Finnamore
Signature of Soldier

Rangji Singh
Issuing Officer O. C.
DISPERSAL STATION, ST. JOHN, N. B. FOR
O. C. DISTRICT DEPOT #7
Rank

Date of Discharge



Date MAY 10 1919 19

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.

DISCHARGE CERTIFICATE

- 1.—That discharge certificate must be carried when wearing uniform.
- 2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and
- 3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

THE DESCRIPTION OF THIS SOLDIER ON THE DATE BELOW IS AS FOLLOWS:



CLASS **A**
 WAR SERVICE BADGE
 NO. **265232** issued

Date of Discharge
 Signature of Soldier

RECORDED
INDEXED
SERIALIZED
FILED

DISPERSAL CERTIFICATE.

1. Surname... FINNAMORE. Christian Names... ARTHUR,

Regtl. No. 2100233 Rank { Temp... GNR. Regt. or Corps... 3rd Bde C.G.A.
 Acting Unit... 12th CANADIAN SIEGE BATTERY.

2. (a) Service Group..... 13

(b) Occupational Group..... 14

(c) Dispersal Area..... "C"

3. (a) Medical Category.....

(b) Railway Station to which proceeding on Dispersal..... ST JOHN, N. B.

(c) Post Office address in full..... 437 MAIN ST.
ST JOHN, N. B.

(d) P.O. or Bank in which soldier desires to have his Post discharge or deferred (if any) pay deposited..... ROYAL BANK OF CANADA
ST JOHN, N. B.

4. I certify:—

(a) that I carry no ammunition ;

(b) that all the information given above is correct to the best of my ability;

(c) that I have completed a Questionnaire for the Department of Civil Re-Establishment.

Signature of Soldier..... Finnamore Arthur

Signature of O.C. [Signature] GNR, C.G.A.,
O.C. 12th CANADIAN SIEGE BATTERY.

Date..... 18 Feb 1919

NOTES.

1. Each alteration must be initialed by the O.C.
2. Forms will be clearly marked "Original," "Dup.," or "Trip." as the case may be.
3. All entries will be made in ink or type.
4. All information for Part 2 of form will be obtained in the case of Other Ranks, from Pay Books, and in the case of Officers from Record of Service Book (A.B. 439).
5. In every case Signature of O.C. and Soldier must be attached.
6. Soldiers' (duplicate) copy, together with Pay Book (A.B. 64) should be carried on the person, not in the kit.
7. In case of loss of Dispersal Certificate, soldier should report same to O.C. or Dispersal Draft Officer.

MEDICAL HISTORY SHEET



Surname *Annamne* Christian Name *Arthur*

Examined { on *12* day of *June* 191*7*
 at *Parquet & Idue*
 Birthplace { City or Town *Redonnetin*
 County *York*

Approved by *J.R. D. Shaw*
 Rank *Captaine* M.O.

Apparent age *34*
 Trade or occupation *Shoe maker* M.O.
 Height *5* feet *8 1/2* Inches M.O.
 Weight *148* lbs. M.O.
 Chest measurement { Minimum *34* inches M.O.
 Maximum expansion *35* inches M.O.
 Physical development *med* M.O.
 Small-pox Marks *nil* M.O.

Vaccination Marks { Arm *right* Left *1*
 Number *twice*
 When Vaccinated last *15 years ago* 25.8.17 *J.R. D. Shaw Capt* M.O.
 (a) Marks indicating congenital peculiarities or previous disease *nil* M.O.

(b) Slight defects but not sufficient to cause rejection
nil 19.7.17 *J.R. D. Shaw Capt* M.O.
 7.8.17 *J.R. D. Shaw Capt* M.O.
 20.8.17 *J.R. D. Shaw Capt* M.O.

Enlisted on *12th* day of *June* 1917 at *St. John NB*

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<i>No. 90's Siege Battery</i>	<i>2100233</i>		<i>12-6-17</i>
Transferred to	<i>12th CANADIAN SIEGE BATTERY.</i>			<i>21-1-18</i>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>Manuel Park</i>	<i>18/4/14</i>	<i>nil</i>	<i>D.T. Lactone</i>

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.

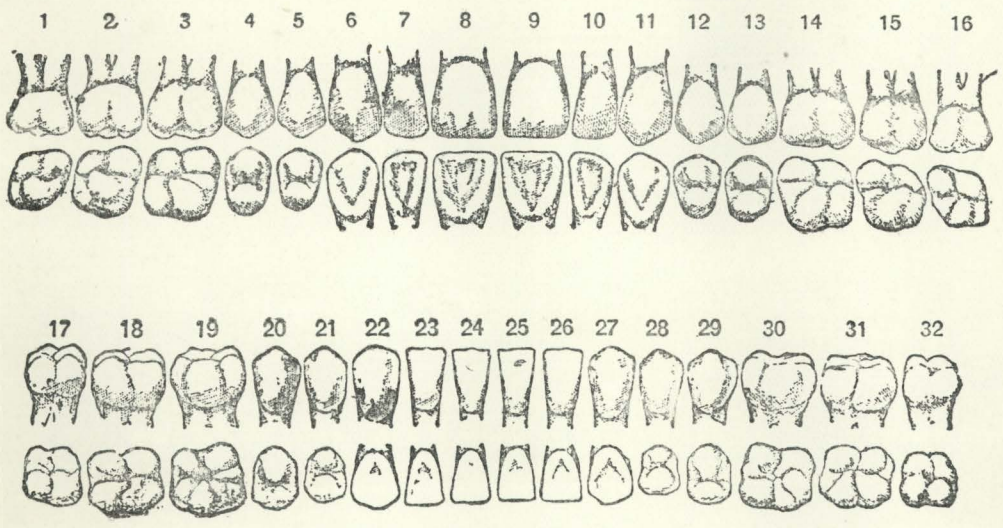
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

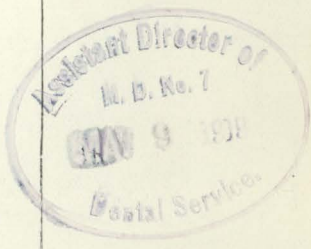
NAME OF SOLDIER (Block Letters) FINNAMORE, A.
REGIMENT 12th CANADIAN SIEGE BATTERY RANK Gunner No. 2100233

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 _____
2. EXTRACTIONS _____
3. CROWNS _____
4. DENTURES
 - (a) Full Upper _____
 - (b) Part Upper 3.4.5. 12 & 14.
 - (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 Yes
 - (b) In England _____
 - (c) In France _____

Signature of Dental Officer [Signature]

DENTAL HISTORY SHEET

M. F. B. 465
2004 1-17
1772-55 950

CANADIAN ARMY DENTAL CORPS

DISTRICT **7**

NAME OF SOLDIER *Yannanance*

REGIMENT *9th Stryker Bty*

RANK *Sgt*

Ed

No. *2100233*



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Condition on first Examination	Date	Amalgam	Temporary Filling (a) (G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhoxa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	<i>1917</i>																					
	<i>Sept 13</i>										<i>12</i>								<i>78</i>	<i>Examined by</i>		<i>Opser 2.15.18.20</i>
	<i>Sept 13</i>	<i>2</i>									<i>1.3.4.5</i>								<i>R. D. Robertson</i>	<i>7</i>	<i>2121, 29-31</i>	
	<i>" 13</i>	<i>15.31</i>									<i>12.13.14</i>								<i>R. D. R.</i>	<i>7</i>		
	<i>" 14</i>	<i>4</i>									<i>16.17.19</i>								<i>R. D. R.</i>	<i>7</i>		
	<i>Oct 11</i>	<i>28.27</i>									<i>20</i>								<i>R. D. R.</i>	<i>7</i>		
	<i>" 23</i>	<i>20</i>	<i>2. R.</i>								<i>21</i>								<i>R. D. R.</i>	<i>7</i>		
	<i>" 26</i>	<i>1</i>																	<i>R. D. R.</i>	<i>7</i>		
	<i>" 26</i>	<i>18</i>																	<i>R. D. R.</i>	<i>7</i>	<i>2 Gold clasps (47 teeth)</i>	
	<i>Nov 1</i>	<i>2</i>																	<i>R. D. R.</i>	<i>7</i>		
	<i>" 13</i>	<i>29.28</i>																	<i>R. D. R.</i>	<i>7</i>		
	<i>" 13</i>	<i>1</i>																	<i>R. D. R.</i>	<i>7</i>		
		<i>21</i>																	<i>R. D. R.</i>	<i>7</i>		
																						<i>Pulp removed</i>

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

18.4.19

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 be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2100233 Rank Gm. Surname Finnamore
(Given name in full)

Unit or Corps C. C. & A. Birthplace Arthur
Frederickton N.B.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique good Weight 130 lbs. Height 5 5 1/2 ft. Colour of Eyes blue

Nutrition good

Pulse 80

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. normal ft. Left normal ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Small birth mark left arm

Opinion as to general health and physical condition good

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 no Genito Urinary System no Cardio-Vascular System no

Special Senses no Integumentary System no Respiratory System no

Disturbance of mentality no Muscular System no Digestive System no

Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

(This section is mostly blank with a diagonal line drawn across it.)

EXAMINATIONS.



THIS SECTION FOR USE OVERSEAS—

Examined at Quinn's Park (Overseas)

Date 1/14/14

Signed A. T. L. [Signature] M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature [Signature]

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

No. 2100233 RANK Pte.

NAME Sinnasmore A.

T. O. S. 12/6/17
(D.O. 164) of 12/6/17

UNIT 9th Overseas Siege Battery.

M. D. 6

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1917 June 12	1917 January	✓		
	July	✓		
	Aug.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓	Proceeded Overseas	(D.O. 353) of 12/2/17.

Number 2100233 Rank Ens

Surname FINNAMORE

Christian Name Arthur

Units C 82 Theatre of War France

Date of Service 1-6-18

Remarks

Latest Address 467 Main St

Fredrickton St John NB

Roll No.

200m.-2-21.M.

DATE

HISTORY

Page 17725

CASUALTY BRANCH

(FILES)

NAME _____ H. Q. _____

NO. _____ RANK _____ M. D. _____

UNIT (C.E.F.) _____ UNIT _____

ADDRESS _____

NEXT OF KIN _____

ADDRESS (KIN) _____

DESP
REGN. NO. 13576
207 14 1092

HISTORY

DATE

SURNAME.

Kinnamore

CARD NO.

305denot 10-5-19

CHRISTIAN NAMES

Arthur

bd. 133. FOLL. 13-5-19

REGL. NO.

2100233

RANK

Gnr.

UNIT

9th

Siege Bty. C.F.A (3rd Bn.)

Y. O.D

FORMER CORPS

4 Mos. in South Africa with 4th M.P.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Kinnamore Mrs. Lottie M.

RELATIONSHIP TO SOLDIER

Wife

ADD

*437 Maine St. St. John.
N.B.*

SAC P. 2-9-18.

COUNTRY OF BIRTH

Canada. Fredericton N.B.

DATE

Dec. 13th 1882

PLACE OF ATTESTATION

Partridge Island N.B.

DATE

June 12th 1917

O/S 17-12-17 ^{1024x}/₇

Sailed from Halifax per S.S. Misericordia 19-12-17.

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

Shoe maker

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

34 YEARS

6 MONTHS

HEIGHT

5 FEET

8 $\frac{1}{2}$ INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

1 INCHES

COMPLEXION

Pale

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Brown birth-mark on Lt. Arm.

MEDICAL EXAMINATION.

PLACE

Partridge Island N.B.

DATE

June 12th 1917

Present address.

569 Brunswick St. Fredericton N.B.

P/E. 12-6-17

MILITIA AND DEFENCE

M. F. W. 11a.

5 m. 6-16.

1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

Lothian Finnamore

Wife
PAYMENTS.

Name of Soldier.

Finnamore, A

L. L. Job 453. Req. 6332.

Gr. 2100233- 9. Sge Btty

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.		X 17275	72	
Oct.		V 21893	20	
Nov.		L 25573	20	
Dec.		19875	20	
Jan.	1918			\$ 132
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

D/E. 12-6-17.

MILITIA AND DEFENCE

M. F. W. 11.
15m.—6-17.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE ✓

Name Lottie M. FinnamoreName of Soldier Finnamore, ArthurAddress 569 Brunswick StreetRegtl. No. 2100233.Fredericton, N. B.Rank GnrCorps 9. Siege Battery

Relation to Soldier

To what Corps belonging }

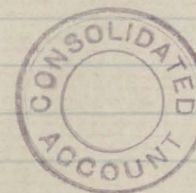
wife, child or mother }

Wife

when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

12-6-17

Separation and Assigned Pay Branch

F

2084

2139

Jan. 1st 1918

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20	25.00	30
----	------------------	----

1-12-17
P.O. 8257
1-9-18
P.C. 2753
m. 035409

RATE OF ASSIGNMENT

20.			
-----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 2100233.
 Rank *ser* . Promoted Reverted Discharge
 Soldier's Name *Arthur Finnamore*
 Battalion *9 Siege Batty*
 Beneficiary *Lottie M. Finnamore*
 Relationship *wife m. 27. 25. 4. 2. 7. 18*
 Address *569 Brunswick St, Fredericton N.B.*

PARTICULARS OF ASSIGNMENT (Wife.)

Name *Mrs Lottie M. Finnamore*
 Address *569 Brunswick St, Fredericton N.B.*
 Change of Address
 1 *437 Main St. St John N.B.*
 2
 3
 4

1917 Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Dec. 31		132		132	
1918 Jan	E 58767	30		30	<i>h</i>
Jan	E 60046	30	20	50	<i>c</i>
Feb	F 93777	25	20	45	
Mar	A 133649	25	20	45	
April	B 10979	25	20	45	<i>a</i>
May	Q 17554	25	20	45	<i>a</i>
June	M 20343	25	20	45	<i>a</i>
July	M 27671	25	20	45	<i>a</i>
Aug	M 25644	25	20	45	<i>a</i>
Sept	R 47192	25	20	45	<i>a</i>
Oct	R 51720	25	20	45	<i>✓</i>
Nov.	L 60057	25	20	45	<i>✓</i>
Dec.	N 64782	45	20	65	<i>✓</i>
Jan.	Q 73270	30	20	50	<i>✓</i>
Feb.	U 80362	30	20	50	<i>✓</i>
MAR	L 83339	30	20	50	<i>✓</i>
APR	O 3494	30	20	50	<i>✓</i>
May	L 8689	30	20	50	
		<u>607</u>	<u>340</u>	<u>947</u>	

5961-a-8.

E 58767 Cancelled

M. F. W. 128.
 40m. 6-7-1723-1144
 L. L. 2220-M. & D. 493.



A/c Closed 31-5-19

Ret'd per... Maurtana

Date... 2/5/19 M.F.W. 187

RM 14/5/19 file 5961-a-8

M.R. 0.103229. Destroy
20/5/19

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENT

RATE OF SEPARATION ALLOWANCE

	72909		
--	-------	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary *7:03*

Relationship *Wife*

Address _____

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.-17-1772-89-1141
L. L. 22320-M. & D. 7993.

M.D. No. 7

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

437 Main St., St. John, N.B.

AUDITOR *[Signature]* PAYMASTER *[Signature]*

M. OR S.

REGT. NO. 2100233 RANK Gnr. NAME (IN FULL) Finnamore, Arthur

12th C.S.B.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS					PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID <i>Yes</i>	RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS <i>See A.P.</i>					PAYABLE TO <i>Mrs. Lottie M. Finnamore (Wife)</i>		
					ADDRESS <i>437 Main St. St. John N.B.</i>		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED	PLACE DATE REASON	AUTHORITY INTENTED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT				COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	\$	\$	\$	\$	\$	\$		
			\$	C.	\$	C.	NO.	DATE	NO.	DATE	NO.	DATE									
April					124	37															<i>Mauretania 9-5-19</i>
May	18	1.10	19	80	33	00	124	37													<i>C. Cal. Eng. R.O.C. 30-4-19</i>
					70	00	124	80													<i>cloth allow. 1st Pay. W.S.G. p.c.p. May Pa. by Ottawa</i>
WAR SERVICE GRATUITY.																					
																					<i>Soldier Depend.</i>
																					<i>1st Pay. W.S.G. as above</i>
																					<i>S.G. May Pd by Ottawa</i>
																					<i>S.G. 1-5-19 to 1-10-19</i>
																					<i>Over Co. Prc. on Disc.</i>
																					<i>OK 844985-86. DR 66.</i>
																					<i>11/6/19</i>
																					<i>OK 1055320-21</i>
																					<i>10/7/19</i>
																					<i>OK 1256389-90</i>
																					<i>1/8/19</i>
																					<i>Non Effective</i>
<i>a</i>							280	130	410												

BALANCE FROM PREVIOUS ACCOUNT

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND CANADA.	SEPARATION ALLOWANCE	ENGLAND or CANADA.
EFFECTIVE DATE:-	1-12-17.	EFFECTIVE DATE:-	
AMOUNT:-	20. ⁰⁰	AMOUNT:-	

NAME:- FINNAMORE, Arthur.

NUMBER:- 2100233.

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. M. Finnamore.
569 Brunswick St.
(Wife) Fredericton, N.B.

Stop effective 1-5-19

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<u>Gunner</u>

UNIT AND TRANSFERS

ORIGINAL UNIT:- 9 Siege

DATE ACCOUNT FIRST OPENED:- 1-1-18.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO
			<u>CRA</u>
<u>Nom Roll</u>	<u>1-4-18</u>	<u>26.48</u>	<u>12 Siege</u>

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
<u>April</u>	<u>168.</u>	<u>Liobal</u>	<u>2433</u>			<u>Liobal</u>	<u>14870</u>
		<u>Liobal</u>				<u>Liobal</u>	<u>12437</u>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<u>1.00</u>	<u>10</u>		

PARTICULARS OF RENDERING NON-EFFECTIVE: Mrs. H. Can 30/4/19 Authy 6581 Rlyd 11/4/19 Rlyd M. D. 7

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<u>1918</u>											
<u>31-3-18</u>	<u>Bal. fwd.</u>								<u>24.00</u>		
<u>Apr</u>	<u>Sp.</u>	<u>33</u>		<u>ap.</u>				<u>20</u>			
				<u>AR 540. 12 CSB 15/4</u>	<u>7.30</u>				<u>29.70</u>		
		<u>33</u>			<u>7.30</u>			<u>20</u>			
<u>May</u>	<u>Sp.</u>	<u>3410</u>		<u>P.A.P.</u>				<u>20</u>			
				<u>AR 6 12 CSB 2/5</u>	<u>24.33</u>				<u>19.47</u>		
		<u>3410</u>			<u>24.33</u>			<u>20</u>			
<u>June</u>	<u>Sp.</u>	<u>33</u>		<u>ap.</u>				<u>20</u>	<u>32.47</u>		
				<u>AR 32</u>	<u>7.30</u>						
				<u>277 309A 17/6</u>	<u>3.57</u>				<u>21.60</u>		
		<u>33</u>			<u>10.87</u>			<u>20</u>			
<u>July</u>	<u>Sp.</u>	<u>3410</u>		<u>ap.</u>				<u>20</u>	<u>35.70</u>		
		<u>3410</u>						<u>20</u>			

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
		<i>apud Cash</i>					
<i>7/1/18</i>	<i>168</i>	<i>2500</i>	<i>2433</i>			<i>Lio Bal</i>	<i>14870</i>
						<i>Lio Bal</i>	<i>12437</i>

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1 00</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE:

his to can 30/1/19 Authy 6581 Rhyel 11/4/19 Rhyel M.D.7

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<i>31-3-18</i>	<i>Bal. fwd</i>								<i>24 00</i>		
<i>Apr</i>	<i>Sp</i>	<i>33</i>		<i>ap</i>				<i>20</i>			
				<i>AR 540. 12 CSB 15/4</i>	<i>7 30</i>				<i>29 70</i>		
		<i>33</i>			<i>7 30</i>			<i>20</i>			
<i>May</i>	<i>Sp.</i>	<i>3410</i>		<i>P.A.P.</i>				<i>20</i>			
				<i>AR 6 12 CSB 2/5</i>	<i>24 33</i>				<i>19 47</i>		
		<i>3410</i>			<i>24 33</i>			<i>20</i>			
<i>June</i>	<i>Sp.</i>	<i>33</i>		<i>ap</i>				<i>20</i>	<i>32 47</i>		
				<i>AR 32</i>	<i>7 30</i>						
				<i>277 30 GA 17/6</i>	<i>3 57</i>				<i>21 60</i>		
		<i>33</i>			<i>10 87</i>			<i>20</i>			
<i>July</i>	<i>Sp</i>	<i>3410</i>		<i>ap.</i>				<i>20</i>	<i>35 70</i>		
		<i>3410</i>						<i>20</i>			
<i>Aug</i>	<i>Sp</i>	<i>3410</i>		<i>ap.</i>				<i>20</i>	<i>49 80</i>		
				<i>AR 546</i>	<i>3 57</i>				<i>46 23</i>		
		<i>3410</i>			<i>3 57</i>			<i>20</i>			
<i>Sep</i>	<i>Sp</i>	<i>33</i>		<i>ap</i>				<i>20</i>	<i>59 23</i>		<i>Magroo &</i>
		<i>32</i>						<i>20</i>			
<i>Oct</i>	<i>Ins Pay.</i>	<i>3410</i>		<i>ap pay</i>				<i>20</i>	<i>73 33</i>		
				<i>AR 1119. 3-19 b.g.a.</i>	<i>3 10</i>				<i>69 60</i>		
		<i>3410</i>			<i>3 43</i>			<i>20</i>			

FILED BY *Chotter*
 CHECKED BY *R. Coates*

Over

NUMBER 2100233 RANK

GNV

NAME FINNAMORE

Arthur

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Salceford								69 60		
Nov	Q. P. P.	33.		Sal				20.	82 60		
Dec	✓	34 10		✓				20.	96 70		
Jan	✓	34 10		✓				20.	110 80		
		101 70						60.			
Feb	✓	32 80		✓				20.			
Mar	✓	34 10		✓				20.	135 70		
		64 90						40.	168 70		
Apr	G. P.	33 00									
				G. A. P.				20	148 70		
				168. R.P.P. 10/4/19	24 33				124 37		
				Rept. S. 617 10/4/19.	4 20				120 13		
		33.			38 57			20.			

As stated 7/5/19 & 1/53 last

2020年 7/19 2/53 2/22

P. 559
MARRIED OR SINGLE

M.

PLACE OF BIRTH

Frederickton N.B.

NAME AND ADDRESS OF NEXT OF KIN

Mrs L.M. Linnamoe

Frederickton N.B.

RELATIONSHIP OF NEXT OF KIN

Wife

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	AUTHOR

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			
	NO. OF DAYS	RATE	AMOUNT \$	NO. OF DAYS	RATE	AMOUNT \$				NO.	DATE	NO.	DATE
<i>1918</i>													
	MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. RED. PAY	SEP. ALLGE. ENG.	
	<i>Dec 31st</i>				<i>Pal from Car.</i>					<i>28 80</i>			
	<i>Jan</i>	<i>Grms Pay</i>	<i>34 10</i>		<i>A.P.</i>					<i>20 42 90</i>			
			<i>34 10</i>							<i>20</i>			
	<i>Feb.</i>	<i>Grms Pay</i>	<i>30 80</i>		<i>A Pay.</i>					<i>20</i>			
					<i>AR 4208. CRA 10-1-18.</i>	<i>29 20</i>							
					<i>" 4714 " 9-2-18.</i>	<i>2 43</i>				<i>22 07</i>			
			<i>30 80</i>			<i>31 63</i>				<i>20</i>			
	<i>Mar</i>	<i>G Pay</i>	<i>34 10</i>		<i>A Pay</i>					<i>20 36 17</i>			
					<i>AR 4977. CRA 19-2-18.</i>	<i>2 43</i>							
					<i>" 5272 " 11-3-18.</i>	<i>4 87</i>							
					<i>" 5687 " 19-3-18.</i>	<i>4 87</i>				<i>24 00</i>			
			<i>34 10</i>			<i>12 17</i>				<i>20</i>			

EFFECTIVE DATE	AUTHORITY

REG'L No. **2100233** RANK **Gunr** NAME **Finnamore, Arthur**
 IF IN PERMT. CORPS } UNIT **9th Siege CRA.** TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 WHAT UNIT }
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 PLACE OF ATTESTATION **St John** TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION **12. 6. 17.** TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ **20.** DATE EFFECTIVE **1. 12. 17**
 PAYABLE TO **Mrs L. M. Finnamore, 869 Brunswick St Fredericton N.B.** RELATIONSHIP **Wife**

TRANSFERS TO HOSPITAL, &c.

V. OR A.	NAME OF HOSPITAL

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____
 PAYABLE TO _____ RELATIONSHIP _____
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) _____ EFFECTIVE _____ REASON _____
 DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY _____
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____

ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS	
1	2	3	4	1	2	3	4				CREDIT	DEBIT				
DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE
BALANCE																
28 80																
42 90																
22 07																
36 17																
24 00																

All for Dec been deducted by Regt Paymaster in Dec P Lid



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