

144 825

BOYLE

LOUIS

**I.D. number**  
**No. d'identification**

**Surname**  
**Nom de famille**

**Given names**  
**Prénoms**

PRESUMED DEAD 17-9-16

**PERSONNEL RECORDS CENTRE**  
**CENTRE DES DOCUMENTS DU**  
**PERSONNEL**

OPEN  
ATIA

**Location**  
**Lieu**

984

984

R. O. No. ....

H. Q. No. ....

DISCHARGE DOCUMENTS

Name, **BOYLE LOUIS.**  
 Regt, No **144825**, Rank **P.T.E**  
 Corps, **12<sup>th</sup>** ..... **B.N.**  
**PRESUMED DEAD. 17.9.16.**

*M.D.*  
*Pt. H. B. 20 17th*



- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....



Index Card.....
Casualty Card.....
Non-Return Card.....
Form for Discharge Card.....
Change of Address Card.....
Honour & Award Card.....



8-12  
 2-13  
 34-13  
 2

*In X*  
*8.21*  
*A.F.B. 178.2*  
*IR 22*  
*A.F.B. 3070-1*

43rd Regt

ATTESTATION PAPER.

No. 144725

Folio. 25

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

C

- 1. What is your name?..... Louis Boyle
- 2. In what Town, Township or Parish, and in what Country were you born?..... Cookstown, Co. Tyrone Ireland.
- 3. What is the name of your next-of-kin?..... Joseph Boyle (Father)
- 4. What is the address of your next-of-kin?..... Cookstown, Co. Tyrone Ireland.
- 5. What is the date of your birth?..... September 27th. 1891.
- 6. What is your Trade or Calling?..... Painter
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

*Louis Boyle* (Signature of Man).  
*John M. [unclear]* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Louis Boyle, 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.

*Louis Boyle* (Signature of Recruit)

Date August 18th, 1915. *John M. [unclear]* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Louis Boyle, 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.

*Louis Boyle* (Signature of Recruit)

Date August 18th, 1915. *John M. [unclear]* (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, Ont. this \_\_\_\_\_ day of August, 1915.

*[Signature]* (Signature of Justice)  
 JUSTICE OF THE PEACE IN AND FOR THE COUNTY OF CARLETON

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
*[Signature]* (Approving Officer)

Description of Louis Boyle on Enlistment.

Apparent Age.....years.....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.)

Vacc. mark upper left arm 2 1/2" long in vertical direction, due to coalescence of three Vacc. marks  
 Mole in right axilla.

Height..... 5 ft. 4 1/2 ins.

Chest measurement { Girth when fully expanded..... 37 ins.  
 Range of expansion..... 3 ins.

Complexion..... Fair

Eyes..... Grey

Hair..... Light brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... Aug. 18 1914

Andrew Davis  
 Cpt.  
 Medical Officer.

Place..... Okawa

\*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.

..... 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.

D. R. Street (Signature of Officer)

Date..... OCT 20 1914 .....

LIEUT. COL.  
 O. C. 77th. Overseas Battalion, O. E. F.

### Casualty Form—Active Service.

Regiment or Corps 12<sup>th</sup> Battalion,

Regimental No 144825. Rank Private Name Boyle, Louis.

Enlisted (a) 13/3/15 Terms of Service (a) Period of War Service reckons from (a) 18/8/15

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (i) \_\_\_\_\_

**CERTIFIED CORRECT**  
 Army Form B. 103.  
 Canadian Reserve Office,  
 Westminster House,  
 7, Millbank, D.C.

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				
		<b>Taken on strength.</b>	<b>Shorncliffe</b>	<b>2/11/15</b>	<b>Part 2 B.O. No 1743.</b>
<b>6/5/16</b>	<b>Hqrs. 1st C.T.B.</b>	<b>Transferred to the 24th Bn in France.</b>	<b>Shorncliffe</b>	<b>7/5/16.</b>	<i>W. Blumenthal</i> ASST. ADJ. GEN. RESERVE BATTALION C
<b>8.5.16</b>	<b>C.B. Dep.</b>	<b>Reinforcement ex 12th.</b>	<b>C.B. Dep.</b>	<b>8.5.16.</b>	<b>N.R.</b>
<b>31.5.16</b>	<b>" " "</b>	<b>Left join Unit 166</b>	<b>In the Fld.</b>	<b>31.5.16</b>	<b>N.R.</b>
<b>9.6.16</b>	<b>24 C.Bn.</b>	<b>Joined Unit 166</b>	<b>" " "</b>	<b>2.6.16.</b>	<b>B.213.</b>
<b>28.6.16</b>	<b>" " "</b>	<i>Sentenced to 142 hours F.P. No. 1 for Drunkenness 23/6</i>	<b>" " "</b>	<b>26.6.16</b>	<i>B2069 Part II Order 14/7/16 24 of 21/8/16</i>
<b>16.8.16.</b>	<b>" " "</b>	<i>Sentenced to 28 days F.P. No. 1 for Drunkenness. 18/8/16</i>	<b>" " "</b>	<b>12.8.16</b>	<i>" " " 23 of 1/10/16</i>
<b>20.9.16</b>	<b>" " "</b>	<i>Wounded</i>	<b>" " "</b>	<b>17.9.16</b>	<i>KI 137/157 233 of 1/10/16</i>
<b>15.12.16</b>	<b>" " "</b>	<i>Missing after action</i>	<b>" " "</b>	<b>17.9.16</b>	<i>KI 105/135 263 of 23/12/16 Part I Order 88 of 23/12/16</i>

*W. Hogan*  
 Capt. for Lt.-Col., A. A. G.  
 Canadian Section, G. H. O. 3rd Echelon, B. E. F

(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, Shoing Smith, etc., etc., also special qualifications in technical Corps duties.

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				
12/5/17	93 <sup>rd</sup> Pz Div	Presumed dead		17.9.16	D.O. 43 <i>[Signature]</i> Lieut. for Colonel i/c Records, <i>[Signature]</i>

Rank Pte Name BOYLE, Louis

Reg'l No. 144825

Unit 77th Bn to 12th Res. If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Ottawa, 18th August 1915.

Place of Birth Cookstown, Ire.

Name and Address, Next-of-Kin Joseph Boyle,

Cookstown, Co. Tyrone, Ireland.

Relationship Father

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

ver. 15-5-17  
M.S.-B-2808

91

Handwritten notes and stamps including a circular stamp with the number '1' and other illegible markings.

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				
2.11.15	OK 12	taken on strength	Sheliff	31.10.15	PT 1742-1764
		Arrived SS. California	England	2-11-15	
30.12.15	GD 73 12 <sup>th</sup>	Admitted Moore Bks MPE:	Shoruclyffe	28.11.15	alcoholism shock.
.. ..	.. ..	Dis: from .. ..	.. ..	1-12-15	" "
28-2-16	B/C. 12 <sup>th</sup>	Pay. Defered. by Order. G.O.C.	C.T.D.	1-2-16	PT 49.
7.5.16	A/C 12	Struck off on trans to 24 <sup>th</sup>	Warsear	7.5.16	" " 12 <sup>th</sup> AFB 105
31.5.16	24 <sup>th</sup> Bn.	Taken on strength from 12 <sup>th</sup> Bn.	"	8.5.16	PT. II-22
14.7.16	"	142 hours F.P.I "Drunkeness"	In the field	26.6.16	" 28
7.10.16	"	Reported from Base li wounded.	"	17.9.16	PLA 342. Wounded on
29.12.16	"	Previously rptd. wounded } now missing	"	17.9.16	" A406. C-IV
23.12.16	"	Missing after action	"	17.9.16	RV 88



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				
12-5-14	43 <sup>rd</sup> Bn	Now for official purposes presumed to have died on or since		14-9-16	D.C.L. <sup>g</sup> 514. and DO 43-18-5-14

35

Rank *Pto* Name **BOYLE, Louis**  
 Unit *77th Bn to 12th Res.* If in perm. Corps,  
 What Unit?

Married or Single **Single**

Place and Date of Enlistment **Ottawa, 18th August 1915.**

Place of Birth **Cookstown, Ire.**

Name and Address, Next-of-Kin **Joseph Boyle,  
 Cookstown, Co. Tyrone, Ireland.**

Relationship **Father**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Entered on N.E. Card Index

Discharge, Date and Place *Off pro Dead* Reason *62a 57 12/5/17*

Character *F.H. Murray*



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						
1/11	30/11	30	1.00	30	30	10	3	33	577		4.87			4.87	28.13		
1/2/16	31/12/15	31		31	31		3.10	34.10	644		48.67		1.76	50.53	11.70	Leave on pay	
1/1/16	31/1/16	31		31	31		3.10	34.10	718		17.03			17.03	28.77	9 Days unpaid 23/10/15 to 1/11/15	
1/2/16	29/2/16	29		29	29		2.90	7.90	926		4.87		4.6	19.67	50.90	46.00	46.00
1/3	31/3	31		31	31		3.10	34.10	1020		4.86		4.86	12.16	12.84	27.00	27.00
				152			15.20	99.00	177.10		92.46		11.90	104.26			

*Restricted Pay Co 4 18/2/16.*



*Balance trans to New Ledger*

BALANCE TRANSFERRED TO NEW LEDGER.

*Settled*

*20 km 127  
7/5*



Surname

Christian Name or Names

Reg. No.

Boyle

L.

144825

Rank

Unit

Co.

Troop

Batty

St. E  
Hospital

121st

Date of Admission

Transferred

Moore B/W's Horncliffe

Hosp. 28-11-15

Hosp.

Hosp.

Hosp.

Diagnosis

Alcoholism & Shock

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

Died on or since 17-9-16  
Rev.

DISPOSITION

Date

Dis

1.12.15

REMARKS

by 30.12.15

9.10.16 a 342

" 29-12-16 a 406

" 12-5-17 a 517

#73  
Rep from Base "W a" 17.9.16  
now rep'd. Missing 17-9-16

now for Off. Purposes, pre-  
sumed to have Died

A.M.D. 2 DEPT.

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

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

SURNAME. *Boyle* 649-B-16911

CARD NO. **D**

CHRISTIAN NAMES *Louis*

FOLL.

REGL. No. *144825* RANK *Pte.*

UNIT *77th (1st. R. D.)*

*Batt.*

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Boyle, Joseph*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS *Cookstown, Co. Tyrone,  
Ireland*

COUNTRY OF BIRTH *Ireland, Cookstown, Co. Tyrone* DATE

PLACE OF ATTESTATION *Ottawa*

DATE *Aug 18th. 1915*

*Sailed from Quebec 29-10-15* *S. California 29-10-15*  
*248*

MARRIED

SINGLE

*Yes.*

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

NAME

Boyle, Louis

H. Q. FILE No. 649-

REGT'L No.

144825

RANK AND CORPS

Pte 24<sup>th</sup> Bul 12<sup>th</sup> Batt

NO.

2239

CABLE

No.

DATE

Yorm 4<sup>th</sup> St RD

NATURE OF CASUALTY

FOLL.

02870

7-10-16

Reft Wounded Sept  
17<sup>th</sup> 1916 ✓

06873

28-12-16

Pres up wounded now missing since  
Sept 17<sup>th</sup> ✓

A.F.B. 2090c

11-6-17

Pres up wounded & missing  
now far off purpose presumed  
to have died an evidence Sept 17<sup>th</sup> 1916.  
Rec 20-6-17



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
- 73.	Moore Barr. Shorne	28-11-15	Alcoholism & shock.
73.	Klisch.	1-12-15	" "
A342	Left from the Base.	17-9-16	wounded
A406	Not reported	17-9-16	wounded now missing
A517	Prev. rep'd wounded		+ missing now for official purposes presumed to have died on or about 1/9/16

a.7.E.

7/11

Number 144825 Rank Lt.

Surname BOYLE

Christian Name Louis

Units 73<sup>rd</sup> Bn Can Coy Theatre of War France

Date of Service 7-5--16

Remarks (L) Joseph Boyle, Esq. D.

Latest Address Chapel St.,  
Cookstown, Co. Tyrone,

Roll No. B Page 19865.  
Ireland.

200m.-6-21.

DESA  
DEC 29 1922  
REGN. No. 14860

Name Boyle.Louis. Rank Pte. Reg. No. 144825.

Unit 24th.Bat talion.

✓  
P. R. 25 B. 2808

Mr. J. Boyle. Cookstown. Co. Tyrone. Ireland.  
Next of Kin

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-9-16.	Missing.		A406.28-12.06873.29-12.			
Inch 9 may 18	Injured to back of Xtract from DPR	Can. 17es X				
17-9-16	Presumed dead		A 517			12/5/17



Name Boyle L.

Rank Pte.

Reg. No. 144825

Unit 12th. Battalion

Next of Kin Joseph Boyle Cookstown Co. Tyrone Ireland

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1915 28-11	Home Bks. Insp.	Chromcliff	Alcoholism & Shock	73		
1-11	Discharged			73		

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

649-B-16911.

Boyle, L.

Pte. #144825

24th Bn.

M

Medals and Decs:

Father

Joseph Boyle, Esq.,  
Chapel St., Cookstown,  
Co. Tyrone, Ireland.

P. & S.

"

As above.

(Ser. #765010)

Scroll Des. JUN 13 Keon. No. 246972

Memorial Cross

Mother

Mrs. Annie Boyle,

Int. Dig. 14/15  
T. Dig. U.M.  
W. Dig. B.W.M.

Address as above.

JAN 13 1922

B+



678

M 641291

JAN 15 1921

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 144825

A. & D. No. 7762.

Rank Pte

Name

Boyle L.

Corps

12 Batt 4 coy.

Religion

R. C.

Age 24.

M. H. Rec'd

a

M. H. Requested

M. H. Ret'd

30/11/15

Disease

Alcoholism & Shock.

Admitted

28. 11. 15.

Discharged

1-12-15.

(Accident)

Place in Hospital

Ward 3.

Transferred

Results

Ottawa

No

No

8

10

4/12.

REMARKS:

No. 144825

RANK

*Pte.*

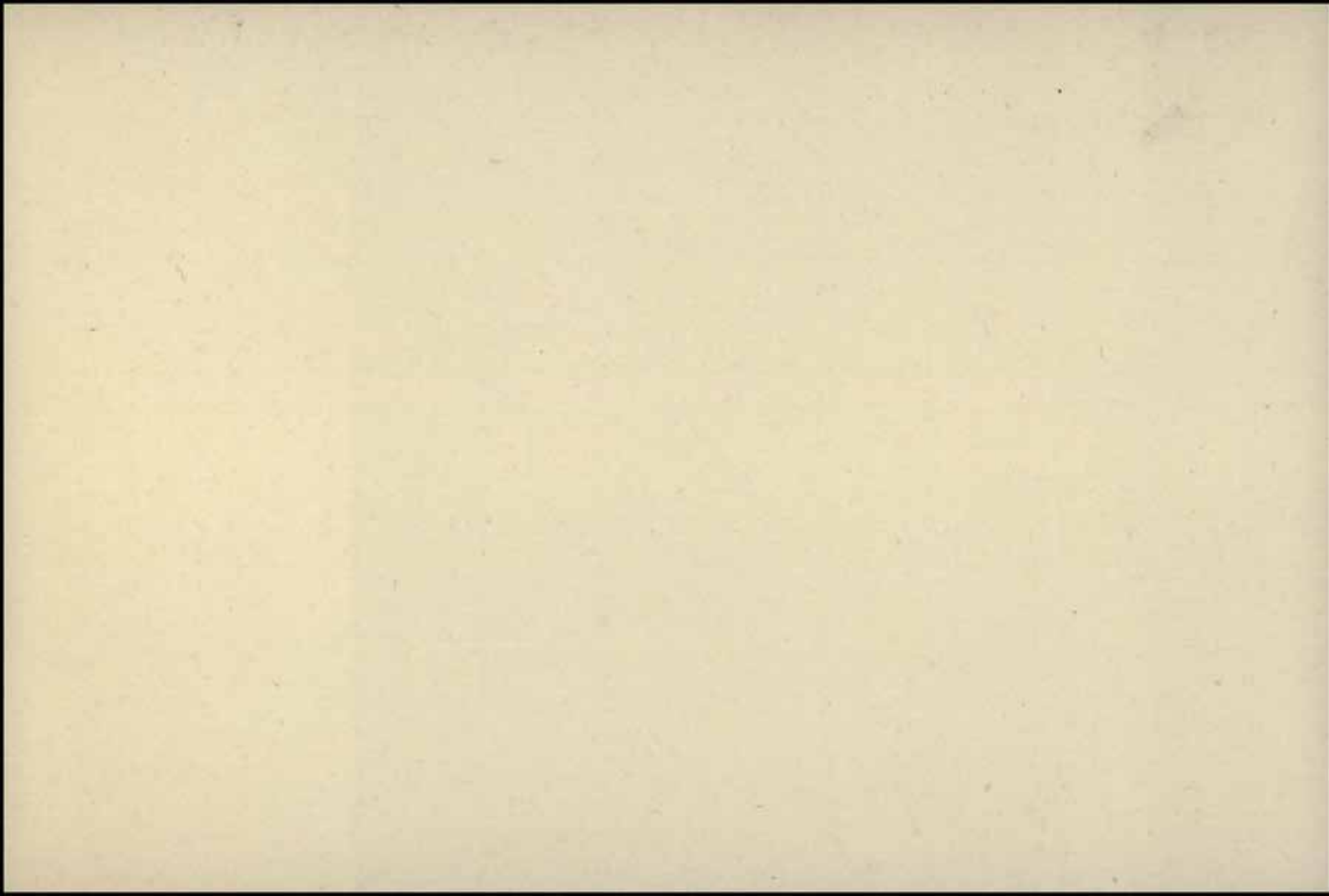
NAME

*Boyle, Louis*T. O. S. *24/8/15 (D.O.#100/23/8/15)* UNIT *77<sup>th</sup>* *Battalion, C. E. F.*M. D. *3*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Aug. 24</i>	<i>Aug. 31</i>	<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct. 1</i>	<i>Oct. 22</i>	<i>✓</i>	<i>Trans. to Overseas Sep. 22-10-15</i>	<i>D.O.#71 of 22-10-15.</i>

UNIT SAILED

JUN 19 1916



Name BOYLE.Louis. Rank PTE.

Reg. No. 144825.

Unit 24th.Battalion.

Mr.J.Boyle. Cookstown.Co.Tyrone. Ireland.

Next of Kin

*28. B. 2808*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
17-9-16	Rept from base wounded.	A342	7-10	02370	9-10	
" "	Prev rept wded now Missing.	A406	28-12	06873	29-12	
For official purposes presumed to have died on						
or since 18-9-16. A517.11-5.M4215.12-5.17						



**Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.**

Date	Brief details, and signature
18.Sept.1915.	Anti-Typhoid Inoc. N.M.Halkett.
2nd.Oct.1915.	" "

**Table IV.—Service Table.**

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

**ORIGINAL**

To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

**MEDICAL HISTORY** of

Surname Boyle Christian Name Louis.

**TABLE I.—GENERAL TABLE.**

Birthplace ... Parish Cookstown County Ireland. 3 JAN 1916

Examined ... on 18th day of August 1915; at Ottawa. 5 FEB 1916

Declared Age ... 24. years ... days.

Trade or Occupation ... Painter.

Height ... 5 feet 4½ inches.

Weight ... 150. lbs.

Chest Measurement { Girth when fully Expanded 37 inches. Range of Expansion 3. inches.

Physical Development ... Good.

Vaccination Marks { Arm ... Right Left ... 1.large. Number Childhood.

When Vaccinated ...

Vision ... { R.E.—V=  L.E.—V= 

(a) Marks indicating congenital peculiarities or previous disease ... (a) Has atrophied left testicle due to injury.

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

Approved by (Signature) Andrew P.Davis. (Rank) Capt. Medical Officer.

Enlisted ... at Ottawa. on 18th day of August, 1915.

Corps.	Regtl. No.
<u>12 Battalion 4 Co</u>	<u>144825</u>
<u>24th Bn.</u>	

Transferred to ...

Became non-effective by ... on ... day of ... 191 

(Signature) ... (Rank) ...





MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Hookstown Ireland*

NAME AND ADDRESS OF NEXT OF KIN *Joseph Boyle*  
*Hookstown Co. Tyrone Ireland*

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>missing</i>	<i>17/9/16</i>	<i>11A 406 29/10</i>
<i>Officially Presumed Dead</i>	<i>17/9/16</i>	<i>11A 517 2/17</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *144823* RANK *Pte*

NAME *Boyle Louis*

IF IN PERM. CORPS WHAT UNIT

UNIT *12th Batt*

TRANSFERRED TO *24th Batt*

DATE *11.6.16*

AUTHORITY *B.O. 127 7.5.16*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO *N.E.B.*

DATE *18.9.16*

AUTHORITY *11A 406 29.12.16*

PLACE OF ATTESTATION *Ottawa*

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION *Aug. 18 1915*

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ *nil* DATE EFFECTIVE

PAYABLE TO

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

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

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

*18.9.16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

*Restricted Pay. B.O. Branch 18/2/16 H. Murray*

Entered on N.E. Card Index



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS											
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4	ASSIGNED PAY	OTHER CHARGES				TOTAL DEBITS	CREDIT	DEBIT								
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE																				
			<i>15 20</i>				<i>15 20</i>								<i>990</i>	<i>177 10</i>																											
<i>1/30/14</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>									<i>33</i>	<i>1173</i>	<i>14/4/16</i>	<i>120</i>	<i>26/4</i>					<i>487</i>	<i>4 87</i>			<i>1180</i>	<i>134</i>	<i>1207</i>	<i>9377</i>							<i>stores Bo 12029/4/16</i>					
<i>1/53/15</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>											<i>426</i>		<i>426</i>	<i>123 61</i>								<i>stores Bo 12029/1/16</i>						
<i>1/6/16</i>	<i>10</i>		<i>10</i>	<i>10</i>		<i>1</i>									<i>11 30</i>												<i>120 59</i>	<i>134 61</i>															
<i>June 1-30</i>	<i>20</i>		<i>20</i>	<i>20</i>		<i>2 00</i>									<i>22 00</i>											<i>2 55</i>		<i>2 55</i>	<i>154 06</i>														
<i>July 1-31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>	<i>1241</i>	<i>6</i>	<i>1281</i>	<i>7</i>					<i>2 56</i>	<i>2 61</i>		<i>6 60</i>	<i>11 77</i>	<i>176 39</i>									<i>142 Bo FP No 1. BRD 28 14/7/16</i>					
<i>Aug 1-31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>	<i>1325</i>	<i>7</i>	<i>1365</i>	<i>8</i>					<i>2 61</i>	<i>2 61</i>		<i>5 22</i>	<i>20 52</i>									<i>28 Bo FP 1. 20. 24 Aug 31. 16.</i>						
<i>Sept 1-30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>									<i>33 00</i>											<i>2 61</i>		<i>30 80</i>	<i>33 41</i>	<i>204 80</i>													
<i>Oct 1-31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>													<i>238 96</i>															
<i>Nov 1-30</i>	<i>30</i>		<i>30</i>	<i>30</i>		<i>3</i>									<i>33 00</i>												<i>173 54</i>	<i>27 96</i>															
<i>Dec 1-31</i>	<i>31</i>		<i>31</i>	<i>31</i>		<i>3 10</i>									<i>34 10</i>												<i>306 06</i>										<i>163 00</i>						
<i>Dec</i>			<i>42 10</i>			<i>42 10</i>																																					
<i>Checked Dec Jan</i>																																											
			<i>469 70</i>												<i>990</i>	<i>479 60</i>												<i>102 50</i>	<i>15 25</i>	<i>426</i>													

Balance transferred to N.E. Branch.

*190 56*

*In agreement with Ottawa A.P. slip*  
*Auth. N. 2. 593-1-12 4/26-1-17 #1*



Small Ledger Sheets

May 1917  
August

DATE	PAY		FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE				AMOUNT		1		2		3		4		1	2				3	4				CREDIT	DEBIT							
			\$	C.			\$	C.						\$	C.	No.	DATE	No.	DATE	No.	DATE	No.	DATE																			
																						4 36																				
																						186 20																				
																											190 56															
																											4 36															
																						186 20					186 26															

4 36 amf. 3238. 20. 5-16-17. 8770  
W. S. R. 1/299.  
Ch. 12 at the full of 20. 8. 17. 1858