

original
Irish

D
3105197

ATTESTATION PAPER.
~~1st Depot Batt 2nd Central Ontario Reg~~
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 3105197
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?.....	MacIntyre
1a. What are your Christian names?.....	Robert
1b. What is your present address?.....	2220 East Harold St Phil P A USA
2. In what Town, Township or Parish, and in what Country were you born?.....	Derry Ireland No No
3. What is the name of your next-of-kin?.....	Rebecca MacIntyre
4. What is the address of your next-of-kin?.....	2220 East Harold St Phil P A USA
4a. What is the relationship of your next-of-kin?.....	Wife
5. What is the date of your birth?.....	Sept 17 1891
6. What is your Trade or Calling?.....	Labourer
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?..... If so, state particulars of former Service. <i>Naval or</i>	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

13. Has the recruit ever been discharged from any Branch of His Majesty's Forces?.....
 14. If so, what was the nature of your disability?.....
 15. Has the recruit ever been attested to serve in any Branch of His Majesty's Forces and been rejected?.....
 16. If so, state the reasons therefor.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **Robert MacIntyre**, 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 **October 9th** 191**7**
Robert MacIntyre (Signature of Recruit)
[Signature] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Robert MacIntyre**, 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 **October 9th** 191**7**
Robert MacIntyre (Signature of Recruit)
[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 **Toronto Canada** this **9th** day of **October** 191**7**
[Signature] (Signature of Justice)

Description of Robert McIntyre on Enlistment.

Apparent Age.....26.....years.....2.....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.....6 1/2.....ins.
 Chest measurement { Girth when fully expanded.....36.....ins.
 Range of expansion.....3.....ins.

Tattoo of woman impart of rt fr forearm

Complexion.....Red.....
 Eyes.....Blue.....
 Hair.....Red.....

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

LD 20 R 40 hear OK Nose throat 0

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

DECLARED FIT BY MEDICAL BOARD
 TORONTO MOBILIZATION CENTRE

Date.....October 9th.....1917

Place.....Toronto Canada.....

[Signature] M.O.
 Medical Officer PRESIDENT

*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.

.....Robert McIntyre.....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] (Signature of Officer)
 O.C. 1st Depot Bn 2nd Coy

Date.....October 9th.....1917

REGIMENTAL DOCUMENTS

NAME McCarty, Robert

REGT. NO. 3105197 UNIT _____

H. Q. FILE NO. _____

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*Form of will
12-2*

M

DEATH
Category **H**

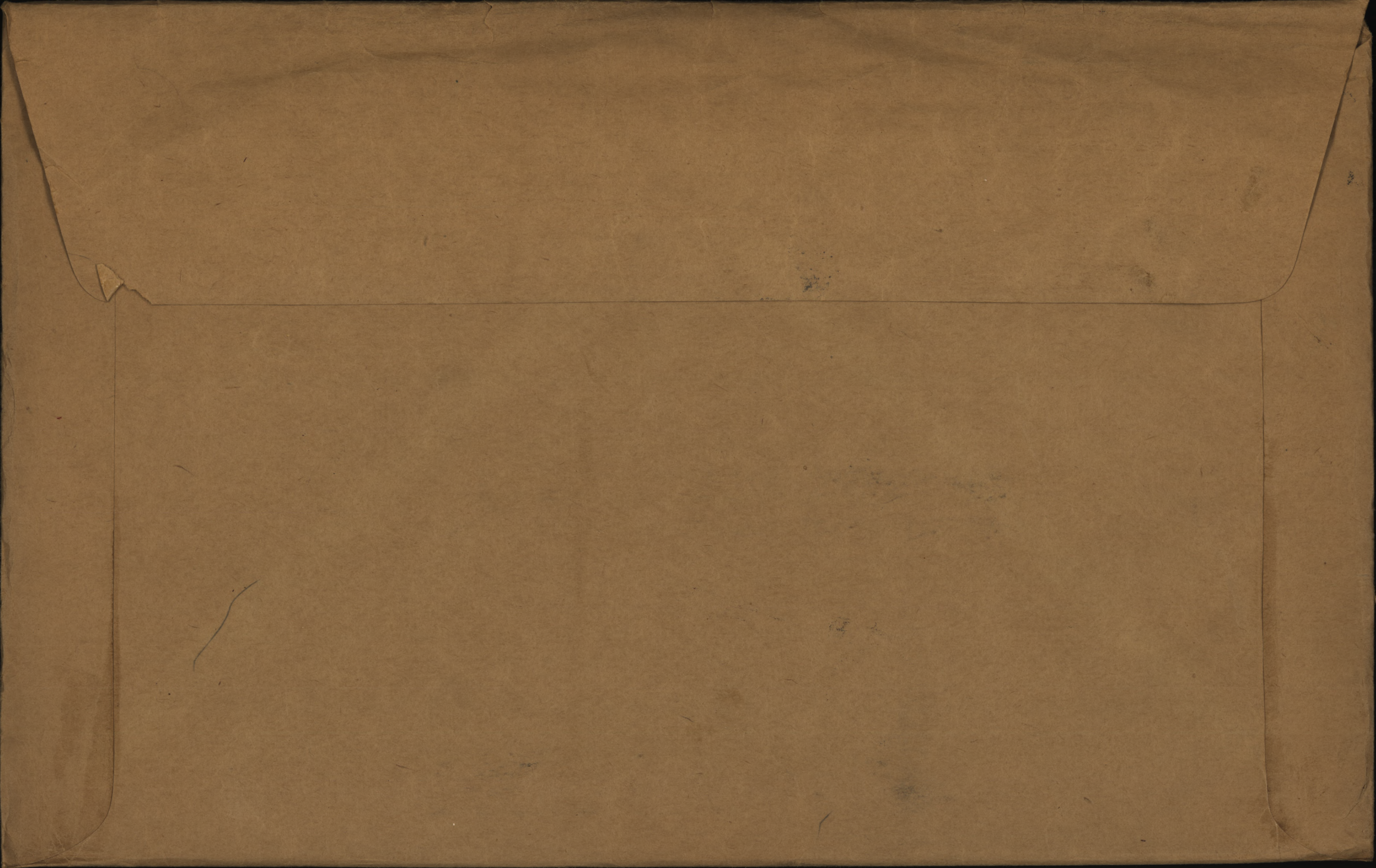
DISCHARGE
Category

18763

DESERTION

H

*M +
11-12-20*



McIntyre, R., Pte. 3105197 102nd Bn. 649-M-38426

Med. & Dec. (Widow) Mrs. Rebecca McIntyre,
2223 E. Huntingdon St.,
Philadelphia, Pa.,
U. S. A.

Scroll Des. 1-2-21 Regn. No. 2-15772

Plaque Des. APR 4 1922 Regn. No. P34097

P. & S. "
(Serial no. 775647.)

Address as above.

Mem. Cross. " " "

not elig. for 14-15 star

38310

E. ... V m

E. ... B W m

ac

621

W

637239

DEC 18 1020

m04

Number

3105197.

Rank

Pte

~~B~~
~~X~~

Surname

MCINTYRE

Christian Name

Robert

Units

102 Bu Can Coy.

Theatre of War

France

Date of Service

29-8-18

Remarks

Widow

Latest Address

Mrs. Rebecca McIntyre

2223 E. Huntingdon St

Roll No

Philadelphia, Pa

200m. -2-21.M.

"B" Page 9649

U.S.A.

Next of kin _____

Address on leave _____

Address on discharge _____

Transportation issued Yes No

Date _____

Character on discharge _____

Previous occupation _____ Date and place of enlistment _____

Diagnosis _____ Date of Medical Boards _____

Date _____

Remarks _____



*—Name will be given in full; surname first.

1027919

SURNAME. *McIntyre*

649-M-38426

CARD NO.

CHRISTIAN NAMES *Robert*

FOLL.

REGL. NO. *3105197*

RANK *Pte.*

UNIT *1st. Depot (2nd. Gen. Ant. Regt.)*

Br.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *McIntyre, Mrs. Rebecca*

RELATIONSHIP TO SOLDIER *Wife*

ADDRESS *222³ East ~~Harold~~ St, Philadelphia
Huntingdon Pa. U.S.A.*

enph 2.14-10-18

COUNTRY OF BIRTH *Ireland, Derry*

DATE *Sept. 17th. 1891*

PLACE OF ATTESTATION *Toronto Ont.*

DATE *Oct. 9th. 1917*

Ops. 5-2-18. $\frac{1064}{10}$

MARRIED

Yes

SINGLE

WIDOWER

TRADE OR CALLING

labourer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

26

YEARS

2

MONTHS

HEIGHT

5

FEET

6 1/2

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

3

INCHES

COMPLEXION

Medium

EYES

Blue

HAIR

Medium

DISTINGUISHING MARKS

Tattoo woman imprint R. forearm.

MEDICAL EXAMINATION.

PLACE

Toronto Ont.

DATE

Oct. 9th. 1917

Present address, 2220 E. Harold St., Philadelphia, Pa. U.S.A.

REGT'L. No. 3105197

H. Q. FILE No. 649

NAME *McIntyre Robert*RANK AND CORPS *Pvt 102nd Bn form. 1st Co. R*

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

*N. K.**Auth Ser 14-10-18**Mrs. Rebecca McIntyre (wife)**2223 ~~2220~~ E. ~~Harold~~ St Philadelphia Pa. ^{Perusa}**H 376
5-4**9-10-18**Killed in action Sept. 27th/18.
Also H.Q. A 338⁽²⁾**1st Depo Bn 2nd Co R*

LIST No.

HOSPITAL

**DATE OF
ADMISSION**

REMARKS



Robert

M-8119.

Name M^cINTYRE Rank Plt

Reg. No. 3105197

Unit 102nd Br (2nd Co. D. R.)Next of Kin M^cR. M^cIntyre
2220 East Harold St. Philadelphia
W.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
27	KILLED IN ACTION	P.		D338	H 576	3841
	PT # 0.99 23-10-18					

Surname

Christian Name or Names

Reg. No.

Mc Intyre

R.
Unit

3105197

Rank

BC.102.

pte

Cas. List.

8-10-18 @ 338-2

R.F.B.
Killed in action 27-9-18
He

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

Cas. List.

Original
3105197

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname MacIntyre Christian name Robert
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears) on it.....
- 4. Address (including street and number, if any)..... 2220 East Harold St Philidelphia P A U S A

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 9 th day of Oct ober 1917, by the undersigned medical board sitting at Toronto Ont Canada

- 5. Age as stated 26 Years 2 Months. 6. Apparent age 26 Years 2 Months
- 7. Height 5 Feet 6 1/2 Inches. 8. Weight 126 Pounds.
- 9. Chest measurement { Minimum 33 Ins. 10. Complexion Med { Eyes Blue
Maximum 36 Ins. { Hair Med
- 11. Physical development Good { Good Fair Poor 12. Smallpox marks nil
- 13. Number of vaccination marks { Right arm 4 14. When vaccinated last Childhood
Left arm.....
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease.....

16. Slight defects but not sufficient to cause rejection R D 20 L d 40 nose throat OK hear OK

The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A2

**DECLARED FIT BY MEDICAL BOARD
TORONTO MOBILIZATION CENTRE**

Signature of Man

Member. H. R. Adams ^{President} H. R. Adams ^{Capt} Member. H. R. Adams ^{President} M.O. PRESIDENT

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29/10/17</u>		<u>H.R. Adams St</u>	<u>19/10/17</u>		
		M.O.	<u>27/10/17</u>		<u>H.R. Adams St</u>
		M.O.	<u>27/10/17</u>		M.O.
		M.O.	<u>27/10/17</u>		M.O.
		M.O.	<u>TAB 15/8/18 T.C.R</u>		M.O.

Joined day of 191 at

JOINED ON ENLISTMENT	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>1st depot Batt</u>	<u>3105197</u>		
Transferred to.....	<u>2nd Central Ontario Reg</u>			<u>FEB 3 1918</u>
	<u>102 Bn</u>			<u>AUG 29 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

FORM OF WILL

87.7

I, Robert McIntyre (Name in full)

Regimental Number 3105197 serving in 1st. Depot BN. 2nd. C.O.R.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

.....
.....
.....

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

absolutely, and my personal estate I bequeath to

(Wife) Rebecca McIntyre,
2223 East Huntingdon St.
Philadelphia, Pa.

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

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 15 day of December A.D. 1917

Robert McIntyre Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness... Clarence Murray Lee

Address of Witness... R.R.#1. Paris Ont. Canada.

THE TWO WITNESSES

Occupation of Witness... Soldier.

MUST SIGN HERE

Signature of Second Witness... Chief Charles Stanley Major

Address of Witness... 287 Beech Ave, Toronto.

Occupation of Witness... Officer CEF

Mc. Intyre, Robert.

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 ^{1st Dep.} 1st Depot Bn. 2nd. C.O.R. ^{108th Rebn.}

Regimental No. 3105197 Rank Pte. Name MCINTYRE, Robert.

C. E. F.

Enlisted (a) Oct. 9-17 Terms of Service (a) D. of W. Service reckons from (b) Oct. 9-17
Six months after.

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

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

CERTIFIED CORRECT.
4 SEP. 1918
CAN. RECORDS, LONDON.

30 AUG 1918

8th Re.

21. 8. 18

CCBD

102nd Bn France

CCBD

31. 8. 18 NR D.O. 84 4/9/18

do do

Sgt

CCRB

29. 18 NR 1368

29. 9. 18

CCRB

Sgt

do

do NR 1372

6. 9. 18

do

Sgt

Unit

6. 9. 18 NR 1539

7. 9. 18

Unit

Janick

Field

do B213

28. 9. 18

do

Killed in action

do

27. 9. 18 K. 117. 1246 D.O. 99 3/10/18

Robert Squires

J. Strickland
Adjutant, 8th Canadian Reserve Bn. Capt

Lieut. for Lt Col. A. A. G.

Canadian Section, G. H. Q. - 3rd Ech.

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

C 19.

Register No. *Dmc675-*

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. *012398-R-16*

Reg't No. *3105197* Name *Robert* *McIntyre*
(Christian Name) (Surname)
Unit *102nd Bu* Rank *Otc* Date of enlistment.....
Date of casualty *27-9-18* B.P.C. File No. *51459*
Was service performed overseas? *yes* ✓

DEPENDENT

Name *Mrs Rebecca McIntyre* Relationship *widow*
Address *2223 East Huntington*
Philadelphia Pa.
U.S.A.

Amount of Special Pension Bonus \$ *80.00* ✓ Abstracted by *E. Lapencsi*

Eligible for Gratuity \$ *180.00* ✓

Less amount of Special Pension Bonus paid \$ *80.00* ✓

Less Debit Balance of S. A. or A.P. \$

Total deductions \$ *80.00* ✓

Balance due \$ *100.00* ✓

Cheque No. *9-1898020* ✓ Date issued *JUL 31 1920*

Clerk *Geo Patterson*

REMARKS :
.....
.....
.....
.....

Audited by
[Signature]
Date *30/9/20* *100.00*

M.F.W. 2652
25M-6-20.
H.Q. 1773-69-1473

dy 30

1st Sec Is Dep't Bn and Co R to 8th Res Bn

2ND CEN. ONT. R.L.C.

TLH Rank

Name MacINTYRE, Robert

Reg'l No. 3105197

Unit

If in perm. Corps, }
What Unit? }

Married or Single Married

Place and Date of Enlistment Toronto, Octr. 9th. 1917

Place of Birth Derry, Ireland

Name and Address, Next-of-Kin Rebecca MacIntyre,

2220 East Harold St., Philadelphia Pa. U.S.A.

Relationship Wife

Assigned Pay Monthly \$

Payable to

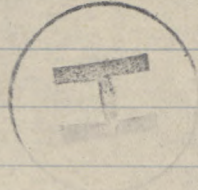
Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No. 11,215
File R.L. 25708119 16/10/18
Category K.A.



Discharge, Date and Place

Reason

Character

H. W. V., Ld.—9546-16.

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		16-2-18	S/S SCANDINAVIAN
26 FEB 1918	8th Res Bn	T.O.S. FROM Canada	E. Sand'g	3, 2.18	D.O. 57
30. 8. 18.	8th Res Bn	Co. S of 102 Bn	Walling	29. 8. 18	P.F. DO 242 / 102 Bn / No 84449.8
3-10-18	102 Bn	Killed in action	Field	28-9-18	P.F. 79.

gn. +
11-12-18
ok



1918

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1/2/18	EFFECTIVE DATE:-	
AMOUNT:-	15 ⁰⁰	AMOUNT:-	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		PARTICULARS OF RANK OR APPOINTMENT	
Rebecca Mae Sutyre 2273 E. Huntington St. Philadelphia Pa. U.S.A. Stopped Off 1/10/18		AUTHORITY: GPC Caw DATE EFFECTIVE: Pte	
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS		UNIT AND TRANSFERS	
DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT		ORIGINAL UNIT: 7th Depot Bn 2COB. DATE ACCOUNT FIRST OPENED: 1/2/18	
AUTHORITY: GPC Caw DATE EFFECTIVE: 1/2/18 DATE LEDGER SHEET T'S'D: 1/9/18 2/19/18 UNIT TRANSFERRED TO: 8th Res 102nd Bn C-2a 338. 1-10-18 B NE		AUTHORITY: GPC Caw DATE EFFECTIVE: 1/2/18 DATE LEDGER SHEET T'S'D: 1/9/18 2/19/18 UNIT TRANSFERRED TO: 8th Res 102nd Bn C-2a 338. 1-10-18 B NE	
DAILY RATES OF PAY AND ALLOWANCES		AUTHORITY: GPC Caw PAY: 100/10 F.A.: P.F.A.: SUBS'CE ALL'CE:	

PARTICULARS OF RENDERING NON-EFFECTIVE: *Fin @ 27/9/18 C-2a 338 9/10/18 ASPB. Unit 1/2/19*

1918 MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3.	DR 4.	BALANCE	DEFERRED	SEPARATION
March 31	Bal ^{ce} FORWARD								1620		
Apr	P.P.	33		a.p.				15			
				AR 274. 14/4/18 8th Res	973	✓					
				" 560 25/4/18 ✓	973	✓			1474		
May	P.P.	33 3410		a.p.	1946			15			
				AR 1206. 13/5/18 ✓	730	✓					
				1684 23/5/18 ✓	973	✓					
June	P.P.	33 3410		a.p.	1703			15	1681		
				UR 2178 14/6/18 8th Res Bn	973	✓					
				" 2649 26/6/18 ✓	973	✓			1533		
July	P.P.	33 3410		a.p.	1946			15			
				AR 3009 11/7/18 ✓	973	✓					
				" 3443 26/7/18 ✓	973	✓			1499		
Aug	do	33 3410		a.p.	1946			15			
				AR 3718. 11/8/18 ✓	973	✓					
				" 4147 28/8/18 ✓	973	✓			1463		
Sept	Pte Pay	33		a.p.	1946			15			
				705 19/9 116 JB (8)	357	✓			2906		
May		33		AR 7577 bu to Caw	357	✓		15			
					2906						

*Compiled 5/3/19
C Bal 2906
Hochman*

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

9-10-17

106

RATE OF SEPARATION ALLOWANCE

<i>24</i>	<i>25 1/2/17</i>		
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RATE OF ASSIGNMENT

--	--	--	--

*729 Mc 14
SK*

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. *3105197*
 Rank *Pte* Promoted Reverted Discharge
 Soldier's Name *Robert Mc Intyre*
 Battalion *1st Depot Bn 2nd C.O.R. D. Co.*
 Beneficiary *Mrs. Rebecca Mc Intyre*
 Relationship *Wife*
 Address *2223 East Huntington St Philadelphia Pa
U.S.A.*

Name
 Address
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>Nov 1917</i>	<i>B 50782</i>	<i>35</i>		<i>35</i>	<i>R Mailed 19/11/17</i>
<i>Dec</i>	<i>D 58397</i>	<i>20</i>		<i>20</i>	<i>Pr.</i>
<i>Jan '18</i>	<i>G 60241</i>	<i>30</i>		<i>30</i>	<i>F</i>
		<i>85</i>		<i>85</i>	

PAYMASTER PAYING
 FROM 1-2-18
 TO *M.P.2*

M. F. W. 128.
 4000-6-17-1772-38-1141
 L. L. 22330-M. & D. 1983.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS



6990

4-10-17

1-2-18

RATE OF SEPARATION ALLOWANCE

20	25		
---------------	----	--	--

1-12-17

RATE OF ASSIGNMENT

15 ⁰⁰			
------------------	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 3105-197
 Rank Pte Promoted Reverted Discharge
 Soldier's Name McIntyre Robert
 Battalion 1st Repor Bn 2nd BOR
 Beneficiary
 Relationship Wife
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Rebecca M McIntyre (wife)
 Address 2223 East Huntington St. Philadelphia Pa, USA
 Change of Address
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Feb 1918	C 77624		15	15	<p>012508-R-16.</p> <p>S.A. Open effective 4-10-17 Auth P.A.B. 1-6-18</p> <p>Pay arrears at 50% per month until 188⁰⁰ paid</p> <p>KILLED IN ACTION } DIED OF WOUNDS } DATE <u>Sept. 24. 10-18</u> C. L. No. <u>329</u> DATE <u>Oct. 12. 10-18</u> M. R. O. <u>442265</u> TO DESTROY RENDERED <u>18-10-18</u> B. P. C. FORM 1 & C. F. X. COMPLETED ON FILE <u>0-12398-R-16</u> CLERK <u>G. B. Bunker</u> DATE <u>18/10-18</u></p> <p>Pension Granted <u>No. 101918</u> Effe No <u>576</u> per <u>Annex</u> Clerk <u>Bunker</u> Date <u>26-11-18</u></p> <p>A.C.O 15145 ord 22-3-19</p>
March	M 75606		15	15	
Apr	E 4120		15	15	
May	91 19048		15	15	
June	J 4573	50		50	
"	L 17429	25	15	40	
July	L 28956	75	15	90	
Aug	L 42386	75	15	90	
Sept	L 56205	63	15	78	
Oct	L 65234	25	15	40	
		313	135	448	
Nov	L 11	10		10	

A Pa. address 27-2-18

DM

M.R.O. 29 17-5-18
" 10321-20 78

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion _____

Beneficiary _____

Relationship _____

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-647-1773 89-1141
 L. L. 23320-M. & D. 7983.