Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT	F BEFORE ATTESTATION.
is your name?	Kobert Stowe
at Town, Township or Parish, and in Country were you born?	Coagh County Ly zone
is the name of your next-of-kin?	Mary Jane Howe
is the address of your next-of-kin?	Cough Church Syrone
is the date of your birth?	1 29 th November 18
is your Trade or Calling?	Prison official

8. Are you willing to be vaccinated or revaccinated? 9. Do you now belong to the Active Militia? ...... 10. Have you ever served in any Military Force?..

If so, state particulars of former Service. 11. Do you understand the nature and terms of your engagement?.....

7. Are you married?

1. What 2. In wh what 3. What 4. What 5. What 6. What

12. Are you willing to be attested to serve in the) CANADIAN OVER-SEAS EXPEDITIONARY FORCE? (Signature of Man).

(Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, 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.

(Signature of Recruit) (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, \_\_\_\_\_\_\_\_, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

(Signature of Recruit) (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

(Signature of Justice)

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

Approving Officer)

# Description of Pakent None on Enlistment.

Apparent Age 2.6	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 sllp to that effect, for the information of the Approving Officer).
Height ft. 9 ins.	two vaccination marks on the left arm 1
Girth when fully expanded 3.7 ins.  Range of expansion 4 ins.  Complexion Judius   Eyes grey	mole 1/2" on the corner of mouth on the right side
Hair dark  Church of England	
Presbyterian	
Wesleyan  Baptist or Congregationalist  Other Protestants  (Denomination to be stated.)	
Wesleyan  Baptist or Congregationalist  Other Protestants	
(Denomination to be stated.) Roman Catholic	
Jewish	
He can see at the required distance with eithe free use of his joints and limbs, and he declares that I consider him* for the Canad Date 1914.5  Place Place "fit" or "unfit."	r eye; his heart and lungs are healthy; he has the
·	
	·
CERTIFICATE OF OFFICE	ER COMMANDING UNIT.
Johns How	having been finally approved and
inspected by me this day, and his Name, Age, Date o been recorded, I certify that I am satisfied with the c	f Attestation, and every prescribed particular having orrectness of this Attestation.
0,	(Signature of Officer)
Date 1914.	

Court of Inquiry or on men ssing on Active Service. 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

M. F. W. 62. 50M.—9-10. H. Q. 1178—39—685. Hegel DISCHARGE DOCUMENTS

Name HOWE ROBERT

Regt. 602253 Rank Pte.

Corps 13 th Br. (34th Br.)

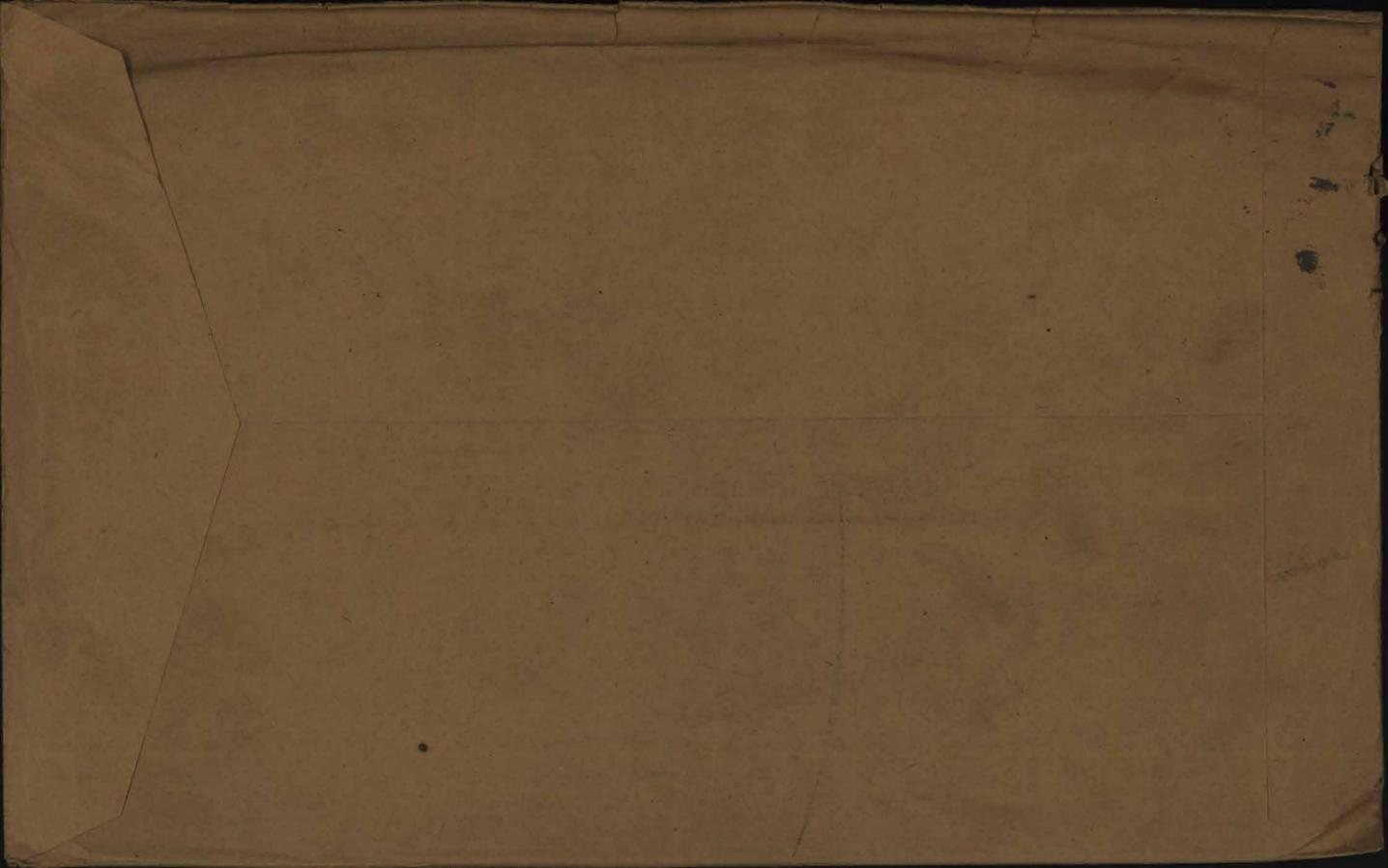
Died, Wounds. 3-6-16. 36024

R. O. No. .

E. Q. No ....



15-8-8

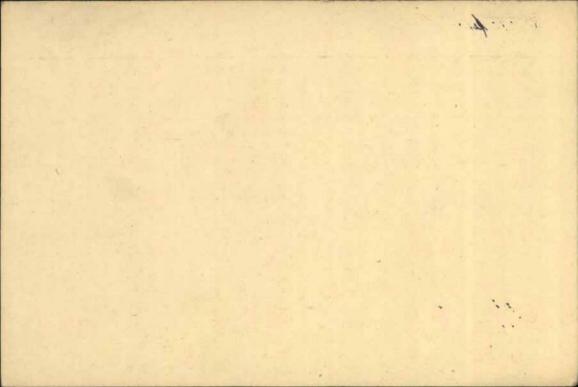


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Later Diagnosis (if changed)					
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## EPITOME OF HOSPITAL TREATMENT,

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No. a 2660 RANK Fle a 2253 (Supt. 1915) NAME Howe Pobert Transfit fum 30th Rest. UNIT 34th Battation 6. E. Fr ord. 2. Jan. 4 Feb. paylist. M. D./ PAID PAID SIG PROMOTIONS, TRANSFERS, DISCHARGES, ETC. OR FROM TO REC'T PARTICULARS AUTHORITY 1915 1915 Appears as Corple from 26/1/2/15 Jan. 4 Feb. Paylest, From oted Singt. 17/2/15 UNIT SAILED 1 OCT 23 1915



HOWE ROBERT Reg. No. 602253 Name Rank PRIVATE Unit THIRTEENTH BATTALION M. J? Howe Cough Co. Tyrow, Next of Kin Ireland. List Notified Movement Date Place Casualty W.O. List No. N/K O. Sh.Abd.R. A 12-6-16 3-6-16 10 Cas. Cl.Stat. M7928 Burial Geport P. 8.8. 343

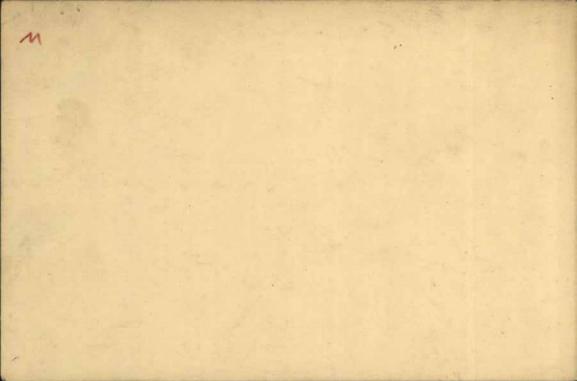
R. 149.

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

(Serial no.767523.) (Serial no. 767523.) Ditto. Det 2270 cols.



jumber 602253 Rank HOWE Surname. Christian Name Robert Units/3 Bn Can In Theatre of War A 2-5-16 Date of Service Remarks Latest Address Mrs Mary Roll No. 200m.-2-21.M.

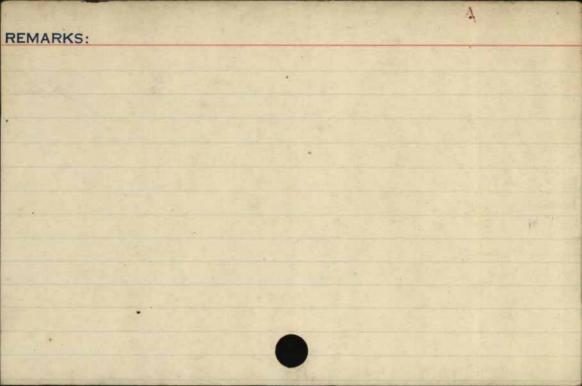
DESP JUL 21 19??

REAN. NGA 28447

REGT'L NO 6 02 2 5 3 NAME Howe Robert. H. O. FILE No. 649-FOLLOWS RANK AND CORPS Pte: 13th Br. (Form. 34th Br) NO. FOLLOWS M. 49 28 12-6-16. Died of wounds at the 10 basualty Clearing Station June 3rd (Shrapnel abdomen.)
AFB 20 90 A 14-6-16 Died of Wounds freed maetion, at no 10 Cosmally Clearing Station, 3-6-16 L. L. Job 90581-M. & D. 6314. H. Q. 1772-39-893.

DATE OF ADMISSION LIST No HOSPITAL REMARKS 0378. 10 bas bl. Stat. 3-6-11 Shell abdomen Thigh Died of wounds.

CORPS DATE Jan. 11th 1915 Guelph ENLISTMENT, PLACE Moyal Irish Constabillary COUNTRY OF BIRTH Coagh Co. Tyrone Ireland NEXT OF KIN Howe, mary Jane ADDRESS OF NEXT OF KIN Coagh Cs. Tyrone DISCHARGE, PLACE M. F. A. 22. -50m -12-14. H. Q. 4772 - 39 - 839. L. L. 71518-M. & D. 5271.



Surname\_ Christian Name Approved by Fit or Unfit EXAMINED FOR RE-ENGAGEMENT, Apparent age M.O Trade or occupation ... M.O. M.O. Lbs. ( Minimum ... inches \_ M.O. Chest measurement Maximum expansion 39 inches M.O. Physical development M.O. Small-Pox Marks ... M.O. Date Result Vaccination Marks VACCINATIONS. Number M.O. When Vaccinated last ... M.O. (a) Marks indicating congenital peculiarities or previous disease \_\_\_ M.O. Date Result ANTI-TYPHOID INCCULATIONS, ETC. (b) Slight defects but not sufficient to cause rejection M.O. M.O. M.O. DATE. Joined on enlistment Transferred to .. . EXAMINED OR DISCHARGED BY A MEDICAL BOARD. STATION. DATE. DISEASE, RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Army For	m B. 103. Jan	Casualty Fo	rm-Active	Service		, _
Regiment	or Corps_	13 Can	Dattalu	Regime	ntal Numb	er 602283
Rank 9	The Surname	Howe "		an Name	1 ste	rt
Religion_			Age on Enlis	stment	_years	months.
Enlisted (	a) 1//1/15 1	Terms of Service (a)_		Service reckons	from (a)_	17/1/16
Date of pro	omotion to present r	ank	Date of app	ointment to land	e rank	
Extended		Re-engaged {		lification (b) orps Trade and l	Rate	
				Signature	of Officer	i/c Records.
Date	Report From whom received	Record of promotions, reduction &c., during active service, as re B. 213, Army Form A. 36, or in gi	ns, transfers, casualties, ported on Army Form ber official documents. ch case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 212, Army Form A. 36, or other official documents
2/5/16	Caul Befor	Corwed in	Embarked Disembarked	Coul Bas	2/5/16	kR.
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<sup>(</sup>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.

[P.T.O.
(B00130) W 15012-5136 J. P. & Co., Ltd. Forms/B100/3.

BRINGS	Report	Record of promotions, reductions, transfers, casualties,	70 4 72 - 10-	Date of	Hemarks Taken from Army Form	
Date	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	Hemarks Taken from Army Form B. 213, Army Form A. 36, or other-official documents	
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Rank

Sgt. Name HOWE. Robert

Unit

34th Bn

If in perm. Corps, What Unit?

Married or Single Single.

Reg'l No. 602253

Place and Date of Enlistment Guelph, Jan 11th 1915.

Place of Birth Coagh Co. Tyrone, IRE.

Name and Address, Next-of-Kin Mary Jane Howe,

Coagh Co. Tyrone, Ireland.

Relationship

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

	Dis	charge, Date a	nd Place	Reason Character			
	Rej	port	Record of promotions, reductions,			DIN 7	
	Date	From whom received	transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents	
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Register No. 107+249

#### WAR SERVICE GRATUITY

·TO

A.P. File No. 9038-17-12

#### DEPENDENTS OF DECEASED SOLDIERS

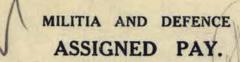
	Regt'l No. 612233 Name Robert 24  Unit. 13 th. Rank Sqt Date of enlis  Date of casualty. 3/6/16 B.P.C. File  Was service performed overseas?	Stment (Surname)
	DEPENDENT  Name Mary Jane Howe 2 R  Address 19 Georges St.,  Dragheda,	elationship. W. Mother
M.F.W. 2652 25M—6-20. H.Q. 1772—39-443	Amount of Special Pension Bonus \$ Dul Abstracted by	Sammon .
12/2/2	Less Debit Balance of S. A. or A.P.  Tot  Cheque No.  Date issued	Balance due \$
" noted "	REMARKS: Woh eligible no S.G.	Audited by  Date

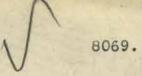
### POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

	Name	Surname		Christian Nan	ne			0				
	Regimental Number Rank Ad						Address (	in full)				
	Unit											
	Original L	Jnit										
	District where paid											
Date of Discharge												
	P. D. P. F	Filing Number	er									
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L.L. 58001—M. & D. 0721				11.18								
	Total		FIRST PAYME	NT	S	ECOND PAYM	ENT				Balance Overpayments	Total
	Credits 91 days	Cheque No.	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No.	Date	Amount 31 days	to be Recovered	Amount Paid
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M. F. W. 300M-1-1												
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MEN





whom

Mrs. Cary Jane Howe,

Address Coagh,

Co. Tyrone,

Ireland.

By whom assigned Howe, R.

Regtl. No. 6022583

Rank Sergeant.

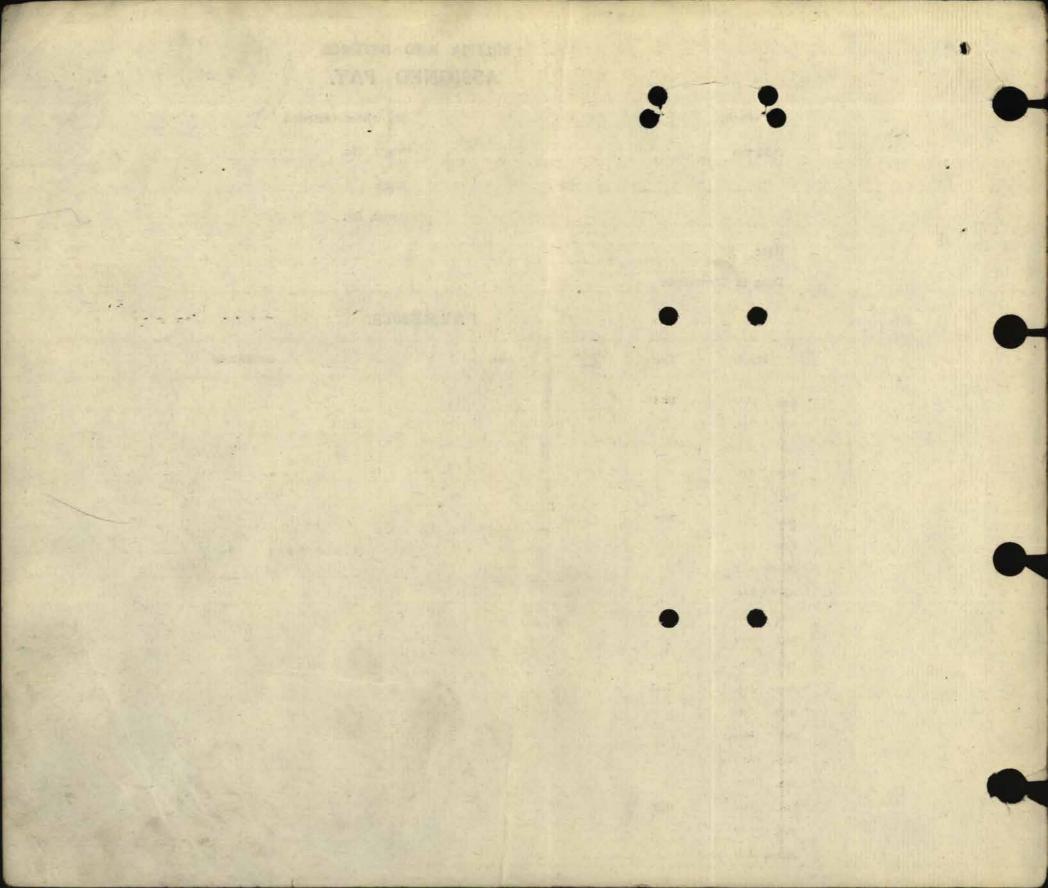
Corps, &c. 34th Battalion.

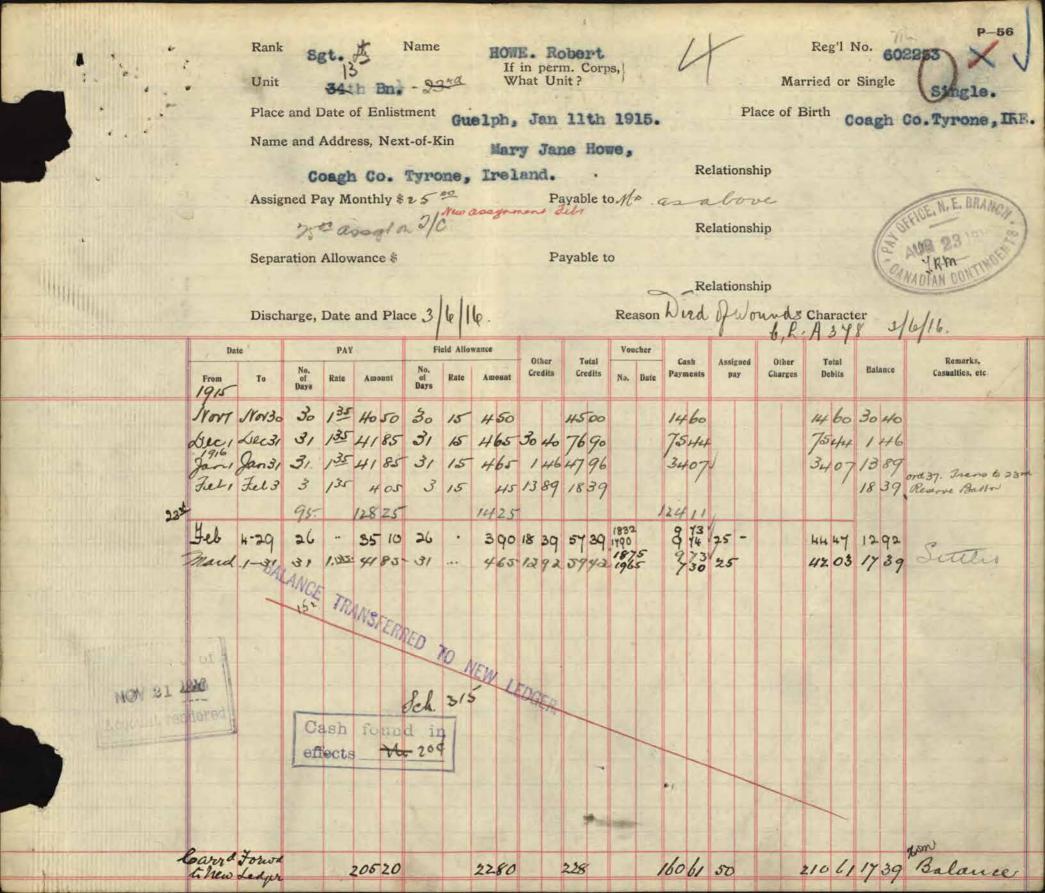
Rate \$25.00

Date to Commence 1st February, 1916.

PAYMENTS.

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Oct. March	1	153859	25	
Nov. Apl.		9685	25,	
Dec. May		37572	25	((0))
Jan. June	1910	63467	23	* Cancelled
Feb. July		101	\$ 100 V	Payment stopped
March Aug.				Rilled in Action
Apt. Sept.	4			
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June Nov.	Talker.			
July Dec.				
Aug. Jan.	1917			
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	Aug. Jan. Sept. Feb. Oc. March Nov. Apl. Dec. May Jan. June Feb. July March Aug. Ap. Sept. May Oct. July Dec. Aug. Jan. Sept. Feb. Oc. March Nov. Apl. Dec. May Jan. June Feb. July	Aug. Jan. 1916  Sept. Feb. Oc. March Nov. Apl. Dec. May Jan. June Feb. July March Aug. Ap. Sept. May Oct. July Dec. Aug. Jan. 1917  Sept. Feb. Oc. March Nov. Apl. Dec. May Jan. June Peb. July Pec. July Pec. July Pec. May Jan. 1917	Aug. Jan.  Sept. Peb.  Od. March  Nov. Apl.  Dec. May  Jan. June  Peo. July  March Aug.  Ap. Sept.  May  Oct.  June Nov.  July Dec.  Aug. Jan.  Sept.  Peb.  Oc. March  Nov. Apl.  Dec. May  Jan.  1917  Sept.  May  Jan.  June  1917  Feb.  June  May  Jan.  June  1917  Feb.  June  1917  Feb.  June  1917	Month Year Cheque No. Amt.  Aug. Jan. 1916  Sept. Feb. 143149 25 - 25 - 25 - 25 - 25 - 25 - 25 - 25





Field Allowance Voucher Date PAY Remarks, Other Credits No. Date - Total Assigned Other Total-Cash Balance No. of Rate Days Casualties, etc. Credits Charges Debits Payments pay Amount Rate To Amount From

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SH PAYMENTS BALANCE PAY PAY AVAILABLE OR FOR ISSUE OTHER CHARGES ASSIGNED PAY TOTAL DEBITS REMARKS 4 CREDIT DEBIT