

FILE as numbered above
is charged to you since

99 28-1-20

I.G.19767-M-11.

.....Please
att. this letter and take
necessary action.

F. R.

MOTHER

CANADIAN EXPEDITIONARY FORCE

(Information for Pay and Allowance Board)

NOTICE

THIS STATUTORY DECLARATION is to be filled in correctly in every detail, and a complete reply must be given to each question. There must be no blanks and no dashes.

If the Applicant will take this form to the office of the Local Canadian Patriotic Fund, or, if the Applicant resides in the United States, to the office of the Local Red Cross Committee, the Officials of these Organizations will assist the Applicant to fill in this form in the required manner, in order that no delay may be caused by lack of information required by the Pay and Allowance Board.

Each statement is considered as being made on Oath, and this form is to be signed and declared before a Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. In localities where there is an Official before whom this Declaration may be declared free of charge, the Officers of the above-mentioned Organizations will direct the Applicant to same.

On completion this Declaration is to be returned to:—

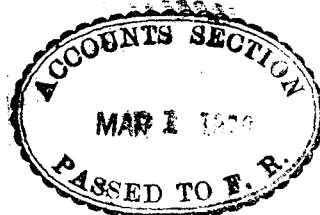
**S. A. & A. P. DIVISION
MILITIA DEFENCE,
OTTAWA, CANADA**

(This application to be made out for the last unmarried son that enlisted.)

1. Name of Soldier (Surname first)	Reg'tl No.	Rank	Regt. or Unit
Work, Magnus	73424	2/AM	R.A.F.
2. Age of Soldier	Date of Birth	Aug. 1st., 1883	Married or Single
36			Single
3. Date of enlistment of Soldier in C.E.F.	26-7-17		
4. Is Soldier at present in Canada or Overseas? (If in Canada state where stationed.)	Canada Vancouver Demobilized.		
5. Name in full of Mother of Soldier	Age	Address in full	802 Richards st., Vancouver B.C.
Elizabeth Work,	67		
6. Name of your husband	Age	Occupation	Where Employed
Andrew Work,	51	deceased	---
7. If your husband is alive, state total amount of support received from him during the past year.	Deceased		
8. If your husband is alive but not contributing to your support, state the reason and the date from which husband ceased contributing to your support.	Not applicable		
9. If your husband is a chronic invalid and totally incapacitated, state nature of malady. (Form of Medical Certificate at end of Declaration must be completed.)	N.A.		

M. F. W. 147
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10. What amount did your husband earn during the past (a) year? **Deceased**
(b) month?

11. What amount did you earn during the past year? **Nil**

12. If you are a widow, state date and place of death of your husband. **March 26, 1896.**
General Hospital, Montreal

13. If you are a foster-mother, give date you took charge of soldier, and state places and dates of his parents' death. **NOT APPLICABLE**

14. Have you married again since death of your above mentioned husband? If so, give date of said marriage and forward marriage certificate. **No**

15. Names of all your other unmarried children. Address Date of Birth Name of Employer Wages per week
(If a soldier, give Regimental number, Rank and Unit.)

All others married.

Include step children and foster children.

16. Names of all your married children. (If a soldier, give Regimental number, Rank and Unit.)	Address.	Age.	Date married.	If widowed state number of children.
John Work	San Diego Cal.	42	May 1902	
Mrs. W. H. Pitts	318-Main St. Montreal	38	June 1903	
James Work	1241 Maple St. "	40	April 1905	
George S. Work	Portland Ore.	34	Sept. 1919	

Include step children and foster children.

17. Are any of above unmarried sons nineteen years of age or over totally incapacitated? (If so, Medical Certificate, similar to form at end of Declaration, must be furnished.) **NOT APPLICABLE**

18. State amount per year and source of any other income. Give full details. **NIL**

19. State value of real property belonging to you and your husband. State amount of mortgage on this property. **NIL**

20. State amount of Taxes and Insurance Premiums paid by you per annum on your real property. **NIL**
21. State value of personal property belonging to you and your husband. **NIL**
22. State total amount contributed in cash by soldier during the year prior to enlistment. **Six hundred Dollars**
23. Was this amount contributed weekly or monthly? **Weekly**
24. Did Soldier live with you during the year prior to enlistment? **Yes**
25. State your son's trade or occupation prior to enlistment. **Clerk**
26. State amount of his wages per week. **Twenty five Dollars**
27. State name and address of his last employer. **Kern Trading Oil Company,
Coalinga, Cal.**
28. State amount of ASSIGNED PAY received by you from soldier monthly. **\$22.50**
29. From what date did you receive ASSIGNED PAY? ***x Paymaster, Aug 1st 1917
R.A.F. until Nov. 1918**
30. Actual amount contributed monthly by each child: During year prior to enlistment. At present.
- NIL** **NIL**
31. If not receiving support from unmarried children, state reason. (THIS QUESTION MUST BE ANSWERED IN DETAIL). **NIL**
32. State name and date when any unmarried child away from home ceased to contribute. **NIL**
33. With whom are you residing at present? State relationship, if any. **Son**
34. From what date have you resided with above person? **Always**
35. State amount of rent or board paid by you per month. **Rent \$25.00 per month**
36. Have you made a previous claim for Separation Allowance? Give particulars. **No**
37. Is Separation Allowance being paid on this Soldier's account to any other person? **No**
38. Are you now, or have you been at any time in receipt of Separation Allowance from any source? If so, how much per month, and on whose account? **During period of sons enlistment.
\$25.00 per month a/c M. Work.**
39. Was Soldier a member of Permanent Force at time of attestation in C.E.F.? If so, give Regimental number, Rank and Unit. **No**

40. Was the Soldier at the time of his enlistment a civil employee of the Dominion or a Provincial Government? No

If so, state in what capacity and in what place? No

41. Is Soldier or any other child serving in C.E.F. in receipt of a salary from the Dominion or a Provincial Government on account of having been employed by them prior to such service? If so, how much per month? No

42. Are you in receipt of Pension? If so, state amount and on what account. No

43. Are you in receipt of any payment from any Patriotic or Red Cross Fund? If so, how much per month? No

And I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made before the Oath and in the presence of the Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

Signature of Applicant

Place of Residence

Declared before me at

this

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths

This application must be signed by two responsible persons, one of whom must be a Clergyman, the other the Secretary, or Chairman of the Relief Committee, of the Local Canadian Patriotic Fund; or if the Applicant is in the United States, by the Secretary, or Chairman of the Relief Committee of the Local Red Cross; certifying that to the best of their knowledge, after careful investigation, the above statements are correct.

Signature of Clergyman

Signature of Secretary, or Chairman of the Relief Committee of the Local Canadian Patriotic Fund

Canadian Patriotic Fund
MEDICAL CERTIFICATE VANCOUVER BRANCH

1. Is husband of applicant totally incapacitated?

2. From what date has total incapacity been existent?

3. Of what nature is his disability?

4. How long is total incapacity likely to continue, and what will be effect on his earning power?

5. If not totally incapacitated by what percentage in your opinion is capacity for work reduced, and from what date?

6. How long have you been attending physician?

I certify the above statements are correct.

Physician

Place

Date

NOT APPLICABLE

DECEASED

DECEASED

per. G. Lark

19767-M-77

AIR SERVICE ASSOCIATION OF CANADA

DEPARTMENT OF MILITIA AND DEFENCE.

JAN 27 1920

**WAR SERVICE GRATUITY
(IMPERIAL)**

File No.

Register No. JWH 50

P.C. 4-2-20

Declaration required of Officers, Warrant Officers, Non-Commissioned Officers and Men who claim War Service Gratuity payable by the Canadian Government to such ex-members of His Majesty's Imperial Forces as are entitled thereto under the provisions of P.C. 2389.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable the words "Not Applicable" must be written in.

If discharged in Canada from a Canadian Expeditionary Force Unit, this Declaration is to be returned to the Assistant Director of Pay Services of the Military District in which the soldier was discharged. If service in Imperial Forces only, or if discharged from the Canadian Expeditionary Force in England, Declaration is to be returned direct to the Paymaster-General, Canadian Building, Ottawa, Canada.

Final Imperial Regimental Number 73424 Rank 3/AM Imperial Unit from 3. A.F. which discharged

Christian Name Magnus Surname Wark

Address in full, to which payments of gratuity are to be forwarded

958 8th Ave W.
Vancouver
B.C.

1. Give the following particulars of service with Pay and Allowances for each enlistment which you have had in His Majesty's Naval, Land or Air Forces: or in the Naval or Land Forces of Canada (ON AND AFTER THE 4TH AUGUST, 1914). Answer in the following order in spaces allotted.

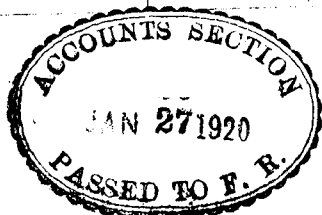
IMPERIAL SERVICE.

	Regimental Number.	Rank on Enlistment or Transfer.	Unit. Regiment. Reserve Depot. (If Royal Air Force state Squadron or Wing).
1st Enl.	<u>73424</u>	<u>3/AM.</u>	<u>93. Squadron R.A.F. Toronto Can</u>
2nd Enl. or Transfer			
3rd Enl. or Transfer			
4th Enl. or Transfer			
CANADIAN SERVICE.			
1st Enl.			
2nd Enl. or Transfer		<u>Nil</u>	

IMPERIAL SERVICE.

	Date of Enlistment or Transfer.	Date of Transfer, Retirement or discharge.	Rank on Transfer Retirement or Discharge.	Unit from which Transferred, Retired or Discharged.	Place of Transfer, Retirement or Discharge.	Reason for Transfer, Retirement or Discharge
1st Enl.	<u>26/7/17</u>	<u>16/12/18</u>	<u>3/AM.</u>	<u>R.A.F.</u>	<u>Toronto</u>	<u>Demol. Category E.</u>
2nd Enl. or Transfer						
3rd Enl. or Transfer						
4th Enl. or Transfer						
CANADIAN SERVICE.						
1st Enl.						
2nd Enl. or Transfer			<u>Nil</u>			

M. F. W. 2636
50M-11-19.
H.Q. 1772-39-1447.



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2. I proceeded Overseas to _____ per S.S. _____
 Sailing from _____ on _____ (Date)
 I returned to Canada per S.S. _____ Sailing from _____ (Port in England)
 on _____ (Date)

3. Have you already received any payment of Post Discharge Pay, Bonus or Gratuity? If so, state amounts you and your dependents have already received, from where paid, and on what dates.

Date paid.	Amount.	By Whom paid	Place paid from.
	£ s. d.		
For Service with Imperial Forces.	# 30 - 10 100		
	\$		
For Service with Canadian Forces.		Nic	

4. Were you at the time of any enlistment a civil employee of the Dominion or a Provincial Government of Canada? If so, state what Government, what Department, and whether Civil Pay was issued on your account while on Active Service, also state monthly or yearly amount of such civil pay, and the period or periods during which same was issued on your behalf.

Nic

5. Names of Dependents, if any, to whom Separation Allowance, Married Man's Allowance, Dependent's Allowance, or Family Allowance was being paid, by virtue of (1) Service in the Canadian Forces, or (2) Imperial Forces immediately prior to your retirement or discharge from either force.

1. Name Elizabeth Work 2. Name _____
 Relationship Mother Relationship _____
 Present Address 958-8th Ave W Present Address _____
 Vancouver BC

6. Give dates covering periods during which said Allowance was paid and from whom Dependents last received the Allowance.

Dates,		Amount.	By whom paid.
From	To		
1. 26-7-17	16/12/18	25 P. Smith	Paymaster Toronto
2.			

7. Is said Dependent now, or was said Dependent at any time in receipt of Separation Allowance, etc., on account of another Soldier? If so, give his regimental number, rank, unit, full name and place of discharge below.

Regt. No.	Rank.	Unit.	Christian Name.	Surname.	Place of discharge

8. (a) Were you on the 4th day of August, 1914, a resident of the Dominion of Canada? Yes

(b) If so, give address at which you were so resident.

(Street) 1735 St. James St
 (City) Vancouver (Province) BC

(c) Is it now your present intention to permanently settle in the Dominion of Canada? Yes

(d) If so, give present address.

(Street) 958 8th Ave W
 (City) Vancouver (Province) BC

REMARKS:

And I Make this solemn Declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if under oath and by virtue of the Canada Evidence Act.

Signature of Applicant Magnus Work

Declared before at Vancouver B.C.

This 20 day of Dec 19 19

Signature of Barrister of the Supreme Court, Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths. G. J. Sutherland

I hereby certify to my own personal knowledge that the statements made in paragraph 8 of this Declaration are true in all respects.

(The persons signing here should have personal knowledge of the facts as contained in paragraph 8).

Signature D. J. [unclear] Signature W. H. [unclear]
Profession Officer Profession [unclear]
Address 580 [unclear] Vancouver B.C. Address Post [unclear] B.C.

REMARKS: _____

Space below to be used (only when applicant has had service in the C.E.F.) by The Assistant Director of Pay Services of the District in which soldier was discharged.

POST DISCHARGE PAY AND WAR SERVICE GRATUITY.

Dates paid.	Amounts paid Soldier.	Amounts paid Dependents.
		TOTAL PAID.....

Certified Correct.....

Asst Director of Pay Services, M.D. No.....

REMARKS: _____

