

REGIMENTAL DOCUMENTS

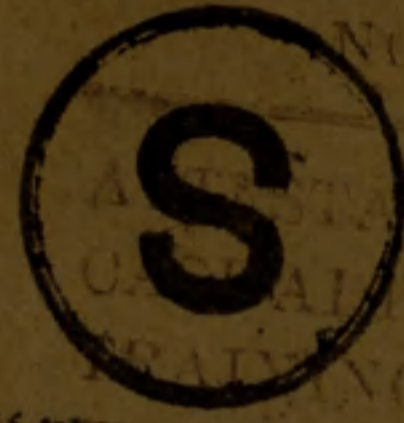
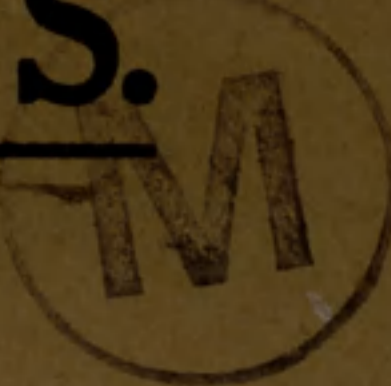
R. C. P.

2722



NAME *A. H. I. E. R. S.* HERBERT JOHN WALKER 478880

O. H. M. S.



*Memob*

CONTENTS CATEGORY

- REGISTRATION PAPER (M. F. W. 23, 133 or 51) - 3
- QUALIFICATION FORM (M. F. W. 54 or A. F. B. 103) - 2
- TRAINING HISTORY SHEET (M. F. W. 113)
- FIELD CONDUCT SHEET (M. F. W. 174 or A. F. B. 122) - 2
- REGIMENTAL CONDUCT SHEET (M. F. W. 174 or A. F. B. 122) - 1
- COMPANY CONDUCT SHEET (M. F. W. 174 or A. F. B. 122) - 1
- PERSONAL REPORT (M. F. W. 174 or A. F. B. 122) - 2
- MEDICAL REPORT (M. F. B. 227 or A. F. B. 179) - 1
- MEDICAL EXAMINATION (M. F. W. 123) - 1
- PROPERTY STATEMENT (M. F. W. 123) - 0 8 2)
- PROPERTY STATEMENT OF VALUE (M. F. W. 123) - 2)
- DECLARATION, COURT OF INQUIRY (M. F. W. 250 or A. F. B. 115)
- LAST PAY CERTIFICATE (M. F. W. 254) - 1
- PROCEEDINGS ON DISCHARGE (M. F. W. 213 or A. F. B. 263) - 2
- PARTICULARS OF CHARACTER (A. F. W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M. F. W. 39A) - 1
- DENTAL CERTIFICATE ON DISCHARGE (C. A. D. C. 5009)
- UNIT INDEX CARD (M. F. W. 71 or 102)



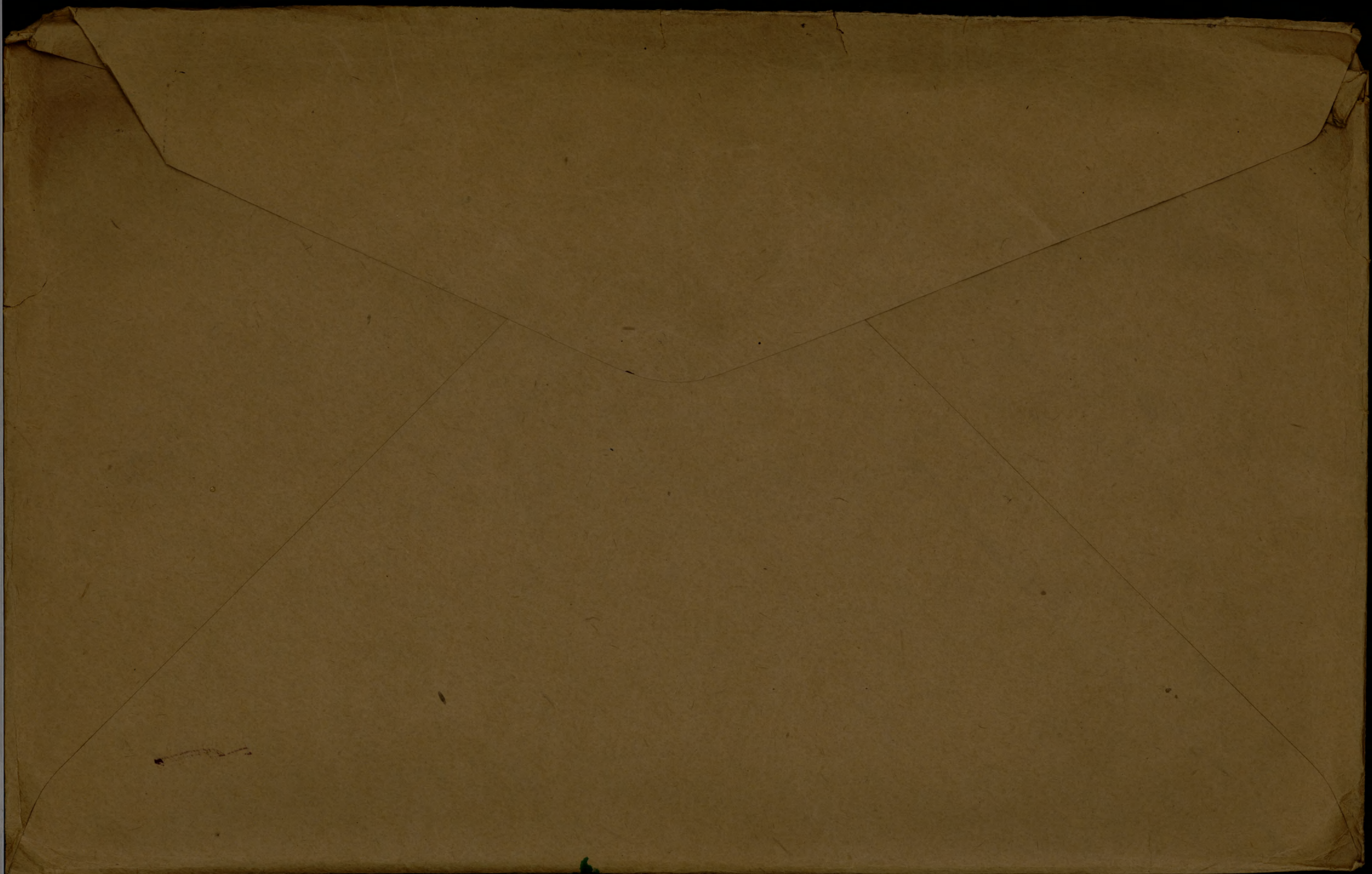
*Handwritten scribbles and signatures in blue ink.*

*m. f. w. 192  
a. s. b. 179  
c. a. d. c. 5009A*

*R. 122 - 1  
1 pay card*

*2 - Cas. Card  
1 - A. S. B.  
a. f. w. 1237-2*

*2-23  
17-25  
33-25  
5*



ATTESTATION PAPER.

No. ~~45031~~ 47888

Folio. Original

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... *Chiers*
- 1a. What are your Christian names?..... *Herbert John Walker*
- 1b. What is your present address?..... *4 Ross Point Barracks Esquimalt B.C.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *San Diego California U.S.A.*
- 3. What is the name of your next-of-kin?..... *Mrs Alice Chiers*
- 4. What is the address of your next-of-kin?..... *Duppelin Rd. Daanich B.C. Canada*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *22nd January 1896*
- 6. What is your Trade or Calling?..... *Seapster*
- 7. Are you married?..... *no*
- 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?..... *"L" Coy R.C.R. (P.F) from 6.10.14*  
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, *Herbert John Walker Chiers*, 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 *31st January* 191*6*. *H. Chiers* (Signature of Recruit)  
*A. D. Batey B. R.C.R.* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Herbert John Walker Chiers*, 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 *31st January* 191*6*. *H. Chiers* (Signature of Recruit)  
*A. D. Batey B. R.C.R.* (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 *Esquimalt B.C.* this *31st* day of *January* 191*6*.  
*[Signature]* (Signature of Justice)

Description of Ohiers, Herbert John Walker on Enlistment.

Apparent Age.....20.....years.....0.....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 3/4 ins.

Chest measurement { Girth when fully expanded.....41 ins.  
 Range of expansion.....5 ins.

Complexion.....Dark.....

Eyes.....Brown.....

Hair.....Very Dark Brown.....

Church of England.....Yes.....

Presbyterian.....

Methodist.....

Baptist or Congregationalist.....

Roman Catholic.....

Jewish.....

Other denominations.....  
 (Denomination to be stated.)

*Nil*

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.....27<sup>th</sup> January.....1916.

Place.....Esquimaux BC.....

*W. H. Chapman*  
Capl Cause  
 Medical Officer.

\*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.

Herbert John Walker Ohiers.....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.

*Wentworth Bonney Inger*.....(Signature of Officer)  
 Commanding No. 6 Station, R. C. Regt.

Date.....FEB 8 1916.....1916.

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate



This is to Certify that No. 478880 (Rank) L/Cpl

Name (in full) Herbert John Walker Ahiers enlisted in  
the R.C.F.

CANADIAN EXPEDITIONARY FORCE at Esquimalt on the 31<sup>st</sup>  
day of January 1916

HE served in France with R.C.F.

and is now discharged from the service by reason of DEMobilIZATION

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

Age 23 years  
Height 5' 8 <sup>3</sup>/<sub>4</sub>"  
Complexion dark  
Eyes brown  
Hair dk brown

Marks or Scars nil

H J W Ahiers  
Signature of Soldier

M Andrew  
Issuing Officer Captain

Date of Discharge 15/3/19

Rank for a.c. dist depot N° XI  
Appointment

Signed at Vancouver this 15<sup>th</sup> day of March 1919

in Military District No. Eleven

File Reference No. DD. Q 7543.

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.

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

*A*  
WAR SERVICE BADGE CLASS " " " "  
No. 62389 ISSUED

On demobilization the  
particulars called for on  
the back of this cert  
ificates will be  
provided.

P. 878.

Extract D.O. No.

70

Unit.- NSRD

Date:-

Reg. No.

Rank

Name

Struck off Strength of O.M.F. of C.  
on transfer to C.E.F. Canada. MD/11

478880

L/C

AHIERS. H.J.W.

Acted on

13 ..... 19.....

Ledger Ck.

Can Section.

Copied by \_\_\_\_\_

Checked \_\_\_\_\_

Date \_\_\_\_\_



*Bob R*

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... *Base Co. R.R.C.F.*

(2) Regimental Number... *478880*

(3) Full Name of Soldier... *Herbert John Walcott - alias*

(4) Place of Birth... *San Diego, Cal. U.S.A.*

(5) Are you married, or not? ... *no*

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

(b) Present Postal Address.....

(7) Are you a widower? ... *no*

(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.

Alice Bliss  
Maywood P.O. Victoria B.C.

(11) If your Mother is a widow yes.

Are you her sole support, or not? no.

(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.

(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.

A. Hamilton Day ..... Lt. Colonel.  
Commanding Reg't Depot R. C. R.  
Officer Commanding.

Date JUN 27 1916

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This amount to be made for all ranks:-

Regtl. No. Rank Name

Corps No. District Depot C.C.F., who was

on 191 to

The following is a statement of the account of the above named

from 1919 to 1919 the inclusive date of Discharge or Transfer.

M.D. II No. 32

Andrews J W Discharged

Dr.	Cr.
Bal. Dr. <del>293.44</del> from prev. month.....	Bal. Cr. <del>15</del> from prev. month.....
Advances.....	Reg. Pay ... da. C. ....
" .....	Fld. Allow. " " .....
A.P. & S.A.....	Sep. Allow (monthly).....
Other Charges..... 122.25-	Other Allowes.....
Payt. on transf. or disch.....	Other Credits..... PDP 7000
Bal. Cr. (to be pd by new Unit)..... 122.25-	Bal. Dr. (to be deducted by New Unit)..... 122.25-

A monthly stoppage of ... has been paid on account of Assigned Pay for the month of ... 1919 to Assignee and Sep. Allow. for the month of ... 1919 .....

On Transfer of an Officer

Outfit Allow. of ... has been paid by the Paymaster, M.D. No. ...

- REMARKS:-
- (1) date of enlistment.....
  - (2) if married and if Sep. Allow. Card has been submitted ....
  - (3) Authority for transfer.....
  - (4) Cause of Discharge..... Auth. for Discharge.....

I have carefully examined this statement of account and find it to be a correct extract from the Paylist of the Unit.

Date..... 1919

Place... Vancouver, B.C.

Signature of Captain  
Demobilization Pay, M.D. No. 11

180-

STATE OF ALABAMA

IN SENATE, January 10, 1919.

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
ON JANUARY 10, 1919.

ALABAMA  
LAND OFFICE  
MONTGOMERY, ALA.  
1919.

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
ON JANUARY 10, 1919.

ALABAMA  
LAND OFFICE  
MONTGOMERY, ALA.  
1919.

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
ON JANUARY 10, 1919.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
for 1924 Year 1918	478880	Pte. CPL	Thiers	H
		Unit.	Age.	Service.
		R 6 R 3 Can Div.	22	3 6/12
Station and Date.	Disease			
26. 6. 18	7 Can Gen. Fairly large abscess over Rt tibia. Incised 30. 6. 18.			
5. 7. 18.	Some periostitis			
<del>25. 7. 18.</del>	Wound by 1025. R.C. acid carb oil.			
	L. M. C. M.			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P438 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]

Station  
and Date.

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank	Surname.	Christian Name.
65134126 Year	478880	Cpl	Sheers	D
B'wood 16/7/18 Station and Date.	Unit	Age	Service.	
Sept 8	R6R	22	42 12	
	Disease	I.C.T. RT Leg		
		Incisions not yet healed. Pain on walking. Joint movements good. Some cough at nights. G.C. fair.		
22/7/18	Wds discharging			
29/7/18	do do healing			
5-8-18	Wds unhealed.			
12-8-18	Slowly healing			
19-8-18	not healed W <sup>a</sup> dress			
26-8-18	Wds still having dress			
29.9.18	Improving. nearly well			
9.9.18	Well improving w <sup>a</sup> duties			
16.9.18	Dressing w <sup>a</sup> duty Improving			
23.9.18	do do			
30.9.18	Wd healed ft for D.I			
4-15 OCT 1918	Discharged to 2 Lt Col D. Bramahott			
4-15 OCT 1918	A. G. Munnaghan, Captain			
4-15 OCT 1918	Med. Off., Canadian Convalescent Hospital, Beur Wood, Woburnham, Berks.			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
(6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E2849) [P.T.O.]

Station  
and Date.

EX-110

0





D I A R Y

Pte. Ahiers

ESQUIMALT SECTION, E.M.H.

27.2.19

Seen by Capt. McPherson. Had I.C.T. in France.  
No operation advisable.  
For Board.

RECEIVED

See by Capt. Robertson, U.S.A.,  
for information and details.  
New York.

# CASE HISTORY SHEET.

ESQUIMALT MILITARY Hospital. ESQUIMALT Station.  
 No. 478880 Rank L/Cpl. Name AHEIRS, H. J. W. Age 23  
 Unit R.C.R. Completed years of service } C 26/12 E 7/12 F 23/12  
 Date of admission 17.2.19 Date of discharge 6.3.1919  
 Diagnosis Varicose veins Rt. Leg Place of origin France  
 with ulcers healed.

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints: None.

History of Pres. Ill: Enlisted over 4 years ago. Was free from any Varicose Veins then. The first time noticed was after October 8, 1916, after the Somme. The leg commenced to get numb when puttees were on tight. There was noticeable some swelling on removing puttees where tape was fastened, yet no pains. There was some irritation at this region. The veins began to stand out and become tortuous. Later Varicose ulcers began to form, the first noticed being Sept. 23, 1917 and from that time on till June 29th, 1918, had trouble with ulcers. Since latter date have had not ulceration and leg has not troubled at all.

## Condition on Admission:

Well nourished and developed man with good appetite, bowels regular, sleeps well, can walk with the best of them, he says, so leg does not cause any trouble.

## SYSTEMS:

- |                       |                          |
|-----------------------|--------------------------|
| 1. Respiratory - Neg. | 4. Nervous - Neg.        |
| 2. Digestive - "      | 5. Genito-Urinary - Neg. |
| 3. Lymphatic - "      | 6. Special Senses - "    |

Family History 7. Cardio-Vascular - Rt. leg shows tortuous and prominent veins from foot to groin with numerous pigmented scars of old ulcers. All ulcers healed now. Scar at Saphenous opening.

Family & Personal History - Negative.

TREATMENT To be boarded for discharge.

(Especially any specific or special form.)

J. R. Davies, Captain.

## CONDITION ON DISCHARGE,

(and disposal made of case.)

Complete recovery no further treatment necessary.

Boarded for discharge

Date 6.3.1919

J R Davies Capt. CAMC.

Medical Officer i/c case.

THE LIBRARY



2700

ORIGINAL

MEDICAL HISTORY SHEET.

Surname *Ahrens* Christian Name *Herbert John Walker*

Examined { on *27<sup>th</sup>* day of *January* 1916  
at *Esquimalt B.C.*  
Birthplace { City or Town *San Diego*  
County *California U.S.A.*

Approved by *[Signature]* 11  
Rank *Capt* *Cause* M.O.

Apparent age *20*  
Trade or occupation *Traveller*  
Height *5* Feet *8 3/4* Inches  
Weight *151* Lbs.  
Chest measurement { Minimum *36* inches  
Maximum expansion *41* inches  
Physical development *Good*  
Small-Pox Marks *None*

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		<i>6 JUL 1918</i>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left  
Number *0* *1*

Date.	Result.	VACCINATIONS.
<i>15/7/15</i>	<i>PO</i>	<i>J. M. Walker</i>
		<i>J. S. A. V.</i>
		M.O.
		M.O.
		M.O.

When Vaccinated last *April 1915*  
(a) Marks indicating congenital peculiarities or previous disease *Nil*

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<i>20/5/16</i>	<i>PO</i>	<i>J. M. Walker</i>
<i>20/5/16</i>	<i>PO</i>	<i>J. M. Walker</i>
<i>23/6/16</i>	<i>PO</i>	<i>J. M. Walker</i>
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
*Slight varix Rt leg.*

Enlisted on *31<sup>st</sup>* day of *January* 1916 at *Esquimalt B.C.*

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<i>R.C.R. 2<sup>nd</sup> Coy</i>	<i>15031</i>		<i>31-1-1916</i>
Transferred to	<i>R.C.R. Base Depot</i>	<i>478880</i>		<i>23-2-1916</i>
	<i>P.P.C.L.I.</i> <i>R.C.R.</i>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<i>2<sup>nd</sup> Cdr. Med Bd. Bramshott</i>	<i>29/10/18</i>	<i>Varicose Veins</i>	<i>Invalid to Canada</i>
<i>Bramshott</i>	<i>31/10/18</i>	<i>do do</i>	<i>Invalid to Canada</i>

MAJOR PRESIDENT. MEDICAL BOARD, BRAMSHOTT.

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.

2-10-16

CANADIAN

Christian Name: *Robert John Walker*  
 Surname: *Ashero*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Esquimaux</i>	<i>31.1.16</i>										
<i>Halifax</i>	<i>13.2.16</i>										
TH SECTION											
		<i>3</i>	<i>7</i>	<i>18</i>	<i>16</i>	<i>7</i>	<i>18</i>	<i>I.B.T. R Leg</i>		<i>Transferred to Beau Boulevard Hospital.</i>	
<i>Barnwood</i>		<i>16</i>	<i>7</i>	<i>18</i>	<i>3</i>	<i>9</i>	<i>18</i>	<i>do</i>		<i>GC good. Fit for D/T</i>	
<i>No 1265th</i>											
<i>Barnwood</i>		<i>18</i>	<i>11</i>	<i>18</i>	<i>20</i>	<i>12</i>	<i>18</i>		<i>33</i>	<i>B. 79 pup. Based for Canada. Dist. to Kirk Hill</i>	
		<i>20</i>	<i>DEC</i>	<i>1918</i>	<i>3</i>	<i>JAN</i>	<i>1919</i>	<i>Varicella virus</i>		<i>Varicella virus of lower leg. Scar of previous ulcers.</i>	
<i>H. M. A. T. "ESSEQUIBO"</i>	<i>JAN 13 1919</i>	<i>JAN 15</i>	<i>1919</i>					<i>do</i>	<i>17</i>	<i>condition unchanged</i>	
<i>Esquimaux. Mil. Hosp.</i>	<i>3 2. 190</i>	<i>5</i>	<i>3.</i>	<i>19</i>				<i>do</i>	<i>30</i>	<i>Recovered. Awarded R. D. Discharge.</i>	

*N. Macdonald*  
 Med. Off., Canadian Convalescent Hospital  
 Wood, Wokingham, Berks.  
*John Walker*  
*John Walker*

No. 5 CANADIAN GENERAL HOSPITAL LIVERPOOL

Sub Dep 57  
1573/29

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

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. 478880 Rank Cpl. Surname Ahiers  
(Given name in full)  
Herbert  
Unit or Corps R.C.R. (DD) Birthplace San Diego, Cal.

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

### 1. GENERAL DESCRIPTION:

Physique good Weight 175 lbs. Height 5 ft. 11 in. Colour of Eyes brown  
Nutrition good  
Pulse 68  
Condition of arteries good  
Vision Rt 20/20 Left 20/20  
Hearing (conversational voice) Rt 24 ft.  
Left 24 ft.

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

Opinion as to general health and physical condition.....

### 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 Yes  
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.

Has varicose veins rt leg. These give no trouble. He first noticed them in Oct. 1916.

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at .....(Overseas) .....

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 SECTION FOR USE IN CANADA—

Examined at *Esquimaux* .....(Canada) .....

Date *4/3/19* ..... Signed *H. Meadows* .....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 *H. Meadows* .....

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

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

[OVER]



**Casualty Form - Active Service.**

Regiment or Corps *4th Bn. R. L.*

Rank *Plt.* Surname *Akers* Christian Name *H. J. Walker*

Religion *C of E* Age on Enlistment *20* years *0* months

Enlisted (a) *31-1-16* Terms of Service (a) *D & W* Service reckons from (a) *31-1-16*

Date of promotion to present rank ..... Date of appointment to lance rank .....

Extended ..... Re-engaged ..... Qualification (b) *Lanster*  
or Corps Trade and rate .....

Occupation ..... Signature of Officer

Report		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	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
			Embarked ..		
			Disembarked ..		
<i>22. 4. 18</i>	<i>10 C &amp; A</i>	<i>I. C. T. Leg (R)</i>	<i>4 Bdn B Co</i>	<i>22. 4. 18</i>	<i>64501</i>
<i>26. 4. 18</i>	<i>24 Gen</i>	<i>I. C. T. R. Leg</i>	<i>6 Con Depot</i>	<i>26. 4. 18</i>	<i>67680</i>
<i>26. 4. 18</i>	<i>6 Con Depot</i>	<i>I. C. T. Leg R.</i>	<i>6 Con Depot</i>	<i>26. 4. 18</i>	<i>68523</i>
<i>29. 4. 18</i>	<i>6 Con Depot</i>	<i>I. C. T. Leg R.</i>	<i>Con Depot Nouvelle</i>	<i>29. 4. 18</i>	<i>68729</i>
<i>30. 4. 18</i>	<i>14 Con Depot</i>	<i>I. C. T. Leg. R.</i>	<i>14 Con Depot</i>	<i>30. 4. 18</i>	<i>69446</i>
<i>15. 6. 18</i>	<i>C S B D</i>	<i>T. O. S.</i>	<i>Bd</i>	<i>C S B D</i>	<i>15. 6. 18. B 61649</i>
<i>12. 6. 18</i>	<i>14 Con Depot</i>	<i>I. C. T. Leg. R.</i>	<i>Base</i>	<i>12. 6. 18</i>	<i>72228</i>
<i>27. 6. 18</i>	<i>C S B D</i>	<i>T. O. S.</i>	<i>T. B.</i>	<i>7 Bdn Gen</i>	<i>27. 6. 18 N. R 374</i>
<i>26. 6. 18</i>	<i>7 Cdn Gen</i>	<i>I. C. T. R. Leg</i>	<i>7 Bdn Gen</i>	<i>26. 6. 18</i>	<i>79127</i>
<i>3. 7. 18</i>		<i>I. C. T. Leg R. (posted to Nova Scotia)</i>	<i>H. S.</i>		<i>W 3083/5607</i>
		<i>Regt Depot, Bramshott.</i>	<i>Brighton</i>	<i>3. 7. 18</i>	<i>Plt O 6301. 12. 7. 18</i>

(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, Shoering Smith, &c.

*Walker*  
Lieut for Lieut. Col. A. A. G.  
Cdn. Sec. 3<sup>rd</sup> Cdn. G. N. R.

CANADIAN MILITARY HOSPITAL BRAMSHOTT

Report		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	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
8.7.18	N.S.P.D.	Taken on strength	B'Shatt	3.7.18	NO 166 <i>[Signature]</i>
					LIEUT. FOR LT: COL: I/O RECORDS, C.D.M.F.
7-10-18	2nd Q.C.D.	attached to 2nd Q.C.D.	Bramshott	4-10-18	Pt. II No. 237
19/11/18	2nd.C.C.D.	Ceases to be attached to 2nd.C.C.D.on admission to #12 C.G.H.Bramshott.	Bramshott.	18/11/18	D.O.#274 <i>[Signature]</i> for OC. 2nd.CCD.
21.11.18	N.S.P.D.	admitted to no 12 C.G.H.	B'Shatt	18.11.18	NO 283 <i>[Signature]</i>
					LIEUT. OFFICER I/O RECORDS, NOVA SCOTIA REGTL. DEPOT
6.2.19	OVERSEAS	T.O.S. DISTRICT DEPOT XI	HASTINGS PARK VANCOUVER, B. C.	13.1.19	D.O. Pr. II 37/189 1919
	DISCHARGED	DEMÖBILIZATION	VANCOUVER, B.C.	15/3/19	78/3 F <i>[Signature]</i> for O.C District
					Cant.

CERTIFIED CORRECT.

11 SEP. 1916

CAN. RECORDS, LONDON.

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

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

250M.—1-16.

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps

*R. C. R. (C. E. F.)*

Regimental No.

*478880*

Rank

*Pte.*

Name

*Chief Clerk John W.*  
*(AHIERS)*

C. E. F.

Enlisted (a)

*31/1/16*

Terms of Service (a)

Service reckons from (a)

*31/1/16*

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)

*Transfer*

Report

Record of promotion, 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

Arrived South Caesars Camp Folkestone

8-7-16

from Canada.

*Consq. No. 1 Coy.*

*Capt.*

*Proceeded overseas to R.C.R. 27.8.16*

LIEUT. & ADJT.

R.C.R. & P.P.C.L.I. DEPOT.

O. C. C. B. D.

Landed in France. Taken on strength R.C.R. Cdn. Bn 28.8.16

Nom. Roll d/ 28/8/16

Pt. II D.O. d/ 9/9/16

— do. —

Left for 3rd Trenching Bn

Nom. Roll d/

C. C. Bn.

Arrived Unit 23.9.16

d/ 13013

24/10/16

O. C. C. B. D.

Transfer to #7 Stat Hosp. Harve

*Harve*

24.10.16

N R.

24/10/16

.. ..

Taken on strength

*let B.D.*

24/10/16

N R

14-10-16

96 Cp

Gen. Leg R + hands adm

*9. C.C.P. AT. 15*

8-10-16

*3036*

21-10-16

6 Co. Dept

Class A to Base

*Details*

21-10-16

*W3034*

23-10-16

7. Edu. Staty

N.Y.D. to ~~to~~ to 7. Edu. Staty

*23-10-16*

23-10-16

*W3034*

17/10/16

6 Co. Dept

Gen. H + Leg. cam blow sep

*17-10-16*

17-10-16

*W3034(81)*

(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.

[P.T.O.]

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				
17-10-16	St John Amb.	lylw. Hand Rleg Lo	6 bondepot	17/10/16	w 3034(93)
11/11/16	7 bondepot	lylw h Hand Lo	duty	11/11/16	aw 3034(121)
12/11/16	c.e.c.B.D.	Taken on strength "T.B"	C. B. D.	12/11/16	Norm. Roll.
25-11-16	C.B.O	Left for unit	Field	25/11/16	Roll
2-12-16	OC unit	Rejoined unit from CBO	Field	29-11-16	B213 Dec 139
10-2-17	OC unit	Granted 10 days leave	"	2-2-17	B213
24-2-17	"	Rejoined from leave	"	18-2-17	B213
18-8-17	"	Apptd. Lance Corporal.	"	16-8-17	B213 2nd 089 dt. 27/8/17
4-9-17	23-b.b.s.	I.B.T. R. Leg.	6 A.T.	4-9-17	A 7203/5231.
3-9-17	9 b.H.	"	23 b.b.s.	3-9-17	A 7255/5467.
23-9-17	1 bondep.	Sick	1 bondepot	23-9-17	w 3034/A483.
23-9-17	2 bond Gen	I.C. L. Leg.	1 bond Depot	23-9-17	w 3034/7989.
22-9-17	R.C.K.	Evac. Sick	Field	9-9-17	B213
30-9-17	#1 bonddep at	Class "Fit"	#3 Rent Camp	30-9-17	A/2731-
4-10-17	#3 C.B.D.	T.O.S. Class A	#3 C.B.D.	4-10-17	N.R.
15-10-17	"	Left for Unit	Field	15-10-17	N.R.
20-10-16	Unit.	Rejoined Unit	"	16-10-16	B213.
10-11-17	R.C.K.	Granted 14 days leave	England	8-11-17	B213 2nd 0114 dt. 23/11/17.
1-12-17	"	Returned	"	26-11-17	B213.
14-3-18	8 C.B.A.	lw. Lt. Buttock. D.	57 CCS	13-3-18	B 7179.
14-3-18	30 C.B.S.	gsw. Buttock. R.	25 A.T.	14-3-18	D 7887.
14-3-18	22 Gen	lylw. L. Buttock.	22 Gen	14-3-18	D 7296.
16-3-18	R.C.K.	wounded in action	Field	12-3-18	B213-10
10-3-18	22 Gen	gsw. L. Buttock.	6 bond Depot.	10-3-18	D 8417.
19-3-18	6 bondepot.	lylw. Buttock. L.	6 bond. Depot.	19-3-18	D 8442.
28-3-18	"	"	5 "	28-3-18	D 9269.
23-3-18	5 bondepot	lylw Buttock. L.	5 bondepot.	23-3-18	D 9648.
23-3-18	R.C.K.	Sick	I.A.	14-3-18	B213.
4-4-18	3 C.B.D.	I.O.L.	3 C.B.D.	6-4-18	N.R.
12-4-18	"	Left for b.c.R. b.	Field	12-4-18	N.R.
5-4-18	5 bondepot.	gsw Buttock	Base	5-4-18	B 608.
13-4-18	cccc	Arrived cccc	Field	13-4-18	N.R. 147.
22-4-18	22 ccs	I.C.L. Leg. R.	24 C.B.D.	22-4-18	B 7018.
23-4-18	24 gen	do.	"	23-4-18	B 7018.

TLH. Rank \_\_\_\_\_ Name **AHIERS, Herbert John Walker,** Reg'l No. **478880.**  
 Unit **R.C.R. Reinforcements** If in perm. Corps, }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Esquimault B.C. 31st January 1916** Place of Birth **San Diego, Cal. U.S.A.**  
 Name and Address, Next-of-Kin **Mrs. Alice Ahiers,** Relationship **Mother.**  
**Dupplin Road, Saanich, B.C. Canada.**  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship *H/pe*

N/E. R.B. No. **5867**  
 File R.L. \_\_\_\_\_  
 Category **MUCCAN**

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

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.				
<i>C.</i>		<i>Arrived in England.</i>	<i>SS Olympie</i>	<i>6-7-16</i>	
<i>6-7-16</i>	<i>of R.C.R. 20029 Dep.</i>	<i>Taken on strength.</i>	<i>S. Cliff</i>	<i>6-7-16</i>	<i>Pl II 59.</i>
<i>28-8-16</i>	<i>do.</i>	<i>Struck off to R.C.R.</i>	<i>Overseas</i>	<i>27-8-16</i>	<i>Pl II 20104</i>
<i>9-9-16</i>	<i>R.C.R.</i>	<i>Taken on strength.</i>	<i>Field</i>	<i>28.8.16</i>	<i>Pl II 038</i>
<i>24 OCT 1916</i>	<i>R.C.R.</i>	<i>Missing after Action</i>	<i>— —</i>	<i>8.10.16</i>	<i>CLL 226.</i>
<i>26.10.16</i>	<i>— —</i>	<i>Previously Rept. Missing</i>			
<i>1</i>		<i>now Adm. Hosp. Convalescent Depot</i>	<i>Staples</i>	<i>17.10.16</i>	<i>CLL 228 GSW Hand R Leg.</i>
<i>1.11.16</i>	<i>—</i>	<i>No 7 Gen. St. Hosp. Havre</i>	<i>Havre</i>	<i>23.10.16</i>	<i>— 233</i>
<i>20.11.16.</i>	<i>—</i>	<i>Discharged</i>	<i>—</i>	<i>11.11.16</i>	<i>CLL 248</i>
<i>27.8.17</i>	<i>—</i>	<i>App. H/pe to Comp. Est.</i>	<i>Pl II</i>	<i>16.8.17</i>	<i>Pl II 89.</i>

A.F.B. 103 CHECKED

6 SEP 1916

MS

MS

MS

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.				
13.9.17	NSR.	No 2 Australian Gen Hoopl	Wimereu	4.9.17.	bl a 10 ICT. 2 leg.
3-10-17	"	No 1 Comd. Depot	Boulogne	23.9.17	bl a 27 "
<del>20.3.18</del>	<del>"</del>	<del>as Gen Hoopl carriers</del>	<del>"</del>	<del>14.3.18</del>	<del>ca. 167 feet + buttock.</del>
20.3.18	RCA	Wounded	Field	17.3.18	ca 167.
8.4.18	WCA	To S on posting from <sup>RCA</sup> 25 <sup>th</sup> gen	W. gen	8.7.18	Pro 166 RWA Pro 63 <sup>d</sup> /12.7.18
8.10.18.	N.S.R.D.	On command 2CCD.	2/4th B'shatt	4.10.18.	NO. 245 + 2CCD. NO. 237 d/ 10.18
21.11.18.	N.S.R.D.	less to be on command to 2CCD.	2/4th B'shatt	18.11.18.	NO. 283 + 2CCD. NO. 274 d/ 19.11.18.
17.1.19	N.S.R.	Invalided to Canada	Kirkdale	13.1.19	C.P.C 417
26-1-19	N.S.R.	Causes Ret in P+ is S. as on the C.S.F. in Canada w/	4th B'shatt	13.1.19	P+ D.O. 17

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) AHIERS. H.

REGIMENT ROR RANK Lt Col No. 478880

Date of Examination in England 23.12.18 Date of Examination in France \_\_\_\_\_



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 12. 14. 18. 30. 31
- 2. EXTRACTIONS 3
- 3. CROWNS
- 4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (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
- (b) In England
- (c) In France

} No

Signature of Dental Officer [Handwritten Signature]

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.

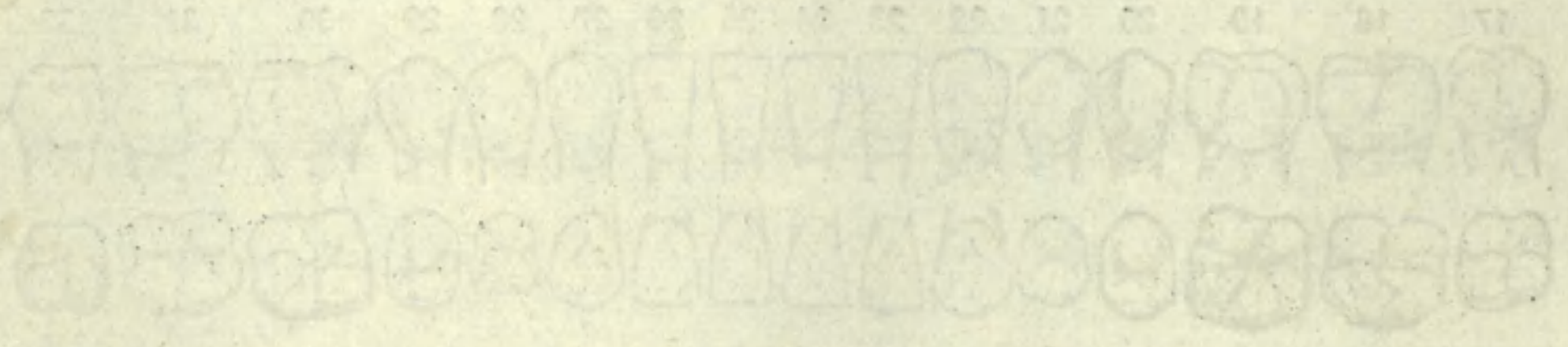
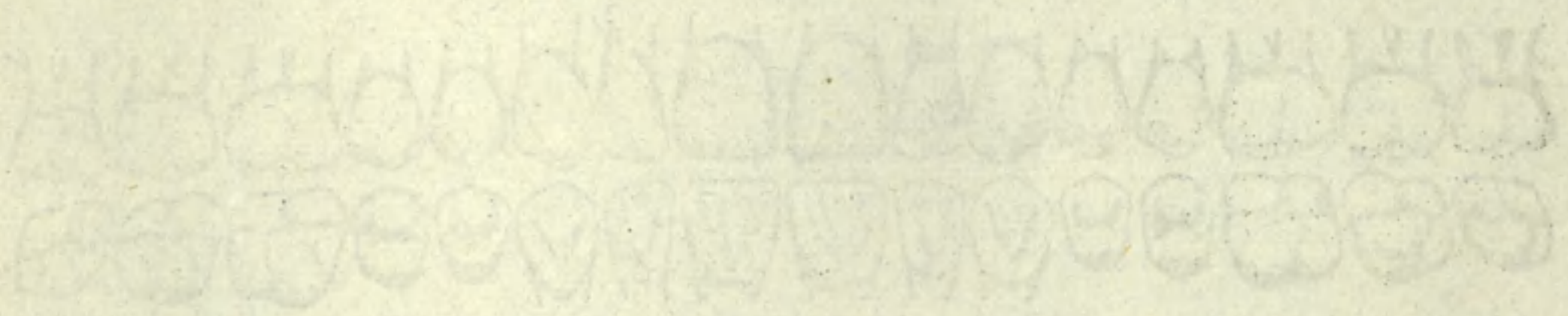
DENTAL CERTIFICATE FOR DEMOBILIZATION

DIRECTOR TO  
DENTAL OFFICER

AMHERST, N.S.

RRR Lt Col 8880

23-1-12



PRELIMINARY DENTAL REQUIREMENTS

1. Period 12. 14. 18. 30. 31

- (a) Full Upper
- (b) Full Lower
- (c) Full Upper
- (d) Full Lower

Mr

- (a) In Canada
- (b) In England
- (c) In France



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# A

798

Dec 1-17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

### PARTICULARS OF SEPARATION ALLOWANCE

No. 478880  
 Rank L/C Promoted Reverted Discharge  
 Soldier's Name H. J. M. Ahiers  
 Battalion R. C. R.  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name Miss E. Rogers.  
 Address 310 Wilson St. Victoria  
 Change of Address B. C.  
 1 2617 Graham St. 1614/15 JAB  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Jan 21	68238		30	30	Bo Mailed 10-1-1918.
Feb 10	90757		15	15	
Mar 8	97987		15	15	✓
Apr 1	11468		15	15	6
May 17	10691		15	15	6
June 13	13611		15	15	6
July 1	26570		15	15	6
AUG 17	29048		15	15	6
SEP 17	38658		15	15	6
OCT 17	42299		15	15	6
NOV 17	50401		15	15	6
DEC 17	62660		15	15	6
JAN 17	69828		15	15	6
FEB			<u>210</u>	<u>210</u>	

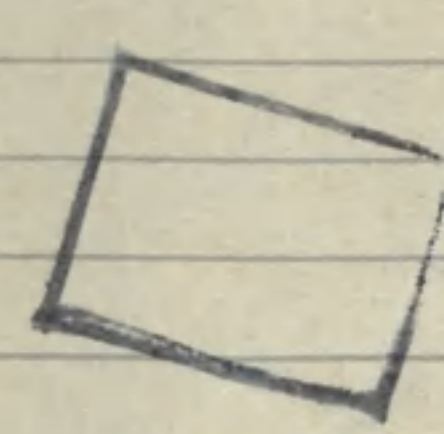
135-H-1

MRO 13 add. 16/4/18 (62897)

2 M. 26-12-17

M. F. W. 128.  
 40M. 6-7-1772-35-1141  
 L. L. 22320-M. & D. 1903.

A/c Closed 31/1/19  
 Ret'd per. Essequibo  
 Date 26/1/19 M.F.W. 187 30/1/19 MD 11.  
 J. Ballin





**Ahiers**  
 Surname **Ahiers** Christian Name or Names **H. J. W.** Reg. No. **478880**  
 Rank **Pte** Unit **R.C.R.** Co. **N.S. Reg.** Troop **R.C.R.** Batty. **R.C.R.**  
 Hospital **Depot.** Date of Admission

Transferred **6 Conv. Etaples** Hosp. **17-10-16**  
**7 Conv. Mat. Haere** Hosp. **23-10-16**  
**2 Just. Gen. Venerand** Hosp. **4-9-17**  
**1 Conv. Depot. Boulogne** Hosp. **23-9-17**  
**22 S.H. Camiers.** **14-3-18**

Diagnosis **Y.S.W. Hand & R. leg.**  
 (1) **J.C.T. L. Legan.**  
 Later Diagnosis (if changed) **Y.S.W. St. Butt.**  
 (2) **J.C.T. R. Legan.**  
 (3)

Additional Diagnosis: if more than one state present  
**Variolae Vesic. R. Leg.**

**Invalided to Canada. 13-1-19.7**

DISPOSITION Date

DISPOSITION	REMARKS
<b>c-h. 26-10-16 A228</b>	
<b>note on C.S. 30-10-16 A231(2)</b>	<b>Prev. rep'd Missing. Now #6 Hosp.</b>
<b>1-11-16 A233</b>	<b>Dis 11-11-16</b>
<b>20-11-16 A248</b>	<b>TO Base 30-9-17</b>
<b>14-9-17 A10</b>	<b>Rec. <sup>S</sup> 4-18</b>
<b>4-10-17 @ 27(2)</b>	<b>Dis 12-6-18</b>
<b>31-1-18 A126.2</b>	<b>Dis. 4-10-18.</b>
<b>" 20-3-18 A167</b>	
<b>28-3-18 A174</b>	
<b>3-4-18 @ 177(2)</b>	
<b>22-4-18 A193</b>	
<b>2-5-18 A202(2)</b>	
<b>9-5-18 A208</b>	

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

P.T.O.

R

EPITOME OF HOSPITAL TREATMENT.

	Hospital	Adm.
1.	6 Convo. Depot Etaples	19. 3. 18.
	5. Convo. Depot Bayeux.	23-3-18.
2.	6 " " Etaples	26. 4. 18.
	14 " " Trouville	30-4-18
3.	7. C. G. Etaples.	26. 6. 18.
	3. W. G. Neath Camp.	3. 7. 18.
4.	<del>C. G. Bromley.</del>	<del>19. 7. 18.</del>
	Can. Convo. Begwood.	17-7-18
5.	12 Can. Coy. Bramshott	19. 11. 18.
	5 C. G. Kirkdale	21-12-18
6.		
7.		

C. L. 19. 6. 18 A 243. 2\*  
 4. 7. 18 A 255.  
 5. 7. 18 B 256.  
 " 8-7-18 A 258 Note re number on C. L. A 243  
 19. 7. 18 B. 268.  
 21. 11. 18 B 376 x  
 3. 12. 18 C 381 entry same as B 376.  
 3-12-18. B 386 192 cancel entry B/376.  
 27. 12. 18 C 400.  
 14. 1-19. C 414.

\*Name Ahrens, Herbert John W. Rank Cpl. Regtl. No. 498880  
 Original unit ROR Present unit ROR M. or S. M Age 22 Religion CP Fyle Depot 7543  
 Port, ship, and date of arrival Halifax Essequibo 23-1-19  
 Next of kin Mother, Mrs Alice Ahrens Dufflin Rd. Saanich BC  
 Address on leave .....  
 Address on discharge 2017 Graham Ave Hillside Ave Victoria BC  
 Transportation issued  Yes  No Date ..... Character on discharge .....  
 Previous occupation Teamster Date and place of enlistment Esquimalt BC 31-1-16  
 Diagnosis FD Date of Medical Boards 4/3/19

Date.	Remarks	Pt. 2 Order No.
6-2-19	T.O.S. from O/S 13.1.19 Dis. to Hosp. Sect. 1.2.19 <u>Leave 19 2/19</u>	37-189c
1-1-19	<u>PSA 4 1/4 days Sub alle</u>	NSD 33/228
19.2.19	<u>Posted to (Esquimalt)</u>	NSD 38/262
5.3.19	<u>Go (Sub Depot)</u>	NSD 52/354

Date.

Remarks.

Pt. 2 Order No.

*Discharge Section*

*15-<sup>3</sup>/<sub>19</sub>*

*78-2c*

WAR SERVICE BADGE CLASS "A"

No. 62389 ISSUED













N.S.W.D.  
Reg. No. 478880  
R.C.B.

Rank. Cpl.

Surname *Ahiers*  
Christian Names (1) *Herbert*  
(2) *John* (3) *Walker*

Category. *ETG?*  
*107 II*  
Date *5-11-18*

Dentally Unfit.

Place of Enlistment: <i>Victoria</i>	Date of Taken on from: <i>6/10/14</i>	Religion: <i>3/4</i>	Inoculations: <i>2-10-15, 15-10-18</i>	Company: <i>6</i>
Province: <i>B.C.</i>	Age on Date: <i>18</i>	Date: <i>4-10-18</i>	Vaccination:	<i>C1</i>

On Command.....	Hospital.....	Permanent Cadre	Employed as
		Date taken on	
Date Proceeding	Date Admitted		

Record of Overseas Service: <i>Aug 28, 16 - July 1918</i>	Profession or Trade (Civil) <i>teamster</i>
Reason for Return: <i>L.C. I R. leg.</i>	Transferred or Posted to Date

Married or Single .....	LEAVE,		
	No. of Pass Issued.	FROM.	To.
Address of Next of Kin: <i>Mother</i>	<i>198</i>	<i>4-10-18</i>	<i>14-10-18</i>
<i>Mrs. A. Ahiers</i>			
<i>28 Duplin Rd.</i>			
Country: <i>Victoria. B.C.</i>			

No. 1913

RANK

Pte

NAME

Allen, H. E

T. O. S. 17-11-16

UNIT

Composite Battalion

DO 280 of 23-11-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Nov. 17	1916 Nov. 30	L		
Dec		L		
1917 Jan	1917	L		
Feb		L		
Mar		L		
April		L		
May	May. 15	in	Transferred R. C. R. (C E 7)	DO 115 of 15-5-17



SURNAME.

*Ahiers*

CARD NO. ✓

CHRISTIAN NAMES

*Herbert John Walker*

*II*  
*Sold New Number 15-3-19*  
FOLL  
*10,078 of 19-3-19*  
*11 20*

REGL. NO.

*478880*

RANK

*Pte*

UNIT

*R. C. R. Reinforcements (4<sup>th</sup> R. D.)*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Ahiers. Mrs. Alice*

RELATIONSHIP TO SOLDIER

*Mother*

ADDRESS

~~*Dupplin Rd., Saanich, B. C.*~~

*485 Dupplin Rd., Victoria, B. C.*

*Added 26-2-19*

COUNTRY OF BIRTH

*U. S. A. San Diego, Cal.*

DATE

*Jan. 22<sup>nd</sup> 1896.*

PLACE OF ATTESTATION

*Esquimalt, B. C.*

DATE

*Jan. 31<sup>st</sup> 1916.*

*R/C 26-1-19 257 B.C.*  
*23*

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

*Teamster.*

RELIGION

*Church of England.*

DESCRIPTION.

APPARENT AGE

*20* YEARS

*6* MONTHS

HEIGHT

*5* FEET

*8 3/4* INCHES

CHEST MEASUREMENT

*41* INCHES

EXPANSION

*5* INCHES

COMPLEXION

*Dark.*

EYES

*Brown.*

HAIR

*Very dark brown.*

DISTINGUISHING MARKS

*Nil.*

MEDICAL EXAMINATION.

PLACE

*Esquimalt, B. C.*

DATE

*Jan. 27<sup>th</sup> 1916.*

*Present address: Work Point Barracks, Esquimalt, B. C.*



REGT'L NO 478880

NAME

Ahiers, Herbert John Walter

H. Q. FILE NO. 649-

RANK AND CORPS

~~Pte~~ Lt Col, Royal Can. Regt. (14th R. P. I.)FOLLOWS  
NO.

CABLE

No.

DATE

NATURE OF CASUALTY

FOLLOWS

03485

24-10-16

Missing since Oct. 8th 1916 ✓

03691

25-10-16

Adm. to No. 6. Conv. Depot Etaples Oct. 23<sup>rd</sup> 1916 (wounded rt. leg. hand) ✓4-3  
Q139

21-3-18

Adm. 22 Gen. Hosp. Camiers March 14<sup>th</sup> 1918.  
(GSM, Left Buttock) ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 226	Reported from Base	8-10-16	missing after action
a 228	<del>#6 Conv. Depot Etaples</del>	<del>17-10-16</del>	<del>G.S.W. Hand &amp; R. Leg.</del>
	Prev. rep. missing now as per list A 231 (2)		adm. #6 Conv. Dep. Etaples
a 233	No 7 Can. Stab. Havre	23-10-16	G.S.W. Hand & Rt. Leg
a 248	Discharged	11-11-16	
a 10	#2 Australian Gen. Wimeroux	4-9-17	I.C.G. L. Leg. (Complicated Rgt)
a 27	No 1 Conv. Dep Boulogne	23-9-17	" " " "
a 126	Disch. to Base	30-9-17	I.C.G. L. Leg.
a 167	No 22 Gen. Camiers	14-3-18	G.S.W. L. Butth
a 174	No 6 Conv. Dep Etaples	19-3-18	" " " "
a 177	#5 " " Longueux	23-3-18	" " " "
a 193	" " " " Diec	5-4-18	" " " "
a 202	No 6 Conv. Dep. Etaples	26-4-18	I.C.G. R. Leg.

NAME

*Ahuers Herbert John Walker*

REGT'L. No.

*478880*

RANK AND CORPS

*Lt. Col. (R.R.) U.S. Regt.*

H. Q. FILE NO 649

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 508.	14 Cow Dip Drouilly	30-4-18.	H.I. R Leg
A 243	Disch.	12-6-18	" " " " "
A. 255	7 Can Gen Etaples	26-6-18	" " " " "
A 256	Bed West Gen Heath	3-7-18	" " " " "
B 268.	Can Con: Bä. W. ok	17-7-18	" " " " "
B 376	12 Can Gen: Brama	19-11-18.	Capit bed åpning B 386 Varicose Veins R Leg
B 386	Disch	4-10-18	D.C.V. R Leg
C 381.	12 Can Gen: Brama	19-11-18.	Varicose Veins R Leg
C 400.	5 Can Gen: Kirkdale	2-12-18.	" " " "
C 417.	Invalided to Can	13-1-19.	" " " "



**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.

REG. No. <sup>1/200</sup> <sup>273</sup> 478888 NAME *Ahies* *H. J. W.* <sup>3388</sup> <sup>20</sup>  
(SURNAME FIRST)

RANK *Pte.* CORPS *R. C. R.*

AGE *20* SERVICE *1/2* *C<sup>24</sup>* *F<sup>7</sup>* *F<sup>23</sup>* *1/12*

NAME OF HOSPITAL *Nova Scotia* PLACE *Halifax*

DATE OF ADMISSION *28-3-16*

DISEASE *Measles*

DISCHARGE

OPERATION

DISCHARGED TO DUTY

TRANSFERRED TO *Discharged to Station Hospital 14/4/16*

DISCHARGED BY MEDICAL BOARD

*(over)*

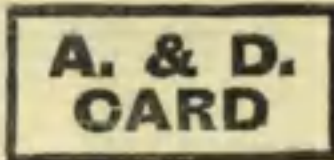
REMARKS

admitted to Hospital - 3. 2. 19  
Varicose Veins of Leg Ulcers Healed 6-3-19 A'

C



Can: Conval: Hospital, HOSPITAL.



Bear Wood

AT

A. & D. No. 00 T 10711 PL. OF ACTION

RANK Cpl. REG. No. 478880 UNIT RCRB Adgts SICK OR WOUNDED

NAME Ahiers A AGE 22 RELIGION CE

PLACE IN HOSPITAL hut 8.

DIAGNOSIS JCF R leg

ADMITTED 16 JUL 1918 FROM 3rd Wg Meath

DISCHARGED 4 OCT 1918 TO 2 Lb L Beamsh

TRANSFERRED 19/12 23/12

SERVICE AT HOME 19/12 IN FIELD 23/12

RESULTS wd healed by 6 Jan 1919

(See Document Card for M.M. Sheet and other Documents.)



Herbert John Walker  
✓  
L/Cpl ✓

Name **AHIERS**. Rank

Reg. No. 478880 ✓

Unit ~~ACR~~ NSRD

Next of Kin Canada ✓

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
4-9-17	2 <sup>nd</sup> dist Gen Hosp Vimereux	ICJ Leg 11				
	Ha. 13735		Mild	A 10		
23-9-17	Trans 1 con Dep Boulogne		de	A 27		
	Ha. 14351					
30-9-17	Discharged to Base:-		du	A 126		
	to Base on 30-1-18.					
14-3-22	by H. Cummins gas	L. Butak		A 167		139
	334/6					
19-3-	6. Con Dep Etaples			A 174		
	432/8					
23-3-	5-6 Dep Cayent			A 177		
	190-15					
5-4-	Base Dep Etaples			A 193		
	822/6					
				<u>P 10</u>		

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26-4	2nd Lt. Con dep Staples	SCT. R Leg		A 202		1002/19
30-4	2nd Lt. Con dep Tammelle	do do		A 208		1116/24
12-6	Discharged	Do		A 243		1997-8
26-6	7 Can Gen Hp Staples	SCT. R Leg		A 255		2251-10
3-7	3 West Gen H. North Glam.			B 256		20835
	Corr. Reg No on AB 243 <del>258</del> <del>A 256</del> <del>257</del>					
17-7	C. S. Beauwood	X	SCT. R Leg	B 268		21568
4-10-18	Discharged			B 386		9987
19-11-18	12. b. G. Bramshott	Varicose Veins	R Leg	B 376		447
	Canal B376: - To go on C 21-11					
19-11-18	12. Can. Gen Hosp. Bramshott	Varicose Veins	R Leg	B 382		447
21-12-18	5. b. G. Kirkdale			C 400		3681
13-1-19	Transf. to Canada			C 417		6325

Name **AHIERS** Herbert Rank Pte.  
 John, Walker,  
 Unit Royal Canadian Regiment.

Reg. No. 478880.

Next of Kin Canada.

R. L. 25 - A - 773

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
Oct. 8	REPORTED FROM BASE		MISSING.	A226		0.3485. 23-10-16 25-10
17-10-16	No 6 Com. Depot.	Etaples	gsw Hand	A228.		0 3691.
			+ R. Reg.		231.	
23-10-16	No 7 Com. Stat. Hos.	Havre	Do.	A233.		
11-11-16	Discharged		Do.	A248.		





5. He is in possession of the following number of G.C. badges (if the man is a N.C.O. and enlisted prior to 1st July, 1881, the number he would have been entitled to had he not been promoted should be stated).

Is it probable that he will be entitled to another good conduct badge before the confirmation of these proceedings?

Classification for service, or proficiency pay ... .. Class \_\_\_\_\_

6. Campaigns, Medals and Decorations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certificate of education .....

7. His accounts are correctly balanced, and I have impartially inquired into all matters brought before me in accordance with Regulations.

(Place) \_\_\_\_\_  
(Date) \_\_\_\_\_

*Bluhmen Jr*  
HOSPITAL REPRESENTATIVE, Regiment.  
Commanding *Battn.*  
CANADIAN MILITARY HOSPITAL, BRAMSHOTT

8. *Certificate to be signed by the soldier on discharge.*

I hereby acknowledge that I have received all my pay and allowances (including clothing allowance), and all just demands up to the present date, subject to the reservations of the claims noted on the 3rd page.

(Place) \_\_\_\_\_ (Signature of Soldier.)

(Date) \_\_\_\_\_ (Signature of Witness.)

(When a soldier is absent through illness or any other cause, and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned should be attached here.)

9. *Additional certificate in the case of a soldier who takes his discharge at his own request.*

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

\_\_\_\_\_ (Signature of Soldier.)

10. *Statement of service.*

Service towards engagement to \_\_\_\_\_ (the date to which the record of service is completed) \_\_\_\_\_ years \_\_\_\_\_ days.

Further service " " \_\_\_\_\_ (the date of confirmation of discharge) ... .. " "

Total ... .. " "

11. *Confirmation of discharge.*

The discharge of the above-named man is hereby confirmed for \_\_\_\_\_ (date)

(Place) \_\_\_\_\_ Signature \_\_\_\_\_

(Date) \_\_\_\_\_

Commanding officers (or the Paymaster, if at Netley) will issue to every discharged soldier whose claim to pension, either on account of service or disability, is to be brought under the consideration of the Chelsea Board, a memorandum for his guidance on Army Form D. 401, and will at the same time transmit to the Secretary, Royal Hospital, Chelsea, a descriptive return of the man on Army Form D. 400.

RESERVATIONS REFERRED TO AT PARA. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

\_\_\_\_\_



## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263  
 Squadron }  
 Battery } Conduct Sheet, " B. 263a  
 Company }  
 or  
 Field Conduct Sheet " W. 178  
 Copies of Convictions, by C. P. in MS.  
 Med. Hist. Sheet, Militia form B. 313  
 Casualty Form " W. 54  
 Medical Report for Invalid§ " B. 227  
 Dental History Sheet " B. 465  
 Last Pay Certificate " W. 44  
 Duplicate Discharge Certificate " W. 39A  
 ‡Form of Will " W. 82

Attestation Paper Militia Form W. 23  
 or  
 Particulars of Recruit " W. 133  
 Proceedings on Discharge " B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge  
 (b) Attestation.  
 (c) Medical History Sheet.

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.



WAR SERVICE BADGE CLASS " " No. 62389 ISSUED

This space to be for numbers.

1-623

## Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	478880
Rank	L/Cpl
Surname	Ahiers
Christian name	Herbert John Walker
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	R.C.R
Date of discharge	15th March 1919
Place of discharge	Vancouver
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 23 years..... months.	Descriptive marks
Height..... 5 feet 8 3/4 inches.	
Complexion..... dark	
Eyes..... brown	
Hair..... dk brown	
Trade..... Steamster	
Intended place of residence	2617 Graham Ave Hillside Ave. Victoria BC
(To be given as fully as practicable.)	
2. The above-named man is discharged in consequence of	
Authority for discharge..... <b>DEMOBILIZATION</b>	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
3. Conduct and character while in the service have been, according to the records, etc.	
N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

200M.—5-18.  
 H. Q. 1772-39-113.

(OVER)

86-1-2-55

C.R.L

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date)..... Commanding.....

**8. Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... *# 900 Ahuis* (Signature of Soldier.)

(Date)..... *Shawey* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

**9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

**10. Statement of Service.**

Service toward Engagement to..... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

**11. Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place).....

(Signature)..... *H.A. Andrews* Capt. For O.C. District Depot, XI

(Date).....

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

*None*  
*9/9 00 Ahuis*





Essequibo 26/1/19

5993

AUDITOR FOR PAYMASTER

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

REGT. No. 478880 RANK 2104 NAME (IN FULL) AHIER, H. J. W.

M. OR S. \_\_\_\_\_

ORIGINAL UNIT C.E.F. \_\_\_\_\_ IF IN P.F. WHAT UNIT? \_\_\_\_\_ (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

DATE OF ATTESTATION \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ 15.00 DATE EFFECTIVE \_\_\_\_\_ To be Continued in Unit from 1/9/19

PAYABLE TO Miss E. Rogers RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

ADDRESS 2617 Graham St. Victoria B.C.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE \_\_\_\_\_ EFFECTIVE \_\_\_\_\_

DISCHARGED \_\_\_\_\_ PLACE \_\_\_\_\_ DATE 15/3/19 REASON \_\_\_\_\_ AUTHORITY 80.48 IF ENTITLED 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					DEBIT	CREDIT		
																			\$
31/12/18	115				260 19												260 19		
Jan	59	115	67 85	11 50	339 24	29 31			4 84	50 00	5 00	15 00							
March	15				29 25	29 25			5 25										
<p>War Service Gratuity</p> <p>Service 3 years - months</p> <p>183 days \$20 - \$20 -</p> <p>Apr 22 16 53 70 -</p> <p>May 15 17 29 70 -</p> <p>June 15 80 47 70 -</p> <p>July 15 82 14 70 -</p> <p>Aug 15 83 9 61 70 -</p> <p>WSG 70 - 70 - 350 -</p> <p>70 - 70 - 380 -</p> <p>70 - 70 - 210 -</p> <p>70 - 70 - 140 -</p> <p>70 - 70 - 70 -</p> <p>70 - 70 - 55 25 45</p> <p>WSG 70 - 70 - 350 -</p> <p>70 - 70 - 380 -</p> <p>70 - 70 - 210 -</p> <p>70 - 70 - 140 -</p> <p>70 - 70 - 70 -</p> <p>70 - 70 - 55 25 45</p>																			
<p>I certify that all War Service Gratuity has been paid according to the period of service shown on the M.F.W. Form.</p> <p>Capt. [Signature] Officer in Charge War Service Gratuity M.D. No. 11</p>																			

Amcl

BALANCE FROM PREVIOUS ACCOUNT

Am

O.B. 545 Gds. 8 P.G.R. 2ct. 1916

~~Handwritten scribbles and illegible text, possibly including the word "Handwritten" and "scribbles".~~

MARRIED OR SINGLE *S.*  
 PLACE OF BIRTH *San Diego Cal U.S.A.*  
 NAME AND ADDRESS OF NEXT OF KIN *Mrs Alice Thiers  
 Supplin Rd Saanich B.C. Canada*  
 RELATIONSHIP OF NEXT OF KIN *Mother*  
 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>app/for ed.</i>	<i>16-8-17</i>	<i>00-89-278-17</i>

REG'L No *178880* RANK *Staff Capt* NAME *Thiers Herbert John Walker*  
 IF IN PERM. CORPS | UNIT *P.C.R. Depot* TRANSFERRED TO *R.C.R.* DATE *1/9/16* AUTHORITY *BC104*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO-- DATE AUTHORITY  
 PLACE OF ATTESTATION *Esquimalt B.C.* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *31st January 1916.* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *15<sup>xx</sup>* DATE EFFECTIVE *1-12-17*  
 PAYABLE TO *Miss E. Rogers 510 Wilson St. Victoria B.C.* RELATIONSHIP  
 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)

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				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	
<i>1916</i>																																								
<i>July</i>	<i>31<sup>st</sup></i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>			<i>3410</i>																									
<i>Aug</i>	<i>31<sup>st</sup></i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>	<i>31</i>	<i>10</i>			<i>3410</i>	<i>196</i>	<i>31/7</i>																							
<i>Sept</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>3</i>	<i>30</i>	<i>3</i>	<i>30</i>	<i>3</i>	<i>30</i>	<i>3</i>	<i>30</i>	<i>3</i>			<i>33</i>																									
<i>Oct</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>3</i>	<i>31</i>	<i>3</i>	<i>31</i>	<i>3</i>	<i>31</i>	<i>3</i>	<i>31</i>	<i>3</i>			<i>3410</i>	<i>995</i>	<i>29/9/16</i>																							
<i>Nov</i>	<i>1-30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>30</i>			<i>33</i>																									
<i>Dec</i>	<i>1-31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>31</i>			<i>3410</i>																									
			<i>1840</i>				<i>1840</i>																																	
<i>Jan</i>	<i>31</i>	<i>31</i>	<i>34</i>	<i>10</i>											<i>3410</i>	<i>1135</i>	<i>14/17</i>	<i>1170</i>	<i>5/1</i>																					
<i>Feb</i>	<i>28</i>	<i>30</i>	<i>80</i>												<i>3080</i>	<i>1235</i>	<i>2/1</i>																							
<i>March</i>	<i>31</i>	<i>34</i>	<i>10</i>												<i>3410</i>	<i>1305</i>	<i>29/2-1487</i>	<i>1380</i>	<i>5/3</i>	<i>1000</i>	<i>1/17</i>																			
<i>April</i>	<i>1-30</i>	<i>30</i>	<i>33</i>												<i>33</i>																									
<i>May</i>	<i>31</i>	<i>34</i>	<i>10</i>												<i>3410</i>	<i>113</i>	<i>19/4</i>																							
			<i>368 50</i>												<i>368 50</i>																									

Checked *H. Rodgers*

*B.I.*

*Trans R.C.R. BC104*





NUMBER	RANK	NAME	MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				bal. fof								286.78		
Oct.				2 Ppl. Pay	35.65		bal.				15-			
"				S. f. pay 10 days H.R. Bearwood 4-10-18	7.30		AR 7212 11/10/18 C. L. B. B. wood	48.67						
							AR 5320 24/10/18 WTR	5.11						
							AR 253 18/10/18 1 cap 7.	1.32						
Nov.				Hepl B	12.95			55.10			15	289.63		
					34.50		bal				15			
				<del>Int. on def. pay 3/11/18</del>	<del>21.25</del>		AR 4005 R. 191 11/1/18	1.32						
					5.77		AR 5750 11/11/18 C. L. B.	12.17						
Dec				Hepl. B.	35.65		bal				15	321.03		
				Int. on def. pay to 30/11/18 @ 5%	21.25		AR 3786-12 C. G. H. - 3/12/18	48.67				258.87		
					91.40			62.16			30			
							at P. 641. 3-1-19. End on tele	4.87				254.00		
								4.87						

N. E. Scott. advised 11/1/18.  
 Dr. \$1.32 on 11/1/18



Proceedings of the Pensions and Claims Board on the Soldier mentioned in Part I.

The Pensions and Claims Board, Canadian Expeditionary Force, assembled at

on the day of 1918

Members of the Board:—

The Board having considered the evidence of the soldier marginally named, together with the documents submitted, recommend:—

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened as compared with that of a man of his age and in the general market for unskilled labour?

16. THE PENSIONABLE DISABILITY.—See Part I. (2). Application on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service?

18. Permanency of the Pensionable Disability estimated next above in (14) is it permanent? (a) Is it permanent?

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable?

19. Recommendation:—(a) Fit for duty? (b) Fit for base duty? (c) Invalid to Canada? (d) Discharge from service as permanently unfit?

Dated at this day of 1918

Signatures of the Board. President. Date of Board 31 OCT 1918

Reserved for M.H.C.

Christian Name HERBERT JOHN. Surname AHIER. Rank Cpl. Regt. No. 478880. Unit or Corps—(a) Overseas from United Kingdom... (b) In United Kingdom... Born at—Town San Diego State Cal. Country U.S.A. Date of Birth—Day 22 Month Jan Year 1896 Age 22 yrs 8 months. Joined at Esquimalet, B.C. Can Date 27/1/16. Former Trade or Occupation... Permanent marks or peculiarities that will serve for future identification: Old Opera Scar—oval-shaped—upper Rt. Thigh. Height—feet 5 inches 8 3/4 Colour of eyes Brown. Signature of Soldier (for identification purposes)...

Medical Report.

The answers to the questions below are to be filled in by the Officer in medical charge of the case. He will carefully discriminate between the soldier's unsupported statements and the evidence as recorded in the medical or other military documents bearing on the case. He will plainly state the existence of any of the disability prior to the soldier joining for the present war.

1. DISABILITY (State the actual disabling conditions as distinguished from the diseases or injuries from which they resulted). (Follow the official nomenclature in so far as possible.)

Disabilities Group (a) VARICOSE VEINS OF LEGS. Disabilities Group (b) NIL. Disabilities Group (c) NIL.

2. CAUSE OF DISABILITY. (Follow the official nomenclature in stating the disease or injury.)

Table with columns: Disease or injury to which the disability is due, Place of origin, Date of origin. Row 1: INFECTIOUS ACTIVE SERVICE CONDITIONS, France, 4/9/18. Row 2: N.A., N.A., N.A.

NOTE.—By Active Service is meant Service with the Colours in Canada, United Kingdom, or elsewhere during the present war (since August 4th, 1914).

3. Is the disability due to disease contracted or injuries received prior to Active Service? (i) As to Group (a) above? No. If yes, has Active Service aggravated it? (ii) As to Group (b) above? N.A. If yes, has Active Service aggravated it? (iii) As to Group (c) above? N.A. If yes, has Active Service aggravated it?

4. Is the disability due to disease contracted or injuries received while on Active Service— (i) As to Group (a) above? yes. (ii) As to Group (b) above? N.A. (iii) As to Group (c) above? N.A.

5. If a cause of disability was an injury received on Active Service, was it received—

(i) While on duty? *Yes*  
(ii) Was a Court of Inquiry held? *No*  
(iii) Opinion of the Court? *No*

6. HISTORY OF THE CASE. (State concisely the essential points of the history, noting the entries made on the Medical History Sheet and other records.)

*On 4/9/17 sent to 23rd bldg with "I.C.T. Rt. Leg." Has operation High (Rt.) Rejoined unit on 20/10/17. On 22/4/18 sent to 22nd bldg. "I.C.T. Rt. Leg." Discharged to England 3/1/18. Status Rt. Leg. was opened in C.C.S. Open scan on Rt. Leg. middle third. In 3rd West. Gen. Hosp. 3.7.18 to 16.7.18 "I.C.T. Rt. Leg." In Beaumont 16.7.18 to 3.9.18 "I.C.T. Rt. Leg." Disch. 5/1.*

7. PRESENT CONDITION. (Give previous and present weight if likely to indicate progress of disability.)

*Rt. Leg. all covered with pigmented scars & ulcers. Veins bunched, tortuous & thickened from foot to the groin. One bunch veins just below knee about to break down. The Rt. leg. light oedematous below the knee. Veins of Rt. leg. slightly varicose. This condition of this man's leg is very serious and any marching or standing might cause a complete breaking down of other systems leg.*

8. OPERATION. (i) Was one performed? *Yes*  
(ii) If so, state what. *Opening of local abscesses Rt. leg.*  
(iii) Was one advised and declined? *No*

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto unless there is evidence to the contrary.

9. (i) Is there loss or decay of teeth attributable to Active Service? *Yes*  
(ii) If so, describe. *Lower molar Rt.*

10. DO YOU RECOMMEND:—

- (a) Fit for duty? *No*
- (b) Fit for base duty? *No*
- (c) Invalid to Canada? *Yes*
- (d) Discharge from the Service as permanently unfit? *N.A.*

Date of Report *Oct 29th 1918* Signed *Antony*  
Station *2nd bldg Bramshott* Officer in medical charge of case.

I have satisfied myself of the general accuracy of the above Report, and concur therein except *C. J. Huttland*  
for Colonel, A. D. M. S. *Capt. C. A. M. C.*  
Dated at *Bramshott.* Canadian Troops, Bramshott Station, on *30 OCT 1918*

Proceedings of a Medical Board on the Soldier mentioned in Part I.

Clear and decisive answers are to be given to all questions. Such terms as "may," "perhaps," "probably," "possibly," are not to be employed. Disability due to causes arising on Active Service is to be clearly shown in order that the Pensions Authorities may deal with the case properly.

11. Is the disability fully indicated in Part I. (1)? *Yes*  
If not, indicate it.

12. Is the cause of the disability fully indicated in Part I. (2)? *Yes*  
If not, indicate it.

13. Was the disability caused or aggravated by— (a) Negligence of the Soldier? *No*  
(b) Misconduct of the Soldier? *No*

14. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour? (Estimate at none, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, or 100%) *N.A.*

15. THE PENSIONABLE DISABILITY.—see Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in the estimate. What part of the entire disability estimated next above in (14) is due to causes arising during Active Service? (Estimate at none, 1/3, 2/3, or all.) *N.A.*

16. Permanency of the Pensionable Disability estimated next above in (15). (i) Is it permanent? *N.A.*  
(ii) If not permanent, what is its probable minimum duration (in months)? *N.A.*

17. If an operation was advised and declined, do you consider the refusal to have been unreasonable? *N.A.*

18. Remarks.

19. Recommendation:—(a) Fit for duty? *No*  
(b) Fit for base duty? *No*  
(c) Invalid to Canada? *Yes*  
(d) Discharge from service as permanently unfit? *No*

Classification for the Military Hospitals Commission.

Date of Board *31 OCT 1918*

Station *Bramshott.*  
Approved *Stecher* Major, A.D.M.S.  
Dated at *Bramshott, Station* 31 OCT 1918

Signatures of the Board: *MAJOR G.A.M.C. President.*  
*Charles P. Jones*