





12

M. D.

Depot Battalion

1st Depot Battn. Sask. Regt.

company 3

Regiment

Regtl. No. 259209

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

ORIGINAL

1. Surname..... *Becker*
2. Christian name..... *William James*
3. Present address..... *Balgonie Sask*
4. Military Service Act letter and number..... *485028 LP* *9-17*
5. Date of birth..... *May 16-1891*
6. Place of birth..... *Killaloe Ont*  
(town, township or county and country)
7. Married, widower or single..... *Single*
8. Religion..... *Baptist*
9. Trade or calling..... *farmer*
10. Name of next-of-kin..... *Mary Anne Becker*
11. Relationship of next-of-kin..... *Mother*
12. Address of next-of-kin..... *Rockfort P.O. Ont*
13. Whether at present a member of the Active Militia..... *No*
14. Particulars of previous military or naval service, if any..... *No*
15. Medical Examination under Military Service Act:—  
(a) Place..... *Regina Sask* (b) Date..... *Nov 9-1917* (c) Category..... *A 2*

## DECLARATION OF RECRUIT

I, *William James Becker*, do solemnly declare that the above particulars refer to me, and are true.

*William Becker* (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age..... *26* yrs..... *11* mths.

Height..... *5* ft..... *9* ins.

Chest measurement } fully expanded..... *39* ins.  
range of expansion..... *36* ins.

Complexion..... *fair*

Eyes..... *blue*

Hair..... *fair*

Distinctive marks, and marks indicating congenial peculiarities or previous disease.

*E. M. Williams* Capt. & Adjt.  
for O. C. 1st Depot Batt. Sask. Regt. Depot Btl. Regt.

Place..... *Regina Sask* Date..... *April 17-1918*

# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 259 209 (Rank) Private  
Name (in full) William James Becker enlisted in  
the 1st Depot Battrn. Sask.  
CANADIAN EXPEDITIONARY FORCE at Regina on the Seventeenth  
day of April 1918  
HE served in Sask Regt. in England  
and is now discharged from the service by reason of Demobilization.  
~~XXXXXXXXXXXXXXXXXXXX~~  
Medical Unfitness.

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

Age <u>28 yrs.</u>	Marks or Scars..... ..... ..... ..... .....
Height <u>5 ft. 9 ins.</u>	
Complexion <u>Fair</u>	
Eyes <u>Blue</u>	
Hair <u>Fair</u>	
<u>Becker w.d.</u> Signature of Soldier.	

Date of Discharge JUN 26 1919  
*Dispersal Station "O"*  
*Military District No. 12*

[Signature]  
Issuing Officer.  
Rank MAJOR  
Date..... 19.....

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.

866  
15-5-18

# PARTICULARS OF RECRUIT

DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class.....One.....)

DUPLICATE

1. Surname.....Becker.....

2. Christian name.....William James Becker.....

3. Present address.....Balgonie, Sask.....

4. Military Service Act letter and number.....LC, 485028.....

5. Date of birth.....May 16th 1891.....

6. Place of birth.....Killaloe, Ont.....  
(town, township or county and country)

7. Married, widower or single.....Single.....

8. Religion.....Baptist.....

9. Trade or calling.....Farmer.....

10. Name of next-of-kin.....Mary Anne Becker.....

11. Relationship of next-of-kin.....Mother.....

12. Address of next-of-kin.....Rochefort P.O. Ont.  
No.

13. Whether at present a member of the Active Militia.....No.....

14. Particulars of previous military or naval service, if any.....None.....

15. Medical Examination under Military Service Act:—  
(a) Place.....Regina, Sask..... (b) Date.....Apl. 17th/18..... (c) Category.....A. 2.....

## DECLARATION OF RECRUIT

I, William James Becker, do solemnly declare that the above particulars refer to me, and are true.

*William Becker* (Signature of Recruit)

## DESCRIPTION ON CALLING UP

Apparent age.....26.....	yrs.....11.....	mths.....	} Distinctive marks, and marks indicating congenial peculiarities or previous disease.
Height.....5.....	ft.....9.....	ins.....	
Chest measurement } fully expanded.....	39.....ins.		
	range of expansion.....	36.....ins.	
Complexion.....Fair.....			
Eyes.....Blue.....			
Hair.....Fair.....			

*W. Williams* Capt. & Adjt  
1st Depot Batt. Sask. Regt.  
O. C. Depot Btl. Regt.

Place.....Regina, Sask..... Date.....Apl. 17th/18.....

PARTICULARS OF RECRUIT

GRANTED UNDER MILITARY SERVICE ACT

1914

1. Name of recruit

2. Name of father

3. Name of mother

4. Name of wife

5. Name of children

6. Name of next of kin

7. Name of employer

8. Name of business

9. Name of occupation

10. Name of service

11. Name of regiment

12. Name of company

13. Name of platoon

14. Name of section

15. Name of rank

16. Name of date of enlistment

17. Name of date of discharge

18. Name of date of death

19. Name of date of burial

20. Name of date of cremation

DECLARATION OF RECRUIT

I, the undersigned, being the father of the above named recruit, do hereby declare that the above named recruit is the son of the undersigned, and that he is the only child of the undersigned.

DESCRIPTION OF CALLING UP

1. Name of recruit

2. Name of father

3. Name of mother

4. Name of wife

5. Name of children

6. Name of next of kin

7. Name of employer

8. Name of business

9. Name of occupation

10. Name of service

11. Name of regiment

12. Name of company

13. Name of platoon

14. Name of section

15. Name of rank

16. Name of date of enlistment

17. Name of date of discharge

18. Name of date of death

19. Name of date of burial

20. Name of date of cremation

Signature of Recruit

Signature of Father

Signature of Mother

Signature of Wife

Signature of Children

Signature of Next of Kin

Signature of Employer

Signature of Business

Signature of Occupation

Signature of Service

Signature of Regiment

Signature of Company

Signature of Platoon

Signature of Section

Signature of Rank

Signature of Date of Enlistment

Signature of Date of Discharge

Signature of Date of Death

Signature of Date of Burial

Signature of Date of Cremation

A.M.D. 5/24

Eye, Ear, Nose and Throat Clinic

Hut 7, Camp 29, RIPON, Yorks.

May 24, 1919

Regt.No 259209 Rank Pte. Name Becker, Wm.

Unit 15th. Res.

Without Glasses

With Glasses (as per prescription below)

Sph. Cyd. Axis.

Visual acuity R. 6/6 with

" " L. 6/9 with

Category recommended is:- "A".

Duration

Glasses not ordered

DIAGNOSIS Hordeolum (recent) upper lid left eye.

(Old) Chalazion lower lid left eye.

REMARKS:-

Treatment daily-----2 p.m.

Condition was not present before enlistment and

has ----- been caused by service.

~~Has ----- been aggravated by service.~~

*R. F. Nicholls*

Capt. C.A.M.C.  
Eye & Ear Specialist





# 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. 259209 Rank Pt Surname BECKER  
 (Given name in full)

Unit or Corps 15<sup>th</sup> Res Birthplace William Killaloe Ont.

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

**1. GENERAL DESCRIPTION:**

Physique Good Weight 168 lbs. Height 5 ft. 9 in. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 72  
 Condition of arteries Good  
 Vision Rt. 4/6 Left 4/6  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

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

Opinion as to general health and physical condition Good

**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 No  
 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.**

measles 5/8

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Ripon (Overseas)

Date 23/5/19

Signed W. J. Beaker 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 W. J. Beaker

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

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

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 a Medical Board.)

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

[over]





# CASE HISTORY SHEET.

No. 259209 Rank Pvt. Name Becker W. Age 26

Unit 1 R.B.S.R. Completed years of service            Where and how long Canada

Date of admission 20-5-18 Date of discharge 8-6-18

Diagnosis Mumps Place of origin Regina Sask

## CONDITION ON ADMISSION AND PROGRESS OF CASE

Measles ordinary case. Ordinary recovery.  
Developed abscess of upper lip of side,  
discharged & healed normally.  
Enlarged & painful glands of neck.  
Spontaneous, all subsided in couple of  
days.

## FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

nil

## TREATMENT

(Especially any specific or special form)

Gargles, poultices applied to neck.  
Hot applications to neck.

## CONDITION ON DISCHARGE

(and disposal made of case.)

Good  
Date 10-6-18

M Roberts Capt  
Medical Officer i/c case.



EYE EAR NOSE AND THROAT CLINIC

A.M. D. 5/24

7 29

Lab 31, Camp 39

Ripon

May 24 1939

Reg No. 259209 Rank Pte Name Becker Wm

Unit ~~77~~ 15th Res

WITHOUT GLASSES

WITH GLASSES (as per prescription below)

VISUAL ACUITY R. 6/6 with.

" " L. 6/9 with.

Sph. Cyl. Axis.

Category recommended is: - A

Glasses not ordered.

REMARKS :-

Acute Anderson recent upper lid left eye (Kd) Chalazion to lower lid left eye Treatment daily 2 R. L.

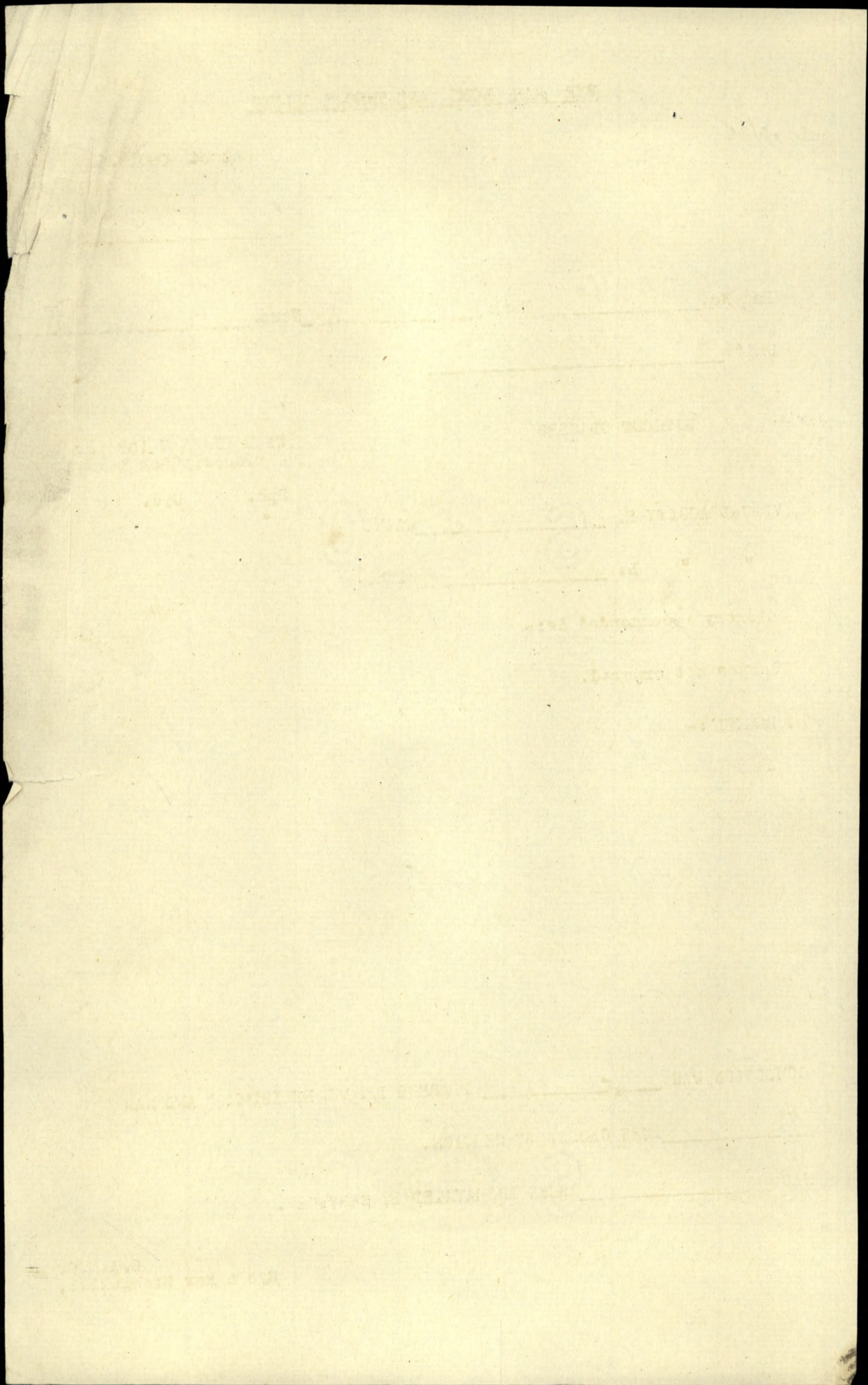
CONDITION WAS not PRESENT BEFORE ENLISTMENT AND HAS

not BEEN CAUSED BY SERVICE.

HAS not BEEN AGGRAVATED BY SERVICE.

R. T. Welch

C.A.M.C. Eye & Ear Specialist,





ORIGINAL

MILITARY SERVICE ACT, 1917.

259209

9-17  
O Y

MEDICAL HISTORY SHEET.

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

1. Surname Becker Christian name William  
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 485028 L C  
3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_  
4. Address (including street and number, if any) Balgonie Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 7<sup>th</sup> day of November 1917, by the undersigned medical board sitting at Regina Sask.

5. Age as stated 27 Years 6 Months. 6. Apparent age 27 Years 6 Months

7. Height 5 Feet 9 Inches. 8. Weight 168 Pounds.

9. Chest measurement { Minimum 36 Ins. Maximum 39 Ins. } 10. Complexion Fair { Eyes Blue Hair Fair }

11. Physical development Fair { Good Fair Poor } 12. Smallpox marks Nil

13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm 1 } 14. When vaccinated last 1914

15. Distinctive marks and marks indicating congenital peculiarities or previous disease Vision and hearing normal

16. Slight defects but not sufficient to cause rejection \_\_\_\_\_  
The man denies having had { Rheumatism Tuberculosis Syphilis } We find no evidence of past { Rheumatism Tuberculosis Syphilis }  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

*W. A. Doherty* W. A. Doherty W. A. Doherty W. A. Doherty  
Member. President. Member. #36

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>18/4/18</u>	<u>-</u>	<u>8 Rossdolph</u> M.O.	<u>18/4/18</u>	<u>+</u>	<u>8 Rossdolph</u> M.O.
<u>12/7/18</u>	<u>+</u>	M.O.	<u>25/4/18</u>	<u>+</u>	M.O.
		M.O.	<u>7/5/18</u>	<u>+</u>	M.O.

Joined 17<sup>th</sup> day of April 1918 at Regina

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>7. D. B. S. R.</u>	<u>259209</u>		
Transferred to.....	<u>15th Canadian Res. Batta</u>			<u>17/4/18</u> <u>16 AUG 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

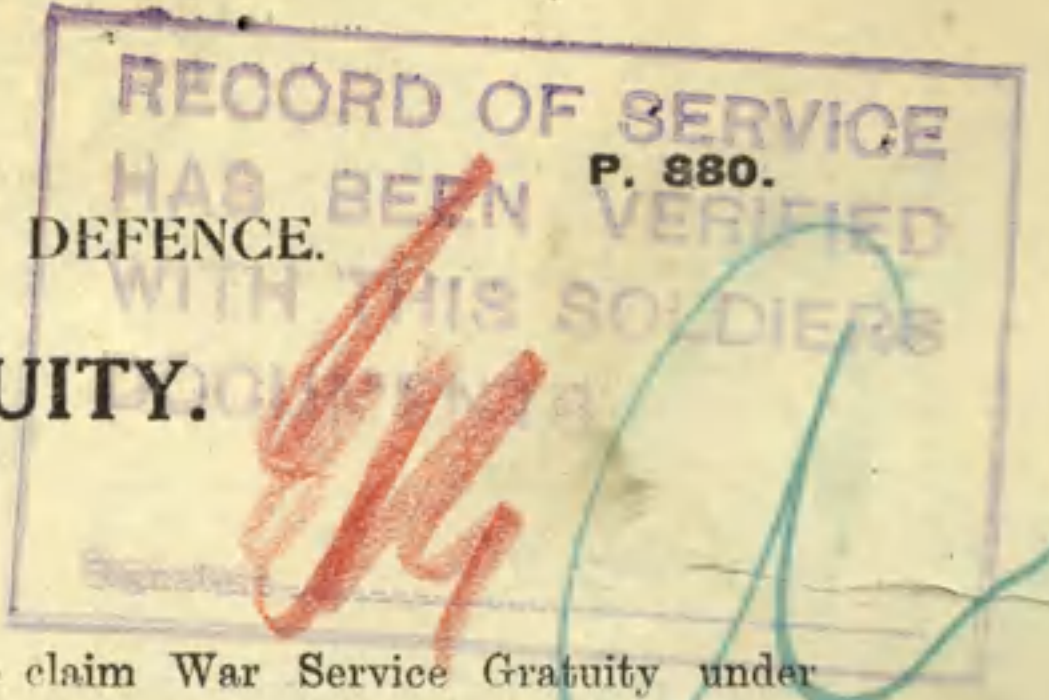
N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

No. 6  
Ord. to Schedule by

Signature of Man William Becker



WAR SERVICE GRATUITY.



Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

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 out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

13  
1404

1. Christian names William James 2. Surname Becker
3. Rank Pte. 4. Original Unit 1st Depot Batt<sup>n</sup> Sask. 5. Reg. No. 259209
6. Address, in full, to which future payments of gratuity are to be forwarded  
Post Office, Belgonie, Sask. ✓
7. Date of enlistment in the C.E.F. April 17th, 1918 ✓
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge No.
9. Relationship of such dependent No.
10. Address, in full, of such dependent No.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? No.
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—  
\_\_\_\_\_
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? \_\_\_\_\_
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. \_\_\_\_\_
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served  
4 months 1st Depot Batt<sup>n</sup> Sask.  
9 months 15th Can. Reserve Batt<sup>n</sup>
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department No.
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? No.

13 months

18. Have you had more than one enlistment? If so, give particulars and under what regimental numbers and units.

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no.*

20. Have you been issued with a War Service Badge? If so what class?

21. Have you, during the present war, served in the Imperial Forces? *no.*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no.*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no.*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *no.*

24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge (b) Reason for discharge.

**Demobilization**

**JUN 26 1919**

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?

(b) If so, are you in receipt of full pay and allowances from that Department?

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 under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *William Bucher, Belgoirie Lask*

Place of Residence: *15th Can. Reserve Batt<sup>n</sup>, Ripon, Yorks., England*

Declared before me at: *Ripon, Yorks., England*

This *26th* day of *May* 19*19* and 27 ARE LEFT UNANSWERED.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*[Signature]*  
Comdg.

**15th CANADIAN RESERVE BATTALION**

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct.

District Paymaster.

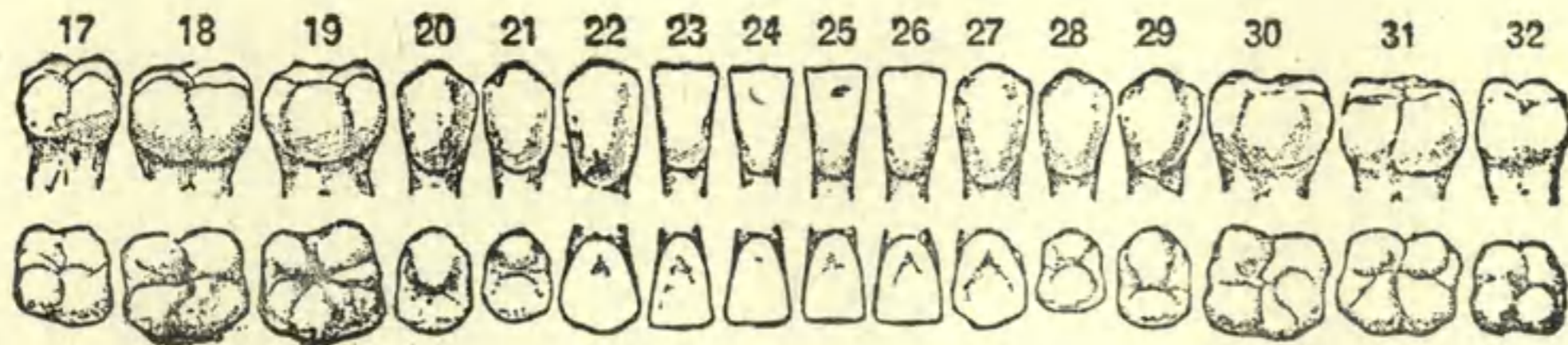
# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BECKER, W J

REGIMENT 15 Res BN RANK PL No. 259209

Date of Examination in England 22-5-19 Date of Examination in France \_\_\_\_\_



### PRESENT DENTAL REQUIREMENTS

1. FILLINGS 10, 14, 15, 17, 18, 20, 29.

2. EXTRACTIONS -

3. CROWNS -

4. DENTURES

(a) Full Upper -

(b) Part Upper -

(c) Full Lower -

(d) Part Lower -

*E. W. Mosman*  
 A.D.D.S., G.A.D.C., M.D. 12

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 -

Signature of Dental Officer [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



Rank \_\_\_\_\_ Name BECKER, William James. Reg'l No 259209.  
 Unit 106<sup>th</sup> Draft Sash Regt. If in perm. Corps, }  
 What Unit? } Married or Single Single.  
 Place and Date of Enlistment Regina Sask. 17/4/18. Place of Birth Killaloe. Ont.  
 Name and Address, Next-of-Kin Mary Arme Becker,  
Rocheport P.O. Ont. Relationship Mother

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship 14009  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_ Relationship \_\_\_\_\_  
 Category O.R. C&D

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. V., Ld.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<u>Arrived in England</u>	<u>15 AUG 1918</u>		<u>H.M.S. Cassandra.</u>
<u>23.8.18</u>	<u>15 Res</u>	<u>T.O.S FROM Canada</u>	<u>Bramshott</u>	<u>16, 8 18</u>	<u>Pt. II C 234</u>
<u>20.9.18</u>	<u>HQ. OMFC</u>	<u>Can AB. May proceed Overseas</u>	<u>London</u>		<u>HQ Int 917/71</u>
		<u>To be 1st Lt Cdn Inf Corps</u>			
<u>14.6.19</u>	<u>15 Res</u>	<u>S O S to Canada</u>	<u>Ripcn</u>	<u>14 6 19</u>	<u>Pt. II 104</u>
		<u>To Canada 85-0-287</u>		<u>14.6.19</u>	





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

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

350M.—5-16

H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Bttn. Sask. Regt. Company 3

Regimental No. 259209 Rank private Name William James Becker

Enlisted (a) 17/4/18 Terms of Service (a) DURATION OF WAR Service reckons from (a) 17 4 18

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) Military Nil Civ. Farmer

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	Remarks	
Date	From whom received		Place	Date
			<u>Embarked</u>	<u>mouth, 28 JUL 1918</u>
			<u>Disembarked</u>	<u>L'pool, 15 AUG 1918</u>
<u>AUG 22 1918</u>			<u>Taken on the Strength of the 15th Can Res Bttn.</u>	<u>GRAMSHOTT, 15 AUG 1918</u>
<u>14/6/19</u>	<u>S.O. 1516 RES. BN.</u>	<u>STRUCK OFF STRENGTH TO</u>	<u>RIPON</u>	<u>14/6/19</u>
			<u>REGINA DISPERSAL AREA "O"</u>	
			<u>T.O.S. R.O. 1/420</u>	<u>(D.D.O. 178 Part 1043)</u>
			<u>S.O.S. R.O. 11</u>	<u>(D.D.O. 11 Part 1044)</u>
			<u>MEDICALLY UNFIT, DEMOBILIZATION.</u>	
			<u>Lieut. C. B. Brewster</u>	

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

Casualty Form Active Service

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				

SURNAME.

Becker

CHRISTIAN NAMES

William, James

REGL. NO.

259209

RANK

Pte.

UNIT

Sask. Regt. 1st. Dep. Bn.

FORMER CORPS

26th

12.0

CARD NO.

Sol. 26-6-19  
FOLL. Desmolt  
No 178. 27/6/19  
12.0

T. O. S. April 7. 1918.

D.O. Part II No. 106

NEXT OF KIN.

NAMES IN FULL

Becker, Mrs Mary Anne

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Rocheport, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Killaloe, Ont.

DATE

May 16th 1891

PLACE OF ATTESTATION

Regina, Sask.

DATE

Apr 14th 1918

0/529-7-18

1351  
3

r/c 20-6-19 551 Pte  
132

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

A 9710

REG. NO. 259209 NAME Becker W  
(SURNAME FIRST)

RANK Pte CORPS 1 DBSR

AGE 26 SERVICE ✓

NAME OF HOSPITAL Mil Isolation PLACE Regina

DATE OF ADMISSION 20-5-18

DISEASE Measles

DISCHARGE 8-6-18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD



*W* LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

*B*

Number... *259209*

Rank... *Pte.*

Surname... *BECKER*

Christian Name... *William James*

Unit... *S R* Theatre of War... *England*

Date of Service... *15-8-18*

Remarks...

Latest Address... ~~*Balgownie Lark*~~  
*Rochedort P.O. Rentrweg, Ont.*

Roll No. *A*

*Page 322*

NAME

REGT. No.,

RANK AND UNIT

NEXT OF KIN

CABLE

NATURE OF CASUALTY

No.

DATE

DESP FEB 27 1922  
REGN. N. *W* 72/59



**LIST OF DISCHARGE DOCUMENTS.**

- Attestation Paper, Triplicate ..... Militia Form W. 23
- or Particulars of Recruit ..... Militia Form W. 133
- Field Conduct Sheet ..... Militia Form W. 178 or A.F.B. 122
- Casualty Form ..... Militia Form W. 54 or A.F.B. 103
- Last Pay Certificate ..... Militia Form W. 44
- Certificate that missing documents are unobtainable .....
- Medical History Sheet ..... Militia Form B. 313 or A.F.B. 178
- Proceedings of Medical Board ..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
- Dental History Sheet ..... Militia Form B. 465
- Medical Report ..... M. F. W. 129 or D. M. S. 1375
- Regimental Conduct Sheet ..... Militia Form B. 263
- Company Conduct Sheet ..... Militia Form B. 263a

Group..... *a*  
 Checked by No. *22*  
 Date..... *14/6/19*

WAR SERVICE BADGE

CLASS No. *1*

SHORT FORM

*0-12*

PROCEEDINGS ON DISCHARGE.

Dispersal Area No. .... (Demobilization.)

Occupational Group No. *7*

1. No.	<i>259209</i>	<i>Emb'd S'hton Ag' 14 6 '19</i>
2. Rank.	<i>Private</i>	<i>Debr'd Halifax 20 6 '19</i>
3. Name.	<i>Becher, W.</i>	
4. Unit.	<i>15th Gen Ass Batta IDRS</i>	
5. Date of Discharge	<i>REGINA, SASK. JUN 26 1919</i>	Place
6. Reason for Discharge	<i>On Demobilisation</i>	
	<i>Category as Next of Kin Mother</i>	
	<i>Religion Baptist</i>	
	<i>Occupation Well Driller</i>	
7. Authority.	<i>RO 1420 (D.D.O.) 78 Par 20.1.4</i>	
8. Proposed Residence after Discharge	<i>Balgownie Sask</i>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate		
M. F. W. ? .....		
		<i>Rec. Ker. G. J.</i>
Signature of Soldier.		
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place	<i>Dispersal Station 103</i>	
Date	<i>JUN 26 1919</i>	
<i>W. Bradburne</i>		
Signature		<i>MAJOR (O. C. Discharging Unit.)</i>

File B. 11404

Aquitania 20/4/19

AUDITOR PAYMASTER

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

REGT. No. 259209 RANK Plt NAME (IN FULL) BECKER W.J.

M. OR S.

Form with fields for NEXT OF KIN, ADDRESS (Balgonie, Sask.), RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT C.E.F. (1st S.A.S.R.), PLACE OF ATTESTATION, TRANSFERRED TO, DATE, AUTHORITY, DATE OF ATTESTATION (17/4/18), ASSIGNED PAY \$ (NIL), DATE EFFECTIVE, PAYABLE TO, RELATIONSHIP, ANY CHANGE IN ASSIGNEE OR ADDRESS, ADDRESS, STOP PAYMENT FORM, DISCHARGED (Regina Sask 26/6/19), REASON (Demob), AUTHORITY (Do 178), IF ENTITLED TO POST DISCHARGE PAY.

Table with columns: MONTH, PAY AND F.A. (NO. OF DAYS, RATE, AMOUNT), OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1, 2, 3), CASH PAYMENTS (ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES), TOTAL DEBITS, BALANCE (DEBIT, CREDIT), PARTICULARS OR REMARKS. Includes handwritten entries for 3/6/19, 1/6-4/7, 122, and 280, with a red line through the 1/6-4/7 section.

I certify that all payments due on this account have been completed.

Stamp: DISTRICT AUDITOR OCT 18 1919



