

BB 1988-19
8

NAME **BIERS** *William James*

REGT. NO. *2383504*

UNIT *1st Inf Br 7th*

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NOT EFFECTIVE BY

DEATH

2 ATTESTATION PAPER (M.F.W. 23, 133, or 51) *4*

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

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

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

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

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

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

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

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

1 MEDICAL EXAMINATION (M.F.W. 129)

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

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

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

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

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

PARTICULARS OF CHARACTER (A.F.W. 3225)

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

2 *CD3*
1 R122

M

H

Category

DISCHARGE

Category

Remo

DESERTION

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

COPY

(Class 1)

1. Surname.....Piers
2. Christian name.....William James
3. Present address.....Dunfermline, Saskatchewan, Canada.
4. Military Service Act letter and number.....696677 T.C.
5. Date of birth.....4th February, 1886
6. Place of birth.....North Bay, Ontario, Canada.
(town, township or county and country)
7. Married, widower or single.....Single
8. Religion.....Presbyterian
9. Trade or calling.....Railroad Bridge Repairer
10. Name of next-of-kin.....William Piers
11. Relationship of next-of-kin.....Father
12. Address of next-of-kin.....Dunfermline P.O., Saskatchewan, Canada.
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.....Rainy River, Ontario, Canada.
(b) Date.....29th October 1917
(c) Category.....II

DECLARATION OF RECRUIT

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

Wm Jas Piers (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....31 yrs.....0 mths.
Height.....5 ft.....60 ins.
Chest measurement } fully expanded.....36 ins.
range of expansion.....34 ins.
Complexion.....Dark
Eyes.....Blue
Hair.....Brown

Distinctive marks, and
marks indicating con-
genital peculiarities or
previous disease.

N41

O. C. Major

O. C. "H" Coy. 1st. Depot. Battalion,
Manitoba Depot Bn.

Regt.

Place.....Port Arthur, Ontario, Can Date.....3rd January, 1918

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No. 2383504 (Rank) Private
Name (in full) William James Biers enlisted in
the 1st Depot Battalion Manitoba Regiment
CANADIAN EXPEDITIONARY FORCE at Port Arthur on the 3rd
day of January 1918
HE served in Engaged with 18th Reserve Batta
Demobilization.
and is now discharged from the service by reason of
~~Medical Unfitness.~~

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

Age 33
Height 5 ft 6 1/2 inches
Complexion dark
Eyes blue
Hair brown

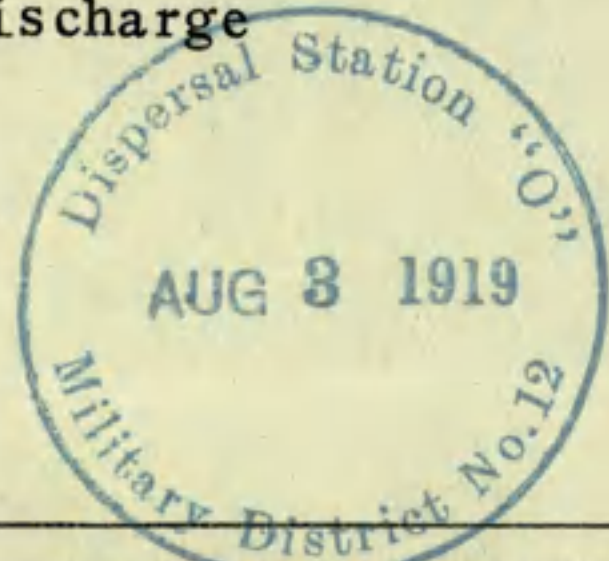
Marks or Scars.....

Nil

W. J. Biers
Signature of Soldier.

H. J. G. G. G.
Issuing Officer.

Date of Discharge



CAPT.

Rank

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.

CANADIAN ARMY DENTAL CORPS

DISTRICT.....10

NAME OF SOLDIER.

Piers, William James

Privato

REGIMENT.....
 "H" Coy 1st Depot Battalion.....
 "Antitoxa" Regiment.....

RANK.

No..

2383504

Condition on first Examination	Date	Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyorrhea	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
												U	L	P			Gold	Porcelain				
	1918 January	2 13/14 15/18 2827 8081.32									19									Ag B. Koning Jas G. Steice Capt. U.S.A.		

INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

Rank *NEC* Name *BIERS William James* Reg'l No. *2383504*
 Unit *81st Lft. Man.* If in perm. Corps, }
 What Unit? }
 Married or Single *Single*
 Place and Date of Enlistment *Port Arthur Ont. 3/1/18* Place of Birth *North Bay, Ont.*
 Name and Address, Next-of-Kin *William Biers*
Dunfermline P.O. Sask. Relationship *Father*

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$ Payable to

Relationship

Discharge, Date and Place

Reason

Character

H. W. & V., Ltd.—9546-16.

N/E. R.B. N. *26686.*
 File R.L.
 Category *O.R. Can*

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>Arrived in England</i>	<i>AUG 15 1918</i>	<i>W.M.I.</i>	<i>Hellore.</i>
<i>24. 9. 18</i>	<i>18 Res</i>	<i>T.O.S FROM Canada</i>	<i>Seaford</i>	<i>16 8. 18</i>	<i>St. II Q 267</i>
<i>10. 12. 18</i>	<i>18 P/20</i>	<i>On Com H 26 M Fb. London</i>	<i>P. Seaford</i>	<i>10 12-18</i>	<i>P 344</i>
<i>5 6 19</i>	<i>MRD</i>	<i>TOS FROM. 18 Res Witley</i>	<i>1-6-19 DO</i>	<i>155 18 DO</i>	<i>153 2 8 19</i>
<i>8-7-19</i>	<i>---</i>	<i>Ceases % to 0 m F.C. H.Q.</i>	<i>"</i>	<i>pte</i>	<i>7-7-19 DO 189</i>
<i>10-7-19</i>	<i>Paving</i>	<i>TOS for R.T.L.</i>	<i>"</i>	<i>"</i>	<i>9-7-19 2064 V MRR 2013 7/19</i>
<i>22-7-19</i>	<i>Paving</i>	<i>SOS to Canada</i>	<i>"</i>	<i>"</i>	<i>18-7-19 DO 71</i>
		<i>Canada 98 P 63</i>		<i>18.7.19</i>	

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

RECORD OF SERVICE
HABITUAL
WITH
P. 880.ED
IERS

Signature

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.

1. Christian names *William James* 2. Surname *Biers*
3. Rank *Sgt* 4. Original Unit *1st Depot Bn. C.M.F. Regt.* 5. Reg. No. *2383504*
6. Address, in full, to which future payments of gratuity are to be forwarded
*Canadian Bank of Commerce,
Ottawa, Sask*
7. Date of enlistment in the C.E.F. *3-1-18*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Nil*
9. Relationship of such dependent *not applicable*
10. Address, in full, of such dependent *not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
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 *in Canada 7 ms
1st Dep Bn C.M.F. Regt in England 11 ms 18th Res Bn
Total 18 ms*
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*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistment, and under what regimental numbers and units. NO
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? Not applicable
- (b) If so, was such reversion in consequence of misconduct or inefficiency? Not applicable
24. ~~Are you now serving in the C.E.F.? If not, give: (a) Date of discharge (b) Reason for discharge~~
- Demobilization AUG 3 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: W. J. Biers

Place of Residence: Quinermine, Sask

Declared before me at: London

This second day of July 1919

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

Questions 12, 13, 14, 20, 24, 25,
26 & 27 are unanswered.

W. J. Biers
LIEUT. COL. D.A.A.G.
COMMANDANT HEADQUARTERS, O. M. F. of C.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

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. 2383504 Rank Rt. Surname BIERS
(Given name in full)
WILLIAM JAMES
Unit or Corps H.Q. Dep. FC. Birthplace North Bay Ontario

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

I. GENERAL DESCRIPTION:

Physique good Weight 145 lbs. Height 5 ft. 6 1/2 in. Colour of Eyes Blue
Nutrition good
Pulse 72
Condition of arteries good
Vision Rt. 6/6 Left 6/6
Hearing (conversational voice) Rt. 25 ft.
Left 25 ft.

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

Opinion as to general health and physical condition Fit

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.

EXAMINATIONS

THIS SECTION FOR USE OVERSEAS—

Examined at Argyle House London (Overseas)

Date 2-7-19

Signed Thomas Campbell 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. Biers

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

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date

Signed W. J. Biers 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.)

MILITARY SERVICE ACT, 1917.

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 Biers Christian name William James
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 696677 T.C.
3. Consecutive number on schedule of men reporting for service (if he appears on it) 43
4. Address (including street and number, if any) Port Arthur, Ont.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 29 day of Oct. 1917, by the undersigned medical board sitting at Rainy River

5. Age as stated 31 Years 8 Months. 6. Apparent age - Years - Months
7. Height 5 Feet 6 1/2 Inches. 8. Weight 145 Pounds.

9. Chest measurement { Minimum 33 1/2 Ins. Maximum 35 1/2 Ins. 10. Complexion Dark { Eyes Blue Hair Brown

11. Physical development Good { Good Fair Poor 12. Smallpox marks -

13. Number of vaccination marks { Right arm 1 Left arm 1 14. When vaccinated last Childhood

15. Distinctive marks and marks indicating congenital peculiarities or previous disease -

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

7 { R } 20/20

W. McCarr. Capt. President.
McBurke Capt. Member.
Macaulay Capt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>29-6-18</u>		<u>McCarr</u> M.O.	<u>15-6-18</u>		<u>McCarr</u> M.O.
<u>29-6-18</u>		<u>McCarr</u> M.O.	<u>22-6-18</u>		<u>McCarr</u> M.O.
<u>29-6-18</u>		<u>McCarr</u> M.O.	<u>29-6-18</u>		<u>McCarr</u> M.O.
		<u>7/11/18 T.A.B.</u>			<u>Robt Hartman</u>

Joined Rail 3rd day of January 1918 at Port Arthur, Ontario, Canada.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>1st Depot Batt'n M.R.</u>	<u>2383504</u>		<u>3rd January, 1918</u>
Transferred to.....	<u>*81 Draft, 18th Res. Bn.</u>		<u>AUG 16 1918</u>	<u>3-7-18</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Argyle House, London</u>	<u>2-7-19</u>	<u>Til.</u>	<u>Fit. A. Thomas or Campbell Capt. Amc</u>

Surname.

[illegible]

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

BIERS, W. J.

REGIMENT

Q. M. 20th - 1st

RANK

Pte

No.

2383504

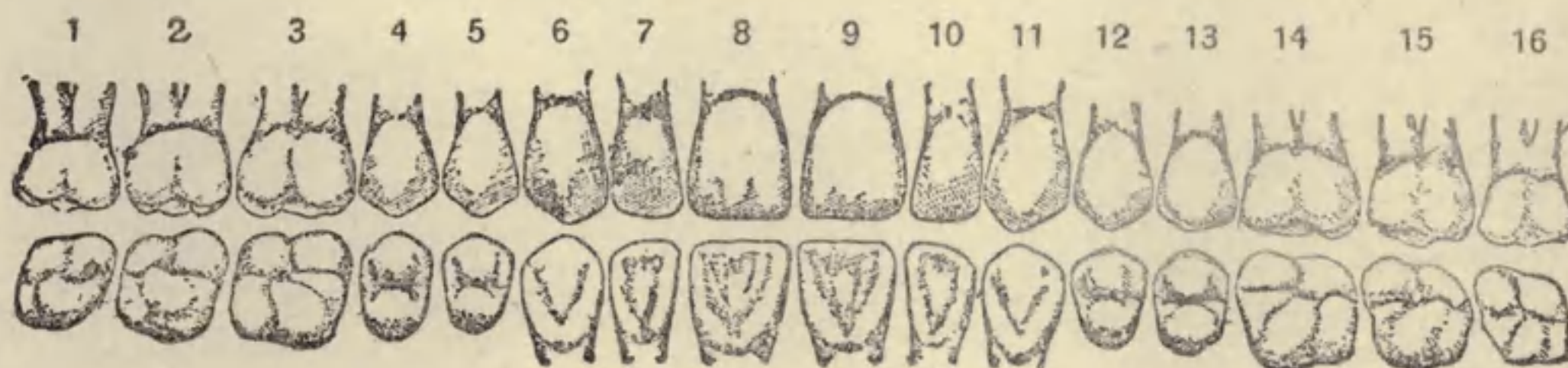
Date of Examination in England

27/19

Date of Examination in France

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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

No

2. EXTRACTIONS

No

3. CROWNS

No

4. DENTURES

(a) Full Upper

No

(b) Part Upper

No

(c) Full Lower

No

(d) Part Lower

No

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

No

(b) In England

No

(c) In France

No

Signature of Dental Officer

John T. ...
Major
Case

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

Casualty Form—Active Service.

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

250M.—1-16.
H. Q. 1772-39-920.

Unit, Regiment or Corps "H" Coy. 1st Depot Battalion, M.R.

Regimental No. 2383504 Rank Pte Name Biers, William James

C. E. F.

Enlisted (a) 3-1-18 Terms of Service (a) Period of War Service reckons from (a) 3-1-18

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

Civil : Skilled Laborer

Extended _____ Re-engaged _____ Qualification (b) Military : Nil

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				
		Transferred to No. 81 Overseas Draft		3-7-18	<i>A. H. Martin</i> Major O/C "H" Coy. 1st Depot Battalion Manitoba Regiment
		Embarked. 4.8.18. Disembarked 15.8.18.			
24-9-18	18th. Res. Btn.	Taken on strength on arrival from Canada	SEAFORD	16-9-18	Pt. II. I. O. No. 267
10-12-18	18th. Res. Btn.	On command HQ H.M. G. O. F. C., London	SEAFORD	10-12-18	Pt. II. I. O. No. 344 Capt. & Adj., 18th. Cdn. Res. Btn.
11-12-18	H.Q. M. F. C.	attached to H.Q. M. F. C. for duty as orderly	London	10-12-18	Pt. II. I. O. 290.
8-7-19	do	Order to be attached H.Q. M. F. C. on return to man. R. D.	do	7-7-19	Pt. II. I. O. 156 CAPTAIN & ADJUTANT, H.Q. O.M.F.C.

(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.

[P.T.O.]

[illegible]

Date of Enlistment

3-1-18

MILITIA AND DEFENCE

B 20187

Date of Assignment

Separation and Assigned Pay Branch

1st. Aug. 18.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 2383504

Rank Pte Promoted

Reverted

Discharge

Soldier's Name

William James Biers

Battalion

1st. Depot Bathn. Man. Regt. 10ft. 81.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

MRS. MARIE BIER, DUNFERMLINE, SASK.

15

15.00

% 2383504 PTE WILLIAM JAMES BIER, FIFTEEN DOLLARS

Date 1918

Cheque No.

Amount S/A

Amount A/P

Total

REMARKS

OCT

M 4464

45

45

A.C.O. 10751

NOV

A 61885

15

15

DEC

C 63641

15

15

JAN

Q 73049

15

15

FEB

A 80949

15

15

MAR

Q 91750

15

15

Apr

E 7928

15

15

May

B 7711

15

15

JUN

B 10555

15

15

July

B 11725

15

15

AUG

180

180

A.C.O. 10751 - #45 - A.P. from 1/8/18 to 31/10/18 - Mailed 7/11/18

A/c Closed 31-12-19
 Ret'd per Wm. J. Biers
 28-1-19
 M. F. W. 128
 110/1062B
 AUDITED 28/1/19

AUTHORITY N. R. M. W. 10-B-2
 FOR
 NEW ACC'T. R. Raymond 25-10-18

E. m. W.
Number

2383504

Rank

Pte

RP

Surname

BIERS

Christian Name

William James

Units

M. R.

Theatre of War

England

Date of Service

15/8/18

Remarks

Latest Address

G. P. O.

Dumfries

Dask

Roll No.

A page 4072

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

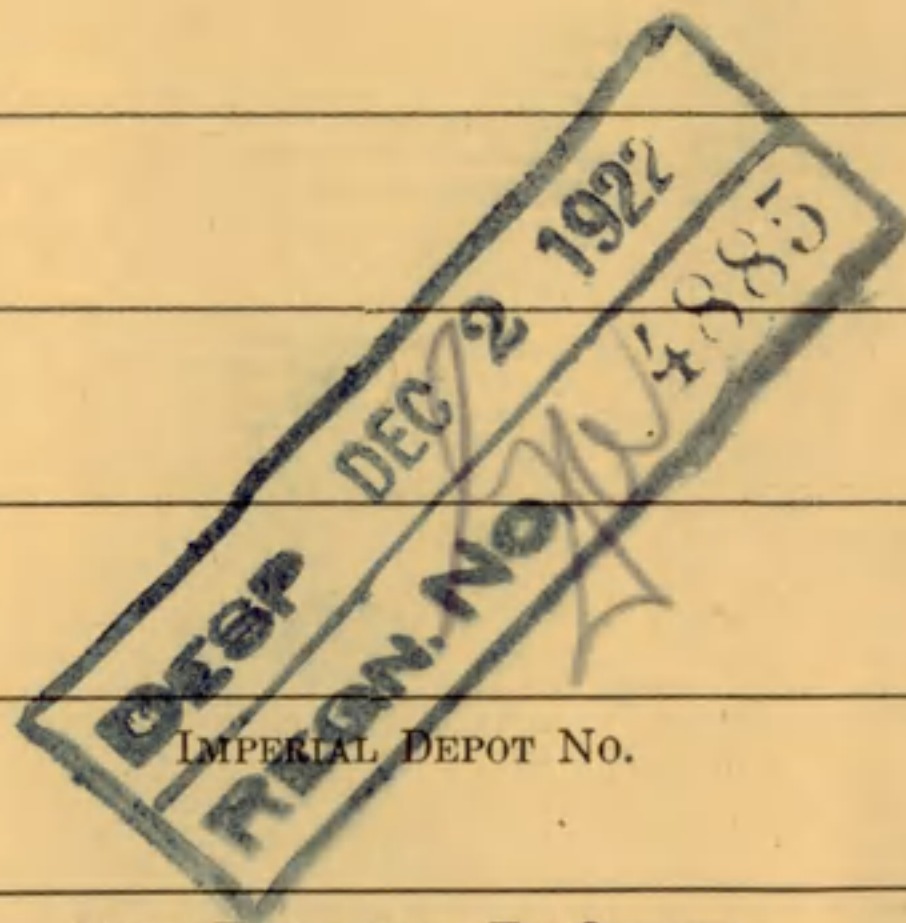
PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

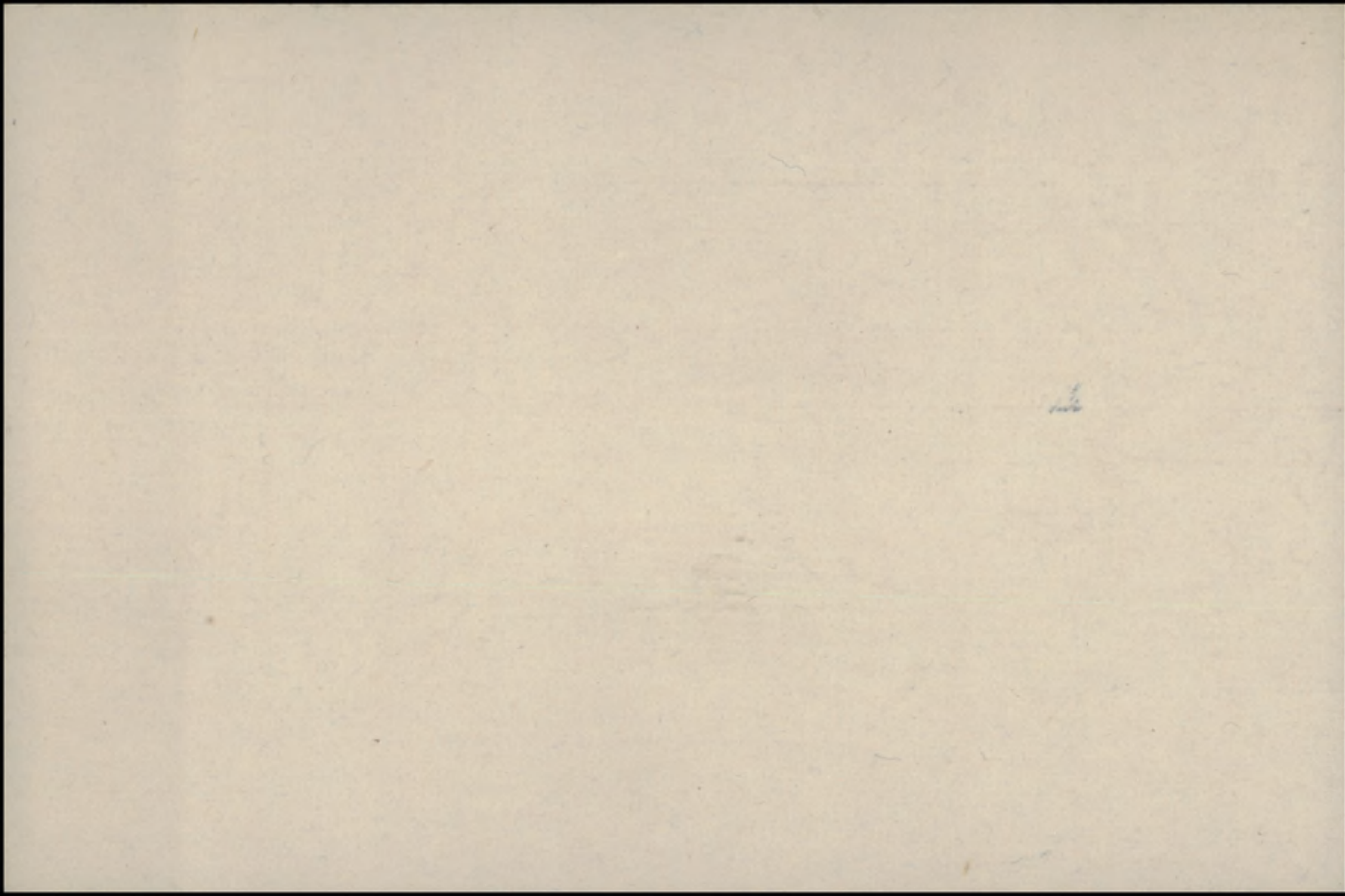
DATE FORWARDED TO OTTAWA



H. Q.
M. D. No. ~~NO~~ PT
Surname Biers T. O. S. Jan 3rd 1918
Christian names William James D. O. Pt. II. 19 of 19-18
Regtl. No. 2383504 Rank Pte S. O. S. Dis 3-8 1919
Unit Man Regt 1st Depo Bn Reason Demob
Auth. on 217 of 5.8.19
1200

Next of kin Biers William Relationship Father
Address Dunfermline, Sask Also notify:
.....
.....
.....

BORN—Place Canada North Bay Ont Date Feb. 4th 1886
ATTESTED—Place Port Arthur, Ont Date Jan. 3rd 1918
O/S R/C 28-7-19 379 Pte
78



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

AUDITOR

PAYMASTER ✓

M. OR S.

REGT. NO. *2383504* RANK *Plt*

NAME (IN FULL)

BIERS. W. J.

(BLOCK LETTERS SURNAME FIRST)

BALANCE
FROM
PREVIOUS
ACCOUNT

100M-1-19.—L. L. 53962-M. & D. 9723.

M. F. W. 2596.
1772-39-1390.

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

1. Duplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 183).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 813 or A.F.B. 110).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 134).
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 39)
(Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Personal Certificate (C.D.3).
11. Equipment and Clothing Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No.

Date **18 JUL 1919**

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

D. A. _____
O. G. _____

M

1. No. 238 3504.

2. Rank Pte

3. Name BIEERS Wm James

4. Unit 48th Bn M.C.K.

5. Date of Discharge REGINA, SASK. AUG 3 1919 Place Saskatoon

6. Reason for Discharge Demobilization
DEMOMOBILIZATION

7. Authority R.O. 1420 (D.D.O. 217 Para 303) H.M.T.S. WINIFREDIAN EMBARKED 18-7-19

8. Proposed Residence after Discharge G.P. Odumfermline Sask.

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. ?
X Wm Jas. Biers X
Signature of Soldier.

10. CONFIRMATION.
The discharge of the above named man is hereby confirmed.
Place
Date
Signature H. J. [Signature]
(O.C. Discharging Unit.)

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:-							
EFFECTIVE DATE:- 1/8/18.		EFFECTIVE DATE:-		BIERS. Wm. Jas. 518							
AMOUNT:- 15 ⁰⁰		AMOUNT:-		NUMBER:- 2383504.							
NAME, ADDRESS, RELATIONSHIP & AUTHORITY				PARTICULARS OF RANK OR APPOINTMENT							
Mrs. Maria Biers. (Mother) Dunfermline P.O. Sash. Can.				AUTHORITY R.P.C. DATE EFFECTIVE 10/12/18. RANK OR APPOINTMENT Pte							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UNIT AND TRANSFERS							
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK				ORIGINAL UNIT:- 5th Lt. 18th Dep. Bn. M.R.							
DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT				DATE ACCOUNT FIRST OPENED:- 1/8/18.							
4/7/19 ✓ London 14 60 10/7/19 9197 P. Wing 24 33				AUTHORITY 11th Res DATE EFFECTIVE 1/2/19 DATE LEDGER SHEET T.S.P.D. 16-8-19 UNIT TRANSFERRED TO NEH							
PARTICULARS OF RENDERING NON-EFFECTIVE				DAILY RATES OF PAY AND ALLOWANCES							
Trans 16 Canada 1/8/19 P.Wing 11/7/19 M.H. 12. Witley NR 11659-L.P.C. Dr Blmce #6 88				AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE							
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
31/7/18	Bal fr. Can.								24 10		
Aug	Pte Pay	34 10		BAP				15			
		34 10		AR 1 20/8/18 Bousley	487			15	38 33		
SEP		33 -		BAP				15			
		33		849 2/9/18	487			15	51 46	Acct. Agreed	
Oct	✓	34 10		AR 1734. 18 RES. 3.10.18	2433			15			
		34 10		✓ 1936 ✓ 14.10.18	973						
		34 10		✓ 2074 ✓ 28.10.18	14 60			15	21 90	Acct. Agreed 31/10/18	
Nov		33 -		AR 2201. 11/11/18 18 Res	973			15			
		33		940057 B453. 18 RES. 6.11.18	1 67						
Dec		34 10		AR 2439. ✓ 25.11.18	973			15			
Jan	✓	34 10		80750 London. 10.12.18	14 60			15			
		101 20		AR 88551 H.Q.-L.A.O. 18.12.18	3893			45	3 44		
Feb	Sub. Allow. 10/2/18 to 31/12/18. 22 days	22		AR 3660 L.A.O. 10-1-19.	2433				1 11		
	1/1/19 to 31/1/19. 31 days	4650		BAP				15	32 61		
	P.A.	7280		AR 15786 L.A.O. 23-1-19.	3407				71 34		
		8060		AR 34345 L.A.O. 14-2-19.	3407			15	37 27		
Mar	P.A.			BAP					102 87		
				AR 113377 L.A.O. 3-3-19	3407				68 80		
				AR 49248 ✓ 13-3-19	3407				34 73		
				AR 56354 ✓ 26-3-19	3407				66 1		
					19468			30			

NUMBER 2383504

RANK

Pte

NAME

BIERS W.J.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1919				Food.					66		
Apr	Pra.	78		cap.				15	63 66		
				AR 61353. Loo. 10-4-19	31 07				29 59		
				AR 66291 1 29-4-19	29 20				39		
May	Pra	80 60		bal.				15	65 99		
				AR 69881 1 15-5-19	31 07				31 92		
				AR 72415 29-5-19	29 20				27 2		
		158 60			126 54			30			
June	Pra	78		bal.				15	65 72		
				AR 74574. 12-6-19	31 07				31 65		
				AR 75487. 19-6-19	18 67						
				AR 76780 26-6-19	29 20				24 5		
July	Pra	34 10		bal.				15	21 55		
	Subs. 11 7/19 1/2 7 7/19 4 days @ 150.	10 50							32 05		
		122 60		AR 78207. 4-7-19	14 60				17 15		
					77 87			30			
				AR 9197. Paving 10-7-19	24 33				6 88		
					24 33						
				LoS.							

O.O.S. TO CANADA
O.LIST N° 98 18.7.19

2.72
122 60
125.32
6.88
132.20

63.27
30.00
33.93
132.20
98.27

Dr. Blue 46.88

58.93
32.05
6.88