TRIPLICATE

ATTESTATION - PAPER.

No. 2 CONSTRUCTION, R'A. C.E.F.

No.

Folio. 931624

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Williams
1a. What are your Christian names? ..... Henry
1b. What is your present address? ..... Windsor Ont.
2. In what Town, Township or Parish, and in what Country were you born? ..... Shaw Miss. U.S.A.
3. What is the name of your next-of kin? ..... Emma Robinson
4. What is the address of your next-of-kin? ..... Shaw Miss. U.S.A.
4a. What is the relationship of your next-of-kin? ..... Mother
5. What is the date of your birth? ..... 8th. June 1895.
6. What is your Trade or Calling? ..... Waiter
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? ..... No
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, Henry Williams, 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.

His mark X

Henry Williams (Signature of Recruit)

Date Nov. ~~8th.~~ 11th 1916. J. H. Muston (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry Williams, 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.

His mark X

Henry Williams (Signature of Recruit)

Date Nov. ~~8th.~~ 11th 1916. J. H. Muston (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 Windsor Ont. this ~~8th.~~ 11th day of Nov. 1916.

Samuel G. Chapman (Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Henry Williams on Enlistment.

Apparent Age 21 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 11 ins.

Chest measurement: Girth when fully expanded 36 ins.
Range of expansion 2 ins.

Complexion Dark

Eyes Brown

Hair Curly

Religious denominations:
- Church of England
- Presbyterian
- Methodist
- Baptist or ~~Congregationalist~~ Yes
- Roman Catholic
- Jewish
- Other denominations (Denomination to be stated.)

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).

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 Nov. ~~8th~~ 11th 1916. [signature]

Place Windsor Ont. Lieut. C.A.M.C.

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.

Henry Williams 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.

C. H. Reis Capt for Lt-Col (Signature of Officer)
Commdg no 2. Contr. Bn. C.E.F.

Date NOV 17 1916 191 .

REGIMENTAL DOCUMENTS

NAME Williams, Henry Pte REGT. NO. 931624 UNIT 2nd Cos Bn H. Q. FILE NO.

S

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	mam 14/3/19	~~Comp to B.P.C.~~	25/2/20	B.P.C. Spec. 1840	~~DEATH~~
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	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)					DISCHARGE
1	DENTAL HISTORY SHEET (M.F.B. 465)		BPC	5/5/20	Spec - 6090	Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
2	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)					~~DESERTION~~
2	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. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	M.T.W. 2571					
2	Miscellaneous					
1	M.T.W. 192			23482		
1	Medal Card					42-30.
1	3122					4-30
1	Well (R)	26-7-22				6-30
			10392			4.

H

W. 2589
100M-11-18
1772-39-1377

FORM R. 149.
7106—250m—7/2/17.

Name WILLIAMS. Henry Rank Pte Reg. No. 931624

Unit 2nd Const Bn

Next of Kin USA.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29.10.14	Jura H. LaJonse 15880	(Jura)	Indigestion	A	~~59~~ 60	0
31.10.14	Discharged 15880		do	A	~~59~~ 60	0

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

No. 931624 RANK Pte. NAME Williams. Henry.

T.O.S. 11-11-16 UNIT No 2. Construction Battalion.

D.O.80 17-11-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Nov. 11.	1916 Nov. 30	✓		
Dec		✓		
1917 Jan	1917	✓		
Feb.		✓		
Mar.		✓		

FORM R. 149.
7106—250m—7/2/17.

Henry.

Name WILLIAMS. Rank Pte. Reg. No. 931624.

Unit 2nd Const. Co.

Next of Kin U.S.A.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
28-12-17	Jura H. Champagnole 18005	Jura	VDS	A116		
3-1-18	Discharged 18240		VD SC	A110		

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

CARD NO. 4

SURNAME. Williams.

CHRISTIAN NAMES Henry.

FOLL. S.O.S. Dis. 12-2-19 4 Demob. S.O.R. II 45 of 14-2-19 D.D.4

REGL. No. 931 624. RANK Pte.

UNIT No. 2. Construction Bn.

FORMER CORPS Nil.

NEXT OF KIN.

NAMES IN FULL Robinson, Mrs. Emma.

RELATIONSHIP TO SOLDIER Mother.

ADDRESS Shaw, Miss. USA.

CHANGE OF ADDRESS

COUNTRY OF BIRTH U.S.A. Shaw, Miss. DATE June 8th 1895.

PLACE OF ATTESTATION Windsor. Ont. DATE Nov. 11th. 1916.

R/c. 25-1. 19. 25.6 / 64. 4

L. L. 6945. M. & D. 6994.

M. F. W. 22. 100M.—8-16. H. Q. 1772-39-339.

From Halifax per S.S. "Scotland" 28/3/17

MARRIED SINGLE Yes. WIDOWER

TRADE OR CALLING Waiter. RELIGION Baptist.

DESCRIPTION.

APPARENT AGE 21. YEARS 6. MONTHS

HEIGHT 5. FEET 11. INCHES

CHEST MEASUREMENT 36. INCHES EXPANSION 2. INCHES

COMPLEXION Dark. EYES Brown. HAIR Curly.

DISTINGUISHING MARKS Not stated.

MEDICAL EXAMINATION. PLACE Windsor, Ont. DATE Nov. 11th 1916.

Present Address - Windsor, Ont.

REG. NO. 931624 NAME (SURNAME FIRST) Williams. A.

RANK Pte CORPS Con. Batt. No. 2.

AGE 21. SERVICE —

NAME OF HOSPITAL Military PLACE London

DATE OF ADMISSION 20. 11. 16.

DISEASE Gonorrhoea

DISCHARGE 8. 12. 16.

OPERATION

DISCHARGED TO DUTY Yes.

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

86

Number 931624 Rank ~~Sgt~~ Pte

Surname WILLIAMS

Christian Name Henry

Unit 2nd C.O.R.C.C. Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address 12 South St
Philadelphia
U.S.A.

Roll No. Page 4145

NAME Williams, H.

REGT'L No. 931624

H. Q. FILE No. 649.

RANK AND CORPS Pte. 2 Bow.

FOLLOWS

No.

FOLLOWS

CABLE	
No.	Date

NATURE OF CASUALTY

L. L. 26438. M. & D. 8207.

M. F. W. 42—50M.—8-17.
H. Q. 1772-39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
a 60 (3)	Jura, La Jour, Jura	31-10-17.	Indigestion.
a 60 (3)	Discharged to Duty	31-10-17.	Indigestion. N.S. Regt.
a 85-2.	Jura, Champagnole, Jura	29-11-17.	N.Y.D. "Q" Stt. (" " ")
a 87	Discharged to Duty	2-12-17	Influenza
a. 106 (2)	Jura Champagnole Jura	28-12-17	V. D.
a 110	Discharged	3-1-18	V.D.S. C.

FORM R. 149.
7106—250m—7/2/17.

H. Surey

Name WILLIAMS. *Rank* Pte. *Reg. No.* 931624.

Unit 2nd Construction Co.

Next of Kin Usa.

1917.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
29-11.	Jura H. Champagne H.A.16935.	le Jura	N.Y.D."Q" SIT.	A85.		
2-12	Discharged to duty (19053)		Influenza	A87		

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

*Name WILLIAMS, Henry Rank Pte Regtl. No. 931624

Fyle Depot 19-W-377

Original unit 2nd Con. Bn. Present unit D.D.No.4 M. or S. M Age 23 Religion Bapt. Ref. H.Q.

Port, ship, and date of arrival Halifax, N.S. "Emp.of Br." 22-1-19.

Next of kin Emma Robinson, Shaw Missouri U.S.A. (M)

Address on leave C/O Soldiers Aid Committee Montreal

Address on discharge

Transportation issued Yes No Date Character on discharge

Previous occupation Waiter Date and place of enlistment Nov 11-16 Windsor Ont.

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
30-1-19	T.O.S. from O/S 12-1-19. Posted to Cas.Coy 23-1-19.	
	Fur W/S to 8-2-19.	30.

*—Name will be given in full; surname first.

(over)

Date.	Remarks.	Pt. 2 Order No.
14-2-19.	S.O.S. Discharged. R.O. 1420 Para. C. Demob.	
	effect. 14-2-19. Cat A	45

M.F.W. 192
150M—6-18.
1772-39-1243.

FORM D.M.S. 1300.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Williams,	H.	931624.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	NS. 2 Con.			

HOSPITAL — DATE OF ADMISSION

1. Jura. Hosp. La Joux. HOSP. 31.10.17.
2. Jura Hsp. Champagnole Jura HOSP. 29-11-17
3. " " " " " HOSP. 28-12-17
4. HOSP.

DIAGNOSIS Indigestion &

1 N.Y.D. Q Sll. Influenza &

2. V.D.S. &

3 V.D.S. C Rand.

DISPOSITION	DATE	REMARKS
C/ 12.10.17 a.60-3.		Dis to duty 31.10.17.
11-12-17 a. 85-2		
13.12.14 84		Dis to duty 2.12.14
8-1-18 a 106 (2)		
12.1.18. @ 110.		Dis - 3-1-18.

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

	Hospital	Adm.
1.		
2.		
3.		
4.		
5.		
6.		
7.		

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D. 4

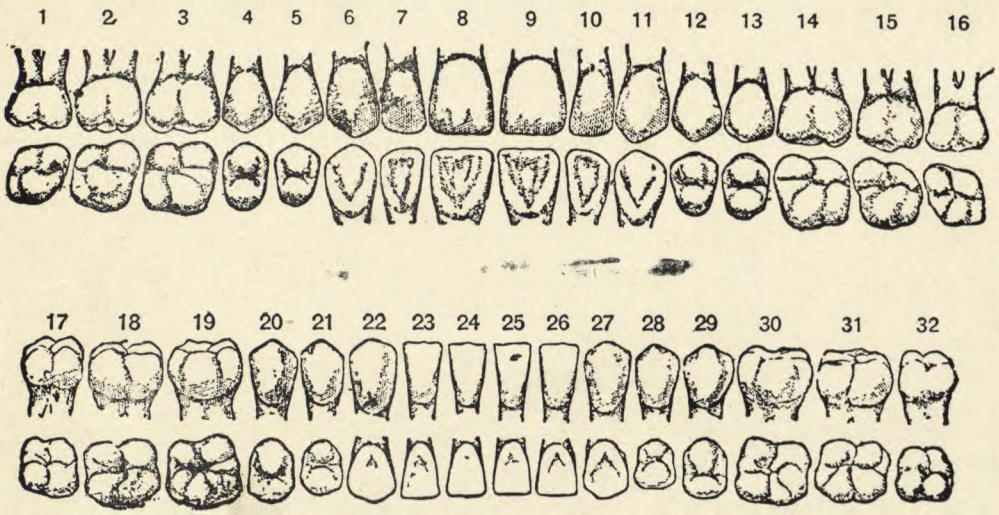
DIRECTIONS TO DENTAL OFFICERS

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.

NAME OF SOLDIER (Block Letters) WILLIAMS. H

REGIMENT #2 R.R. Construction RANK Pt No. 931624

Date of Examination in England 3-1-19 | Date of Examination in France



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (*a*) Full Upper
   - (*b*) Part Upper
   - (*c*) Full Lower
   - (*d*) Part Lower

Fit.

HAS HE EVER REFUSED DENTAL TREATMENT?

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 A Bostwick Capt

KINMEL PARK,
NORTH WALES.

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

Always

M. F. W. 54. (A. F. B. 1

350M.—5-16
H. Q.-1772-39-920.

Casualty Form—Active Service.

93162 A

Unit, Regiment or Corps #2 Const. Batt'n. C.E.F.

Regimental No. 931624 Rank Pte. Name Henry Williams

C. E. F.

Enlisted (a). Nov. 11th/16 Terms of Service (a). Duration of war. 4 months Service reckons from (a). 11/11/16

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). Waiter.

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				
		Embarked Canada.	Halifax	25/3/17	
		Disembarked England.	Liverpool Eng.	7/4/17	
	OC #2 Const Bn	Proceeded Overseas	Seaford	MAY 17 1917	H2 Const Bn Capt for Capt & Adjt
		Landed in France 17-5-17 N.R.			
21/5/17	O.C.	7 days F.P. No. 2. for. (1) Insolence to an NCO. (2) Hesitating to comply with an order	Fld.	21/5/17	B2069 O.C. 2.Q. 119. 25/7/17
21.5.17.	OC.	10 days 5 days pay for Making away with Iron Rations	do.	21.5.17.	B2069 Part II No 120. 26/7/17.

CERTIFIED CORRECT. MAY 16 JUN 1917 CAN. RECORDS, LONDON.

(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.

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				
9/8/17	OC.	15 days FP No 2 for awol for 10 pm 29/7/17 ~~till~~ apprehended by escort at 730 pm 1/8/17 out of Bounds. (4 days pay RW)	Flu	2/8/17	Brodg P/- 128. 15/9/17
29/10/17	Jura Hosp.	Indigestion	adm	29/10/17	W30341/B225
31-10-17	"	" Discharged.		31-10-17	W30341/B806
3/11/17	OC	Rejd Unit	Hd	31/10/17	B213
30-11-17	OC Jura hosp	adm NYD Sk	adm	29-11-17	W3034/W6527
1-12-17	OC unit	adm hosp		29-11-17	B213
3.12.17.	OC Jura hosp	Influ (Slt.) Discharged.		3/12/17	W3034/W6888
8/12/17	OC	Rejd unit from hosp.		7/12/17	B213
28.12.17.	Jura hosp	Chancroid (VD)	adm.	28.12.17	W3034/65776
29.12.17	OC unit	adm Jura hosp.		28/12/17	B213.
3.1.18.	Jura hosp.	Chancroid Slt. Discharged.		3.1.18	W3034-66422.
5-1-18	OC unit	Rejoined Unit from hosp		3-1-18.	B213.
5-1-18	OC Jura hosp.	Forfeits Id allowance & is placed under stoppage of pay at the rate of 50 cents per diem whilst in hospital from 28/12/17 to 3-1-18 (7 days)			a701643 dt 4/1/18 P29577 dt 15/1/18 B213.
30/10/17	OC Jura hospital	Forfeit-Id allce & 50 cents per day while in hosp from 11/8/17 to 30/8/17 (10 days) VDG.			P298 dt 13/2/18. a701643.

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

MLO 4

Officers leaving the Service upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.

Rank: Pte Name: William Henry Surname: WILLIAMS

Unit or Corps: 7th Res M.S.D. (If a soldier) Regtl. No. 931624

Born at: New Orleans on date: 8/7/1896

Signature (for identification): Henry Williams

The examination is to be made jointly by two Medical Officers.

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. none

Weight 165 lbs.

Height 5 ft 7½ ins.

2. **NUTRITION AND DIATHESIS?** normal

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. **NERVOUS SYSTEM?** no

4. **RESPIRATORY SYSTEM.** no

5. **HEART?** no

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 76 Intermittence or irregularity? no

6. **ARTERIES.**—Any hardening? no

7. **DIGESTIVE SYSTEM?** no

8. **GENITO-URINARY SYSTEM?** no

Urinalysis—S.G.? 1020 Reaction? Ac Albumen? no Sugar? no

9. **SKIN, MIDDLE EAR, EYE** or any other part? no

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. none

11. Opinion as to the health and physical condition of the one examined? good

Examined at: Jessimed Park Signed: W. W. Battle M.O.

Date: 11-1-19 Signed: J. B. Cummings M.O.

If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.

(YM)

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

CANADIAN EXPEDITIONARY FORCE.

LAST PAY CERTIFICATE

Regimental No. 931624 Rank Pte Name WILLIAMS Henry
(Surname first)

Unit 2nd Cons.Bn. who was* Discharged

On 12-2-19 191....., to
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 to 12-2-19 191...
the inclusive date of transfer or discharge.

Cr LPC	Dr.		Cr.	
Bal. Dr. or Cr. from prev. month			290	01
Regimental Pay 43 days at $ 1 c. 00			43	00
Field Allowance 43 days at $ c. 10			4	30
Separation Allowance				
Clothing Allowance			35	00
Post Discharge Pay			70	00
*Other Credits Subs.D.O. 30/6			13	60
Advances 200.81	25	00		
Separation Allowance and Assigned Pay Cheque No.				
*Other Charges				
Balance on transfer or on discharge, cheque No. 21855	430	91		
Total	455	91	455	91

*Give particulars.

A monthly stoppage of $ Nil (†) has (‡) been paid on account of

Assigned Pay for the month of 191.....
and Separation Allce. for month of 191..... } (to) Assignee

(Address)

(†) Insert amount to be assigned, whether it has been paid or not. (‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

Outfit Allowance of $ has been paid by Paymaster, Military District No.

REMARKS:—

State (1) date of enlistment 11-11-16 married or single

(2) Separation Allowance, entitled or not Nil (3) Reason for discharge

(4) Authority for discharge or transfer D.D.# 4. 19-W-377

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

MILITARY DIST. No. 4 FEB 11 DEMOBILIZATION PAY DIVISION

Date

Place

CAPTAIN-PAYMASTER
O.I.C.—Demobilization Pay Division—Military Dist. 4

Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT		Signature of Officer Making Payment.
			Dr.	Cr.	

931624 DUPLICATE

To be made out in duplicate.

I.Q. 54-21-23-53

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 ..... No. 2 CONSTRUCTION, B'n. C.E.F.

(2) Regimental Number 931624

(3) Full Name of Soldier ..... Williams Henry

(4) Place of Birth ..... Shaw Mississippi 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? .....

(8) Have you any children? .....

If so, give number of boys and girls .....

Also their names and ages .....

M. F. W. 67.

300M.—5-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? yes

If so, state name and address Shaw Miss. U. S. A.

(10) Is your Mother alive? yes

If so, state name and address Emma Robinson
Shaw Mississippi U. S. A

(11) If your Mother is a widow

Are you her sole support, or not? yes

(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? yes

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.

D H Sutherland LT. COL.
O. Comd'g No. 2 Construction Battalion, C. E. F.
Officer Commanding.

Date Nov. 13th/16

ORIGINAL

MEDICAL HISTORY SHEET

931624

Surname Williams Christian Name Henry

Examined on 8th day of Nov. 1916 at Windsor Ont.

Birthplace City or Town Shaw Miss. County Bolivar Cty.

Apparent age 21

Trade or occupation Waiter

Height 5 feet 11 Inches

Weight 170 lbs.

Chest measurement Minimum 33 inches Maximum expansion 36 inches

Physical development Fit

Small-pox Marks None

Vaccination Marks Arm Right Left Number None

When Vaccinated last Never

(a) Marks indicating congential peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection LEV 2/4 REV 2/4

Approved by C. L. Ligouri

Rank Lieut. C.A.M.C. M.O.

Date	Fit or Unfit	Examined for Re-Engagement	
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations	
15/4/17	L&R	S. Stepley	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
31/3/17	L&R	Dave Murray	M.O.
3/5/17	L&R	Dave Murray 2nd & 3rd in one	M.O.
			M.O.

Enlisted on ~~8th.~~ 11th day of Nov. 1916 at Windsor Ont.

	Corps	Regt'l Number	Habits	Date
Joined on enlistment No. 2 CONSTRUCTION, B'n. C.E.F.		931624		11/11/16
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

Station	Date	Disease	Result
Windsor, Ont.		on enlistment	Fit
F. K. Brimsdenuck Major, A.M.C.		Geo Thurs Capt., A.M.C.	H. Lawson Capt.
Hammell Park	11/1/18	Nil.	A. W. Bailey Capt.

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

M. F. B. 313.
500M.—3-16.
H. Q. 1772-39-439.

Surname Williams Christian Name Henry

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			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
		Day	Month	Year	Day	Month	Year				
London		20	11	16	8	12	16	Gonorrhoea	19	L.S. Recovered	J.B. Le Touzel

Certificate of Service

(Issued following loss of Permanent Discharge Certificate M. F. W. 39)

931624 Private

This is to Certify *that No.* WILLIAMS, Henry *(Rank)*

No.2 Construction Battalion

(Name in full)

11th

Enlisted in November 16

Canadian Expeditionary Force, on the CANADA ENGLAND & FRANCE *day*

No.2 Construction Battalion

of *19*

Montreal., P.Q.

He served in 12th February 19

and was discharged at DEMOBILIZATION *on*

the *day of* *19*

Good

by reason of

BRITISH WAR & VICTORY MEDALS

His conduct and character while in the Service were

23 Years

5'10½"

Dark

Brown

Dark

(Clyde R. Scott),
Major,
Director of Records

Address

649-W-26374

Ottawa 30th *day of* March *19* 31

H. Q.

M. F. W. 39d.
5M.—4-23
1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 931634 (Rank) Private

Name (in full) WILLIAMS, Henry. enlisted in

the No. 2 Construction Battalion,

CANADIAN EXPEDITIONARY FORCE at Windsor, ONTARIO. on the 11th,

day of November, 19 16.

HE served in FRANCE.

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 yrs. 8 mos.

Height 5 ft. 10½ ins.

Complexion Dark.

Eyes Brown.

Hair Curly.

Marks or Scars

Linear scar 1" long

on right forearm.

his Mark H. Williams

Signature of Soldier

Issuing Officer Lieutenant,

Officer i/c Discharge Section, District Depot No. 4.

Rank

Appointment

Date of Discharge February, 12th, 1919.

Signed at Montreal, QUEBEC. this 12th, day of February, 19 19.

in Military District No. 4.

File Reference No. DD6-19-H-277.

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

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

On demobilization the particulars called for on the back of this certificate will not be completed.

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. 931674 Rank Pte Surname WILLIAMS
(Given name in full) Henry
Unit or Corps H. D. D. Birthplace Shaw Miss U.S.A.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 165 lbs. Height 5 ft. 10½ in. Colour of Eyes Brown

Nutrition Good

Pulse 76

Condition of arteries normal

Vision Rt. 6/6 Left 6/6

Hearing (conversational voice) Rt. 20 ft.

Left 20 ft.

Identification marks, scars, or deformities. (Give cause and date of origin).
Lineal scar 1" long Rt forearm. ex tensor surface

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 Sytem yes 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.

V.D.G. London 20.11.16–8.12.16. Recovered
Evacuated from M.H.S.
no disability at present.
Fit for discharge under R.O. #1564
of Jan. 23. 19. Specialists report

(If space is insufficient, continue on back of form.)

[OVER]

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 Montreal (Canada)

Date 10. 2. 19 Signed A. Park Capt. 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.) Statement of Capt. Park

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

Form R 122.
2353—100M—9-12-16.

jJ.P. Rank | Name WILLIAMS, Henry | Reg'l No. 931624.

Unit No2. Const Bn. | If in perm. Corps What Unit? | Married or Single Single.

Place and Date of Enlistment Windsor. Ont. 11th Nov.1916. | Place of Birth Shaw Miss. U.S.A.

Name and Address, Next-of-Kin Emma Robinson.

Shaw. Miss. U.S.A. | Relationship Mother.

Assigned Pay Monthly $ | Payable to | Relationship

Separation Allowance $ | Payable to | Relationship

Discharge, Date and Place | Reason | Character

H. W. V., Ld.—9546-16.

Report. Date.	From whom received.	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.
		Arrived in England via S.S. Southland		7.4.17	Awrw.D.
14-6-17	2nd Corps	Arrived in France	Field	17.5.17	P.D. 115.
10.11.17	W.R. 2 Con	Tura Hospital	Pre Latour	31.10.17	Cha 60 Indigestion
"	"	Discha to Duty	" "	31.10.17	Cha. 60 "
10.12.17	"	Tura Hosp. Champagnole	- Jura	29.11.17	Cha. 85. Ty o a. Slt.
12.12.17	"	Discharged to Duty	" "	2.12.17	Cha. 87 Influenza
16.12.18	N.S.R.D.	T.O.S. from 2nd C.C.C.	" Bishoth	14.12.18	D.O. 305 + 71 O/ 19.12.18 2nd C.C.C.
27-12-18	N.S.R.D	O/C to C.D.D. Rhyl	- —	27.12.18	- 313
25.1.19	N.S.R.D.	Leave O/C to Rhyl Kilot C.C.C. Canada.	" Ripon	12.1.19	- 18

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.				

P. 559

Married or Single S.

Place of Birth Shaw. Miss. U.S.A.

Name and Address of Next of Kin Emma Robinson.
Shaw. Miss. U.S.A.

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

Admissions to Hospital, &c.

Date Admitted	Date Discharged	V. or A.	Name of Hospital
11 –	20 8/17.	V.	Jura. D.O.8 13/2/18.

Reg'l No. 931624 Rank Name Williams Henry

If in Permt. Corps What Unit Unit 2nd Con. Bn.

Transferred to Date Authority

Permanent Force Allowances Transferred to Date Authority

Place of Attestation Windsor Ont. Transferred to Date Authority

Date of Attestation Nov. 11th 1916 Transferred to Date Authority

Assigned Pay Monthly $ Date Effective

Payable to 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)

9

Date	Pay No. of Days	Pay Rate	Pay Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay A/S	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
											26 85	26 85																26 85				Bal from Canada
Ap 1/30.	30	1.10	33 00									33 00													– ,			59 85		15 –	44 85	
May 1·31	31	1.10	34. 10									34 10	50 23	1/5 19/4							9 73 4 86				– ,		14 59	79 36		30 –	49 36	
June 1·30	30	–	33. 00									33 00	78	14/5.							4 86				– –		4 86	107 50		45 –	62 50	
July 1-31	31	–	34 10									34 10													– –	5 50	5 50	136 10		60 –	76 10	Jo f'ts 5 ds pay. 21.5.17 D.O 120. 26/7/17.
Aug –	–	–	34 10									34 10					71 138 206 281 303	30/5 1/6 28/6 12/7 28/7							– –	7 70	7 70	162 50		75 –	87 50	7 ds F.P.2. 28.5.17. D.O 119. 25.7-17.
Sep 1·30	30	–	33 –									33 –											3 57 3 57 3 57 3 57 3 57		— —	20 90	38 75	156 75		90 –	66 75.	Sta 15 ds F.P.2.-2-8-17, 4 for 4 ds pay Rvd D.O.125. 15 8/17 a.w.l. 29/7 – 1/8/17.
			201 30								26 85	228 15									19 45		17 85		– –	34 10	71 40	156 75				

Month	Particulars	Cr. 1	Cr. 2	Particulars	Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance	Deferred Pay	Sep. Allce. Eng.
Sep	Bal	~~156 75~~							156 75		
Oct	PP.	34 10		A.R. 583 27 8/17 2 Consth Bn. Att. C.F.C.	3 57		–	–			
				.. 632 11 9/17 – – – –	3 57				183 71		
		34 10			7 14		–				

No. 931624 Williams, H

Date	Pay: No. of Days	Pay: Rate	Pay: Amount $	Pay: Amount c.	Field Allowance: No. of Days	Field Allowance: Rate	Field Allowance: Amount $	Field Allowance: Amount c.	Working or Special Pay: No. of Days	Working or Special Pay: Rate	Working or Special Pay: Amount $	Working or Special Pay: Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS				CR.1	CR.2	PARTICULARS							DR.1	DR.2	DR3	DR.4	BALANCE		SEP. DED. PAY	SEP. ALLOE. BNG.														
	Oct Bal																	183	71																
Nov	P.P.				33	-	AR.833.	28 9/17.	C.F.C.					3	57																				
							-856.	12 10/17	-					3	57																				
							-978.	25 10/17	-					3	57																				
DEC	- -				34	10	-1097.	10 11/17	-					3	57			236	53																
					67	10								14	28																				
JAN 1918	P.P.				34	10	-1265.	23 11/17	2 Bonds Ret					12	49																				
							-1439.	21 12/17	-	-				7	14			251	-	150														
					34	10	-	-						19	63	-	-	-	-																
FEB	-				20	80	V.D. 28 12/17 6 3/18 = 7 d.								4	20	-	-																		
							AR.1858.	24 1/18.	C.F.C.					3	57																				
							V.D. 11/8 - 20 8/17		Do 8/13 3/18						6	00																				
							AR 1601.	4/1/18.	C.F.C. Jura					3	57			264	46																
					30	80								7	14			10	20																
MAR 1918					34	10	15 days 7/12.	23 2/18.	11 Mil. 2 days 45 Mil.				DO 13. 8 3/16.		16	50					165													
							AR.2016.	14 2/18.	C.F.C. Jura					7	14																				
							" 2324.	18 3/18	-					3	57																				
	6 days V.D. 11-16 8/17 of charges Ard already Forf. by P.P. See Sch. 1917. 6 days @ 60¢.				3	60												274	95																
					37	70								10	71	16	50																		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:–		EFFECTIVE DATE:–	
AMOUNT:–		AMOUNT:–	

NAME:– Williams, Henry.

NUMBER:– 931624

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Wife

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:– 2 Construction Bn

DATE ACCOUNT FIRST OPENED:– 1 APR 1917

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
9/12	6757		4 66				
18/12.	3595.		9 72.				
			14 39				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	10		

New Book 55687 issued by £765 Trans. 1/8/20

PARTICULARS OF RENDERING NON-EFFECTIVE:– Dis to Can. N.R. 161. 1.1.19. Ld. 6.339 61 Ledg. 354 00

MONTH 1918	PARTICULARS	CR 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
MAR	Bal Forwd								274 95	165	
Apl	P. Pay	33		AR 10. 3/4. CFC Jura	3 57						
				273 27/4 — " —	3 57				300 81	180	
		33.			7 14						
May	P. Pay	34 10		AR 414 9/5. CFC Jura	3 57						
				AR 429 23/5 — " — " —	3 57				327 77	195	
		34 10			7 14						
June	P. Pay	33		AR. 715 7/6 CFC 5	1 78					210	
				✓ 878 27/6 ✓ Jura	3 57				355 42		
		33			5 35						
July	P Pay DO. 120 26/7/17. Con with DO 119 25/7/17 5 days.	34 10		AR 955 10/7 CFC 5 ✓	3 57						
		5 50		✓ 1100 25/7 ✓	3 57				387 88	225	
		39 60			7 14						
Aug	P Pay	34 10		AR 1263 10/8 CFC 5	3 57						
				AR 1477 25/8 ✓	3 57				414 84	240	
		34 10			7 14						
Sep	P P.	33		AR 1678 5/9 CFC 5	3 57						
				CR 34680 17/9 L/N	58 40						
				AR 1828 17/9 CFC 5	7 14						
				CR. 35853 20/9 L/N	14 60						
				AR 1387 17/9 CFC 5	97 33				266 80	255	
		33			181 04						
Oct.	✓	34 10		2264 12.10 CFC 5	373				297 17		
		34 10.			373.						

Bo 39 Nov. 6/7 Cancelled 17/9

NUMBER RANK NAME

Month	Particulars	Cr. 1.	Cr. 2.	Particulars	Dr. 1	Dr. 2	Dr. 3.	Dr. 4.	Balance	Deferred	Separation
									297 17	270 -	
Nov.	P.P.	33.		2700. 11.11. 5 C.F.C.	3 73						
Dec.		34 10.		5 days. Y.P.Z. 5.10.18. auth. 6.30 am. 27.9.18. 630 am 28.9.18. DO. 61. 2/11.18.	—	6 60					
				2919 26.11 ✓	13 06				340 88.		
	Int on D/P.	12 12.			—				354 00		
				6757. 10.12 ✓	4 66					300.	
				3595. 18.12 ✓	9 72				339 61		
		80 22			31 18	6 60.					
				C 2002 11.1. Endorse. Rhyl.	9 73						
				D.O.S. to Canada 12.1.19.							
				DO. 18. 25.1.19. N.B.R.					329 88		
		—	—		9 73	—	—	—			

MONTREAL PRESBYTERIAN HOSPITAL.

REQUEST FOR EXAMINATION

Montreal 8/2/19.

No. 931624.

Rank Pte.

Name Williams.Henry.

Unit D.D. # XX 4.

Clinical Diagnosis

V.D.G. ???

Kindly carry out ..... examination on marginally noted with special reference to -

V.D.G. ???????

Reasons for examination

Final Board Proceedings.

Short Medical History

Attached.

Signature M.O. (Requesting) Wesley Bourne. Capt.

Report

Fit for discharge under R.O. #1564 of Jan 23/19

Signature of Medical Officer (Reporting) C. G. Clements Lieut.

This man is not to be admitted to hospital for this report to be made out, but is to be returned to his unit on completion of examination.

This form, on completion is to be forwarded direct to M.O. requesting same.

Corner Champlain & Lagauchetiere St Quebec

Ex for Hackleberg under
P.O. Hist of Jan 23/19

Lt Lt

Williams Henry

THE FOLLOWING IS SPECIALIST'S REPORT DATED FEB./8-1919

V.D.S.

Fit for discharge under R.O.# 1564 of Jan 23/19.

C.C. CLEMENTS.

Lieut.

Williams Henry

THE FOLLOWING IS SPECIALIST'S REPORT DATED FEB./8-1919

V.D.G.

Fit for discharge under R.O.# 1564 of Jan 23/19.

C.G. CLEMENTS.

Lieut.

P.878 Extract D.O. No. 4 Unit:- N.S.C.D Date:-

Reg. No.	Rank	MAILING LIST:- Name	Struck off Strength of O.M.F. of C. on transfer to C.E.F. Canada. No. 4
931624	PTE.	WILLIAMS H.	12 - 1 - 19
2nd Cond-Bn			Acted on Ledger Ck.

X—413b.

C.R. No. P./R.L. Date

CONFIRMATION OF CABLE.

Received by {PAYCANEX / CANRECORDS} London.

Dated Received from No.

Army Form B. 103.

Regimental Number 931624

Casualty Form—Active Service.

Regiment or Corps No 2 Cdn Construction Co.

Rank Pte Surname Williams Christian Name H

Religion ..... Age on Enlistment ..... years ..... months

Enlisted (a) ..... Terms of Service (a) ..... Service reckons from (a) .....

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

Extended { ..... / ..... } Re-engaged { ..... / ..... } Qualification (b) .....

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 ...			
28/2/18	OC unit	Sentenced to 15 days F P No 2. for when on a/s. Leaving his Working Party without permission at about 3.30 pm		23/2/18	B2069 P245 No 13 d/ 8/3/18
20/6/18.	Do	Admonished and placed under stoppage to make good the value of missing article 17/9. for "W.D." Lying by Kaki articles of Clothing 1 Jacket S.D. 17/9. ~~1 cap.~~ ~~£1-2~~		13/6/18.	B2069 P.R.O. p. 39 9 July 1918

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing-Smith, &c.

W [illegible] 9/17 (35611) C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

Report: Date	Report: From whom received	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
14.9.18	OC/unit	Granted 14 days leave.	UK	13.9.18	B213 para 537 of 1918
5.10.18	do	Return from leave	Zeed	4.10.18	B213
10.10.18	OC/unit	5 days SP No 2. 5-10-18 for (B) and from 6 30 am 27.9.18 until 6 30 am 28.9.18 overlaying UK Leave. Forfeits 2 days pay by Res			B2 Seq para 6 of Nov. 1918
11.12.18	AAG	Leave to England & posted to Nova Scotia Reg Depot Bramshott		14.12.18	KR 3414
			Lieut. for Lt.-Col., A.A.G. Canadian Section, G.H.Q. 3rd Echelon, B.E.F.		
14.12.18	N.S.R.D.	T.O.S. attached to 2 L.G.D. for Qrs & Rations	Bramshott	14.12.18	D.O. 305
	NSRD	ON COMMAND TO C.D.D. Kimmel Park Rhyl	BRAMSHOTT		PART II D.O. NSRD 313 27.12.18
					LIEUT. OFFICER I/C RECORDS NOVA SCOTIA REGTL. DEPOT.
12.2.19	Discharged	O.A.D. A. Depot			24/10/45 Lieutenant, Officer I/c Discharge Section, District Depot No. 7.

6090 1840

1840

29-4-36

This space to be for numbers.

Proceedings on Discharge.

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

BBC-195883

No.	931624
Rank	Pte.
Name	WILLIAMS, Henry.
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	#2, Con. Bn. C.E.F.
Date of Discharge	Feb. 12th, 1919.
Place of Discharge	Montreal, QUE.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 23 years 8 months.
Height 5 feet 10½ inches.
Complexion Dark.
Eyes Brown.
Hair Curly.
Trade Waiter.
Intended place of residence (To be given as fully as practicable.) 12 South St. Philidelphia, USA.

Descriptive Marks

Linear scar 1" long right forearm.

2. The above-named man is discharged in consequence of

R.O.#1420 Para (C) Cat."A". DEMOB.

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.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been according to the records, etc.

Deceased Letter Sent 4/25/36 Completed 6/26/36

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier 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.

100m.—6-16.
H. Q. 1772-39-113.

(OVER)

E. R. J.

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.

(Place) Montreal, QUE. H. William his mark ..... (*Signature of Soldier.*)

(Date) Feb.12th,1919. J. Doyle J. McCarty ..... (*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) Montreal, QUE.

(Date) Feb.12th,1919.

(*Signature*) ..... *Lieutenant*,

Officer i/c Discharge Section, District Depot No. 4.

1840

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.)

NO RESERVATIONS.

Thos Mark J Williams
J W Doyle J R Murphy

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

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 (in the event of such having been prepared.)

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.

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 931624 | RANK Pte | NAME (IN FULL) WILLIAMS. HENRY (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? Nil | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
T.O.S.	12/1/19	Do 30/4

ORIGINAL UNIT C.E.F. 2ND. CON BATT | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION Windsor, Ont. | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 11-11-16 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY, $ Nil | DATE EFFECTIVE

PAYABLE TO | RELATIONSHIP

ADDRESS ~~28~~ South St. Phila. Pa

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED | PLACE Montreal | DATE 12-2-19 | REASON | AUTHORITY S.D. 4-19-W-377 | IF ENTITLED TO POST DISCHARGE PAY

ANY CHANGE IN ASSIGNEE OR ADDRESS
To ~~Secretary~~ Capt. H. Browning
Sec. Soldiers' Aid Commission
Windsor Ont.
This address change

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account																																					Dis Do 4/5/8A
Jan					7 20				7 20																										7 20		Subs 23/1/19 to 8-2-19 Do 30/4
Feby 1-1-19	43	1.10	~~47 5~~ 47	30	~~360~~ 640		~~7 40~~		378 91																												Subs 1-2 to 8-2-19 Do 30
					35 00		290 01		385 91																												C.P.R. PC 31-12-18
					6 40																																
											20081	5/1/19					25 00														25 00						
											21959	11/2/19					430 91														430 91				70 00		w.s.21.
			other credits W.S.G. S.A								WAR SERVICE GIVEN														other debits W.S.G. S.A						455 91		Soldier Dpdt		
					350.00				350.00																		70.00		70.00		280.00				D.D. 4.
12.3.19.																											70.00		~~140~~ 70.00		210.00				B Lwgn
12.4.19																											70 00		70 00		140 00				230335
10/3/19																											~~70 00~~		~~70 00~~		~~70 00~~				301628
12.6.19																											70		70						906637
																													350								

60m.-11-18 L. L. 51777. M. & D. 9585.

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		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	