

ATTESTATION PAPER.

No. 931837
Folio.

No. 2 CONSTRUCTION, B.T. C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Williams*
- 1a. What are your Christian names? *Fillman Mc Kenley*
- 1b. What is your present address? *40 Beaton St. Detroit Mich. U.S.A.*
2. In what Town, Township or Parish, and in what Country were you born? *Smithville Tenn. U.S.A.*
3. What is the name of your next-of-kin? *Mrs Fannie J. Allen*
4. What is the address of your next-of-kin? *Smithville Tenn. U.S.A.*
- 4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *5th July 1896*
6. What is your Trade or Calling? *Cook*
7. Are you married? *No (Single)*
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?..
If so, state particulars of former Service. *No*
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*

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit?
 14. If so, what was the nature of the disability?
 15. Have you ever refused to serve in any Branch of His Majesty's Forces and been rejected?
 16. If so, what was the reason?



DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Fillman Mc Kenley 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.

Date *5th March* 1917 *Fillman Mc Kenley Williams* (Signature of Recruit)
E. Lionel Cross St. (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Fillman Mc Kenley 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.

Date *5th March* 1917 *Fillman Mc Kenley Williams* (Signature of Recruit)
E. Lionel Cross St. (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 *Truro NS* this *13th* day of *March* 1917.
C. W. Rees Baptain (Signature of Justice)

Copy of original of Williams on 31st Jan 1918
 Copy of M.O.M.F.C. M.C. (2) 2-F. 915. 12-1-18 shows date of P.M. 19th May 1900
 K.L. 22-3-8. d 31-1-18.
 R.T.C. 25746

Description of Pillman Mc Kinley Williamson Enlistment

Apparent Age 20 years 7 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height 5 ft. 10 ins.

Chest-measurement { Girth when fully expanded..... 36½ ins.
 Range of expansion..... 2½ ins.

Complexion Brown

Eyes Brown

Hair Black

Religious denominations.
 { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist..... X
 Roman Catholic.....
 Jewish.....
 Other denominations.....
(Denomination to be stated.)

Scar from operation for Ventral Hernia



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..... March 13th 1917

D. M. Murray
 Medical Officer.

Place..... Turo

*Insert here "fit" or "unfit."

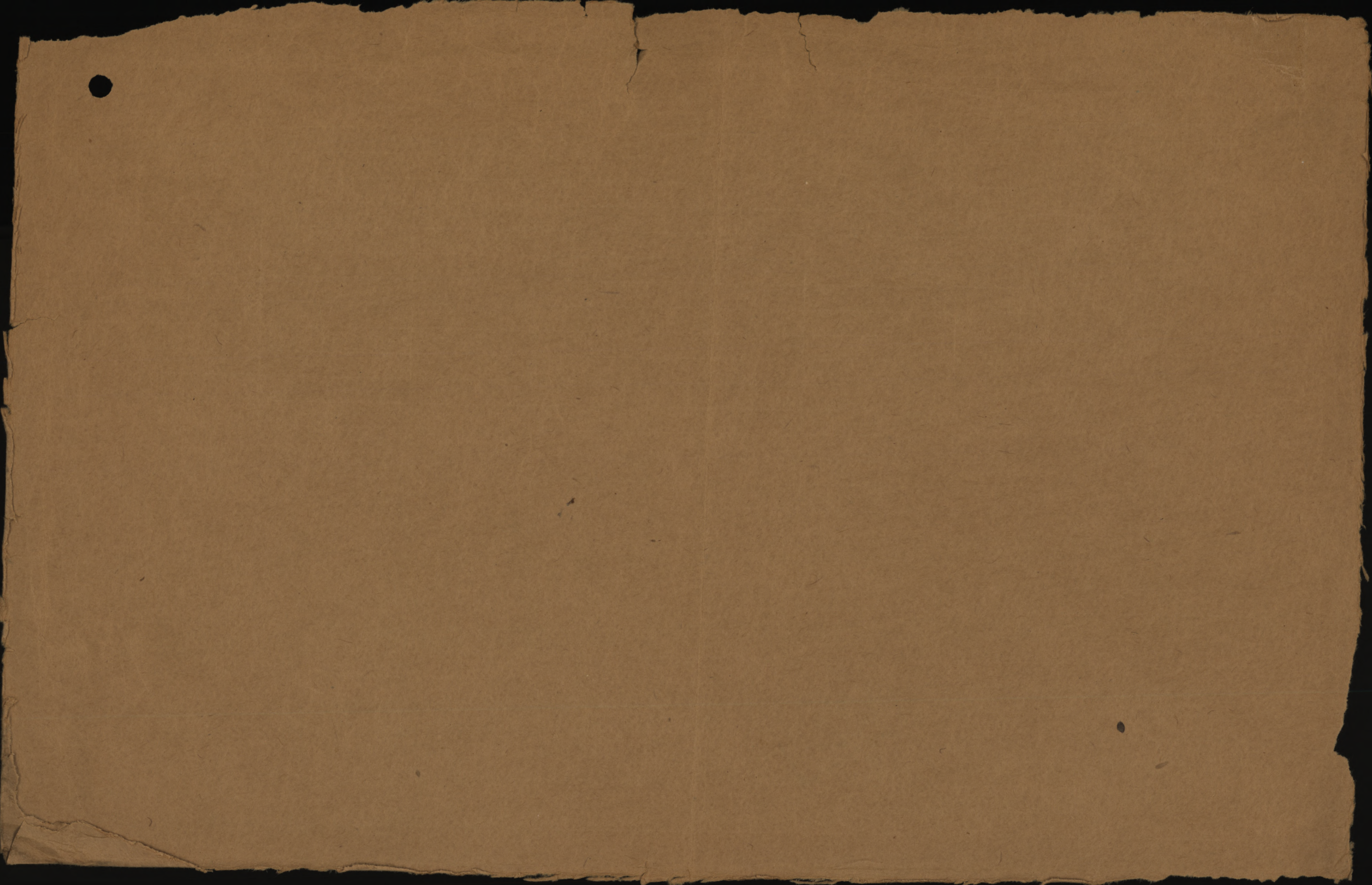
NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Pillman Mc Kinley Williamson.....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.

D. M. Murray
 Lieut-Col
 No. 2 Construction Batt'n. C. E. F. (Signature of Officer)

Date..... MAR 19 1917



931837

I.D. number
No. d'identification

WILLIAMS

Surname
Nom de famille

FILMAN MCKINLEY

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

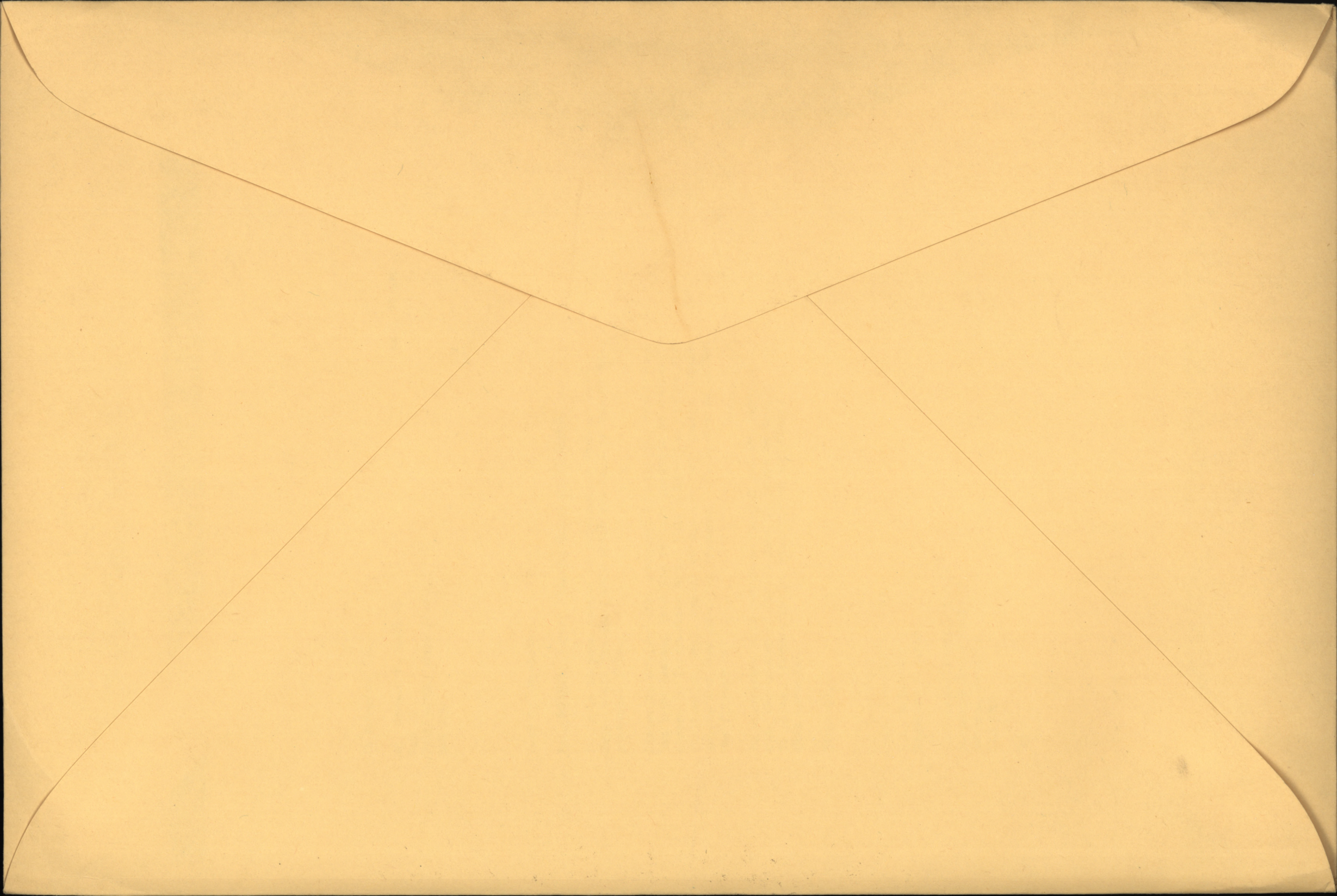
Location

Lieu

10407

24383

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



Ham
Number... 931837... Rank... *Spr.*

Surname... WILLIAMS

Christian Name... *Tilman McKinley*

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

Date of Service... *17-5-17*

Remarks... *mother*

Latest Address... *Mrs. Sarah J. Allen*

Smithville, Tenn.

Roll No. *Page 3793* *U.S.A.*



B
7

L.C. 6833

Dep.

MAY 1 3 1920



ق

NAME

Williams, Silman, McKimble

REGT'L NO.

931837

RANK AND CORPS

~~Ser~~ 2nd. Construction Bn

FOLLOWS

No.

CABLE

NO.

DATE

U.S.A.

NATURE OF CASUALTY

FOLLOWS

m5874 8-4 (10-1)	13-8-17	Dang. ill, Dentention Hosp. Lajoux, Aug. 6th 1917. Pneumonia ✓
m6288 28-a	3-11-17	Dangerously ill Jura Hosp. la Joux Oct 30th 1917. Pneumonia ✓
m6358	17-11-17	Prev. rept. Dang. ill now. ser. ill Jura Hosp Lajoux, Nov. 5th 1917 Tuberculosis. ✓
m6494 14-4	12-12-17	Removed from Ser ill list Jura Hosp Lajoux Dec 5 th 1917 ✓
2.512-4	30-1-18	Died of Tuberculosis Jura Hosp Champagnole Jan. 28 1918 ✓

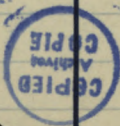
LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
A 4	Bhs Hosp. La Joux Jura No 2 Cam Cons. Delémont	6-8-17	Dang. ill Pneumonia
a 35 ²	Jura. La Joux Jura	1-10-17	Bronchial Pneumonia
a 52	CC Jura Hosp La Joux reports	30-10-17	T.B. pulm (post- "
a 64 ¹	prev rep'd dang ill now ser ill Jura Hosp La Joux Jura	5-11-17	T.B. pulm
a 85	Jura - La Joux. Jura	6-12-17	no longer ser. ill. S. Rept
a 124 ²	Jura Hosp Champagnole Jura	28-1-18	Died T.B. pulm



REGT'L. No. 931837

NAME

Williams, Silman McHenryH. Q. FILE No. 649

RANK AND CORPS

Pte 2nd Construction Bn

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

USA

NATURE OF CASUALTY

A 493 20902Died of pulmonary TuberculosisRouen 29-1-18Jan 28th 1918 at Jura Hosp La Joux Jura
FranceNoted 5-3-18

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

318
MAY 1941



No. 931837 RANK *Pte.*

NAME *Williams J. M.*

T. O. S. *5-3-17.*

UNIT

D.O. 62. 13-3-17

No 2. Construction Battalion.

M. D. *6*

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROM

PAID
TO

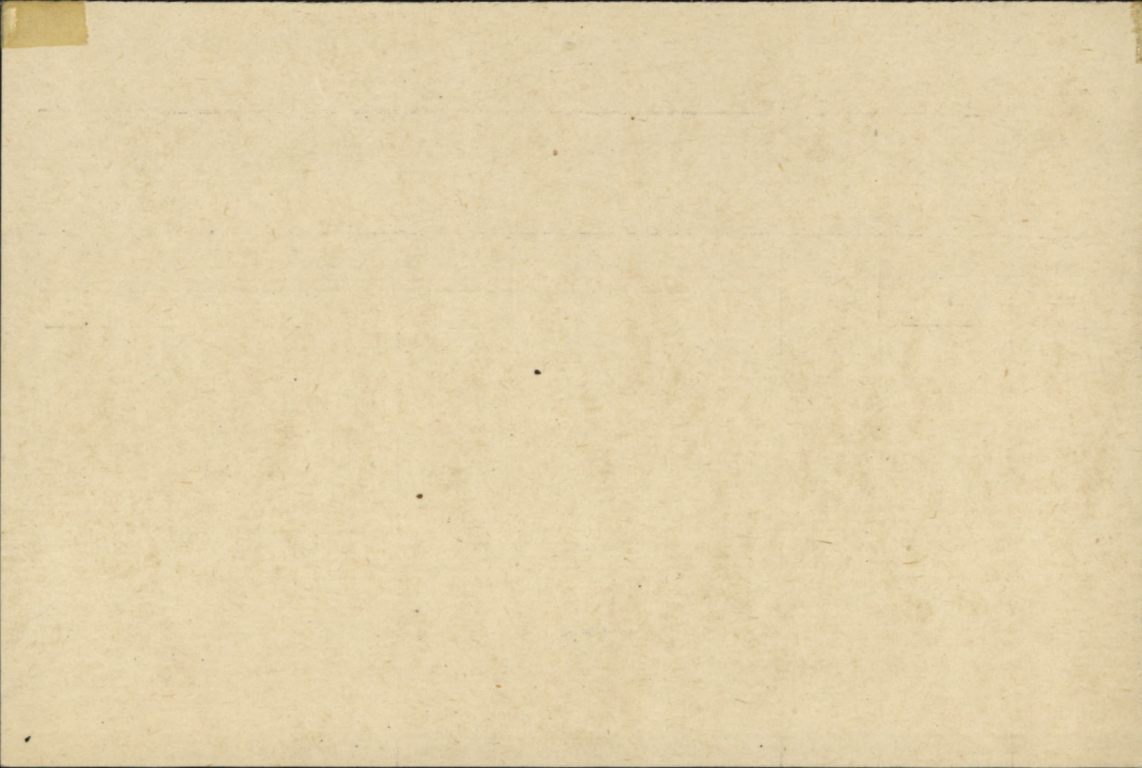
SIG.
OR
REC'T

*1917
Mar 5*

*1917
Mar 31*

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SURNAME

Williams

CARD No.

X

CHRISTIAN NAMES

Tilman M^e Kinley

FOLL.

REGL. No.

931837.

RANK

Pte.

UNIT

No. 2 Constr.

Bn.

FORMER CORPS

nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Allen, Mrs. Fannie J.

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

Smithville, Tenn., U. S. A.



COUNTRY OF BIRTH

U. S. A. Smithville, Tenn.

DATE

July 5th 1896.

PLACE OF ATTESTATION

Truro, N. S.

DATE

Mar. 13th 1917.

From Halifax per SS "Southland" 28/3/17

MARRIED SINGLE *Yes.* WIDOWER

TRADE OR CALLING *book.* RELIGION *Baptist*

DESCRIPTION.

APPARENT AGE *20* YEARS *7* MONTHS

HEIGHT *5* FEET *10* INCHES

CHEST MEASUREMENT *36 1/2* INCHES EXPANSION *2 1/2* INCHES

COMPLEXION *Brown* EYES *Brown* HAIR *Black*

DISTINGUISHING MARKS *scar from operation for ventral hernia*

MEDICAL EXAMINATION *3109* PLACE *Leuro, N.S.* DATE *Mar. 13th 1917.*

Present address: 40 Beacon St., Detroit, Mich. U.S.A.

649-W10454

Williams, T.M., Spr. 931837 2nd Con. Bn.

Med. & Dec. (Mother) Mrs. Fanby J. Allen.
Smithville, Tenn.,
U. S. A.



P. & S. (Mother) Address as above.

Rec # 800564

Mem. Cross. (Mother)

*Not elig. for 14-5 Star.
Elig. for v. m.
" " D.W.M.*

APR 19 1922

Recoll Desp.

Reqn. No 23664

JAN 17 1922

Plague Desp.

Reqn. No P25327

5-91

M 6.35-484 DEC 8 - 1920

COPIED
Authenticated
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Name

Williams Elmer McKinley

Rank

Sgt. R

Reg. No. 931834

Unit

2nd Const. Batt. Co.

Next of Kin

W.S.O.

W3418



Date

Movement

Place

Casualty

List
No.Notified
N/K O.

W.O. List

1917.

6-8. 102nd Com Detachment Hoop.

Jura Jura

DANGEROUSLY ILL. Pneumonia Att M 58741-10-17 Jura St. La Joux (Jura) Bronchial 19th A 35

HA 14696

30. 10. 17 ~~102nd Com Detachment~~ Dangerously IllP. 2nd W.O. Det. P 89634

T.B. Pul.

A 52

6328

following pneumonia.

5-18-17 Prev. REP. DANG. ILL. NOW.

SERIOUSLY ILL. T.B. Pulm.

A 63M

6328

HA 16070.

OVER

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917 6-12	From No longer seriously ill P. 95993		do.	A85	M.	6491
28-1-18	Jura Hosp. Champagne Jura <u>DIED.</u> (P 1022 96)		J.B. Pulm.	A 124	G	57.



Surname **Williams** Christian Name or Names **T. Mc** Reg. No. **931837**

Rank _____ Unit _____ Co. _____ Troop _____ Batty. _____
Pte. *Spr.* 2nd. C. Const. Bn. *(N.S.R.)*
Hospital _____ Date of Admission _____

2. C.C. Detention, Barracks. La Joux. Jura.

Transferred _____ Hosp. **6-8-17.**

Jura Hosp. La' Joux. Hosp. **1. 10. 17**

Hosp. _____

Hosp. _____

Diagnosis **Pneumonia.** *an Bronchial. yf add*
(1) Later Diagnosis (if changed) **J.B. Pulmonary (Post Pneumonia).**
(2) _____
(3) _____

Additional Diagnosis: if more than one state present



Died 28-1-18

DISPOSITION

Date

C.L. 13-8-17. A4. Dang. Ill.

4. 13. 10. 17 435-01

REMARKS

Dang. ill. 30-10-17

" 2-11-17 252

16-11-17 264-1

Prev rep. Dang ill now set ill 5-11-17

11-12-17 695-1

no longer set, ill. 6-12-17

" 29-1-18 2124-0

REMOVED: 2 DEPT.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

ORIGINAL

931837

MEDICAL HISTORY SHEET.

Surname Williams Christian Name Edman McKinley

Examined { on 13 day of March 1917
at Turo
Birthplace { City or Town Smithville
Atlanta
County Tennessee

Approved by Doc Murray
Rank Capt. A.M.D. M.O.

Apparent age 20
Trade or occupation Cook
Height 5 Feet 10 Inches.
Weight 154 Lbs.
Chest measurement { Minimum 34 inches.
Maximum expansion 2 1/2 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development Good
Small-Pox Marks None
Vaccination Marks { Arm Right Left.
Number 2

Date.	Result.	VACCINATIONS.
<u>2/4/17</u>	<u>2</u>	<u>Doc Murray</u> M.O.
		M.O.
		M.O.

When Vaccinated last 1912
(a) Marks indicating congenital peculiarities or previous disease Scar from operation for Ventral Hernia

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/4/17</u>	<u>2</u>	<u>Doc Murray</u> M.O.
<u>3/5/17</u>	<u>2</u>	<u>Doc Murray</u> M.O.
		<u>2 nos. in one.</u> M.O.

(b) Slight defects but not sufficient to cause rejection None

Enlisted on 5th day of March 1917 at Turo, N.S.

CORPS.	REG'L NUMBER.	HABITS.	DATE.
<u>No. 2 CONSTRUCTION, W.L. ...</u>	<u>931837</u>		<u>3/5/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

Surname *Tellman* Christian Name *Paul August William*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				

ACCEPTED
COPIE

FORM OF WILL

Wm. Williams
I, William Mc Kinley Williams (Name in full)

Regimental Number 931834 serving in No. 2 CONSTRUCTION Bn. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

My Mother I devise all my real estate unto

Mrs Fannie J. Allen
Smithville, Tennessee,
U.S.A

Name and Address of person or persons to whom it is to go.



absolutely, and my personal estate I bequeath to

My Mother Mrs Fannie J. Allen

Name and Address of person or persons to receive personal estate* (See note).

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 13 day of March A.D. 1917

William Mc Williams Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness E. Lionel Cross

Address of Witness 16 Prince Albert St. San Fdo. Trinidad B.W.I.

THE TWO WITNESSES

Occupation of Witness Journalist

MUST SIGN HERE

Signature of Second Witness Archie Bennett

Address of Witness Shelfurns c/o S

Occupation of Witness Labourer

FORM OF WILL

Name in full *John W. Williams*

Residential Number *123 Main St*

by the Grantor, the foregoing form, do hereby revoke all former Wills by me made and declare this to be my last Will.

I do hereby give and devise unto *My wife*

Name and Address *John W. Williams*

Person to whom *My wife*

Name and Address *John W. Williams*

of person *My wife*

Person to receive *My wife*

Personal estate *My wife*

(See Note)

This will is made and witnessed in full accordance with the provisions of the laws of the State of New York.

IMPORTANT NOTE: This will is signed and attested by the testator and witnesses.

Signature of testator *John W. Williams*

Signature of First Witness *John W. Williams*

Signature of Second Witness *John W. Williams*

Occupation of First Witness *John W. Williams*

Occupation of Second Witness *John W. Williams*

Address of First Witness *John W. Williams*

Address of Second Witness *John W. Williams*

Witnesses

THE TWO WITNESSES

Signature of testator *John W. Williams*

B3

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

921837
M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form Active Service.

Unit, Regiment or Corps No. 2 CONSTRUCTION, B'n. C.E.F.

Regimental No. 931837 Rank Private Name Tilman McKinley Williams
C. E. F.

Enlisted (a) 5/3/17 Terms of Service (a) period of war + 6 mos. Service reckons from (a) 5/3/17
46 months

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) _____

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				

CERTIFIED CORRECT.
6 JUN 1917
CAN. RECORDS, LONDON.

O.C.#2
Const Bn

Embarked Canada
Disembarked England
Proceeded overseas

Halifax
Guineywood
Seaford

25/9/17
17/4/17
MAY 17 1917

Pt. 2 Lt #
Super Capt
Capt & Capt
COPIED
INDEXED

Landed in France 17-5-17 N.R.

30.6.17. O.C. Sentenced 10 days P.P. #2
1. Breaking out of Camp Hld 28/6/17. Probq. P.P.# 122-7/8/17
2. Improperly dressed

6/17 Asst. Director Forestry Inva Dangerously ill pneumonia at HQ 2 CC Coy. Detention Corps 6/17 T. 17841 Dec 3 7/17

(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				
1-10-17	Jura la Jura	Bronchial Pneumonia adms		1-10-17	W3034/A3576
6-11-17	OC 5 Dist	Still in hospital		6-11-17	KG16/28630
4-11-17	Jura Hosp	Pulmonary Tuberculosis seriously ill		4-11-17	W3034/B4146
12-11-17	Hosp Jura	" " seriously ill		11-11-17	W3034/W4591
26-11-17	do	" " seriously ill		25-11-17	W3034-6140
19-4-17	OC Jura	Pulmonary Tuberculosis seriously ill omitted from		W3034	9/18/11/17 W55-39
17/1/18	OC 5 Dist etc	(State Report) Still in hosp.		17/1/18	KG16/28630
28/1/18	N°5 Dist C'G Hosp	"Died" (Pulmonary Tuberculosis)		28/1/18	(Teleg d/28/1/18 Ref KA 4/45) P275 N°5 d/24-1-18
		<p>M. Johnson Capt for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</p>			

No 2 Const Coy

J.P. Rank *Pte* Name WILLIAMS, *F* Wilman *Mc* Kinley. Reg'l No. 931837.
 Unit No2. Const Bn. If in perm. Corps }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment *Bruro. N.S.* 5th. March. 1917. Place of Birth Smithville. Penn
 U.S.A.
 Name and Address, Next-of-Kin Mrs Fannie J. Allen.
 Smithville Penn. U.S.A. Relationship Mother.
 Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship



W/E. R.B. No 3710
 File R. 1259 3418
 Category D.O.C.

Discription

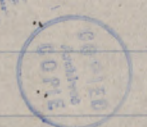
*Don't
 2-12-20
 W/G
 W/B*

M

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.
		<i>Arrived in England via G. J. Southland</i>		<i>7.4.17</i>	<i>AWW</i>
<i>14-6-17</i>	<i>2nd Const Coy</i>	<i>Arrived in France Field</i>		<i>17.5.17</i>	<i>Plus 115</i>
<i>13-8-17</i>	<i>2nd Const Coy</i>	<i>Detention Barracks Hosp't Jura</i>	<i>Jura</i>	<i>6.8.17</i>	<i>Dangerously ill L.A.F. Pneumonia</i>
<i>12.10.17</i>	<i>H.S.R. 1 Co</i>	<i>Jura Hospital La Jura.</i>	<i>Jura</i>	<i>1-10-17</i>	<i>Cl. 35</i>
<i>1.11.17</i>	"	<i>Dangerously ill.</i>	"	<i>30.10.17</i>	<i>Cl. 52. TB Pul (Post. Prev)</i>
<i>15.11.17</i>	"	<i>Now Seriously ill.</i>	"	<i>5.11.17</i>	<i>Cl. 64</i>
<i>10.12.17</i>	"	<i>No longer Seriously ill</i>	"	<i>6.12.17</i>	<i>Cl. 85</i>
<i>29.1.18</i>	"	<i>died</i>	"	<i>28.1.18</i>	<i>Cl. 194. TB Pul.</i>
<i>29.1.18</i>	<i>No. 2 Const Coy</i>	<i>"Died" Pulmonary Tuberculosis etc. La Jura</i>		<i>28.1.18</i>	<i>Pt # 5.</i>

A.F.B. 203 CHECKED
 30 MAY 1937



MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-819

To Whom *Mrs Fannie J Allen*
Address *Smithville*
Tenn
U. S. A.

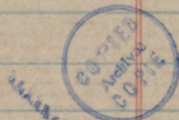
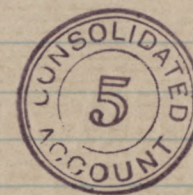
By Whom Assigned *Williams & McKinley*
Regtl. No. *931837*
Rank *Pte*
Corps *#2 Cons Battr*

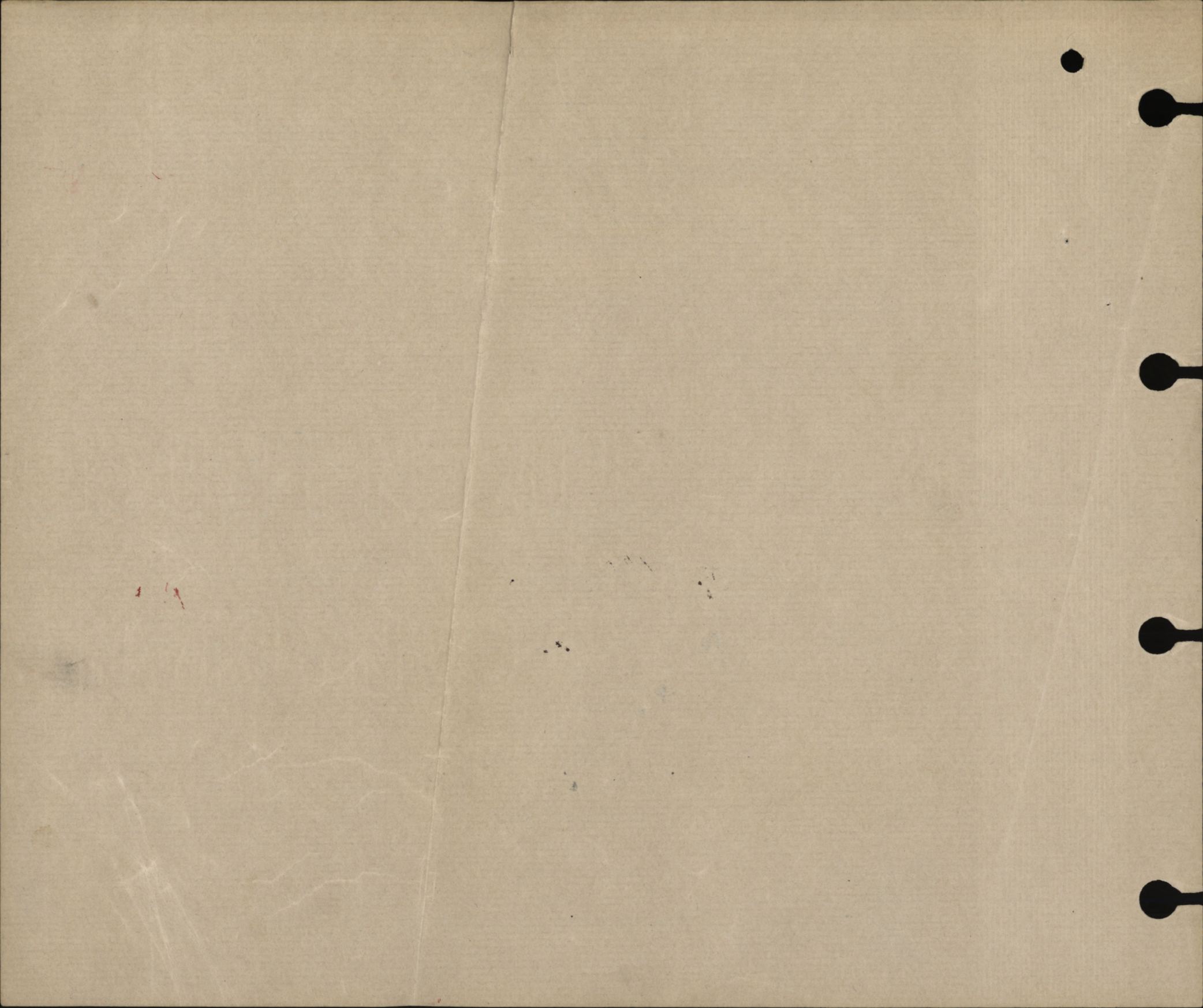
Rate *15.00*

APR 1917

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				





ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

L. L. Job 5470—Req. 688S.

PAYMENTS.

Name of Soldier

Williams T McKimley
*#2 Cons Batts**Pte 931837*

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>15⁰⁰</i>	
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		215061	15	<i>w. 13911 cancelled</i> <i>C 12138 cancelled</i>
June		<i>V 18834</i>	<i>15</i>	<i>15</i>
July		<i>M 26502</i>	<i>15</i>	
Aug.		<i>S 33639</i>	<i>15</i>	
Sept.		<i>S 40919</i>	<i>15</i>	
Oct.		<i>A 22617</i>	<i>15</i>	
Nov.		<i>J 53996</i>	<i>15</i>	
Dec.		<i>X 61179</i>	<i>15</i>	
Jan.	1918			<i>135⁰⁰ gr.</i>
Feb.				
March				
April				
May				
June				
July				



MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P. 559
MARRIED OR SINGLE

PLACE OF BIRTH *Smithville Penn U.S.A.*
NAME AND ADDRESS OF NEXT OF KIN *Mrs J Fannie Allen
Smithville Penn 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
<i>Die 25.1.18</i>		
<i>C.E. 2.12.29/18</i>		
<i>-- Pulmonary Tuberculosis</i>	<i>28.1.18</i>	<i>Do 5. 29.1-18 H.B. 25.1.18 Rel. 25.1.18 P.P. 229. Com. Sec. R. 118. 3rd Belton K.R. 757</i>

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. *931837* RANK
NAME *Williams Silman McKinley*
UNIT *2nd Con. Bu. N.C.* DATE *1/7/18* AUTHORITY *Cha 154 29.1.18*

PERMANENT FORCE ALLOWANCES
PLACE OF ATTESTATION *Truro N.S.*
DATE OF ATTESTATION *Mar 5th 1917*

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1.4.17.*
PAYABLE TO *Mrs Fannie J. Allen Smithville Tennessee, U.S.A.* RELATIONSHIP *mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE *1.3.18* REASON *Die 25.1.18*

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS		
	No. OF DAYS	RATE	AMOUNT \$	C.	No. OF DAYS	RATE \$	AMOUNT \$	C.	No. OF DAYS	RATE \$	AMOUNT \$	C.				1	2	3	4	1	2	3	4				CREDIT	DEBIT					
															16 95	16 95															Balance from Canada		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
Sep	Bal		90 65						90 65
Oct	P.P.		34 10						15 109 75
			34 10						15

all correct with C.A. Para 1/4/17 - 1/1/18 - \$165.00
Be Bal on statement of P.C. \$113.47
all B. Verified 1/2/18 H.

Lead

931837 Williams T. McK

1500

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS			
	MONTH	PARTICULARS	CR. 1		CR. 2		PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4				BALANCE	SER. PAY ENG.	SER. ALICE	1	2	3	4	1	2	3	4	CREDIT				DEBIT							
			NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT																								NO. OF DAYS				RATE	AMOUNT	NO.
	Oct Bal											109 75																										
Nov	P.P.			33	-			12.856.12 ¹⁰ C.T.C.		3 57		- 15																										
DEC				34	10			979.25 ¹⁰ 17		3 57		15	139 71																									
				67	10					7 14		30																										
JAN	1918	P.P.		34	10							15																										
								1105.16 Nov. 17. 2 Com. B. C.T.C.		3 57																												
								1410.25 ¹⁰ 17		12 49																												
				34	10			1440.21 ¹² 17		7 14		15	135 61																									
FEB										23 20																												
								Assigned Pay				- 15																										
								1558.24 ¹⁸ C.T.C.		3 57																												
								1608.4 ¹⁸ June 4		3 57		15	113 47																									
								June bank in effects		4 59			118 06																									
								July.																														
								Bal trans to Canada.		113 47																												
								Sept.																														
								Bal trans to Canada		4 59																												
										4 59																												

Supply and 2/3/18
Gr Bal. 118.06

Date of Enlistment

MLITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

April 1, 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

<i>15</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *931837*

Rank *Plt* Promoted Reverted Discharge

Soldier's Name *S Mc Kinley Williams*

Battalion ** 2 Cons BATTN*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *Mrs Fannie J Allen*

Address *Smithville Tenn*

Change of Address *U.S.A.*

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total
<i>1917</i>				
<i>Dec. 31</i>			<i>135</i>	<i>135</i>
<i>1918 Jan</i>	<i>67136Z</i>		<i>15</i>	<i>15</i>
<i>Feb</i>	<i>67244F</i>		<i>15</i>	<i>15</i>
			<i>\$165⁰⁰</i>	<i>\$165⁰⁰</i>

REMARKS *19439-J-16*

67X165 etc 28-2-18
Acct Closed 28-2-18

Pensions Notified Date	<i>19-2-18</i>
Killed in Action	
Diad of Wounds	Date <i>28-1-18</i>
Missing	
C. L. <i>78(9)31-1-18</i>	Clerk <i>Hall</i>
Date Noted	<i>19-2-18</i>

E. J. No. 165 = 5/9/18. L. & G.

Closed

COPIED
Authentic
COPIE

M. F. W. 128
400M.G. 17. 1772-38-1141
L. L. 22220-M. & D. 7193.

A STENCIL
HAS BEEN MADE
FOR THIS ACCOUNT

MRO 2nd Rendered

RL

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.			
Rank	Promoted	Reverted	Discharge
Soldier's Name			
Battalion			
Beneficiary			
Relationship			
Address			

Name	
Address	
Change of Address	
1	
2	
3	
4	

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
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M. F. W. 128
 400M. - 6-17 - 1772-86-1141
 L. L. 22320 - M. & D. 7983.