

NAME **BRILL** CLARENCE ANDREWREGT. NO. **91032**UNIT **36 Batty Co 1st** H. Q. FILE NO.

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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

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1 *Cadd 5009a*1 *misc*2 *misc*1 *PC*

DEATH

Category

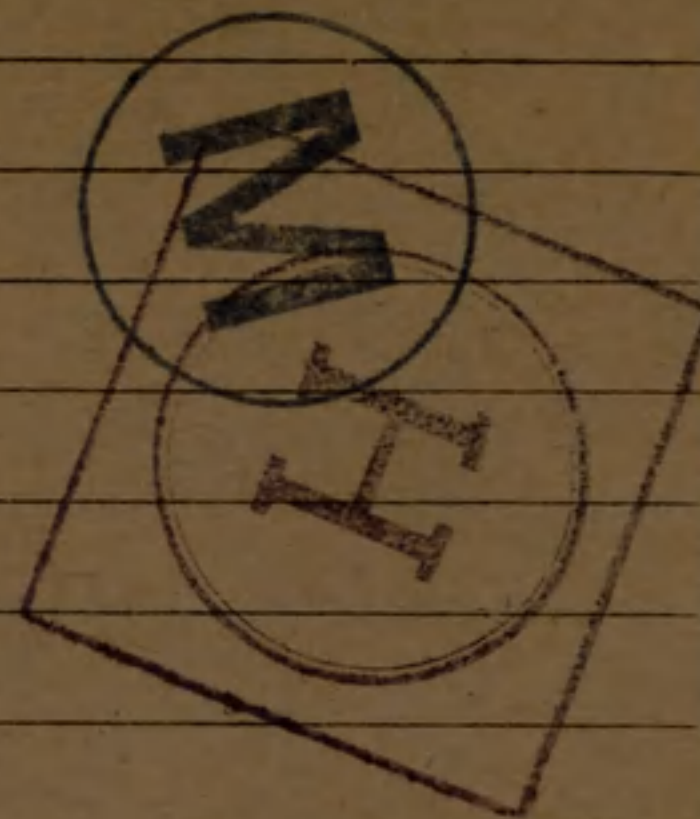
39596

DISCHARGE

Category

Demobilization

DESERTION

*8-25**10-25**31-26**1*

Original
Original
No. 91032
Folio.
ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?.....*Lawrence Brill*
2. In what Town, Township or Parish, and in what Country were you born?.....*Brantford (Ont) Ont Canada*
3. What is the name of your next-of-kin?.....*Mrs W P Brill*
4. What is the address of your next-of-kin?.....*36 Manitoba St. Guelph Ont. Can.*
5. What is the date of your birth?.....*March 25th 1897*
6. What is your Trade or Calling?.....*Watchmaker*
7. Are you married?.....*no*
8. Are you willing to be vaccinated or re-vaccinated?.....*or inoculated*
9. Do you now belong to the Active Militia?.....*yes*
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*

.....*L. Brill* (Signature of Man).

.....*H. Hales* (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *L. Brill*, do solemnly declare that the above answers made by me to the above questions 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 *Sept 28* 191*5**L. Brill* (Signature of Recruit)
.....*H. Hales* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *L. Brill*, 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 *Sept 28* 191*5**L. Brill* (Signature of Recruit)
.....*H. Hales* (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 *Randon, Ont* this *11th* day of *October* 191*5*

.....*Hyronis* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

.....*John B. Cooney* (Approving Officer)

Description of Brill, Clarence on Enlistment.

Apparent Age 18 years 6 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' 6 1/4 ins.

Chest measurement { Girth when fully expanded 35' ins.
Range of expansion 3 ins.

Complexion Fair

Eyes Blue

Hair Light

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

One Vacc. Scar on left arm

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 Sept. 25 1915

Place Quebec, Que.

J. Walsh
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.

A. C. Brill

.....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.

John G. Coghlan MAJOR
COMMANDING 25th BATTERY, C.F.A.C.E. (Signature of Officer)

Date Oct 18th 1915

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. _____

THIS IS TO CERTIFY that No. 91032 (Rank) Gunner

Name (in full) Brill Clarence Andrew enlisted in
the 29th Battery C. F. A.

CANADIAN EXPEDITIONARY FORCE at Guelpu, Ont. on the 28th
day of Sept. 1918

HE served in 36th Batty C. F. A.

and is now discharged from the service by reason of
Demobilization.
~~Medical Unfitness.~~

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

Age 21 years

Height 5 ft. 6 1/4 ins

Complexion Fair

Eyes Blue

Hair Light

CA Brill

Signature of Soldier

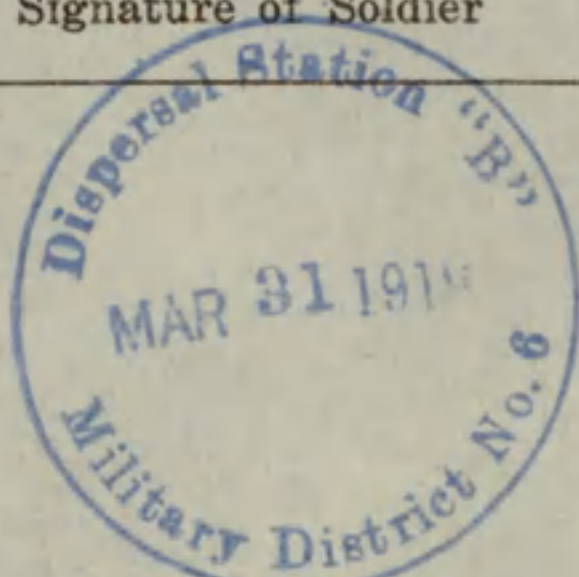
Marks or Scars

Scar on Thumb. L. hand

[Signature] Major
O. C. Dispersal Station "B"

Issuing Officer

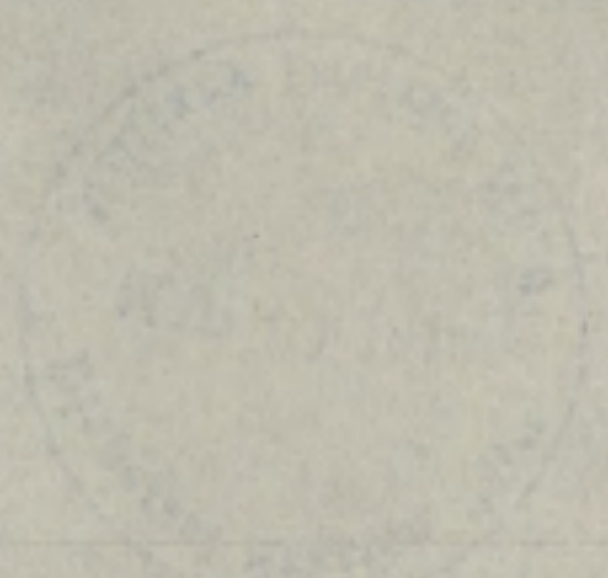
Date of Discharge



Rank

Date MAR 25 1919 1919

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.



1-1-32-100

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DISCHARGE CERTIFICATE

CANADIAN EXERCISES FORCE

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

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

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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

1. Christian names *Clarence Andrew* 2. Surname *Brill*
3. Rank *Driver* 4. Original Unit *29th Btty. C.F.A.* 5. Reg. No. *91032*
6. Address, in full, to which future payments of gratuity are to be forwarded
69 Gordon St. Guelph, Ont.
7. Date of enlistment in the C.E.F. *28th Sept 1915*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *None Not applicable*
9. Relationship of such dependent *None Not applicable*
10. Address, in full, of such dependent *None 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:—
*29th Btty. C.F.A. Arrived in England 10-3-16
Arrived France 14-7-16*
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? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service. *No*
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. *Enlisted 28-9-15 served with 29th Btty. C.F.A. until transferred to 36th Btty. C.F.A. 25-3-17 served with latter unit till armistice.*
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-enlistments, 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? *No*
21. Have you, during the present war, served in the Imperial Forces? *No*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? *Yes* *No* If not, give:—(a) Date of discharge *31/3/19* (b) Reason for discharge *DEMobilization*
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 *136th Bty. 9th Bde. C.T.C.*
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. *Served with 136th Bty. C.T.C. from 25-3-17 until signing of Armistice*
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *No*
- (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: *C.A. Bull*

Place of Residence: *69 Gordon St. Guelph Ont.*

Declared before me at: *Wiley Camp.*

This *28* day of *April* 19*19*

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

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			<i>183 days</i>	<i>420.00</i>
			<i>Less W.D.P.</i>	<i>70.00</i>
				<i>\$350.00</i>

Certified Correct.

District Paymaster.

L.P.H.

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. 91032 Rank Dr Surname Brill Clarence Andrew
(Given name in full)

Unit or Corps 36 Pty Birthplace Braintree

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

1. GENERAL DESCRIPTION:

Physique Good Weight 135 lbs. Height 5 ft. 7 in. Colour of Eyes Blue
Nutrition Good
Pulse 70 regular
Condition of arteries Soft
Vision Rt. 6 ft Left 6 ft
Hearing (conversational voice) Rt. 20 ft.
Left 20 ft.

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

Scar on Thomas Emmerney
L-Hand

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses No Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Wlen on Penis. Labeled no disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at Birmmshol (Overseas)

Date 10/3/19

Signed H. H. McKinnis 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 C. A. Brill

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

THIS SECTION FOR USE IN CANADA—

Examined at..... (Canada)

Date

Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

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

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

W. H. B.

[OVER]

FORM OF WILL.

Name in full.

I

Regimental Number

serving in

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

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

I DEVISE and BEQUEATH all my real estate unto

Name & Address of persons or person to receive personal estate (see Note 1.)

absolutely, and my personal estate I bequeath to

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this

day of

A.D. 1918

C. A. Brill.
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness

Address of Witness

Occupation of Witness

Name of Witness

Address of Witness

Occupation of Witness

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.

FORM OF WILL

Regimental Number

I the undersigned do hereby declare that the above is my last Will

made by me and signed and sealed in my presence

and in the presence of two or more witnesses

Witnesses

21-11-1918
25-11-1918
21-11-1918

ESTATES REGISTRY
MAILING
DEPARTMENT
— IN —
DEC 10 1918
133, OXFORD ST.
LONDON, W. 1
O.M.F. OF CANADA

REGISTERED
WILLS SECTION
10 DEC 1918
ESTATES REGISTRY LONDON

ORIGINAL HISTORY SH

Enlisted on <u>28</u> day of <u>Sept.</u> <u>1915</u> at <u>Quelph, Ont.</u>				
Joined on enlistment	CORP.	REG'T L. NUMBER.	MONTHS.	DATE.
	<u>29th Co Battery 67d</u>	<u>91032</u>		<u>Sept. 28th/15.</u>
Transferred to..				

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.

Christian Name.

Charles!

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease : how induced : if mild or severe : if completely recovered from ; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
<i>Left Guelph 23/7/16 Arrived Bramshott 13/3/16</i> <i>Moved from Bramshott to Hitley Camp 14/4/16.</i>											

E.T.

Rank _____ Name **BRILL, A. Clarence.** Reg'l No. **91032.**

Unit **29th O.S. Bty, C.F.A.** If in perm. Corps, }
What Unit? }

Place and Date of Enlistment **London. Sep. 28th 1915.** Place of Birth **Brantford, Ont. Canada.**

Name and Address, Next-of-Kin **Mrs W.P. Brill.**
56 Manitoba St, Guelph. Ont. Canada. Relationship _____

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.P. No. **11058**
File R.L. **Lawson**
Category _____

Discharge, Date and Place

Reason

Character

A.F.B. 103 CHECKED

REMARKS.
Taken from Official Documents **NR 20 DEC 1916** **OSB**

Date.	Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	
	Date.	From whom received.				
			<i>Arrived in England</i>	12 MAR 1916		<i>S. S. Missanabie</i>
13-7-16	11th Bde CFA		<i>Embarked for France.</i>	14 JUL 1916		<i>Det. D.O. 133</i>
8-4-17			<i>S.O.S. to 9th Bde on reorganization ceased on command</i>	<i>Laid</i>	25-3-17	<i>" " 66th Bde 70d/7-4-17</i>
24-12-18	CARD		<i>fix S.O.S to Comp Bde. Ins.</i>	<i>Bordon</i>	18-12-18	<i>" 358</i>
			<i>4120. J 2</i>		17-3-19	
16-3-19	9th Bde		<i>S.O.S on proc to Canada.</i>	<i>B'kott</i>	17-3-19	<i>PTD 40</i>

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

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

BRILL. C. A.

REGIMENT

36 Bty. C.F.A.

RANK

Dr.

No.

91032

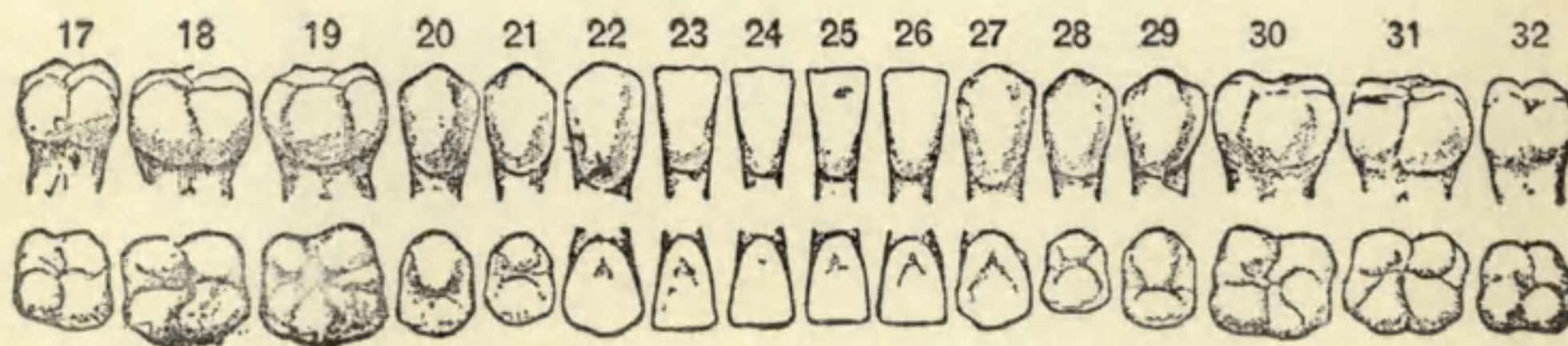
Date of Examination in England

Date of Examination in France

18/1/19

**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

2. EXTRACTIONS

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

(a) In Canada

(b) In England

(c) In France

No.

yes

Signature of Dental Officer

Sgt Marshall

6/1/19

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

RECEIVED

FROM

DR. J. H. HARRIS

CHICAGO, ILL.

1910

1910

1910

1910

CERTIFIED CORRECT.

25 AUG. 1916

CAN. RECORDS, LONDON.

Certified R.L. 2-28-91 File K.T. 102/925
R25 231216
 Fill in Only.—Unit, Number, Rank and Name.

Casualty Form—Active Service.

M. F. W. 54.

150M. 10-15.
H.Q. 1772-39-920.Unit, Regiment or Corps 29th O.S. Battery C.F.A.Regimental No. 91032 Rank Driver Name Brill, Clarence A.Enlisted (a) 11/10/15 Terms of Service (a) Length of War Service reckons from (a) 11/10/15

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				
~~Embarked Canada~~	~~March 26/16.~~	~~Disembarked England~~	~~March 15/16.~~		
		~~Embarked England~~			
		Embarked Canada	St John	26/2/16.	S.S. Missanabie.
		Disembarked England	Plymouth	13/2/16	
		Embarked England			
13/7/16		for active service		14-7-16	<i>Pl 21 8-033</i>
		Landed in France	Havre	15-7-16	Adjutant, 11th Field Bde.
21-3-17.	unit	Trans. to 9th Bde. C.F.A. on Reorganization		25-3-17.	GN2. Letter 06/1866/1 d 9/3/17. B213. PC. 2.0. NO. 66 d 8/4/17
21-3-17	unit	T.O.S. 9th Bde C.F.A. Field		26 3/17	B-213 B+I.O. 70 d 7-4-17
17 1/17	Do	Granted 14 days leave		14 1/17	196 d 24-11-17
8 12/17	Do	Resumed from leave		1 12/17	201 d 15 12/17

(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				
25 ¹² /17	8 CTA	when Permio abn	8 CTA	24 ¹² /17	C-3951
29 ¹² /17	unit	Back to	8 CTA	24 ¹² /17	B-213
7 ¹ /18	8 CTA	when Permio dr	to duty	6 ¹ /18	6-6824
12 ¹ /18	unit	Regained unit	Field	6 ¹ /18	B-213
7-12-18	9 th Bde	Granted 14 days leave	# NS	1-12-18	B213 Pt 2 O No. 169.
19 ¹ /19	---	Regained from leave	leave	29 ¹² /18	KS-419-550a 12 ¹ /18
	✓	Granted 8 Days Leave to U.K. 14 ¹ /19 & S Proc. O.S. W.O.L.		19 ³ /19	C+ II 24/19
		I.O. to Canada			C. A. Hewitt Lieut. for Lt. Col., AAG., Canadian Section
		Can II cases to	28/19 15/3/19		Capt. Adj for O.C. 9 th Brigade, C.E.F.
		Blondford.			
		EMBARKEO S S OLYMPIC SOUTHAMPTON 17-3-19			
		Adjutant, No. 8 Trans-Atlantic Conducting Staff			
7/3/19		For leave posted to		25 ³ /19	2008
1/3/19		Self discharge			0 ¹ Records

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B

12022

March 1/16

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

28	20 1/5/16		
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PARTICULARS OF SEPARATION ALLOWANCE

No. 91032
 Rank Ltr Promoted Reverted Discharge
 Soldier's Name G. Brill
 Battalion 29th O.S. Battery
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Jane Brill
 Address 69 Gordon St Guelph Ont
 Change of Address
 1
 2
 3
 4

Oct 31/17 410 410

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

Nov.	D 55944		20	20	
Dec	A 51401		20	20	
Jan	A 56437		20	20	c
Feb.	C 95328		20	20	9
Mar.	F 102615		20	20	✓
Apr	C 6537		20	20	✓
May	G 17407		20	20	✓
June	E 13573		20	20	✓
July	V 29121		20	20	✓
Aug	C 33280		20	20	✓
Sept.	D 39634		20	20	✓
Oct	F 43455		20	20	
Nov	B 56025		20	20	✓
Dec	C 67688		20	20	
Jan	H 70931		20	20	
Feb	I 79971		20	20	
MAR	F 86296		20	20	
APR			20	20	
			750	750	

2152 C 14

M.R.O. 83067

APR 3 1919

30 2m 85/16 A.P. 25⁰⁰ Mch 1916-30
 " 20⁰⁰ May 1-1916

A/c Closed

Ret'd per. Olympia M.O. 1

Date 26/3/19 M.F.W. 187 3/4/19

Closed 31/3/19 amford

M. F. W. 128
 400M-617-1772-38-1141
 L. L. 22520-M. & D. 7883.

AUDITED.



Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF ASSIGNMENT

4

M. F. W. 128
400M.—6-17-1772-89-1141
I. L. 22320—M. & D. 1993.

2nd. Contingent

MILITIA AND DEFENCE

M. F. W. 12a.

60m.—12-15.

1772-39-819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Jane Brill

PAYMENTS.

Name of Soldier

Brill. C.

#91032.

29th OS Battery.

L. L. Job 89002.—Req. 6213.

Month.	Year.	Cheque No.	Amt.
April	1916	L1758	25-
May		M4292	20
June		N7918	20
July		C7326	20
Aug.		G11189	20
Sept.		V5823	20
Oct.		Z20146	20
Nov.		B25112	20
Dec.		D33502	20
Jan.	1917	F36386	20
Feb.		742193	20
March		G49090	20
April		S208	20
May		E7260	20
June		L13720	20
July		D20169	20
Aug.		K27552	20
Sept.		J34888	20
Oct.		H48722	20
Nov.			
Dec.			
Jan.	1918		
Feb.			
March			
April			
May			
June			
July			

\$25.00

\$20.00

Remarks.

MAR 1 1916

May 1 - 1916

20 Ju

20 C

20 6

269. Gordon St Suelph Ont 28 6/7 413

+ 410 WDC

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.				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTSTo Whom Mrs Jane BrillBy Whom Assigned Brill C.Address 56 Manitoba StreetRegtl. No. 9103269 Gordon St Guelfh. Ont.Rank Dr.Corps 29th O.S. Battery.

Rate

\$25.00\$20.00 May 1/16. 2m 8/5/16 R 17/1/16MAR 1 1916

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		<u>161583</u>	<u>25 -</u>	



30148

30148

50
360

Rank _____ Name **BRILL, Clarence.** Reg'l No. **91032.**
 Unit **29th O.S. Bty, C.F.A.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **London. Sep. 28th 1915.** Place of Birth **Brantford, Ont. Canada.**
 Name and Address, Next-of-Kin **Mrs W.P. Brill.**
55 Manitoba St, Guelph, Ont. Canada. Relationship _____

Assigned Pay Monthly \$ **25⁰⁰**Payable to **Mrs. W.P. Brill, 55 Manitoba St, Guelph, Ont.**
Relationship _____

Separation Allowance \$ _____

Payable to _____

Relationship _____

Discharge, Date and Place _____

Reason _____

Character _____

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date						
Feb 29	1 Mar 31	31	1⁰⁰	31 00	31	1⁰⁰	31 00		34 10			12 17	25 00		26 17	26 90	L.C. Canada

[illegible]

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

Brill

b

91032

RANK

UNIT

Co.

TROOP

BATTY.

Svr.

can art.

9 B.

HOSPITAL

DATE OF ADMISSION

8. can fld. amb.

24 12. 17

1.

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

Ulcer Penis ^{not} _{to}

1

2.

3

DISPOSITION

Dis. 6-1-18

DATE

Ch. 3. 1. 18.

a 131.

1.

REMARKS

12-1-18 @ 189.

A.M.D. 2 Dept.

Beh. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

Name _____

BRILL

Rank Dvr

Reg. No. 91032

Unit

36/9 Bde C.F.A.

Next of Kin

[illegible]

[illegible]

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REGT'L. No.

H. Q. FILE NO. 649

FOLLOWS

No.

FOLLOWS

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A131	#8 Can. Old Amb	247277	Ulcer Penis
A139	" " Wisch	6-1-18	Ulcer Penis

No. 91832

RANK

Plt. Gr.

NAME

Brill C. A.

T. O. S. 11-10-15.

UNIT

D.O. 95812-10-15. 29th Battery C, 7th A 11th Howitzer Brigade

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1916			
Oct 11	Oct 31	✓		
Nov		✓		
Dec		✓		
1916				
Jan.		✓		
Feb.		✓		

SURNAME

Brill

CHRISTIAN NAMES

*Clarence T.*REGL. No. *910 32*RANK *Over.*UNIT *29th Baty, 11th. Bde.*FORMER CORPS *nil.*

NEXT OF KIN.

NAMES IN FULL

Brill, Mrs. H. P.

RELATIONSHIP TO SOLDIER

R. N. S.

ADDRESS

~~*56 Manitoba St.*~~*69 Gordon St., Guelph, Ont.**Rb.**S. A. A. P. 29-6-12.*

COUNTRY OF BIRTH

Canada, Brantford, Ont.

PLACE OF ATTESTATION

London, Ont.

DATE

March 25-1897.

DATE

Oct. 11, 1915.

CARD NO.

*6(B)**sent to Denum 31-3-19*

FOLL.

*Do 87. 28-3-19.**Also notify.**Erma R.**Johnson, 261**Arlington Ave.**Ottawa, Ont.**Auth. Letter 15-11-17*

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

Watchmaker

RELIGION

Baptist or Congregationalist

DESCRIPTION.

APPARENT AGE

18 YEARS

6 MONTHS

HEIGHT

5 FEET

6 1/4 INCHES

CHEST MEASUREMENT

35 INCHES

EXPANSION

3 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light

DISTINGUISHING MARKS

One vaccination scar on left arm.

MEDICAL EXAMINATION.

PLACE

Guelph, Ont.

DATE

Sept. 28, 1915.

649-B-20339

Number

91032

Rank

Gnr

Surname

BRILL

Christian Name

Clarence

Andrew

Units

C. I. A.

Theatre of War

France

Date of Service

15/7/16

Remarks

68 Cambridge St

Latest Address

~~157 St. Joseph~~

Guelph, Ont

Roll No.

19 Page 22294

200m.-6-21.m.

REGT. NO. RANK NAME

UNIT AGE SERIAL NO. IN A. AND D.

TOTAL SERVICE WHERE DATE AND PLACE OF OR
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)
NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT IN CA

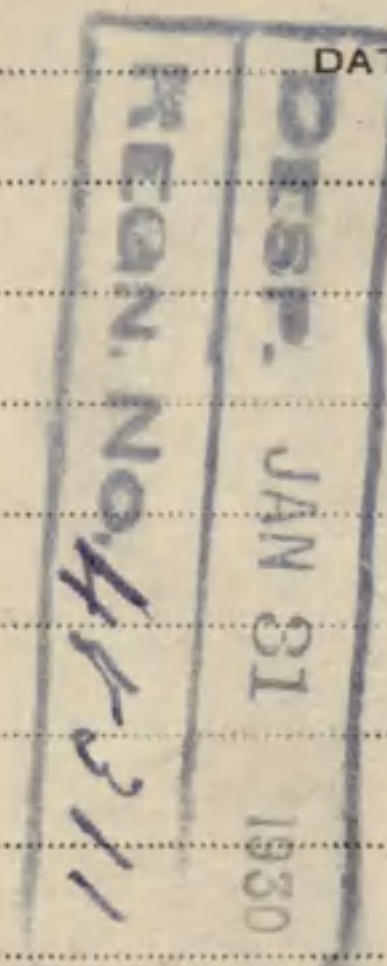
DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

NEXT OF KIN ADDRESS



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. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129).
5. Last Pay Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122).
7. Certificate on Discharge (M.F.B. 218a).
8. Certificate (M.F.W. 39a).
9. Certificate enclosed in special envelope (260M).
10. Copy of Discharge Certificate (M.F.W. 39a).
11. Dispersal Certificate (C.D. 3).
12. Equipment Statement Q.M.G. Form (D.O.S. 2).
13. Last Pay Certificate (M.F.W. 44).
14. Privilege Certificate (A.B. 64).
15. Certificate of Discharge (M.F.W. 2595).
16. Casualty Form.

Group..... B
 Checked by No. 11
Tom
 Date..... 14/3/19

War Service Badge
 Class "A" No. 144699

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No.	<u>91032</u>	
2. Rank.	<u>Driver</u>	
3. Name.	<u>Brill Clarence Andrew</u>	
4. Unit.	<u>36th Battery C.F.A.</u>	
5. Date of Discharge	<u>14-4-19</u>	Place <u>Halifax</u>
6. Reason for Discharge	<u>Demobilisation</u>	
7. Authority.	<u>RD 14420</u>	
8. Proposed Residence after Discharge	<u>Guelfph. Ont.</u>	
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. ?..... <u>C. A. Brill</u> Signature of Soldier.	
10.	CONFIRMATION. The discharge of the above named man is hereby confirmed. Place..... Date..... <u>MAR 25 1919</u> <u>Major</u> Signature..... (O. C. Discharging Unit.)	

Regtl. No..... Rank.....

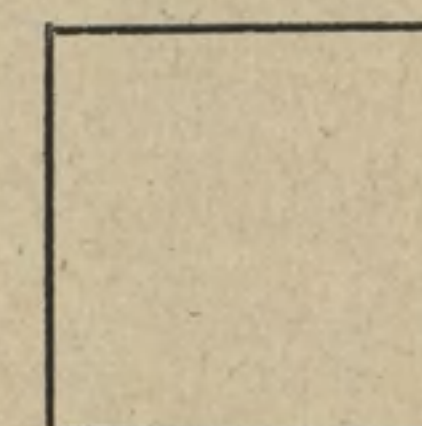
Name
(Christian Names in full) (Surname)

Unit.....
Regt. or Corps

Date of { Discharge*
Disembodiment*
Transfer to the Reserve* } 191.....
* Strike out whichever inapplicable.

COVER
FOR
DISCHARGE DOCUMENTS.

NOTE.—In every case where A.F. Z.22 is included among the documents the letter Z is to be stamped in the space provided below.



WAR SERVICE BADGE

CLASS "A" No. *JK*

D.A.

Regtl. Number *91032*

Rank *Driver*

Name *Drill* *Clarence Andrew*
(Surname) (Christian name in full)

Regt. or Corps *Canadians*

Unit *36th Battery C.F.A.*

Original Unit *29th Battery C.F.A.*

Category *A*

Occupational Group *13*

Next of Kin *Mother*

Religion *Catholic*

Place of Residence *Sault Ste. Marie, Ont.*

Documents		Date
Trip Attestation Papers	1	10/2/19
Casualty Form (103)	1	10/3/19
Medical History Sheet	2	10/3/19
Proceedings of Medical Board	1	10/3/19
Dental Certificate (C.A.D.C. 5009 A)	1	10/3/19
Field Conduct Sheet (A.F.B. 122)	1	10/3/19
Proceedings on Discharge (M.F.B. 218 A)	1	4/3/19
Discharge Certificate (M.F.B. 39)	1	4/3/19
Special Envelope (M. 260)	1	4/3/19
Copy of Discharge Certificate (M.F.B. 39 A)	1	4/3/19
C.M.G. Form (D.O.S. 2)	1	10/3/19
Last Pay Certificate (P. 351)	1	12/3/19
Pay Book (A.B. 64)	1	12/3/19
War SERVICE GRATUITY (P. 380)	1	10/3/19
Dispersal Certificate (C.D.)	3	10/3/19
<i>Summaries</i>	2	10/3/19

Embarked S.S. "Vernon" 12/3/19
Sault Ste. Marie
Mar 11 - 1919

Olympic 25.3.19
PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *98832* RANK *Gr.* NAME (IN FULL) *Brill E.*

M. OR S.		RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
NEXT OF KIN								
ADDRESS			<i>Don O</i>	<i>14.3.19</i>	<i>Leo. Py</i>			
IS SEPARATION ALLOWANCE PAID?		DATE EFFECTIVE				PLACE OF ATTESTATION	TRANSFERRED TO	DATE
						DATE OF ATTESTATION	TRANSFERRED TO	DATE
TO WHOM PAID		RELATIONSHIP				ASSIGNED PAY \$	DATE EFFECTIVE	
ADDRESS						<i>20.00</i>	<i>1.4.19</i>	
						PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
						<i>Mrs M.J. Brill</i>		
						<i>56 Manitoba St.</i>		
						<i>Quebec Ont.</i>		
						STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
						DISCHARGED	PLACE	DATE
						<i>Alfred</i>		<i>31-3-19</i>
							REASON	AUTHORITY
							<i>Smob.</i>	<i>Leo. Py</i>
								IF ENTITLED TO POST DISCHARGE PAY

BALANCE FROM PREVIOUS ACCOUNT	MONTH	PAY AND F.A.			OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REG. MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
		NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	DEBIT		CREDIT	
				\$	C.																						
																											NO.
28.2.19	135319	31	1.10	34	10	70.00		139	10					487	5.00	108	67	70.00			56		139	10	By debit Card L.R. Cashway allow for W.S.G. Cal 1.2.19 on boat Cal 8 Bal on Bro. H.P. re. for March.		
WAR SERVICE GRATUITY. W.S.G. S. A.																											
183 days						420.00		420	00							70.00								350		1st Payment on W.S.G.	
																140								210		392409 19-3-19	
																70								140		877030 26-6-19	
																70								70		892962 28.7.19	
																70							420			1128962 27-8-19	
								420								420							420				
Certified that all payments due on this acct. have been paid.																											
H. A. Alham For Senior Officer Pay Services, M. D. 6.																											
MAY 28 1919																											

Certified that all payments due on this acct. have been paid.
M. D. C.
For Senior Officer Pay Services, M. D. C.

Ce
or
For Senior Officer Pay Services, M. D. 6

RELATIONSHIP OF DEPENDANT

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

NAME OF HOSPITAL

DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		1	2	3	4				CREDIT	DEBIT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
			\$	C.			\$	C.			\$	C.				NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
1916																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												

[illegible]

ASSIGNED PAY. EFFECTIVE DATE: 1-5-16 AMOUNT: \$20.00		ENGLAND OR CANADA. SEPARATION ALLOWANCE. EFFECTIVE DATE:		ENGLAND OR CANADA. NAME: BRILL Clarence NUMBER: 91032							
NAME, ADDRESS, RELATIONSHIP & AUTHORITY Mrs. M. J. Brill 56 Marlboro St. Guelph, Ont. Stopped Eff. 11.3.19.				PARTICULARS OF RANK OR APPOINTMENT AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT Gunner							
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT DATE OF PAYMENT NUMBER OF A.R. UNIT PAID BY AMOUNT				UNIT AND TRANSFERS ORIGINAL UNIT: 29th Battery DATE ACCOUNT FIRST OPENED: 1-3-16 AUTHORITY DATE EFFECTIVE DATE LEDGER SHEET T 57 D UNIT TRANSFERRED TO 9th Bde C.F.C. Can Sec							
DAILY RATES OF PAY AND ALLOWANCES AUTHORITY PAY F.A. P.F.A. SUBS'CE ALL'CE				100 10							
PARTICULARS OF RENDERING NON-EFFECTIVE: 28/4/19 H.R. 3888 Bramshott to B. 28/4/19 L.S. O Bal 9 1/2 L.P. 6 D Bal 56 cents											
MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March	Balance Forward								45 24		
April	Guns Pay	33		A.P.				20	58 24		
				AR 24 8/4/18 9 Bde.	4 46						
				80 23/4	3 57				50 21		
		33 -			8 03			20 -			
May	" "	34 10		AP				20 -			
				150 8/5	4 46						
				263 22/5	3 57				56 28		
		34 10			8 03			20 -			
June	" "	33		AP				20 -			
				324 7/6	4 46						
				386 27/6	3 57				61 25		
		33			8 03			20 -			
July	" "	34 10		AP				20 -			
				455 8/7	4 46						
				527 23/7	3 57				67 32		
		34 10			8 03			20 -			
Aug	" "	34 10		AP				20 -			
				593 7/8	4 46						
				701 24/8	3 57				73 39		
		34 10			8 03			20 -			
Sept	" "	33		AP				20 -			
				785 24/9	7 14				79 25		
		33			7 14			20 -			
Oct	" "	34 10		Cap				20 -			
				AR 828 16/10/18 9 Bde	3 73				89 62		
		34 10			3 73			20 -			
									Forward		

COMPILED BY: L. G. Salter
CHECKED BY: R. Arnold

