REGIMENTAL DOCUMENTS

NAME BROWN WALTER Gnr REGT. NO. 551317 UNIT R.C.A.A H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)		M			DEATH
	ROYALTY 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)				45787	
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)		H			DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob
	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)					
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	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
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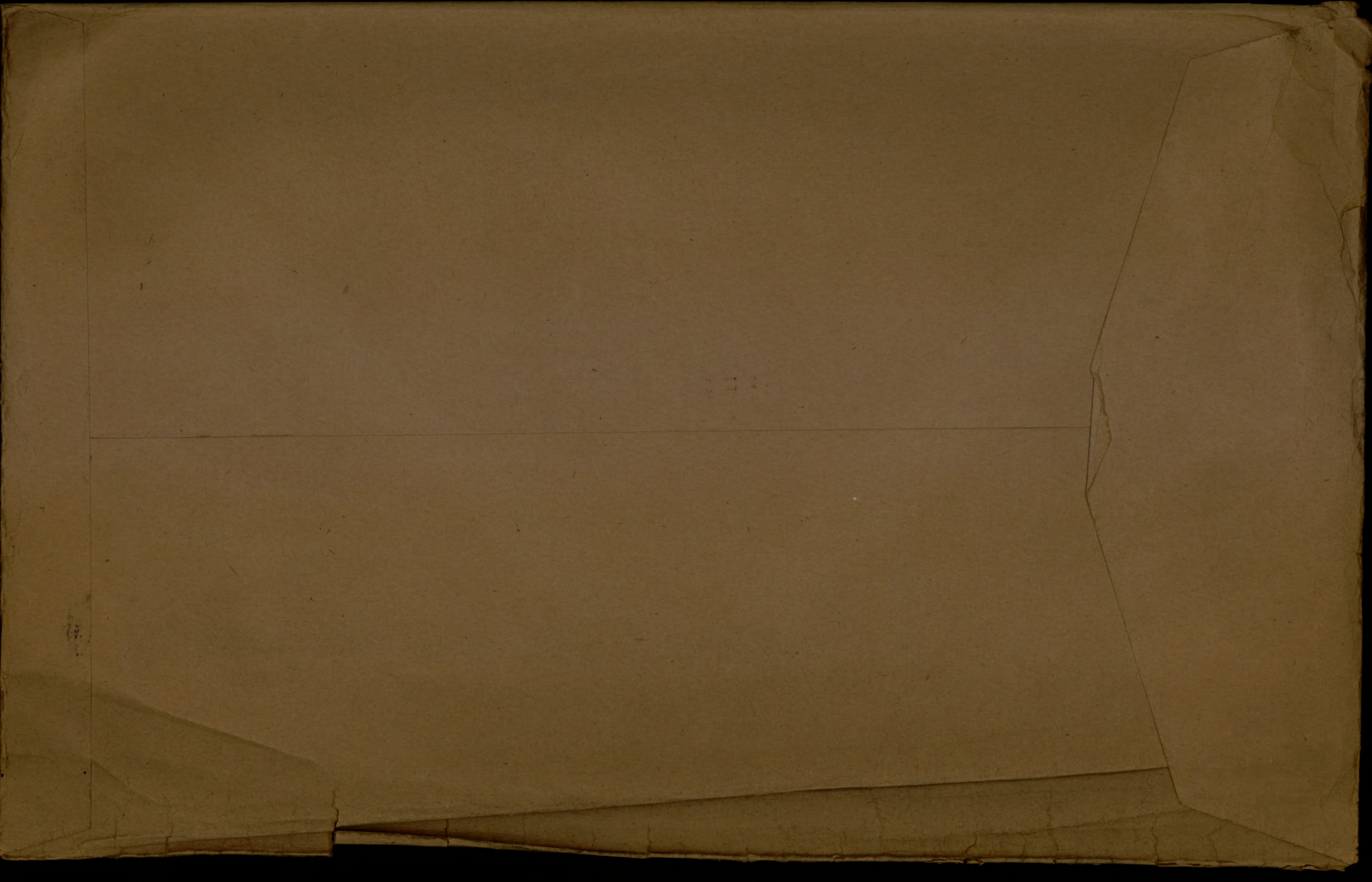
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					4-27
1	Disp cert					19-27
1	ceo card					29-28
3	Dup					
1	AF22					
1	pc					
						2 -

W. 2889
100M-11-18
1772-39-1577



Original

ATTESTATION PAPER.

No. ~~115 115~~

Folio. 551 317.

3d Div. Cavy.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? Walter Brown
2. In what Town, Township or Parish, and in what Country were you born? Harefield, Middlesex, England
3. What is the name of your next-of-kin? Henry P. Brown (Father)
4. What is the address of your next-of-kin? Quill Lake, Sask. Saskatchewan Canada
5. What is the date of your birth? 12th April 1893
6. What is your Trade or Calling? Section Foreman
7. Are you married? No
8. Are you willing to be vaccinated or re-vaccinated? 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

W. Brown (Signature of Man).

Harold Smith (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Walter Brown, 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.

W. Brown (Signature of Recruit)

Date 29th December 1914. Harold Smith (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Walter Brown, 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.

W. Brown (Signature of Recruit)

Date 29th December 1914. Harold Smith (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 Regina this 29th day of December 1914.

J. McCarthy JP (Signature of Justice)

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

H. Washington Major (Approving Officer)

200 M.—8-14.
H.Q. 1772-1-13.

Officer Commanding 10th. O'seas C.M.R. ~~Lt. Col.~~

Description of Walter Brown on Enlistment.

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

Height ..... 5 ft. 10½ ins.

Chest measurement: Girth when fully expanded ..... 39 ins.
Range of expansion ..... 3 ins.

Complexion Fair

Eyes Blue

Hair Fair

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

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 23rd December 1914. A C Kellett Captain
Place Regina Sask 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.

Walter Brown 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.

H Bewsher Major (Signature of Officer)

Date March 18 1914.

Officer Commanding 10th. O'seas C.M.R.R. ~~Lt. Col.~~

CANADIAN EXPEDITIONARY FORCE

War Service Badge
Class "A" No. 27.8.212

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No 55317 (Rank) Gunner

Name (in full) Brown Walter enlisted in

the 10th B. M. R

CANADIAN EXPEDITIONARY FORCE at Regina on the 29th

day of December 1914

HE served in RCHA England & France

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 26

Height 5ft 10½ in

Complexion Fair

Eyes Blue

Hair Fair

W. Brown.

Signature of Soldier.

Marks or Scars Scar right shin

J. T. Hickey Lt.

Issuing Officer.

for O. C. Dispersal Area Station H

Captain

Rank

Date of Discharge

DISPERSAL AREA STATION H. KINGSTON ONT. MAY 31 1919 NO. 3 DISTRICT DEPOT

Date ..... 19....

N.B.- AS NO DUPLICATE OF THIS CERTIFICATE WILL BE ISSUED, ANY PERSON FINDING SAME IS REQUESTED TO FORWARD IT IN AN UNSTAMPED ENVELOPE TO THE SECRETARY, MILITIA COUNCIL OTTAWA, CANADA

M.F.B. 39A.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch B

OVERSEAS CONTINGENTS

13823

Date of Assignment March 1st 1917.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20.			

PARTICULARS OF SEPARATION ALLOWANCE

No. 55-1317.

Rank Lgr. Promoted Reverted Discharge

Soldier's Name Walter Brown.

Battalion 6an. Corps. Cavalry.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Geo. Brown

Address ~~Quill Lake~~ Sask.

Quill Lake. Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Oct 31			160 –	160 –	
Nov	D 53984		20 –	20 –	
Dec.	C 64102		20	20	S
Jan	P 26037		20	20	S.
Feby	6 97088		20	20	
Mar	a. 104335		20	20	✓ ✓
apl	a 1551		20	20	✓
May	A. 19148		20	20	
June	E. 15733		20	20	✓
July	V 30812		20	20	✓
Aug	E. 27603		20	20	✓
Sept	H 41770		20	20	✓
Oct	F 45794		20	20	✓
Nov	B 56846		20	20	✓
DFC.	C 68955		20	20	✓
Jan 1919	H 72586		20	20	✓
Feb.	I 81473		20	20	H
Mar.	F 87460		20	20	
Apr.	A 2792		20	20	
May	D 4409		20	20	
			540	540	

225.9. M. 94

REMARKS

AUDITED.

Ret'd per Carmania

Date 29.5.19 4.6.19

Closed

Cm. D #3

Cm. R.O 122404

M.R.O.1.B. 13/6/18

M. F. W. 128
400M.—6-17—1772-89-141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 1993.

100(a) Canadian Corps Camp Bramshott

To: Officer Commanding.....R.C.H.A.....

The following is a Special Ear Report on the undermentioned. Your M.O's attention should be called to it and the case should now be paraded with this report in triplicate, the Medical History Sheet and the Casualty form to the ~~SHORT~~ LONG Board as there ~~IS~~ IS NOT a disability of the EAR.

NAME.....NUMBER.....RANK.....UNIT.....
FORMER OCCUPATION
ORIGINAL DISEASE OR INJURY
DATE OF ORIGIN Jan '15 PLACE OF ORIGIN Ypres.
PRESENT DISABILITY
HISTORY OF PRESENT CONDITION
DID THE DISABLING CONDITION HAVE ORIGIN BEFORE ENLISTMENT ?
IF SO HAS IT BEEN AGGRAVATED ON ACTIVE SERVICE ?
HAS THE DISABILITY BEEN CAUSED OR AGGRAVATED BY INTEMPERANCE OR IMPROPER CONDUCT OR UNREASONABLE REFUSAL TO ACCEPT TREATMENT ?
WHAT IS THE PROBABLE DURATION (IN MONTHS) OF THE DISABILITY ? 3 months
CAN THE FORMER TRADE OR OCCUPATION BE RESUMED ? Yes
NOSE:-

Septal spurs membrane opposite middle turbinate.
middle turbinates oedematous
Inferior turbinates hypertrophied

Throat Tonsils enlarged & cryptic

Throat hypertrophied hypertrophy Left tonsil adherent pharynx
inferior portion of tonsil shut pocket

Right tonsil shut present.

Oropharynx Enlarged lymphoid tissue

EAR:-
Rt;;;;
VOICE: 6ftWATCH: WEBER: RINNE: SCHWABACH: MEATUS: DRUMHEAD:

LT:-

CATEGORY RECOMMENDED
DATE 16/5/17

.....MAJOR C.A.M.C.
Officer i/c Eye & Ear Dept
Medical Board CCC Bramshott.

1980 1435 1183

P. 880.

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 Walter 2. Surname BROWN

3. Rank Gunner 4. Original Unit 10th bn A. 5. Reg. No. 551317

6. Address, in full, to which future payments of gratuity are to be forwarded
Can. Bank of Commerce
Regina Sask

7. Date of enlistment in the C.E.F. 29th December 1914

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Not applicable.

9. Relationship of such dependent Not applicable

10. Address, in full, of such dependent Not applicable

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? Not applicable

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served one year 10th M.R.'s Eleven months 3rd Div. Cavalry. Two years six months Rb't's. France

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.

5484. Wt. /80P. 250,000(3). 2/19. S.O.,F.Rd.

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? nyp

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? Yes

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

24. Are you now serving in the C.E.F.? No If not, give:—(a) Date of discharge ~~7-5-19~~ 3-6-19 (b) Reason for discharge demob

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 No

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 Yes

Regtl. 3-10-16. to 16-4-19

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

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

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: W. Brown.

Place of Residence: Quill Lake Sask.

Declared before me at: Brunshott Camp.

This Seventh day of May 1919

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

J M Bleasby Lieut RCR

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

~~115165~~ 551 317

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Brown *Christian Name* Walter

Examined { on 23rd day of December 1914
at Regina Sask.

Birthplace { City or Town Hanfield
County Middlesex England

Apparent age 20

Trade or occupation Section Foreman.

Height 5 Feet 10½ Inches.

Weight ____ Lbs.

Chest measurement { Minimum 36 inches.
Maximum expansion 39 inches.

Physical development Good.

Small-Pox Marks None

Vaccination Marks { Arm ~~Right~~ Left.
Number 2

When Vaccinated last Childhood

(*a*) Marks indicating congenital peculiarities or previous disease None.

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

Approved by
A. S. Cassell
Rank ____ M.O

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O
		M.O.
		M.O
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
March 24/16	Good.	W B Macklemott. M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
	P.P.P.	
July 20/16	Good	3 Tubes W B Macklemott M.O.
25.5.16	"	Letter PPMS 27.5.16 M.O.
		M.O.

Enlisted on 29th *day of* December *191*4 *at* Regina Sask

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	10th C.M.R.	~~115165~~	Good	December 29. 1915.
	3rd Bav. Division	551. 317		Jany 1st 1916
Transferred to..				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Bramshott	6-5-16.	1/ Turgescent Rhinitis Tymbal Hypertrophy pharynx. 11/ Bunion R.T.	"A" C.O. Mills Capt.

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.

M. F. B. 313.
100M.—5-15.
H. Q. 1772-39-439

Surname B [illegible] Christian Name [illegible]

STATION.	Date of Arrival at the Station.	DATES OF Admission into Hospital. Day	Month	Year	DATES OF Discharge from Hospital. Day	Month	Year	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.
Regina Sask	Sept 23/1914										W B. MacDermott D.S.O. Maj. Capt.
Camp Hughes	June 7/15.										J. A. Hayward.
Portage La Prairie	Oct 7/1915	22	Nov	1915	29	Nov	1915	Tonsilitis.	8	Tonsils removed complete recovery.	A. C. Phillips
"		4	Dec	1915	12	Dec	1915	Influenza	6	Mild attack complete recovery.	

Duplicate Medical History Sheet posted to here.

ET.

Rank PL/Cpl Name BROWN, Walter. Reg'l No. 551317

Unit 3rd Div. Cavalry If in perm. Corps, What Unit? } Married or Single Single.

Place and Date of Enlistment Regina Dec 29th 1915. Place of Birth Harefield. Eng.

Name and Address, Next-of-Kin Harry. R. Brown.

Quill Lake. Saskatchewan. Canada. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Reason Character

Date From	Date To	PAY No. of Days	PAY Rate	PAY Amount	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount	Other Credits	Total Credits	Voucher No.	Voucher Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
1916																	
17 Cy	16	29	1.05	30 45	29	10	2 90		33 35			9 73			9 73	23 62	
1. Mar	21.	21.		27 55	21		3 10.		25 65			24 34			24 34	34 93.	
		63 -		6 -	69 -		34.07		34 07						34 07	34.93	

Checked [signature]

BALANCE TRANSFERRED TO NEW LEDGER.

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						

ET.

Rank L/Cpl ~~L/Cpl~~ Cpl Name **BROWN, Walter** Reg'l No. **551317**

Unit **3rd Div. Cavalry** If in perm. Corps, What Unit? Married or Single **Single.**

Place and Date of Enlistment **Regina Dec 29th 1915** Place of Birth **Harefield. Eng.**

Name and Address, Next-of-Kin ~~Henry~~ **Harry. R. Brown.**

Quill Lake, Saskatchewan. Canada Relationship **Father**

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/ [illegible] 1926
File R.L.
Category

Report Date	Report 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
		Str Missanabie			
		Arrived in England.		31 JAN 1916	
2.2.16	orced	Taken on strength ces Shorncliffe		30-1-16	Pay 20th .38.
8.4.16	"	*Embarked for France.* 3rd Div Cav.	"	3.4.16	" 99
31.5.16	3rd Divl Cav	This Unit will form part of 3 Can Corps Cavalry Regt Field			Rpt 2nd 7/3 Pt II. 1. 31.5.16 Corps Cav Regt
31.7.16	O.C. C.L.C. Regt	Confirmed in rank of L/Cpl	"	14.1.16	" 9
31.7.16	"	Promoted Cpl	"	2.4.16	" 9
14.8.16	"	Attd 1st Can. Div. Grenade + T.M. School	"	6.8.16	" 11
5.9.16.	"	Returned to Duty	"	8.8.16.	" 16
9.9.16	"	While on Traffic Control Duty Attd for rations Duty + Discipline to 1st Can Div.	"	30.8.16	" 15.
30.9.16	"	Ceases to be attached Div Traffic Control	"	24.9.16	" 27.

H.F. B103 checked (N.R) 8.12.16 JMcG

551317 Pte Brown W.

Report Date	Report 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
	O.C.				
16·10·16	C.C.C. Regt.	Reverts to Ranks at own request	Field	2·10·16	Pt II 38.
16·10·16	"	Trans to R.C.H.A.	"	2·10·16	" "
19·10·16	R.C.H.A.	T.O.S. of Lieut on Trans from Can Cap & Cav Regt.	"	3·10·16	" 69.
10·3·17	" "	Appt of Bombardier.	"	5·2·17	" " 35
14-5-18	do	Appt'd Acl/Cpl. with pay	"	19-3-18	Pt 39
26-8-18	do	Confirmed Corporal	"	19-3-18	" 64
14-9-18	do	Reverts to Gunner A.R.	"	8-9-18	- 74 Cert of Reversion filed 17 9 18
21 + 19		proceeded to England	"	le Havre	16+19 " 28
5-5-19	G. wing	T.O.S. Pending R.T.C.	"	B. Shott. 17-4-19	— 16
26-5-19	Do	S.O.S. to Canada	"	Do	21-5-19 - 20.

To Canada 66-H-15 21-5-19

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Geo. George Brown
(Assignee)

Name of Soldier Brown Walter
"3'31317"

I. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
				$20 Mch 1/17
April	1916			2M 26/2/17 Glo. Mch 31/17
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		W 54633	20	20 L
April		a 5013	20	20 B.
May		L7011	20	
June		T13807	no	20 B.
July		0 20867	20	B.
Aug.		B 27772	20	03
Sept.		34106	20	03
Oct.		P47757	20.	160 B.
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

J.E.R

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier_____

PAYMENTS.

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.				

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Geo George Brown

Address Le Bret
Sask.

By Whom Assigned Brown Walter

Regtl. No. "55 1317"

Rank Gr.

Corps Can: Corps Cavalry

Rate $20~ Mar: 1/17

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			2nd 26/2/17 C.M.C. 31 Mch 17
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 5 ACCOUNT

Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Mrs H. R. Brown

Address Quill Lake
Sask.

By Whom Assigned Brown. H.

Regtl. No. 551317

Rank Corpl.

Corps 6 C. C. Regt.

SPECIAL REMITTANCE

Rate $50. 00

Sched 165 14/8/16

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.		1916. J. 15364	50 –	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED ACCOUNT

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				
2 10/16	A. A. G.	Taken on strength R.C.H.A. on Transfer from 6. C. Cav. Regt.	Field	3 10/16	Pt II 69. 19-10-16 file. K.G. 294/1600.
3 11/16	Unit.	Joined on transfer	Field	31 10/16	B213.
3-3-17	do	Apptd A/Bombardier to complete establishment	do	5-2-17	B.213 Pt 11 35 d/ 10-3-17
15-9-17.	Unit	Granted 10 days leave	do	12-9-17.	B213. Pt II O. 98. d/ 24-9-17
29-9-17	Unit	Rejoined from leave	do	23-9-17	B213 " " 104 d/6-10-17
27-10-17	Unit	attached to Can. Cav. Bde. signalling school for course of instruction	do	22-10-17	B213.
18-11-17	do	Rejoined Unit from course	do	8-11-17	B213.
26-1-18	Unit	Adm. to. Hospital	do	23-1-18	B213.
26-1-18	Cav Fld Amb.	F. C. T leg	1st Cav Fld Amb	25-1-18	A36 = D 185
2-2-18.	do.	do. ad.	1 Cav. Fd. Amb.	25-1-18	A36- D1238.
2.2.18	do	do	do	25-1-18	A36 - ED 7147
9-2-18	Unit	Rejoined from Hospital	Field.	5-2-18	B213.
9-2-18	Cav Fld Amb	F. C. T. leg to	duty	4-2-18	A36 - X1801
20-4-18	R. C. H. A	appointed A/Cpl. with Pay to complete Establishment	Field	19-3-18	B213 Pt II O No 39 d 14-5-18
22-6-18	47 C. C. S.	Influenza.	47. C. C. S.	22-6-18	F. 8749.
24-6-18	2/ Home Fd. 2/ Counties	Do to	C. C. S.	23-6-18	F. 8837
26-6-18	12 Gen Hosp.	Do	12. Gen Hosp.	26-6-18	F 9121
1-7-18	C. G. B. D.	Taken on Strength of	C. G. B. D.	30-6-18	N.R. (950)
28-6-18	12 Gen Hosp.	Influenza	4 Base	28-6-18	F9322
29-6-18	41 C. C. S.	Do.	14 Amb Train	25-6-18	A36 - A 4987.

Verified R.L.2.7.91
R.2.S. 12/17

A/Cpl

1-T-101-566.
3rd Div. Cas. Clk
551. 317

A/Bdr

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

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Casualty Form—Active Service.

CERTIFIED CORRECT
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Unit, Regiment or Corps 10th D'Seas b. m.R.R. Pte

Regimental No. ~~115165~~ Rank Pte. Name Walter Brown.

C.E.F.

Enlisted (a) 29-12-14. Terms of Service (a) Duration of the War Service reckons from (a) 29-12-14.

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

W. S. B. CLASS. A

Extended Re-engaged Qualification (b)

Report Date	Report From whom received	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.
		EMBARKED FOR FRANCE.		6 4 16	W.O/121/1322/S.D.2. 19.12.15.
2/5/16	H.Q.G.H.Q.	This unit will in future form part of 6.6 bas Rept	"	31-5-16	Pt II No 73 d/- 31-5-16
17/7/16	base records	confirmed in rank of A/Cpl	"	14/1/16	198/bas/17/1 " 9 " 31/7/16.
29/4/16	3 Div. bas.	Promoted Corpl.	"	2/4/16	B213 " 9 " 31/7/16
6/8/16	O.C.	Attached 1 Div. Gren & M. School	"	6/8/16	Do " 11 " 14/8/16
31/8/16	Do	Returned to Duty	"	8/8/16	108/386 " 16 " 5/9/16
3/9/16	Do	Attached 1 Div Graf. Control	"	30/8/16	B213 " 18 " 9/9/16
24/9/16	"	Returned to duty	"	19/9/16	" 27 " 30/9/16
9.10.16	O.C.	Reverts to Ranks at own Request.	"	2.10.16	" 38. 16.10.16
16.10.16	A.A.G. Base	Transferred to R.C.H.Q.	"	2.10.16	KG 294/1600 " 38. 16.10.16

CERTIFIED CORRECT
CAN. RECORDS, LONDON
29 SEP 1916

(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.

Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

CADC [redacted] A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) BROWN. W

REGIMENT R-C-A-C RANK Spr No. 551317

Date of Examination in England 30-4-19 Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

R-C-A-C

PRESENT DENTAL REQUIREMENTS

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

CAN. ARMY DENTAL CORPS M. D. 3. ONT.

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

BRAMSHOTT CAMP

Signature of Dental Officer E. G. Berry - Capt.

FORM D M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
BROWN	W.	551317

RANK	UNIT	CO.	TROOP	BATTY.
A/Sgt. A/Bdr.	RCHA	CA.		

HOSPITAL — DATE OF ADMISSION

1. 1 CAV.FID.AMB. — 25-1-18.
   H! C. C. Station 12 G.H. Rouen. — HOSP. 22-6-18 26-6-18
2. HOSP.
3. HOSP.
4. HOSP.

DIAGNOSIS

1. I.C. T.Lt.Leg. b
2. Influenza.

3.

DISPOSITION — DATE

CL31-1-18 A155.
14. 2. 18 a167-1.
29-6-18 a281.
" 3-7-18 a283 (3)
4.7.18 a284.

REMARKS
Dis 14. 2. 18
Dis 28.6.18

A.M.D. 2 DEPT.
R-Bch. & U.S.M.C. U.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

	HOSPITAL	ADM.
1,		
2,		
3,		
4,		
5,		
6,		
7,		

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS

JJ

Number 557317 Rank Cpl

Surname BROWN

Christian Name Walter

Unit Can. Cav. Bde. Theatre of war France

Date of Service 3.4.16

Remarks

Latest Address Quill Lake Sask

Poll No. Page 3863

NAME

REGT. No.

RANK AND UNIT

NEXT OF KIN

CABLE	
No.	DATE
4	MAY 1 8 1918

NATURE OF CASUALTY

4 20880 Disp

M. F. W. 42—100 M.—8-18.
H.Q. 1772 39-893.

No. 10530 RANK Tpr. NAME Brown H.

115165 Sept. Paylist
55 1317 Jan. " "

T. O. S. UNIT 10th C. M. R.

M. D. 10

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915	1915			
Jan. 1	Jan. 31	✓		
	Feb.	✓		
	Mar.	✓		
	Apr.	✓		
	May.	✓		
	June	✓		
	July	✓		
	Aug.	✓	Promoted Cpl. 1/8/15	D.O. 207 of 3-8-15
	Sept.	✓		
	Oct.	✓	Promoted Cpl. 14/10/15	D.O. 250 of 15/10/15
	Nov.	✓		
	Dec.	✓	Reverts to Tpr	D.O. 11 of 14-1-16
1916	1916		Trans to 3rd Div. Cav. Sqd. 30/12/15	D.O. 10 of 4-1-16
Jan. 1	Jan. 31	✓	Shown on 3rd Div. Cav. Sqd.	Jan. Paylists

Form R. 149.

Walter Gaye

Name BROWN Rank ~~Pte~~ Reg. No. 551317

Unit R. C. H. A.

Next of Kin Canada

Date 1918	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
23-1	To Can Hd Amb		G.S.W. Leg	/		12665
25-1	1st do do do		do Ft	a/133		12672
4-2	Rejd to Duty		do Rt	a/67		13472
22-6	Hl Casltg Stn		Influenza	a/281		32260
26-6	12 (new) Kitchener		do	a/285		22544/7
28-6	Discharged Base		do	a/284		2299/11

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

NAME Brown W.

REGT'L. No. 5-51317

H. Q. FILE No 649

RANK AND CORPS A/ Bdr. Can. Arty.

CABLE	
NO.	DATE

NATURE OF CASUALTY

FOLLOWS

NO.

FOLLOWS

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A155	No 1 Can. Fld. Amb.	25-1-18	I.C.F. Lt. Leg. (Can Arty
A167	Discharged	4-2-18	" " rt "
A283	#12 Stn, Rouen	26-6-18	Influenza
A281	#1 Casualty Clearing Stn	22-6-18	" "
A284	Discharged	28-6-18	" "

354. CARD No.

SURNAME. Brown.

CHRISTIAN NAMES Walter.

REGL. No. 551317. RANK L/Corpl.

UNIT 3rd. Div. Cavalry.

FORMER CORPS Nil.

Dos. 31-5-19 FOLL. Semft
do 155 4/6/19 3

NEXT OF KIN.

NAMES IN FULL Brown. Henry. P.

RELATIONSHIP TO SOLDIER Father.

ADDRESS Quill. Lake. Sask.

CHANGE OF ADDRESS

(21)

COUNTRY OF BIRTH Eng. Harefield. Middlesex

PLACE OF ATTESTATION Regina. DATE Dec 29th 19/14.

D/S 22-1-16 314/2 R/C 29-5-19 337/33 Pte

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.....

Rank..... Surname..... Christian Name.....

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..... S.B. CLASS A .....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 ..			

(*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. 8635—M2733 2000m 9/17 (35011) C. P. & S., Ltd., Form B./103 E/1807.

P.T.O.

551317 ~~A/Bdsl~~ Brown, W. RCHA

Report Date	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.
29-6-18	R.C.H.A	adm to Hospital	Field	22-6-18	B213
8-7-18	C.G.B.D.	Left Base for Unit	Do	8-7-18	N.R. Rf. (1303)
13-7-18	R.C.H.A	Rejoined Unit from Base	Do	10-7-18	B213.
14-8-18	Do	Confirmed in Rank of Corporal		19-3-18	Letter K.T. 18-17040. Pt II O. 67 d/26-8-18
10-9-18	Do	Reverts to the rank of Gunner at his own Request (Certificate of Reunion		8-9-18	Letter. K.T. 18-18253. Pt. II O. No 74 d/14-9-18
7-12-18	R.C.H.A.	Granted 14 days Leave	Field	3-12-18	B.213. Pt II O. 104 d/17-12-18.
4-1-19	Do	Rejoined Unit from Leave	Do	31-12-18	B.213.
		Proceeded To England		16 AVR 1919	
SOS		PROCEEDED TO CANADA			Lieut for Lt. Col., A.A.G., Canadian Section
		HEADQUARTERS CANADIAN CAVALRY BRIGADE			
		21.5.19 EMBARKED LIVERPOOL			
		ARRIVED Halifax 28-5-19			
21-5-19	T. O. S.	Discharged	Kingston Ont.	31-5-19	Pt. 2 Order 1551

J. T. Hickey Lieut. Major
for O. C. Dispersal Area Station

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 (A.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. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39) (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3)
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851). Duplicate
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group 13
Checked by No. 30
Date 19-5-19

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

War Service Branch
Class "A" No. 278212

O.C.1
D.A.D.O. 11

1. No. 551317
2. Rank. Gunner.
3. Name. BROWN Walter
4. Unit. R.C.H.A.
5. Date of Discharge 31-5-19 Place Kingston Ont.
6. Reason for Discharge Demobilization
7. Authority. R.O. 14430
8. Proposed Residence after Discharge Quill Lake. Saskatchewan Canada.

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.? 639

W. Brown.
Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Medical Documents Forwarded to ~~S.C.R. or~~ B.P.C. on Date JUN 27 1919

DISTRICT ADJUTANT GENERAL'S OFFICE KINGSTON ONT. MAY 31 1919 M.D. 3 DISTRICT DEPOT

Place

Date

T. T. Hickey Lt.
Signature
for O.C. Demobilization Section 11
(O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes.

19. Is the invalid fit for

(*a*) General service,	(Category A)	(Yes or ~~No.~~)
(*b*) Service abroad, not general service,	(" B)	(Yes or ~~No.~~)
(*c*) Home service (Canada only),	(" C)	(Yes or ~~No.~~)
(*d*) Temporarily unfit.	(" D)	(Yes or ~~No.~~)
(*e*) Unfit for service in Categories A, B and C	(" E)	(Yes or ~~No.~~)

Yes. Cat "A"

20. It is certified that the invalid
(*a*) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

(*b*) Does not require treatment.
(*c*) ~~Should pass under his own control.~~
(*d*) ~~Should not pass under his own control.~~
(Strike out condition not applicable.)

21. It is ~~recommended that the invalid be discharged.~~ (When not for discharge add special recommendation.)

R.T.C. Authority A.G. 90832 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

L. A. Richmond Major *President.*

PLACE Brantford

DATE 6-5-19.

C.O. McCourt Capt. } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE.....

DATE..... } Members

APPROVED BY

James C. Fyshe Lieut.
Assistant Director of Medical Services.

DATE 6.5.19.

APPROVED BY

Director-General of Medical Services.

DATE.....

Quigmac
C. H. Q.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Brantford DATE 9 May 12/19.

1. 1 (*a*) Unit R.C.H.A. (*b*) Regimental No. 55217 (*c*) Rank Gnr.

(*d*) Surname Brown (*e*) Christian name Wallace

(*f*) Home address Devil Lake Sask. Can.

(*g*) Next of Kin Henry F. Brown (*h*) Relationship Father

(*i*) Address of Next of Kin Devil Lake Sask Can.

2. Age last birthday 26 years Date of birth April 1893

3. Enlistment, or Appointment (if an Officer) (*a*) Place Regina (*b*) Date 29/12/14

4. Personal description:

(*a*) Height 5 ft 10½ ins. (*b*) Weight ..... (stripped) (*c*) Complexion Fair

(*d*) Colour of hair Brown (*e*) Colour of eyes Blue (*f*) Identification marks, Scars, etc. Scar RT Chin.

5. Former trade or occupation Student Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	4	123

	Periods	
	From	To
Canada	29/12/14	1-2-16
England	1-2-16	6-4-16
France or other theatres of War	6/4/16	daily

7. Original disease, or injury A Suspected Rhinitis; Lymphoid Hyperplasty Pharynx
B Burn on RT

(*a*) Date of origin A Jan 1915 B 7 Feb 1915 (*b*) Place of origin A Regina B Regina

(*c*) Cause A Infection and Exposure
B Marching

M. F. B. 227.
600M.—11-18.
1778-30-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

A Alcoholic stenosis of nostrils { Turgescent Rhinitis / Hypertrophy Throat / Lymphoid Pharynx }

B Pain on marching and on change of weather.

Bunion Rt.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

A Nose— Septal mucus membrane opposite middle turbinate swollen — turbinates in toto. Inferior turbinate turgescent — Turgescent Rhinitis

Throat— Lymphoid hypertrophy left mesopharynx & and laterally inferior portion of tonsil still present Right tonsil still present. Epipharynx Enlarged lymphoid tissue.

Signed Walla Graham

B Hallux valgus right great toe 6/5/19 Capth.

Some rigidity of metatarsophalangeal joint. Overriding of second toe.

Says he has pains on marching. and can walk two or three miles each comfort

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

10. (a) History (of the condition referred to in Section 9 (a).)

A Primary Jan 1915. Tonsils 22.11.15 removed. Nose at same time Catarrh trouble — inability to breath through it

B In Feby 1915 great toe right began to pain on marching. The second toe began to override great toe and caused trouble in great toe nail. Had to fall out of route marches in April on account of toe. At present it is not giving trouble

10.—(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Says he was never sick before enlistment

~~A B 3~~ Tonsilitis Jan 1915 Regina: A F B 3 Tonsils 22 Nov 1915

Had tonsils removed. Influenza Dec 7 1915 Complete recovery.

M.A.W. 54 - J C T Leg 25-1-18 & 5-2-18 Influenza 22-6-18 & 30-6-18

(c) (Here give a description of wounds, scars and deformities.) no disability from any of these illnesses

Scar R T Shin old injury — no disability.

11.—(a) Did the disabling condition have its origin before enlistment? A B yes

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(A + B) not appreciably

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) A B no (b) A B no

The regimental documents will be referred to.
(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? A Three months — B Three months

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

A Specialist Report attached.

B none

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? (If the answer is "yes" state nature of treatment required and probable duration)

A B no

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations A B none

A A Stewart Major
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned W. Brown have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Cpl

W. Brown
Signature of invalid examined. Rank.

MARRIED OR SINGLE S.

PLACE OF BIRTH Harefield. England.

NAME AND ADDRESS OF NEXT OF KIN Harry. R. Brown. Quill Lake Saskatchewan. Canada.

RELATIONSHIP OF NEXT OF KIN Father.

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
Promoted Corp.l	2.4.16.	D.O.9. 31.7.16.
Reverts to the ranks at his own request.	14.1.16	— — —
	2.10.16.	D.O.58. 4/16.10.16.
app a/Bdr (without pay)	5/2/17	14 II 35 2.10.3.17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 551314. RANK ~~Pte~~ Private NAME Brown. walter.

IF IN PERMT. CORPS WHAT UNIT — UNIT 3rd Div. Cav. TRANSFERRED TO 6.6.D. C.C.R. DATE — AUTHORITY 3rd D.C. C.C.R. D.O. 38

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 3rd Div. Cav. DATE 1.7.16 AUTHORITY 43.73

PLACE OF ATTESTATION Regina Sask. TRANSFERRED TO R.C.H.A. DATE 2.10.16 AUTHORITY 4/16.10.16

DATE OF ATTESTATION December 29th 1915. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1st. March 1917

PAYABLE TO Mr. George Brown, Le Bret, Sask, Canada RELATIONSHIP Brother

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)

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	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			63 —				6 —								69 —												3407			3407	3498.					
April 30	30	1.05	31	50	30	10	3	00							34 50	15	15/4/16	28	30/4/16.					349	436			✓	•	785	6158				
May	31		32	55	31		3	10							35 65			CCCR	28/5							426			✓		✓	9723				
June	30		31	50	30		3	.							34 50			3rd DC	14/5							341					767	12406				
July															173 65			53													4959				
1–31	31	1.10	34	10	31	"	3	10						4 50	41 70	112	30.6.16.	147	15.7.16.	CCCR. 75.	15.6.16.			436	436	426					1288	15288				Diff in pay from 2.4.16 @ 50 today
Aug. 1–31	31		34	10	31		3	10							37 20	173	31.7.16.					F.R 24	4.8.16.	436			50 —			5436	13572		11335	2237	
Sept 1-30	30		33		30		3								36	248	4/9/16			CCCR. 224	15/9/16			436		436					872	16300				
Oct 1	1		1	10	1			10							1 20	303. 2.10.16. 284	6.9.16.			CCCR.				436 436							872 13427	15548				Trans R.C.H.A. 2.10.16.
Oct 2/31	30	1.00	30	.	30	.	3	.							33					327 RCD.	15/10					436					4436	18412		15250	3162	
Nov.	30	.	30	.	30	.	3	.							33 .	456	30/10			344	28/10			348		436					784	20928		16750		
																508	2/12							348											
Dec.	31	.	31	.	31	.	3	.							34 10	491	15/11	535	9/12					349	872					1569	22769		167 .	6069	
Jan.	31	1.00/10	33	50			33	50							34 10	579	7/1							175											
			34	10												533	23/12	595	5/1					262	174					611	25568		18250	7318	
Feb.	28	.	30	80											30 80	638	29/1							349											
																611	15/1							349							698	27950		19650	8300	
			450	25										4 50	454 75									4699	1918	2501	8407	X			17525					

Checked [illegible]

Checked A.W. Kauffman

Reg No 551317. Private Brown Walter

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
For d			450	25										4 50	454 75
Mar. 31	1	00/10	34	10											34 10
Apr 30	"		33												33
May 31			34	10											34 10
June 30			33												33
July 31			34	10											34 10
Aug 31			24	10											34 10
Sep 30			33												33
			685	65										4 50	690 15

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
		683	26/2				
		660	15/2	701	17/3		
			4/4				
		61	19/5				
		37	19/5				
		116	30				
		100	23/5				
		147	15.6				
		162	30.6				
		227				SP	
		207				13/9	
		191					

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
46 99	19 18	25 01	84 07			175 25
3 49						
3 49	4 36			20		31 34
4 36				20		24 36
4 36						
4 36				20		28 72
4 36						
4 36				20		28 92
				20		20
4 46						
4 46				20		28 92
4 46						
4 46				20		38 26
98 28	23 54	25 01	88 94	140		375 77

BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
279 50		196 50	83 00	
282 26				
290 90				
296 28				
300 36				
314 46				
319 64				
314 38				

Month	Particulars	Cr 1	Cr 2	Particulars	Dr 1	Dr 2	Dr 3	Dr 4	Balance	Deferred Pay	Sr. Alloc. Eng.
1918 Feb									223 29		
	GP		30 80	AR 395 4.1.18	8.92						
				Cap					20 225 17		
			30 80		8 92				20 34 10		
									259 27		
									20 43 19		
									216 08		
	GP	34 10		Cap							
				AR 443 26.2.18	13 38						
				" 510 12.3.18	4 46						
					17 54						
				" 535 24.3.18	5 35				216 08		
		34 10			23 19				20		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SR. ALLOC. ENG.
1917		~~34 38~~							314 38	196	
Oct	GP.	34 10		AP.			20				
				AR 259 21.9.17		2 67					
				AR 256 7.9.17		4 46			321 35		
		34 10				7 13	20				
Nov	GP	33		AR 886 Recta 12.9.17		97 33					
Dec	"	34 10		AR 257 Recta 8.9.17		1 79					
				AR 274 Recta 24.9.17		5 35					
				Cap Nov			20				
				" Dec			20				
				AR 286 Recta 14.10.17		4 46					
				" 328 " 31.10.17		4 46					
				" 317 " 27.10.17		3 57			231 49	196	
		67 10				116 96	40				
1918 Jan	GP.	34 10		Cap			20				
				AR 328 20.11.17		4 46					
				" 369 10.12.17		8 92					
				" 386 18.12.17		8 92			223 29	196	
		34 10				22 30	20				

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable

ASSIGNED PAY * ENGLAND OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1st Mar 1917	EFFECTIVE DATE:-
AMOUNT:- 20	AMOUNT:-

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.

Mother
Mr. George Brown
Le Bret Sask
Stopped eff 1/5/19.

NAME:- BROWN Walter

NUMBER:- 551317

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte a/Bdr without pay
D.O 39 14/5/18	19/3/18	a/~~Cpl~~ Bdr with Pay
" 67 (1) 26-8-18	19-3-18	Confirmed in Rank
" 74 (2) 14-9-18.	8-9-18.	Reverts to Gunner.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 3rd Div Cav

DATE ACCOUNT FIRST OPENED:-

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
Do 38	2-10 16		Recta

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
26/3/19	691	RCHa	~~4 66~~				
13/4/19	1781	do	~~4 66~~				
19/4/19	291	C Wing	~~73~~ -				
			82 32				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 ~~70~~	10		

PARTICULARS OF RENDERING NON-EFFECTIVE: Discty to Canada 30/4/19. NR. 7268 Bramshott 22/4/19 Bramshott M D 10. Credit Bal. $73 42/100

MONTH	PARTICULARS	CR 1	CR 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918	Balford								216 08	196	
Apl	G. P.	33		C.P.				20	229 08		
				AR 10 14-4-18	4 46						
				AR. 44 29-4-18	3 57				22 1 05	196	
		33			8 03			20			
May	~~Cpls~~ pay	1 55		A.P.				20			
	cr 43 d @ 10 - diff in pay fm 1 ~~Bdr~~ to Cpl from 19/3/18 to 30/4/18	35 65									
		2 15									
		3 2 15									
				AR 53 - 8/5/18	1 78						
				" 69 15/5	5 35						
				" 101 31/5	5 35				230 07		
		41 50			12 48			20			
June	Cpls pay	36		C.A.P.				20	246 07		
				AR 129 13/6	4 46				241 61	196	
		36			4 46			20			
July	C.P.	37 20		C.P.				20			
				AR 5628 7/7	7 14						
				" 185 13/7	4 46						
				" 200 30/7	4 46				242 75		
		37 20			16 06			20			
Aug	C.P.	37 20		A.P.				20			
				R C H A 228 15/8/18.	4 46				255 49	196	
		37 20			4 46			20			
Sept		36		C.A.P.				20			
				T. S. H 241. 6/9/18	3 57						
				Reverts to Gr. eff 8/9/18. 23 days @ 10cts to adjust. D.O. 74(2) 14-9-18.		2 30					
				R C H A 247. 18/9/18.	5 35				260 27		
		36			8 92	2 30		20			

NUMBER 551317 RANK Gnr NAME BROWN. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Sept	Bal Fwds								26027		
Oct	Gnr. P	34 10		Cap				20			
				AR 295 16/10/18 RCHA	4 66						
				Dn AR 271 30/9/18 "	4 46						
				AR 356 29/10/18 "	4 66				260 59	196	as awd 13/2/18
		34 10			13 78			20			
Nov	Gnrs Pay	33		AR 415. 15/11/18. RCHA.	4 66						
Dec'	" "	34 10		AR 471 27/11/18 RCHA	9 33						
Jan		34 10		CP 89487 13/12/18. CFA.	73						
				DN H2717. AR500 1/12/18. RCHA.	3 73						
				CAP. Nov				20			
				" Dec				20			
				" Jan				20			
				Dn AR C3 1/12/18.	43 00				13807		
		101 20			163 72			60			
Feby	Gnr Pay	30 80		CAP.				20	14887		
				AR 533 R.C.H.A. 31/12/18.	9 33						
				AR 579 " . 29/1/19	4 66						
				AR 604 " . 14/2/19	4 66				130 22		
Mch	G Pay	34 10		CAP. Mch.				20	144 32		
				AR 632. RCHA. 28/2/19	4 66						
				AR 8360 Brussels 8/3/19	18 25						
				AR 662. RCHA. 15/3/19	4 66				116 75		
		64 90			46 22			40			
	Int on Def Pay 30/4/19	25 99		CAP. Apl.				20	122 74		
Apl.	G Pay	33 -							155 74		
				AR 691 RCHA 26.3.19	4 66						
				AR 271 C Wing CCC 19.4.19	73 -						
				AR 1781 Harve 14.4.19	4 56						
				AR 1903 C Wing End 8/5/19	9 73						
				AR 3562 " " 15/5/19	24 33				39 46		
		58 99			116 28			20			

155 74
82 32
73.42

S.S. Canada 21.5.1918.66.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
Mch. 20-15	Vaccinations. Good. W.E. MacDermott
Febry 20-15	Inoculated. 3 tms." "
25.5.16	Letter DDMS. 27.5.16.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
Regina, Sask.	Dec 23-14				
Camp Hughes	June 7-15				
Portage	Nov 12-15				
La Prairie					

GEG

5 5 1 3 1 7

DUPLICATE.

ARMY FORM B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B, 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname BROWN *Christian Name* WALTER

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Harefield County Middlesex, England.

Examined ... ... on 23rd day of December. 1914 at Regina, Sask. Canada.

Declared Age ... ... 20 years days.

Trade or occupation ... Section Fore man.

Height ... ... 5 feet 10½ inches.

Weight ... ... lbs.

Chest Measurement — Girth when fully Expanded: 39 inches. Range of Expansion: 3 inches.

Physical Development ... Good.

Vaccination Marks — Arm ... Right / Left; Number ... 2

When Vaccinated ... Childhood.

Vision ... ... R.E.—V= L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*)

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*)

Approved by (*Signature*) A.S. Gorrell

(*Rank*) *Medical Officer.*

Enlisted ... ... at Regina, Sask. Canada. on 29th day of December. 1914

Joined on Enlistment ...	Corps.	Regtl. No.
	10th C.M.R.	
Transferred to	3rd Div. Cav.	5 5 1 3 1 7

Became non-effective by

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

on day of 191 .

(*Signature*) H. Kemmis Selly

(*Rank*) Lieut.-Col. In Charge of C. Pay Office, Canadian Contingent.

(5506.) W. 14971/M. 89. 750m. 1/16. C. P. Ltd. Forms B. 178 39

P.T.O.

Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
	22	11	15	29	11	15	Tonsilitis	8	Tonsils removed complete recovery.	J.H. Hascard
	7	12	15	12	12	15	Influenza	6	Mild Attack complete recovery.	A.C. Phillips

AUDITOR | PAYMASTER

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

M. OR S. | REGT. No. 55317 | RANK Gnr | NAME (IN FULL) BROWN, Walter (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN | RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? No. | DATE EFFECTIVE

TO WHOM PAID | RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY
Walter Brown.		
Can. Bk. of Commerce		
Regina		
Sask.		

ORIGINAL UNIT C.E.F. 1st C. M. R. | IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION | TRANSFERRED TO | DATE | AUTHORITY

DATE OF ATTESTATION 29 - 12 - 1914 | TRANSFERRED TO | DATE | AUTHORITY

ASSIGNED PAY $ 20.00 | DATE EFFECTIVE 1-3-17

PAYABLE TO Geo. Brown | RELATIONSHIP | ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Gull Lake Sask.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE | EFFECTIVE

DISCHARGED PLACE Kingston | DATE 3-6-19 | REASON Demob. | AUTHORITY | IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	$	C.	TOTAL CREDITS $	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.	BALANCE CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					1435
									73	42									34	06															73	42	Returned Canmore
1-5-19					35	00																															Bal. per Can. L. C.,
5-6-19	36	1.10	39	60	70	00			144	60							48	00	50	00	154	09	200	00					218	02							Clothing allowance 1st Payment W. S. G.
																													2	20			2	20			Pay to 6 mos. date of discharge.
																																					Deduct 6 months Separation Allowance.
																																					Pay to date of discharge.
																																					Overpaid 2 20
																																					M.O. W 25795 Rec
																																					1st Pay 11.54.
																																					Debit Balance (2.20)
																																					941270 July 4/19
																																					Received 2 Hyp P.O.A.
																																					AP 2259 - W - 94 - 3/7/19
																																					1/8/19 4 95223
																																					30/8/19 130 36 84
																																					30/9/19 12 94842
																																					1330437 OCT 30 1919