

642638

CAPEL

WILLIAM

I.D. number
No. d'identification

OPEN ATIA

Surname
Nom de famille

R.I.A. 03/05/17

Given names
Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

Location
Lieu

1475



ATTESTATION PAPER.
157th O. S. Bn., C. E. F.
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Original

No. *642638*

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *Capel*
- 1a. What are your Christian names? *William*
- 1b. What is your present address? *Collingwood*
- 2. In what Town, Township or Parish, and in what Country were you born? *Dunsmore, Grey Co. Ont*
- 3. What is the name of your next-of-kin? *Mother and Capel*
- 4. What is the address of your next-of-kin? *Collingwood Ont. (Huff)*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *27 September 1889*
- 6. What is your Trade or Calling? *mechanic*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *no*
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? *yes*
- 12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Capel*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *6 Dec* 191*5* *W. Capel* (Signature of Recruit)
A. Duncan (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Capel*, 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 *6 Dec* 191*5* *W. Capel* (Signature of Recruit)
A. Duncan (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 *Collingwood* this *8th* day of *Feb* 191*6*
W. H. Poyy (Signature of Justice)

Description of Wm Capel on Enlistment.

Apparent Age. 26 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height. 5 ft. 6 1/4 ins.

Chest measurement. { Girth when fully expanded. 37 ins.
 Range of expansion. 3 ins.

Complexion. Light

Eyes. Blue

Hair. Fair

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

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 declares that he is not subject to fits of any description.

I consider him* Fit for the **Canadian Over-Seas Expeditionary Force.**

Date. December 6 1915

Collingwood

Place. Collingwood

Douglas McKay

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.

Wm Capel having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

D Huacafare (Signature of Officer)

Date. 1st Feb 1916

Lt. Col.
 Com'd'g, 157th. Battn, C.E.F, Barrie

642638 Wm Capel

original with forwarder

To: Mrs Hannah M. Capel

Collingwood

Int.

WBB

3.8.17

Triplicate

ATTESTATION PAPER.
157th O. S. Bn., C. E. F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. *642638*
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname? *William Capel*
- 1a. What are your Christian names? *William*
- 1b. What is your present address? *Collingwood Ont*
- 2. In what Town, Township or Parish, and in what Country were you born? *Dunsmore, Grey Co. Ont.*
- 3. What is the name of your next-of-kin? *Martha Ann Capel*
- 4. What is the address of your next-of-kin? *Collingwood Ontario*
- 4a. What is the relationship of your next-of-kin? *Mother*
- 5. What is the date of your birth? *27 September 1889*
- 6. What is your Trade or Calling? *Mechanic*
- 7. Are you married? *no*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
- 9. Do you now belong to the Active Militia? *no*
- 10. Have you ever served in any Military Force? *no*
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement? *yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Capel*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

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..... *A. Duncan* (Signature of Witness)

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..... *A. Duncan* (Signature of Witness)

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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 *Collingwood* this *8th* day of *Feb* 191*6*.
..... *W. [Signature]* (Signature of Justice)

Description of William Capel on Enlistment.

Apparent Age 26 years 3 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

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

Height 5 ft. 6 1/4 ins.

Chest measurement { Girth when fully expanded 37 ins.
 Range of expansion 3 ins.

Complexion Light

Eyes Blue

Hair Fair

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

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 declares that he is not subject to fits of any description.

I consider him* fit for the **Canadian Over-Seas Expeditionary Force.**

Date 6th Dec 1916

Collingwood

Place Collingwood

W. Macfarlane

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.

Wm Capel

.....having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

D. H. Macfarlane

(Signature of Officer)

Date 1st Feb 1916

Lt. Col.
 Com'd'g, 157th. Baitn, C.E.F, Barrie

Ham *mul*

Number 642638 Rank pte.

Surname CAPEL

Christian Name William

Units 1st Bn. Can. Inf. Theatre of War. France

Date of Service 28-11-16

Remarks (W) Mrs. Hannah M. Capel

Latest Address Box 163

Collingwood, Ont.

Roll No. 2 Page 18 373



IMPERIAL

DES
REGAN
NOV 9 1922
MAY 4 91102

Surname

Christian Name

Rank

Regtl. No.

2016

File No.

Register No.

Date

Ledger No.

MARRIED

SINGLE *yes.*

WIDOWER

TRADE OR CALLING

Mechanic.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

26

YEARS

3

MONTHS

HEIGHT

5

FEET

6 1/4

INCHES

CHEST MEASUREMENT

37

INCHES

EXPANSION

3

INCHES

COMPLEXION

Light.

EYES

Blue.

HAIR

Fair.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Collingwood. Ont.

DATE

Dec. 6th 1913.

Present Address, Collingwood. Ont.

SURNAME.

Capel.

649-C-11950

CARD NO.

D

FOLL.

CHRISTIAN NAMES

William.

REGL. No.

642638

RANK

Pte.

UNIT

157th

Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

NAMES IN FULL

Capel. Mrs. Martha.

RELATIONSHIP TO SOLDIER

Mother.

ADDRESS

Collingwood, Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada

Dimmore, Grey Co. Ont.

DATE

Sept. 27th 1889.

PLACE OF ATTESTATION

Collingwood, Ont.

DATE

Feb. 8th 1916.

No. 642638 RANK *Pfc.*

NAME *Capel, Wm*

T. O. S. *8/12/15*
D. O. *2921/12/16*

UNIT *157th Battalion, C. E. F.*

M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Dec. 8</i>	<i>Dec. 31</i>	<i>✓</i>		
	<i>1916</i>			
	<i>Jan.</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		
	<i>Apr.</i>	<i>✓</i>		
	<i>May.</i>	<i>✓</i>		
	<i>June.</i>	<i>✓</i>		
	<i>July.</i>	<i>✓</i>		
	<i>Aug.</i>	<i>✓</i>		
	<i>Sept.</i>	<i>✓</i>		
	<i>Oct.</i>	<i>✓</i>		

UNIT SAILED
OCT 17 1916

100

100

NAME

Capel, William

REGT'L. No.

642638.

H. Q. FILE No. 649

RANK AND CORPS

Pl. 1st Bn. 157th Bn.

FOLLOWS

NO.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

CABLE NO.	DATE	NATURE OF CASUALTY
A 4639	17-5-17	Killed in action May 3 rd 17
B2 090a	Roney 14-5-17	" " France 3-5-17 Recd 24-7-17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

A623⁽¹⁾

Rep. from Base

3-5-17.

Killed in action

✓ Capel, Wm., ✓ Pte. 642638 ✓ 1st Bn. ✓ 649-C-11950

M

Med. & Dec. (Widow) Mrs. Hannah M³ Capel,
Box 163,
Collingwood, Ont.

P & S.
(Ser #956805)
Mem. Cross.

Address as above.

Scroll Desp. 2 Regn. No 244654

NOV 1921

" " (Mother) Mrs. Martha Ann Capel, P18461.
Box. 313,
Collingwood, Ont.

38497

not elig. for 14-15 star
E. V M
E. B W M

Dec. 13/14/20 (w) l. 30505. ac

W

M

M 637690

DEC 21 1920

775-

910

Surname

Christian Name or Names

Reg. No.

Capel

W.

642638

Rank

Unit

Co.

Troop

Batty.

Pte

1st Bn

Hospital

Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in action 3-5-17

DISPOSITION

Date

C.L. 17-5-17 A623

REMARKS

A.M.D. 2 DEPT.
Beh. of D.G.M.S. O.M.F.C. London.

J.P.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

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

Blm.

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

Casualty Form—Active Service.

157th O. S. Bn., C. E. F.

Unit, Regiment or Corps

Regimental No. 642638 Rank Private Name Capel, Wm.

Enlisted (a) 6/17/15 Terms of Service (a) C. E. F. 7 Service reckons from (a) 8/12/15

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

Extended _____ Re-engaged _____ Qualification (b) (b) Private

CERTIFIED CORRECT.
4 DEC. 1916
CAN. RECORDS LONDON

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.
		Canada	17/10/16	
		England	28/10/16	
	Embarked			
	Arrived			
	157th Bn	Proceeded overseas for service with 157th Bn	Bramblett	28/11/16 No. 162
				<i>Adjutant, 157th O. S. Bn., C. E. F.</i>
29-11-16	C.B.D.	Arrived in France	C.B.D.	29-11-16 N.R. 2/11/16
1-12-16	do.	Left for Unit.	do.	1-12-16 N.R.
10/12/16.	pt. Bn.	Joined Unit.	Field	2/12/16 B213 vol. 350 d/18/12/16
7.4.17	ob. 1st Bn	Rejoined unit from hosp	Field	3-4-17 B213. Dbs 384 d 18.4.17
7.4.17.	do	att. to m.v. section	do. Baker boucher	5.4.17 B213 Dbs 384 d 18/4/17
28.4.17	do	Rejoined unit from m.v. sect.		24.4.17 B213 Dbs 389 d 9/5/17
5.5.17	do	Killed in action		3/5/17 B213. P.F. II. O. 46. 12-5-17.

(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, Shoering 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				
					<p><i>Wesley Maxwell</i> LIEUT. FOR MAJOR.A.A.G.CANADIAN SECTION. G.H.Q.3rd ECHELON.</p>

A.G.R.

Rank

Name

CAPEL, William

Reg'l No.

642638

Unit

157th Bn.

If in perm. Corps,
What Unit?

Married or Single

Single.

Place and Date of Enlistment Collingwood, 6th Decr. 1915.

Place of Birth Dinsmore, Grey Co.
Ont.

Name and Address, Next-of-Kin

Martha Ann Capel

Collingwood. Ont.

Relationship Mother.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

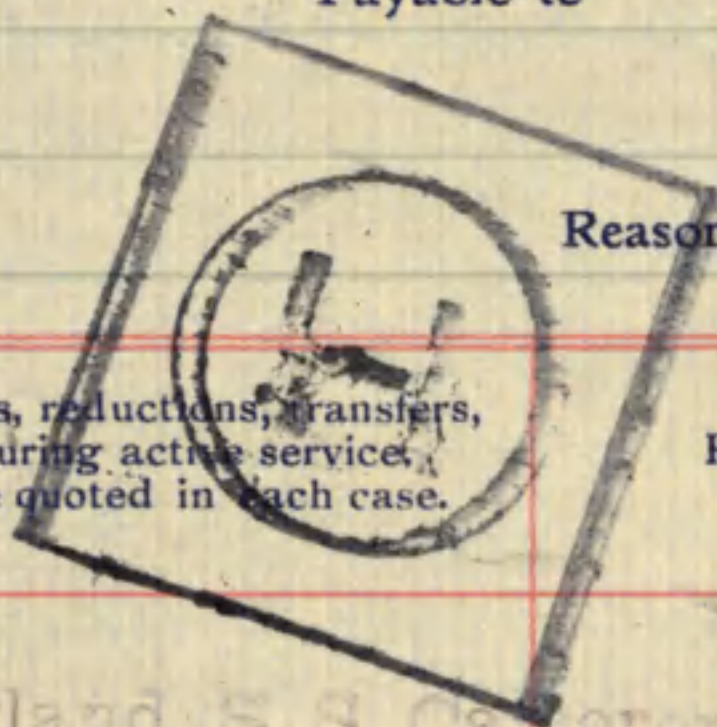
Discharge, Date and Place

Reason

Character

*M x
13-12-16
etc.*

N/E. R.B. No. 1443
File R.L. 25-C-3221
Category H in A.



Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		Arrived in England S S. Cateronia		28/10/16	<i>D.S.M.</i>
28/11/16	157 th Bn.	Transferred to 1 st Bn.	Bramshott	28/11/16	P. II D.O. '162
2. 12. 16	1 st Bn.	Taken on strength	France	29.11.16	" 66.
12-3-17	"	S.O.S. Killed in Action	"	3-5-17	467 GRA. 623 of 17/5/17 of 125 Bn.

A.F.B. 103 CHECKED
30 NOV 1916

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name _____
Surname Christian Name

Regimental Number _____ Rank _____

Unit _____

Original Unit _____

District where paid _____

Date of Discharge _____

P. D. P. Filing Number _____

Address (in full)

Rates:—Regimental pay \$ _____ per diem; Field Allowance \$ _____ per diem. Separation Allowance \$ _____ per month.

L.L. 53061—M. & D. 0721

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-39-1140

Remarks:

Register No. D. 6. 408

WAR SERVICE GRATUITY
TO
DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 2749-49

Regt'l No. 642638 Name William Capel
(Christian Name) (Surname)
Unit 1st form 157th Rank Pte Date of enlistment.....
Date of casualty 3-5-17 B.P.C. File No. 12914
Was service performed overseas? yes

DEPENDENT

Name Mrs Hannah M Capel Relationship Widow
Address Post Office Box 163
Collingwood
Ont

Amount of Special Pension Bonus \$ 180.00 - Abstracted by M L Dumm

Eligible for Gratuity \$ 180.00 -
Less amount of Special Pension Bonus paid..... \$ 80.00 ✓
Less Debit Balance of S. A. or A.P..... \$ 1 ✓
Total deductions \$ 80.00 -
Balance due \$ 100.00 -

Cheque No. 91891550 ✓ Date issued 16/7/20 mev

REMARKS :
.....
.....
.....
.....

Clerk R. J. Perrier

Audited by
[Signature]
Date 18/7/20

DB18

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

[Handwritten scribble]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Hannah M. Capel* *Wife* By Whom Assigned *Capel William*
 Address *P.O. Box 163* Regtl. No. *642638*
Collingwood Rank *Pte*
Ont. Corps *157th Bn.*
 Rate *20⁰⁰* *OCT 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				

Pensions Notified Date *2-6-17*
 Killed in Action }
 Died of Wounds } Date *3-5-17*
 Missing }
 C. L. *(12) 18/5/17* Clerk *GNB asst*
 Date Noted *2-6-17* 191





2

W

1871

1872

1873

1874

1875

1876

1877

1878

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs Hannah M. Capel

PAYMENTS.

Name of Soldier

Capel William

642638

Pte

15th Bn

L. L. Job 4503 - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20⁰⁰</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>W 26353</i>	<i>20</i>	
Nov.		<i>K 29346</i>	<i>20</i>	
Dec.		<i>Q 36858</i>	<i>20</i>	
Jan.	1917	<i>B 37648</i>	<i>20</i>	
Feb.		<i>B 43321</i>	<i>20</i>	
March		<i>D 49631</i>	<i>20</i>	
April		<i>Q 873</i>	<i>20</i>	
May		<i>V 7550</i>	<i>20</i>	
June		<i>K 13866</i>	<i>20</i>	
July		<i>620422</i>	<i>20</i>	
Aug.			<i>20</i>	
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Abn. June

6

Amount Date Total £200⁰⁰
EFX. 15th 17

20#
20B
20L 180⁰⁰ CFX to 30/6/17 5403
assignee dependent of
20 T to continue till pension
is granted. E.H. Baker

Pension Granted 1-8-17
B.P.C. to Recover \$.....
Clerk J.E.D. Date 24/7/17

2/6/17

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.				

Married 19-16

19⁷/₁₆

MILITIA AND DEFENCE

43

M. F. W. 11.
50m.-4-16.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Hannah May Capel

Name of Soldier Capel William

Address P. O. Box 163
Collingwood Ont

Regtl. No. 642638

Rank Pte

Corps 157th Bn. C. E. Y

Relation to Soldier

wife, child or mother

Wife

To what Corps belonging

when called out

} ✓ ✓

PAYMENTS

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



ACCOUNT CLOSED
DATE..... PER W-1

295

SEPARATION ALLOWANCE

Sheet No. 2. *Hannah May Capel*

OVERSEAS CONTINGENTS

Wife
PAYMENTS.

Name of Soldier *Capel William*
Pte

L. L. Job 310.—Req. 6374.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		<i>Z 13257</i>	<i>28</i>	<i>28</i>
Sept.		<i>B 15234</i>	<i>20</i>	<i>20</i>
Oct.		<i>Z 18148</i>	<i>20</i>	<i>20</i>
Nov.		<i>Z 22272</i>	<i>20</i>	<i>20</i>
Dec.		<i>S 25283</i>	<i>20</i>	<i>20</i>
Jan.	1917	<i>S 28224</i>	<i>20</i>	<i>20</i>
Feb.		<i>S 31331</i>	<i>20</i>	<i>20</i>
March		<i>S 34455</i>	<i>20</i>	<i>20</i>
April		<i>S 31677</i>	<i>20</i>	<i>20</i> <i>T. 316 ban N.A.S.</i>
May		<i>S 3842</i>	<i>20</i>	<i>20</i>
June		<i>U 6601</i>	<i>20</i>	<i>20</i>
July		<i>J 10259</i>	<i>20</i>	<i>20</i>
Aug.		<i>W 13244</i>	<i>20</i>	<i>20</i> <i>R W 13244 Cancelled</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pensions Notified Date *31/5/17*
 Killed in Action }
 Died of Wounds } Date *3/5/17*
 Missing }
 C. L. *13/18/17* Clerk *Est. George E.*
 Date Noted *31/5/17* 191

T. 316 ban N.A.S. RE-WRITE

Pension Granted *1/8/17*
 B.P.C. to Recover \$ *nil*
 Clerk *M. G. Hill* Date *25/7/17*

ACCOUNT CLOSED
 DATE..... PER *W*

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
 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. Corp. Wm. Capel
 142 incl. B.A.H.
 Mrs. Adela Capel
 sheet sent to Eng
 11-12-14 O.M.P.*

ORIGINAL

Original

MEDICAL HISTORY SHEET.

Surname Capel Christian Name William

Examined { on 6th day of December 1915
at Colthugwood

Approved by Dominey

Birthplace { City or Town Pinsmore
County Grey

Rank Official M.O.

Apparent age 26

Trade or occupation Woodworker

Height 5 Feet 6 1/4 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 34 inches.

Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left Yes
Number No Marks

When Vaccinated last 20 years ago

VACCINATIONS.
Date 1916 Result Aug 22 P.W. allbuege M.O.

(a) Marks indicating congenital peculiarities or previous disease

M.O.
M.O.

Wision L 20/30 R 20/30

(b) Slight defects but not sufficient to cause rejection
Nothing to be vaccinated and inoculated

ANTI-TYPHOID INOCULATIONS, ETC.
Date Dec 29 16 Result Ap 3 P.W. allbuege M.O.
8 M.O.

Enlisted on 6 day of December 1915 at Colthugwood

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>157 Battalion</u>	<u>642638</u>	<u>Good</u>	<u>8 December '15</u>
Transferred to.. ..	<u>1st Bn.</u>			<u>28/11/16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

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

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. DEPT

MILITIA & DEFENCE

NOV 21 1917

H.Q. CANADA

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 157th O's Bn. Simcoe Foresters.

(2) Regimental Number 642638

(3) Full Name of Soldier Capel, William

(4) Place of Birth Egremont, Ontario

(5) Are you married, or not? Yes.

(6) If married, state, (a) Full name of your wife Mrs. Hannah May Capel

(b) Present Postal Address Box 163, Collingwood, Ontario.

(7) Are you a widower? No

(8) Have you any children? No

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

Also their names and ages.....

NOV 21 1916

(9) Is your Father alive? Yes

If so, state name and address Arthur Capel, Box 313, Collingwood, Ontario

(10) Is your Mother alive? Yes

If so, state name and address Martha Ann Capel

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

Yes

(15) Are you insured?.....

Yes

If so, in what Company? Canadian Order of Foresters

Have you made arrangements for payment of your Insurance premium Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date 28th Aug 1916

D Macfarlane
Officer Commanding

21/11/17
520

FORM OF WILL

I, William Capel (Name in full)

Regimental Number 642638 serving in 157th O.S. Bn. C.E.F.

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

I hereby appoint my Wife Hannah May Capel my executrix
W.C.
I devise all my real estate unto

(Mrs) Hannah May Capel
Collingwood
Ont.

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

absolutely, and my personal estate I bequeath to
Hannah May Capel, My Wife
the exception of my insurance
which I bequeath to my Mother, Martha
Anne Capel, Collingwood, Ont.



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

NOTE

This space for the
appointment of
Executor if
necessary.

IMPORTANT NOTE

this 29th day of Sept. A.D. 191 6.

This must be signed
and Dated by
THE SOLDIER
HIMSELF.

William Capel Signature of Soldier.

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

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

Signature of First Witness A.K. Moir,

Address of Witness 157th O.S. Bn., C.E.F.

THE TWO
WITNESSES

Occupation of Witness Lieutenant.

MUST
SIGN HERE

Signature of Second Witness H. Duncan Capt.

Address of Witness 157th O.S. Battalion, C.E.F.

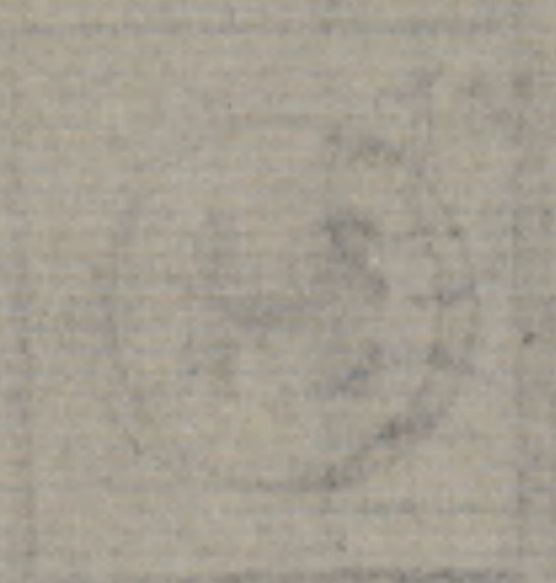
Occupation of Witness

Certified a true copy,

W. B. Butchart

for Officer i/c Estates.

FORM NO. 1



RECEIVED

AMERICAN BANK

AMERICAN BANK

Date of Enlistment

19-7-16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

Date of Assignment

Oct-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
----	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 642638

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *William Capel*

Battalion *157th Batten*

Beneficiary *Hannah May Capel*

Relationship *Wife*

Address *P.O. Box 163. Collingwood. Ont.*

PARTICULARS OF ASSIGNMENT *(Wife)*

Name *Mrs Hannah M Capel*

Address *P. O. Box 163*

Change of Address *Collingwood Ont*

- 1
- 2
- 3
- 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917.</i>					
<i>Dec. 31.</i>		<i>248</i>	<i>200</i>	<i>448</i>	<p><i>Last S/A Cheque for \$20.⁰⁰ issued 31-7-17.</i> <i>Last A/P Cheque for \$20.⁰⁰ issued 31-7-17.</i> <i>Killed in Action 3-5-17. C.L. 12-18-5-17.</i> <i>Pension notified 2-6-17. Pension granted 1/8/17.</i> <i>Accts closed 31-7-17. C.F.X. 30-6-17.</i></p>

Pension Notified Date ... *2.6.17* ...
 Killed in Action }
 Lost of Wounds } Date ... *3.5.17* ...
 Missing }
 C. L. (12). 12.5.17. Clerk
 Date Noted *2.6.17* 191

