

ATTESTATION PAPER.

No. 931407

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

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Higgins*
- 1a. What are your Christian names? *William*
- 1b. What is your present address? *Thorn's Cove Annapolis Cty.*
2. In what Town, Township or Parish, and in what Country were you born? *Kentville Kings Cty N.S.*
3. What is the name of your next-of-kin? *Mrs George Curry*
4. What is the address of your next-of-kin? *Thorn's Cove Annapolis Cty N.S.*
- 4a. What is the relationship of your next-of-kin? *Mother*
5. What is the date of your birth? *27<sup>th</sup> November 1881*
6. What is your Trade or Calling? *Steamer*
7. Are you married? *Single*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *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*

13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? *No*  
 14. If so, what was the nature of the disability? *No*  
 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected? *No*  
 16. If so, what was the reason? *No*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Higgins*, 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 *Jan. 16* 1917. *William Higgins* (Signature of Recruit)  
*M D Edwards Sergt* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Higgins*, 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 *Jan 19* 1917. *William Higgins* (Signature of Recruit)  
*M D Edwards Sergt* (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 *Inuro* this *27<sup>th</sup>* day of *January* 1917.

*W. H. Shaw* LT. COL. (Signature of Justice)  
 Q Comd'g No. 2 Construction Battalion, C. E. F.

# Description of William Higgins on Enlistment.

Apparent Age.....35 years ..... 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. 3 ins.

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

Complexion.....Dark

Eyes.....Brown

Hair.....Black

Religious denominations.  
 Church of England.....  
 Presbyterian.....  
 Methodist.....  
 Baptist or Congregationalist.....Bapt  
 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 he declares that he is not subject to fits of any description.

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

Date.....Jan 19 1917.

Place.....Turkey

H. Kent Major am Co.  
 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.

.....W. Higgins.....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.

Capt. Lane Bapt 7/11  
 L.T. COL.  
 2. Comd. No. 2 Construction Battalion, C. E. F. (Signature of Officer)

Date.....Jan 19 1917

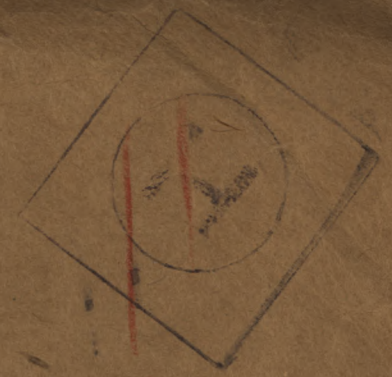
(ctod)

J.M.R.  
29 319

M

REGIMENTAL DOCUMENTS

Pre  
NAME HIGGINS - WILLIAM REGT No 431407 UNIT 2nd CONST. BN.



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NON-EFFECTIVE BY... Discharged CATEGORY... Demob.

- 1 STATEMENT PAPER (M. F. W. 23, 133 or 51)
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- 1 TRAINING HISTORY SHEET (M. F. W. 110)
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- 1 REGT. CONDUCT SHEET (M. F. B. 263 or A. F. B. 121)
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- 1 INDEX CARD (M. F. W. 71 or 192)

1-11-1967  
2 cards  
Paye

406259

CANADIAN FORCES  
RECORDS CENTRE  
PERS JACKET  
ROOM

29/4/67

24213

24-18  
24-18  
30-18  
3



William HIGGINS

931407

No 2 Construction Battalion-Canadian Expeditionary  
Force.

November 27, 1881                      Kentville, N.S.

January 16, 1917                      Truro, N.S.

Canada, Britain and France.

February 14, 1919                      Halifax, N.S.

Honourable

Private

British War Medal and Victory Medal.

N11

February 4, 1974.

*LB*

1941-1942

1943

U.S. Army Air Corps, Wright Field, Dayton, Ohio

1944

U.S. Army Air Corps, Dayton, Ohio

1945

U.S. Army Air Corps, Dayton, Ohio

1946

U.S. Army Air Corps, Dayton, Ohio

1947

U.S. Army Air Corps, Dayton, Ohio

1948

1949

U.S. Army Air Corps, Dayton, Ohio

1950

1951

To be made out in duplicate.

H.Q. 51-21-23-53

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

INSTRUCTIONS.

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

(1) Name of Overseas Unit which Soldier joins *Construction Batt. C.E.F.*

(2) Regimental Number *931.407*

(3) Full Name of Soldier *William Higgins*

(4) Place of Birth *Kentville Kings Co. N.S.*

(5) Are you married, or not? *No*

(6) If married, state,  
 (a) Full name of your wife.....

(b) Present Postal Address *Thorns Lane  
Annapolis N.S.*

(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.....

(9) Is your Father alive? *No*

If so, state name and address

(10) Is your Mother alive? *Yes*

If so, state name and address

*Mrs George Curry  
Thorns Lane Annapolis Md.*

(11) If your Mother is a widow? *No*

Are you her sole support, or not? *Yes (in a way)*

(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.

*\$10.00*

(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.

*Mother  
Mrs George Curry  
Thorns Lane Annapolis Md.*

(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.

*Not as yet*

(15) Are you insured? *No*

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

*J. S. Davis* Capt for  
*LT. COL.*  
Co. Commanding No. 2 Construction Battalion, C. E. F.  
Officer Commanding.

*(aop)*

Date *Jan 19/1/17*



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

M. F. W. 54. (A. F. B. 10)  
250M.—1-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion C.E.F.

Regimental No. 931 407 Rank Private Name William Higgins  
C. E. F. Ch

Enlisted (a) 16-I-17 Terms of Service (a) duration of war Service reckons from (a) 16-I-17

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

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) Teamster

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

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, Canada	Hull	25/3/17	
	O.C. and Constn Rother	Disembarked, Egypt Proceeded Overseas	Liverpool Seaford	7/4/17 17/5/17	Adjutant, No. 2 Construction Battalion, C.E.F.
		Landed in France 17-5-17 N.R.			
17 5/17	OC	app'd app/cpl Without pay		16 5/17	N.R. - KG 16/25295 P/135 d/20-10-17
6 6/17	OC	See slip for when a ad. register of Des. about for Breakfast for a/c when Master Cook		4 6/17	B2069 P/135 20/10/17
24-11-17	OC	Reduced to rank of Private		5-6-17	B213 P295 144 d/8/12/17 KG 16-27310

(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.

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				
5/1/18	occasional	att to 1 Dist CTC	Allison	30/12/17	B 213.
25/1/18	10 few	Myalgia adms		25/1/18	W 3034 / 64416.
4/2/18	10 few	Myalgia To Base.		4/2/18	W 3034 / 27269.
9/2/18	38 to CTC	Sick to 10 few Rowen		25/1/18	B 213
17/2/18	occasional Explet.	Taken on Strength of B D from 10 few Hosp	"A"	17-2-18	NR: 725
9/2/18	o.c. 38 to B 213	Leave to be att to 1 Dist CTC	adm to Hosp	25/1/18	B 213.
25-2-18	o.c. C.G.B.D.	Left for Unit No 2 C Costr Co.		25/2/18	NR C.G.B.D. RTR 999.
29.3.18	o.c. unit.	Rep. for duty.	Hd.	28.2.18	o.c. unit letter 25/3/18.
25.3.18	Jura Hosp.	Myalgia. Gen. Adms.		25.3.18	D/9638. W 3074/6017.
30.3.18	o.c.	Adms. to Hosp.	Hd.	28.3.18	B. 213.
9.4.18	Jura Hosp	Myalgia legs. Dischgd.		9.4.18	63471. W. 7544.
13.4.18	o.c. unit	Dip. from Hosp. Arr. unit.	Hd.	8.4.18	B. 213.
31.8.18	do	Granted 14 days leave	uk.	31.8.18	B 213 / 190. 31/9/18/197
21.9.18	do	Returned from leave	Zulu	17.9.18	B 213
21.9.18	Jura Hosp	Appendicitis, Catheral admitted		21.9.18	W 5462
21.9.18	do	to Hospital		21.9.18	9113
28.9.18	Jura Hosp	Appendicitis, Catheral. Discharged		28.9.18	W 5107
28.9.18	do	Repurs from Hospital		28.9.18	B 213
11 <sup>12</sup> / <sub>18</sub>	Adms	Tran to Coy & posted to N.S. Reg Depot	Truro	14 <sup>12</sup> / <sub>19</sub>	NR 3111 Lt. Col. A. A. G. Canadian Section, G. H. O. Srd. Echelon. B.E.F.

Casewell

Canadian Section, G. H. O. Srd. Echelon. B.E.F.

# SERVICE AND CASUALTY FORM (Part I).

Army Form B. 103—I.  
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889—P2 1150 1M 5/18 G.W.P.Co (3496)

(1)*Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname (5) Christain Names (6) Army Form, number of, Attestation Form or Record of Service paper ) (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
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(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	Initials and Rank of an Officer.
(Authority)	(date)

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test  Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin		
(18) Demobilizer (f)	(Place)	(Signature of Posting Officer)
(19) Pivotal-man (f)	(Date)	
(20) Qualifications (g)	or (21) Corps trade and rate	
(22) Extended }	(23) Re-engaged }	
(24) Miscellaneous entries:—		

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment, or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

Higgins

William

931407

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
17-12-18.	H.S. R.D.	365.	TOS attached to 2nd C.B.D for Quarters & Nations.	Bishop.	14-12-18.	
	NSRD		ON COMMAND TO <i>CDD Kimmel Rhyf</i>	BRAMSHOTT		PART II D.O. <i>MSK 313 27/12/18</i>
13/1/19			<i>Asst. OMFC on Trans. to Coy. Disch Canada Sulesing No 4</i>			<i>ba straight</i> LIEUT. OFFICER <i>1/6</i> RECO. DEPOT, NOVA SCOTIA REGTL. DEPOT.
12.1.19	O'Leary	7/0/S. No. 6	<i>Embarked for Canada 12/1/19</i> <i>D. D. Hlfx. Coy Co. 22. 1. 19 D029.</i>			<i>all Ferguson</i> Lieut. ASST. ADJT. NO. 6 DISTRICT DEPOT
14.2.19		DISCHARGED at Halifax, N. S.		<i>S.O. 43.</i>		<i>P. M. Phipps</i> LIEUT. NO. 6 DISCHARGE SECTION NO. 6 DISTRICT DEPOT

Nothing to be written in this margin.

# ORIGINAL MEDICAL HISTORY SHEET

ORIGINAL  
931407

Surname Higgins Christian Name William

Examined { on 19<sup>th</sup> day of Jan 1917  
at Tenn. Ms.

Approved by H. V. Kent

Birthplace { City or Town Kentville  
County King Co. Ms.

Rank Majorant. M.O.

Apparent age 35

Trade or occupation Teamster

Height 5 feet 3 Inches

Weight 155 lbs.

Chest measurement { Minimum 34 inches

{ Maximum expansion 37 inches

Physical development Good

Small-pox Marks none

Vaccination Marks { Arm Right Left   
Number one

When Vaccinated last 10 years ago

(a) Marks indicating congenital peculiarities or previous disease none

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

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

Date	Result	VACCINATIONS
<u>12/3/17</u>	<u>Sgt. R.</u>	<u>Douglas</u> M.O.
		M.O.
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>19/1/17</u>	<u>Sgt. R.</u>	<u>H. V. Kent Major</u> M.O.
<u>5/2/17</u>	<u>Sgt. R.</u>	<u>H. V. Kent Major</u> M.O.
<u>12/2/17</u>	<u>Sgt. R.</u>	<u>H. V. Kent Major</u> M.O.

Enlisted on 16<sup>th</sup> day of January 1917 at Kentville N.S.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>No 2 Const. Bn. C. &amp; G.</u>	<u>931407</u>		<u>16-1-17</u>
Transferred to				

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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



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

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

Rank Plt. Name Higgins Surname William  
 Unit or Corps 2nd C.C.D. (If a soldier) Regtl. No. 931407  
 Born at Kentville on date Twenty-six November 1891  
 Signature (for identification) W. Higgins

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

**1. PHYSIQUE**—Any deformity, maiming or lameness? If so, describe.

Weight 162 lbs.  
 Height 5 ft. 6 ins.

no

**2. NUTRITION AND DIATHESIS** ?

Good

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

**3. NERVOUS SYSTEM** ?

no

**4. RESPIRATORY SYSTEM.**

no

**5. HEART** ?

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 80

Intermittence or irregularity? no

**6. ARTERIES.**—Any hardening?

no

**7. DIGESTIVE SYSTEM** ?

no

**8. GENITO-URINARY SYSTEM** ?

Urinalysis—s.g. ? 1.016

Reaction? acid

Albumen? nil

Sugar? nil

**9. SKIN, MIDDLE EAR, EYE**  
or any other part?

no

**10.** Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

no

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

Good

Examined at Kennebec Park

Signed [Signature] M.O.

Date 2-1-19

Signed [Signature] M.O.

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

Medical Examination upon leaving the service

of an Officer in the Regular Army of the United States

*[Faint handwritten notes, possibly including a name and date]*

*[Vertical handwritten notes or markings]*

*[Handwritten numbers, possibly 181 and 2]*

1. HISTORY AND PRESENT ILLNESS

2. PHYSICAL EXAMINATION

3. LABORATORY EXAMINATIONS

4. RESULTS

5. OPINION

6. RECOMMENDATIONS

7. SIGNATURE OF PHYSICIAN

8. SIGNATURE OF PATIENT

9. SIGNATURE OF WITNESSES

10. SIGNATURE OF COMMANDING OFFICER

*[Faint handwritten notes at the bottom of the page]*



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931407 Rank Pte Surname Higgins  
(Given name in full)  
William Henry Higgins  
 Unit or Corps D.D.-6 Birthplace Kentville, N.S.

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

1. GENERAL DESCRIPTION:

Physique good Weight 150 lbs. Height 5 ft. 5 in. Colour of Eyes Brown  
 Nutrition good  
 Pulse 74  
 Condition of arteries good  
 Vision Rt. 20/20 Left 20/20  
 Hearing (conversational voice) Rt. 20 ft.  
 Left 20 ft.

Identification marks, scars, or deformities.  
 (Give cause and date of origin).  
Tattoo R. arm  
6

Opinion as to general health and physical condition good

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

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

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

11/2/17. Bronchitis. good recovery.

Kentville  
King Court  
N.S.

**EXAMINATIONS**

**THIS SECTION FOR USE OVERSEAS—**

Examined at ..... (Overseas)

Date ..... Signed ..... M.O.

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

Signature .....

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

**THIS SECTION FOR USE IN CANADA—**

Examined at *Halifax* ..... (Canada)

Date *Feb. 11/19* ..... Signed *As. F. W. Leach* ..... M.O.

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

Signature *W. H. Higgins* .....

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

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

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

*mdc*

NAME OF SOLDIER (Block Letters) HIGGINS W

REGIMENT No 2 Const Bn RANK Pte No. 931407

Date of Examination in England 31/12/18 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.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 27

2. EXTRACTIONS \_\_\_\_\_

3. CROWNS \_\_\_\_\_

4. DENTURES
- (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

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 yes
- (c) In France

KINMEL PARK,  
NORTH WALES.

Signature of Dental Officer *J. J. ...*

1918

W. CHODIN

1918

1918

1918

1918

1918

1918



This space to be for numbers

# Proceedings on Discharge.

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

No. 931407

Rank Private

Surname Higgins

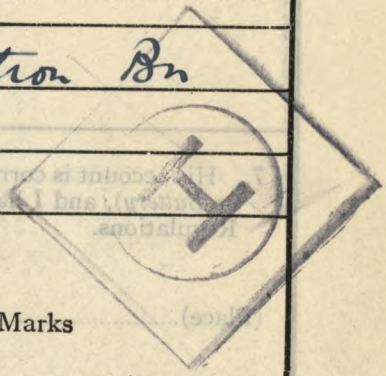
Christian Name William

Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) No 2 Construction Bn

Date of Discharge February 14, 1919.

Place of Discharge Halifax N.S.



## 1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age..... <u>37</u> years..... <u>3</u> months.	Descriptive Marks  <u>Tattoo Right-Arm</u>
Height..... <u>5</u> feet..... <u>5</u> inches.	
Complexion <u>Dark</u>	
Eyes <u>Brown</u>	
Hair <u>Black</u>	
Trade <u>Teamster</u>	
Intended place of residence } <u>Rentville</u> <u>Ringo Co N.S.</u>	
<small>(To be given as fully as practicable.)</small>	

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

Demobilization

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

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

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

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

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding .....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Halifax N.S. William H. Higginson (Signature of Soldier.)

(Date) February 12<sup>th</sup> 1919 H. Wren (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

.....(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Halifax, N.S.

(Date) 14-2-19

(Signature) Sam... LIEUT. COL.

No. 6 DISTRICT DEPOT.

**Reservations referred to at Para. 8.**

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

*Nil*  
List of Discharge Documents

*W. Higgins*

<p>Attestation Paper, Militia Form B. 233</p> <p>Proceedings on Discharge B. 218</p>	<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Conduct Sheet, " B. 263a</p> <p>Squadron Battery Company</p>
<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge</p> <p>(b) Attestation</p> <p>(c) Medical History Sheet (in the event of such having been prepared)</p>	<p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* B. 227</p> <p>Statement of Man's Account on Transfer and Last Pay Certificate, D. 877</p> <p>*Only if discharged "Medically unfit"</p>

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

## List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 235.
Squadron } Battery } Conduct Sheet, " B. 263a. Company }	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	<p>In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
Med. Hist. Sheet, Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	
*Only if discharged "Medically unfit."	

*N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.*



# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 931407 (Rank) Private

Name (in full) William Higgins enlisted in  
the No 2 Construction Bn

CANADIAN EXPEDITIONARY FORCE at Truro N.S on the 16<sup>th</sup>  
day of January 19 17

HE served in France

and is now discharged from the service by reason of Demobilization

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

Age 37 years 3 months

Height 5 feet 5 inches

Complexion Dark

Eyes Brown

Hair Black

Marks or Scars

Tattoo Right Arm

W Higgins  
Signature of Soldier

W Hughes LIEUT  
O.C. DISCHARGE SECTION NO. 6 DISTRICT DEPOT  
Issuing Officer

Date of Discharge February 14 1919 Rank

Signed at Halifax N.S this 12<sup>th</sup> day of February 19 19 Appointment

in Military District No. 6

File Reference No. ....

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.

CANADIAN EXPEDITIONARY FORCE  
Discharge Certificate

No. .... (Rank) ..... Name .....

Unit .....

Address on Discharge ..... *Kentville N.S.* .....

Character and Conduct .....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

Medals and Decorations .....

Remarks .....

Signed at ..... this ..... day of ..... 19 .....

.....  
Name of Officer

.....  
Rank

.....  
Appointment

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

Uniform not to be worn after Date of Discharge, unless authority has first been obtained from G.O.C. District.

# CANADIAN CONTINGENT EXPEDITIONARY FORCE

## LAST PAY CERTIFICATE

NO. 6 DISTRICT DEPOT

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 931407 Rank Plt Name Higgins Wm  
 Corps 2nd Con Bn who was\* discharged  
 On 14-2-19 191... to .....  
 \*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191...  
 to 14-2-19 191..., the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	11	15
Advances by Cheques } No. <u>13805</u>	70	-	Reg'l. Pay <u>45</u> days at \$... 1c.	45	-
} No. <u>OR B 71</u>	15	-	Field Allow. <u>45</u> days at \$... c.10	4	50
Assigned Pay and Sep'n Allee. No. ....			Separation Allowances* (Monthly)		
Other charges <u>Reg Fund</u>		05	Other Allowances* <u>Cooking</u>	35	-
Payment on transfer or discharge No. <u>13804</u>	147	79	Other Credits* <u>IRG</u>	67	19
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	70	-
<b>Total</b>	<b>232</b>	<b>84</b>	<b>Total</b>	<b>232</b>	<b>84</b>

\*Give particulars.

A monthly stoppage of \$ N-70 (†) has ..... (‡) been paid on account of Assigned  
 Pay for the month of Jan 1919 } (to) Assignee Mrs G. E. Curry  
 and Sep'n Allee. for month of ..... 191... } Morris Cove  
 (Address) ..... Anna Co NS

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

### On Transfer of an Officer.

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

REMARKS:—

- State (1) date of enlistment .....
- (2) if married and if a Separation Allowance Card has been submitted .....
- (3) cause of discharge Demob authority 4043
- (4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

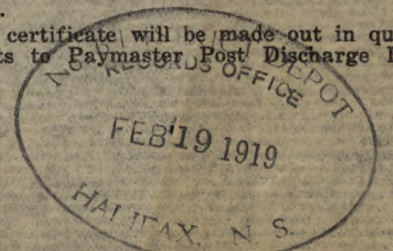
I have carefully examined this statement of account and find it to be a correct extract from the Pay List of the Unit.

Date 17-2-19  
 Place Halifax NS  
 Paymaster No. 6 District Depot W. W. ... Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster, Post Discharge Pay and triplicate, with his discharge documents.



CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all ranks. When Available 1914 and 1915. (Revised 1914)

Regimental No. ... Name ...  
The following is a statement of the account of the one month's pay ...

Table with columns for 'Pay', 'Deductions', and 'Balance'. Rows include 'Basic Pay', 'Gratuity', 'Savings', etc.

Monthly deposits of ...  
Pay for the month of ...  
By bank order for month of ...

One month's pay of ...  
... has been paid by ...

REMARKS:  
... of date of ...  
... of ...  
... of ...

...  
...  
...

sub  
Ham

Number 931407 Rank a/t. / cpl.

Surname HICCINS

Christian Name William

Units C.O.R.C.C. Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address Kentville P.O.  
Kings Co.  
N.S.

Roll No. B. Page 13-45-4

DESP JUL 22 1922  
REGN. NO GA28657

SURNAME.

Higgins.

CARD NO.

CHRISTIAN NAMES

William

REGL. No.

931407.

RANK

Pte

UNIT

No 2 Construction

Bn.

FORMER CORPS

nil

16/ S.O.S. No. 14-2-19. FOLL. Wernob. No. 43 of 12-2-19. #. B. W. W.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Curry, Mrs George

RELATIONSHIP TO SOLDIER

(Mother)

ADDRESS

Thomas Cove, Annapolis Co, U.S.

COUNTRY OF BIRTH

Canada Kentville, N.S.

DATE

27<sup>th</sup> Nov. 1881

PLACE OF ATTESTATION

Truro, N.S.

DATE

27/1/17.

of 28-3-17.

P/O. 25-1-19. 256/68. Pte.

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

MARRIED — SINGLE <sup>yes</sup> WIDOWER —

TRADE OR CALLING Teamster RELIGION Baptist

DESCRIPTION.

APPARENT AGE 35- YEARS — MONTHS

HEIGHT 5 FEET 3 INCHES

CHEST MEASUREMENT 37 INCHES EXPANSION 3 INCHES

COMPLEXION Dark EYES Brown HAIR Black.

DISTINGUISHING MARKS Nil

MEDICAL EXAMINATION. PLACE Town, N.S. DATE Jan 19<sup>th</sup> 1917.

Present-Address - Thomas Cove, Annapolis Co. N.S.



REGT'L. No. 9314107.  
H. Q. FILE No. 649

NAME

*Higgins W.*

RANK AND CORPS

*Pvt. 2 Con*

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

LIST NO.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

Q131 <sup>2</sup>	#10 Gen. Royen.	25-1-18	Myalgia.
Q135.	Disch	<del>4-2-18</del>	
Q144	Can 3 <sup>rd</sup> Army, La Joux Jura	25-3-18	Myalgia Gen.
Q190.	Disch	9-4-18.	Myalgia Gen.
Q330-1	Can. For Corps La Joux Jura	21-9-18.	Appendicitis Acute
Q336-3	Discharged	28-9-18	"

William

Name *Higgins* Rank *Pte* Reg. No. *931407*  
 Unit *2nd Contn Co*  
 Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>1918</i>						
<i>25-1</i>	<i>No 10 G.H Rouen</i>		<i>Myalgia</i>	<i>A</i>	<i>131</i>	<i>19011</i>
<i>4-2</i>	<i>Des Bases def</i>		<i>Lo</i>	<i>A</i>	<i>135</i>	<i>19433</i>
<i>25-3</i>	<i>C 7 C.H. La Joux</i>	<i>Jura</i>	<i>Myalgia fn</i>	<i>A</i>	<i>177</i>	
<i>9-4</i>	<i>Discharged</i>	<i>774-27</i>	<i>"</i>	<i>A</i>	<i>190</i>	
<i>21-9</i>	<i>C.B.-C.H. La Joux</i>		<i>Appendicitis</i>	<i>A</i>	<i>330</i>	<i>4353/6</i>
<i>28-9</i>	<i>Disch'd</i>		<i>Catarhal</i>	<i>A</i>	<i>336</i>	<i>4527/15</i>



Reg. No. *931407* Name *Higgins W.*  
 Rank *Pvt.* Corps *2 Construction* Age *35* Service   
 Ledger No. Serial No.

HOSPITALS	DATE	DIAGNOSIS
<i>Gen. Hosp. Grays. Md.</i>	<i>11-2-17</i>	<i>Bronchitis. C.</i>
<i>Dis. to duty.</i>	<i>19-2-17</i>	

HOSPITALS

DATE

DIAGNOSIS

M. F. W. 2553.  
50M-6-19.  
1772-39-1332.

No. 931407. RANK

Pte.

NAME

Higgins, William

T. O. S. 16-1-17

UNIT

No 2. Construction Battalion.

D.O. 17-1-17

M. D.

6

## PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID  
FROMPAID  
TOSIG.  
OR  
REC'T

1917

1917

Jan 16

Jan 31

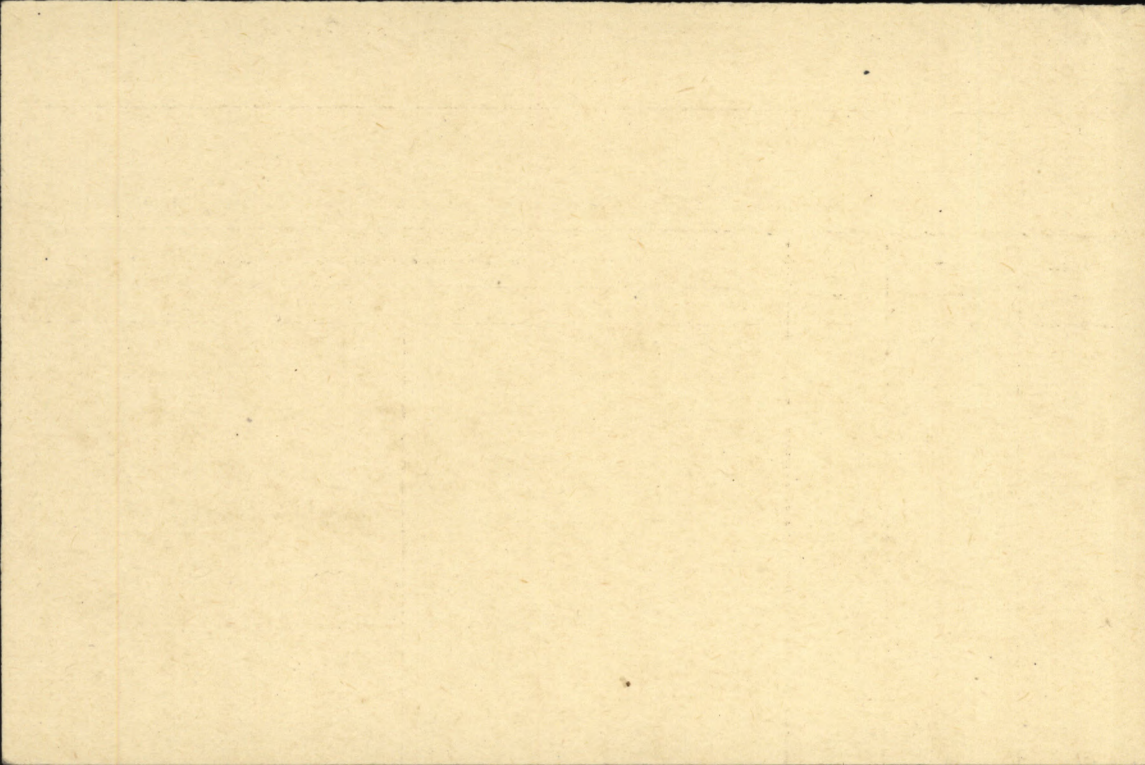
✓

Feb.

✓

Mar.

✓





\*Name HIGGINS. WM. H. Rank PTE. Regtl. No. 931407.  
 Fyle Depot 740H-52.  
 Original unit 2 CON. CO. Present unit #6 D. D. M. or S. Age 37 Religion Bapt. Ref. H.Q.  
 Port, ship, and date of arrival Halifax. N. S. "Empress of Britain" 22-1-19.  
 Next of kin Mrs. George. Curry. Mother.  
 Address on leave Kentville. N. S.  
 Address on discharge Same.  
 Transportation issued  Yes  No Date \_\_\_\_\_ Character on discharge \_\_\_\_\_  
 Previous occupation Teamster Date and place of enlistment 19-1-17. Truro. N. S.  
 Diagnosis \_\_\_\_\_ Date of Medical Boards \_\_\_\_\_

Date.	Remarks	Pt. 2 Order No.
12-1-19	T. O. S. #6 D. D. and posted to CASY. COY. 22-1-19	D. O. 29.
14-2-19	Discharged. H. M. S.	D. O. 43.

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

Date.

Remarks.

Pt. 2 Order No.

M.F.W. 192  
150M-6-18.  
1772-39-1243.

SURNAME

CHRISTIAN NAME OR NAMES

FORM D.M.S. 1300.

REG. NO.

*Higgins*

*W.*

*931407*

RANK

UNIT

CO.

TROOP

BATTY.

HOSPITAL

*Man. 2 bon*

DATE OF ADMISSION

*U.S.*

*Can. Forestry. Gen. Rouen. La Joux. Jura.*

*25-1-18.*

HOSP. *25-3-18.*

HOSP. *21-9-18.*

3.

HOSP.

4.

HOSP.

DIAGNOSIS

1.

*My. Myalgia. R.*

2.

*Myalgia. Gen. H.O.*

3.

*Appendicitis Catarrhal. R.*

*Dis. 4-2-18*

*Dis. 9-4-18*

*" 28 9-18*

DISPOSITION

*bl. 6-2-18 @ 131-1*  
*" 11-2-18 @ 135-0*  
*2-4-18 @ 177-0*  
*18-4-18 @ 190-2*  
*29-9-18 @ 330.*  
*5-10-18 @ 336-3*

REMARKS

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12  
50m.—7-16  
H. Q. 1772-39<sup>8</sup>19

To Whom *Mrs Geo. Curry,*  
Address *Thorn's Cove,*  
*Annapolis.*  
*N. S.*

By Whom Assigned *Higgins. W. M.*  
Regtl. No. *931407*  
Rank *Pte*  
Corps *2 Constr Btro.*

Rate *\$10.<sup>00</sup>*

APR 1917

PAYMENTS

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



1950  
1951  
1952  
1953  
1954  
1955  
1956  
1957  
1958  
1959  
1960

## ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

(Assignee)

L. L. Job 5470—Req. 6888.

Name of Soldier

PAYMENTS.

*Mrs Geo. Curry.**Wm. Higgins, Pte. 2 Constr Btu.**931407-  
\$10.00*

Remarks.

APR 1917

Month.	Year.	Cheque No.	Am't.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April		Z 4866	10	
May		J 8307	10	10.65
June		D 15143	10	10.5
July		M 25461	10	10.5
Aug.		C 28284	10	
Sept.		N 35962	10	
Oct.		Z 44119	10	
Nov.		A 28426	10	
Dec.		N 58358	10	
Jan.	1918			90.83
Feb.				
March				
April				
May				
June				
July				

*W.C.**10.70*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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



J.P. Rank \_\_\_\_\_ Name **HIGGINS, William** Reg'l No. **931407.**  
 Unit No2. Const Bn. If in perm. Corps }  
 What Unit? } Married or Single **Single.**  
 Place and Date of Enlistment **Truro. 19th Jan. 1917.** Place of Birth **Kentville, Kings Co. N.S.**  
 Name and Address, Next-of-Kin **Mrs George Curry.**  
**Thorns Cove. Annapolis. Co. N.S.** Relationship **Mother.**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

N/E. R.B. No. **6662**  
 File R.I. \_\_\_\_\_  
 Category **OR CAN**

Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. V., Ld.—9:46-16.

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.				
<b>C</b>		<b>Arrived in England ss "Southland"</b>		<b>7-4-17</b>	<b>AWWW.</b>
<b>14.6.17</b>	<b>2<sup>nd</sup> Hon Br</b>	<b>Arrived in France</b>	<b>Field</b>	<b>14.5.17</b>	<b>Pt 500 115.</b>
<b>20.10.17</b>	<b>"</b>	<b>Apptd A/Plt without pay</b>	<b>Pte</b>	<b>16.5.17</b>	<b>Pt # 135</b>
<b>8.12.17</b>	<b>✓</b>	<b>Reverts to Per Grade of Pte</b>	<b>4th Lt</b>	<b>5.6.17</b>	<b>144.</b>
<b>16.12.18</b>	<b>NSRD</b>	<b>TOS from 2<sup>nd</sup> cc Coy</b>	<b>P/E</b>	<b>14.12.18</b>	<b>308-71 d/19-12-18</b>
<b>27.12.18</b>	<b>NSRD</b>	<b>O/c to C. D. D Rly</b>			<b>313</b>
<b>25.1.19</b>	<b>NSRD</b>	<b>Crossed to C. E. F. Canada</b>	<b>Ryson</b>	<b>12.1.19</b>	<b>18.</b>

A.F.B. 103 CHECKED  
29 MAY 1917



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# H

# 12833

# April 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

10	15		
----	----	--	--

1-11-18.

### PARTICULARS OF SEPARATION ALLOWANCE

No. 931407  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name Wm. Higgins  
 Battalion 2 Contn Batta.  
 Beneficiary  
 Relationship  
 Address

### PARTICULARS OF ASSIGNMENT

Name Mrs Geo Curry  
 Address Shorn's Court  
 Change of Address Annapolis N.S.  
 1  
 2  
 3  
 4

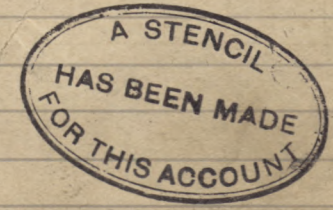
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					File 8599-W-29.
Dec 31			90	90	✓
1918 Jan	C 71388		10	10	Dr. ✓
Feb	Z 71452		10	10	✓
Mar	I 91296		10	10	✓
Apr	I 13714		10	10	✓
May	D 9268		10	10	✓
June	V 76743		10	10	✓
July	U 27995		10	10	✓
Aug	D 34282		10	10	✓
Sept	S 42104		10	10	✓
Oct	E 48763		10	10	✓
Nov	G 56822		15	15	✓
Dec	E 67004		15	15	✓
Jan	G 75748		15	15	✓

WAB

© M.R.D. att. #14611 issued 31/1/18.  
 M.R.D. Dest. 60217 issued 29/1/19 @ J.H.D.

M. F. W. 128  
 40096-6-17-1772-38-1141  
 L. L. 22320-M. & D. 1488.

A/c Closed 31-1-19  
 Ret'd per Empress of Britain  
 Date 22-1-19 M.F.W. 187 27-1-19  
 Closed W.H.  
 M.D. #6





taken on Strength 12-1-19... B.O. 29

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

REGT. No. 931407 RANK *Plt* NAME (IN FULL) *Higgins Wm H.* (BLOCK LETTERS SURNAME FIRST)

M. OR S. *[Blank]*

ORIGINAL UNIT C.E.F. *2<sup>nd</sup> Con Bn*

PLACE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

DATE OF ATTESTATION *[Blank]* TRANSFERRED TO *[Blank]* DATE *[Blank]* AUTHORITY *[Blank]*

ASSIGNED PAY *15<sup>00</sup> pd. to 31-1-19* DATE EFFECTIVE *[Blank]*

PAYABLE TO *Mrs. G. Garry* RELATIONSHIP *[Blank]* ANY CHANGE IN ASSIGNEE OR ADDRESS *[Blank]*

ADDRESS *Thomas Cove*

ADDRESS *Ammapolislee, N.S.*

STOP PAYMENT FORM RENDERED, DATE *[Blank]* EFFECTIVE *[Blank]*

DISCHARGED *[Blank]* PLACE *[Blank]* DATE *14-2-19* REASON *Disch* AUTHORITY *D043* IF ENTITLED TO POST DISCHARGE PAY *[Blank]*

*148*

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE	AMOUNT		\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		\$	C.
			\$	C.																					
<i>Jan</i>																									<i>Sub 220 29</i>
<i>Feb</i>	<i>1-1-19</i>																								<i>Co. I. P. C.</i>
	<i>14-2-19</i>	<i>45</i>	<i>110</i>	<i>49</i>	<i>50</i>																				<i>15 00</i>
																									<i>138 00</i>
																									<i>147 79</i>
																									<i>138 00</i>
																									<i>70 =</i>
																									<i>70 = 70 =</i>
																									<i>July 1st</i>
																									<i>Salden</i>
																									<i>210 -</i>
																									<i>140</i>
																									<i>70</i>
																									<i>Completed</i>
																									<i>350</i>
																									<i>350</i>
																									<i>280</i>
																									<i>70</i>
																									<i>350</i>

*San Service Salary*

*March 1919 - 14/12 - 70 00*

*11/19 April 15 15 72 70 00*

*7/12/19 15 65 70 00*

*Jan 7/19 15 27 6 70 00*

*Completed*

Certified that all payments due on this acct have been paid.

*[Signature]* CAPT.

For Senior Officer Pay Services, M. D. 6



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE: -	1 APR 1917 1/11/18.	EFFECTIVE DATE: -
AMOUNT: -	\$ 10.00 15.00	AMOUNT: -
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME WORD "SAME" ONLY TO BE WRIT
Mrs George Curry Mother Thornes Cove, Annapolis Co NS		
Stopped Effect 1/1/19		at 15.00

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENT BY INSERTION OF DATE CHARGED IN		
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID
<del>7/12</del>	<del>6585</del>	<del>B</del>	<del>466</del>			
<del>12/12</del>	<del>3569</del>	<del>B R.R.G.</del>	<del>975</del>			
			1439			
						94594

PARTICULARS OF RENDERING NON-EFFECTIVE: -				
1918	MONTH	PARTICULARS	CR. 1	CR. 2
	MAR	Bal Ford		
	Apr	P. Pay	33	b. a. P. AR 5 9/11 AR 10 AR 267 ✓ 275
	May	P.P.	34 10	b. a. P. AR 40 ✓ 425
	June	P.P.	33	b. a. P. AR 70 ✓ 87
	July	Pay	34 10	Can AR 949 AR 109
	Aug	Pay	34 10	Can AR 125 AR 14 AR 16
	Sep	P.P.	34 10 33	Ca CP 309 AR 35 AR 187
			33	

SEPARATION ALLOWANCE. ENGLAND OR CANADA.

EFFECTIVE DATE:-

AMOUNT:-

NAME:- *HIGGINS William*

NUMBER:- *931407*

PARTICULARS OF RANK OR APPOINTMENT

THORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

*Mother*

*SONS*

*at 1500 P/A 1/11/18*

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Pte.</i>

UNIT AND TRANSFERS

ORIGINAL UNIT:- *2 Construction Bn*

DATE ACCOUNT FIRST OPENED:- *1 APR 1917*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S P'D	UNIT TRANSFERRED TO
			<i>Canada</i>

VOUCHERS UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

AMOUNT	DATE OF PAYMENT	NUMBER OF A R	UNIT PAID BY	AMOUNT
<del>466</del>				
<del>973</del>				
<del>1439</del>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1</i>	<i>-</i>	<i>-</i>	<i>10</i>

EFFECTIVE:- *Discharged to Can 1/11/19* *New Book issued in France Sept. 6* *94594 New pay Book issued in London 9* *146.18* *131.79* *171128* *AS R*

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							<i>167 76 60</i>		
<i>33</i>		<i>b. a. P</i>				<i>10 -</i>			
		<i>AR 5 7/4 C.F.C Jura</i>	<i>3 57</i>						
		<i>AR 10 8/4 " "</i>	<i>3 57</i>						
		<i>AR 267 22/4 " "</i>	<i>3 57</i>						
		<i>274 " " " "</i>	<i>7 14</i>					<i>172 91 65</i>	
<i>33</i>		<i>b. a. P.</i>	<i>17 85</i>			<i>10 =</i>			
<i>34 10</i>		<i>AR 408 9/5 Jura C.F.C</i>	<i>3 57</i>						
		<i>422 23/5 " "</i>	<i>3 57</i>						
<i>34 10</i>			<i>7 14</i>			<i>10 -</i>	<i>189 87 70</i>		
<i>33</i>		<i>b. a. P.</i>				<i>10 -</i>			
		<i>AR 709 7/6 C.F.C 5</i>	<i>3 57</i>					<i>75</i>	
		<i>871 27/6 " "</i>	<i>3 57</i>					<i>205 75</i>	
<i>33</i>			<i>7 14</i>			<i>10</i>			
<i>34 10</i>		<i>Canada</i>				<i>10</i>			
		<i>AR 949 10/7 C.F.C 5</i>	<i>3 57</i>						
		<i>AR 1093 25/7 " "</i>	<i>3 57</i>					<i>222 69 80</i>	
<i>34 10</i>			<i>7 14</i>			<i>10</i>			
<i>34 10</i>		<i>Canada</i>				<i>10</i>			
		<i>AR 1256 10/8 C.F.C 5</i>	<i>3 57</i>						
		<i>AR 1482 25/8 " "</i>	<i>3 57</i>						
		<i>AR 1641 28/8 " "</i>	<i>7 14</i>					<i>232 51 85</i>	
<i>34 10</i>			<i>14 28</i>			<i>10</i>			
<i>33</i>		<i>Can al</i>				<i>10</i>			
		<i>CP 30980 6/9 London</i>	<i>48 67</i>						
		<i>AR 3542 28/8 C.F.C 5</i>	<i>97 33</i>						
		<i>AR 1877 24/9 C.F.C 5</i>	<i>3 57</i>					<i>10 594 90</i>	
<i>33</i>			<i>149 57</i>			<i>10</i>			



NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR.
				Foid.		
Oct	wh	3410		C.A.P		
				AR 2251 12/10/18 C.F.65	373	
				7371 46/10	273	
		3410				746
Nov	C.P. M+D	6710		C.A.P Nov		
				elec		3000
				AR 2686 11/11/18 C.F.65	373	
				RT. A" 14/19 2600	146	
	Int on Def. Pay 3/12/18	475		AR 2904 26/11 C.F.65	1306	
				AR 6585 10/12 C.G.13D	1466	
				v 3569 18/12 MRS. G	973	
		7185				3264
				AR 82 10/1 <sup>L.P.E.E.</sup> Kimmel	973	
						973
				S.O.S to Can 12/1/19		AD

ARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Foid.					10594		
P. A. P				10			
51 12/10/18 C.F.C.S	373						
56/10	273				12258		
	746			10			
P. A. P Nov				15			
elec	373			15			
11/11/18 C.F.C.S	373						
14/19	146						
26/11 C.F.C.S	1306				14618 95		
35 10/12 C.F.C.S	1466						
69 18/12	973				13179		
	3264			30			
10/1 Kimmel	973				12206		
	973						
to Can 12/1/19 W.O. 18 - MATON 25/1/19							

P. 559  
MARRIED OR SINGLE

S

PLACE OF BIRTH

Kentville W.S.

NAME AND ADDRESS OF NEXT OF KIN

Mrs Geo Lacey

RELATIONSHIP OF NEXT OF KIN

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
Appn - Cpt (without pay)	16-5-17	Do. 135. 20. 10. 17
Reverts to Per Grade.	5-6-17	Do. 144. 8 1/2

ADMISSIONS TO HOSPITAL, &c.

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

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			
	No. OF DAYS	RATE	AMOUNT \$ c.	No. OF DAYS	RATE	AMOUNT \$ c.				No.	DATE	No.	DATE
Apr/30	20	1.10	33 00					22 10	22 10				
MAY 1-31	31	"	34 10					34 10	34 10	524 1/5			
June 1-30	30	"	33 00					33 00	33 00	40 1/5			
July 1-31	31	"	34 10					34 10	34 10	14 19/4			
Aug	"	"	34 10					34 10	34 10	69 14/5			
Sept 1-30	30	"	33 -					33 -	33 -				
			201 30					22 10	223 40				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. PAY	SEP. ALIGE. ENG.
Sept	Bal	106 61							106 61		
Oct	P.P.	34 10		AR 574.27 2 Boni am at CFC	3 57						
				- 462.13 5/7	3 56						
				- 622 11 9/7	3 57						
		34 10			10 70				120 01		

PROMOTIONS, &c.

EFFECTIVE DATE	AUTHORITY
16-5-17	DO 135. 20-10-17
5-6-17	DO 144. 8 13/17

REG'L No. 931407 RANK NAME Higgins Lewis  
 IF IN PERMT. CORPS } UNIT 2 below ON TRANSFERRED TO DATE AUTHORITY  
 WHAT UNIT }  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION June W.J.S. TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION Jan 16/17 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ 10.00 DATE EFFECTIVE 1-4-17  
 PAYABLE TO Mrs George Barry, Thomas Cove, Annapolis Co MS RELATIONSHIP Another

HOSPITAL, &c.  
 NAME OF HOSPITAL  
 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)

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)

ACQUITTANCE ROLLS						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2		3		4		1	2	3	4				CREDIT	DEBIT			
No.	DATE	No.	DATE	No.	DATE												
												2210					Back from Canada
						4 87				10		10 -	45 10		5 -	40 10	
						24 34 4 87				10		44 08	35 12		10	25 12	
						4 87				10		14 87	53 25		15 -	38 25	
										10		10 -	77 35		20 -	57 35	
										10		13 57	97 88		25 -	72 88	
										10 -		24 27	106 61				
										10 -		116 79	106 61				
										60 -							

BALANCE DEFERRED SEPARATE PAY END

106 61

120 01

96 931407 Higgins W

10<sup>00</sup>

DATE	PAY		FIELD ALLOWANCE		WORKING OR SPECIAL PAY		ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS					
	No. OF DAYS	RATE	AMOUNT		No. OF DAYS	RATE				AMOUNT		1	2	3	4	1	2	3	4
			\$	c.						\$	c.	No.	DATE	No.	DATE	No.	DATE	No.	DATE
MONTH PARTICULARS			CR.1	CR.2	PARTICULARS			DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SEPARATE ALLG. PAY	SEP. ENG.				
												120 01							
Nov	PP.		33	-								10							
							AR 823 28 <sup>9</sup> / <sub>17</sub> C.F.C.	3 57											
							- 846. 12 <sup>10</sup> / <sub>17</sub> -	3 57											
							- 968 25 <sup>10</sup> / <sub>17</sub> -	3 57											
DEC			34	10			"1087 10 <sup>11</sup> / <sub>17</sub> -	3 57				10 152 83							
			67	10				14 28				20							
JAN	1918 PP.		34	10				14 28				10							
							-1256. 23 <sup>11</sup> / <sub>17</sub> 2 Com. to P.	12 49											
							-15997. 5 <sup>1</sup> / <sub>18</sub> 2 Com. Cong.	5 -											
							-1430. 21 <sup>12</sup> / <sub>17</sub> -	7 14				152 30 50							
			34	10				24 63				10							
FEB			30	80			Assigned Pay					10							
							-2032. 5 <sup>1</sup> / <sub>18</sub> 2 Com. alt. C.F.C.	4 46											
							-2186. 21 <sup>1</sup> / <sub>18</sub> -	4 46				164 18							
			30	80				8 92				10							
MAR 1918			34	10			Ass Pay					10							
							AR 175. 14 <sup>2</sup> / <sub>18</sub> Cyclist B. Dep.	3 57											
							gn AR 8182. - 78 <sup>2</sup> / <sub>18</sub> 2 C.F.C.	4 46											
							AR 2319. 18 <sup>3</sup> / <sub>18</sub> Java C.F.C.	7 14											
							gn " 7975 24 <sup>2</sup> / <sub>18</sub> 2 C.F.C.	5 35				167 76							
			34	10				20 50				10							

