

ATTESTATION PAPER.

No. 335444

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION

(ANSWERS.)

1. What is your surname? **HILBORN**
- 1a. What are your Christian names? **William Glasstone**
- 1b. What is your present address? **Freelton, P.O. Ontario.**
2. In what Town, Township or Parish, and in what Country were you born? **New Hamburg, Ont. Waterloo County**
3. What is the name of your next-of-kin? **Mr. E. Hilborn,**
4. What is the address of your next-of-kin? **Freelton, Ont.**
- 4a. What is the relationship of your next-of-kin? **Father**
5. What is the date of your birth? **April 11th-1899.**
6. What is your Trade or Calling? **Apprentice to Milling.**
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 } **Yes.**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
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? **Nil.**
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? **Nil.**

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **William Glasstone HILBORN**, 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 **May 13th** 191 **8** *William Glasstone Hilborn* (Signature of Recruit)
John H. Hocking (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **William Glasstone HILBORN**, 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 **May 13th** 191 **8** *William Glasstone Hilborn* (Signature of Recruit)
John H. Hocking (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 **Guolph, Ont.** this **20th** day of **May** 191 **8**

[Signature] (Signature of Justice)

m + 10-2-21 ac

Description of William Glasstone HILBORN on Enlistment.

Apparent Age 19 years 1 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 10 ins.

Chest measurement: { Girth when fully expanded 40 ins.
Range of expansion 4 ins.

Complexion Fair

Eyes Hazel

Hair Light

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

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

Date May 13th 1918

Place Guelph, Ont.

J. A. McLeay
Capt. C.A. McLeay
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.

William Glasstone HILBORN 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.

Paul Cameron (Signature of Officer)

Date May 20 1918

O.C. 64th Depot Battery C.F.A.

REGIMENTAL DOCUMENTS

NAME

Hilborn William Gladstone

REGT. NO.

335 444

UNIT

64

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

24432

DISCHARGE

Category

DESERTION

12-19
18-19
28-19

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

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

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

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)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

H. Q. 649-H-22639.

HILBORN, E. Gnr. William, #335444, 64th Bty.

Hilborn

Med & D (Mother)

Mrs. Rosetta Hilborn,
Freelton, Ont.

P & S (Father)

Mr. E. Hilborn,
Address as above.

Mem Cross (Mother)

Address as above.

48073
MAY 7 - 1921
Scroll Desp. Reqn. No. 2. 41736

Canada only

Plaque Desc.

Reqn. No.

SEP 15 1921

06796
B

ae

M/

45-560 FEB 17 1921

1080

14
10
13

Surname Hilborn
Christian names William Gladstone
Regtl. No. 3 3544 Rank Cor
Unit 64th Dps Bty
H. Q. ✓
M. D. No. 1
T. O. S. May 20th 1918
D. O. Pt. II 142 of 22/3/18
S. O. S. Dis 14-10 1918
Reason Dec
Auth. D. 0774 16-10-18
R.P.G.A.

Next of kin Hilborn E. Relationship Father
Address Freelton Ont
Also notify:

BORN—Place Canada New Hamburg Ont Date Apr 11th 1899
ATTESTED—Place Geiselfh Ont Date May 20th 1918
O/S. R/C.



LEDGER NO.

5848-215-326.

SERIAL NO.

A 11776 ✓

REG. NUMBER

335-444

NAME

Hilborn Jon

RANK

Enr

CORPS

64th Btty

AGE

19

SERVICE

5/12

NAME OF HOSPITAL

Station

PLACE

Halifax

DATE OF ADMISSION

6-10-18

DISEASE

Influenza & Pneumonia

TRANSFERRED TO OTHER HOSPITALS

OPERATION

DISCHARGED TO

Died 14-10-18 8am

IN CATEGORY

M. F. W. 2553.

50m.-6-18.
1772-39-1332.

P. T. O.

REMARKS:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

CASE HISTORY SHEET.

Station Hospital
HALIFAX, N.S.

No. 338444 Rank. *Gm.* Name. *Hillman, Wm* Age. *19*

Unit. *64834* Completed years of service *6.10.18* Where and how long *C 5 1/2*

Date of admission *6.10.18* Date of discharge *14/10/18* *Died*

Diagnosis *Influenza + Pneumonia* Place of origin *8am*

CONDITION ON ADMISSION AND PROGRESS OF CASE.

I'll since 5th inst. pains all over, chilliness, headache, backache, malaise, slight sore throat, and cough & expectoration. Exam, apparently very ill, face suffused, eyes injected. Temperature higher, complaining of sore throat, & dysphagia. Exam shows a general hyperaemia and slight enlargement of tonsils. There is a small goitre - which has been present for a long time.
9 PM - Complaint of sore throat - cough, haemoptysis slight - some streaks of blood - had epistaxis yesterday - Dullness right base some few rales.
10/10/18 about the same as previous note
11/10/18 Very ill, slightly cyanosed, double basal consolidation
12/10/18 Very ill, slightly cyanosed.
13/10/18 Condition desperate
14/10/18 Died

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form)

Symptomatic, sera (antistrep)

CONDITION ON DISCHARGE

(and disposal made of case.)

Died 14/10/18 8am

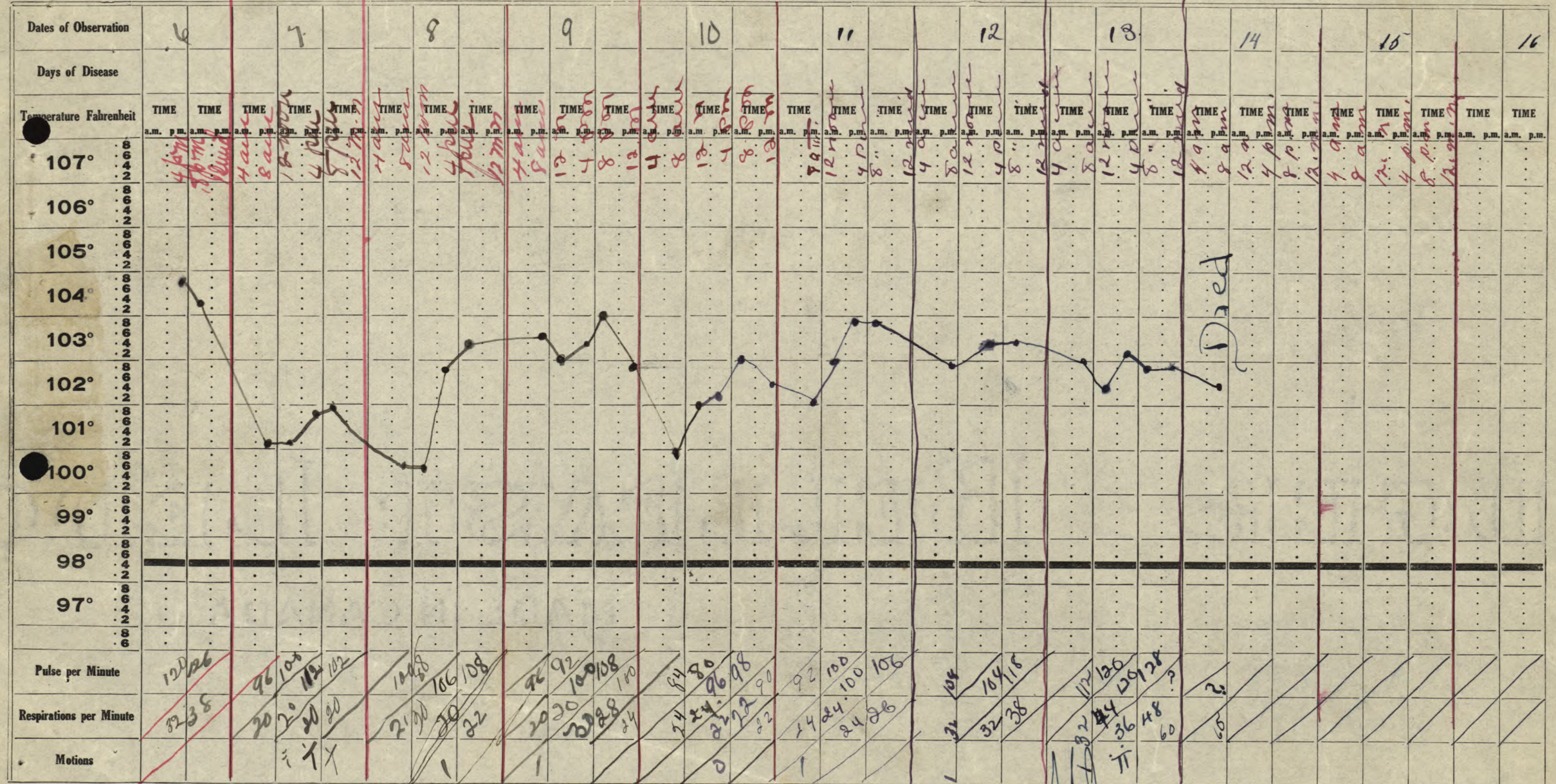
Date. *14/10/18*

Medical Officer i/c case.

CLINICAL CHART.

(To be pasted into Case Book opposite Patient's Case.)

Corps *65th St* No. *335111* Rank and Name *Sgt. Wm. X. Wilson* Age *19* Hospital Station *Xalifax* Service *C 5/12* Meth
Disease _____ Date of Admission *6-10-18* Date of Discharge _____ Result _____ Case Book _____ Folio _____



M. F. B. 288.

50M-11-16.
H. Q. 1772-39-513.

Signature _____

In charge of case.

MADE IN CANADA

BLITZVAULT

64th Depot Battery, C.P.A., C.E.F.

DEPT
MILITIA & DEFENCE

335444

H. Q.
CANADA

FORM OF WILL.

I, William Gladstone HILBORN, (Name in full)

Regimental Number 335444 serving in 64th Depot Battery, C.P.A., 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 bequeath all my real estate unto

Mrs. Rosetta Hilborn,

Freelton, Ontario.

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

absolutely, and my personal estate I bequeath to

Mrs. Rosetta Hilborn,

Freelton, Ontario.

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

IMPORTANT NOTE

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

this 20 day of May A. D. 191 8

William Gladstone Hilborn 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

Address of Witness

Occupation of Witness

Signature of Second Witness

Address of Witness

Occupation of Witness

THE TWO
WITNESSES
MUST
SIGN HERE

FORM OF WILL

I, William Gladstone Kilmer, of the County of Jefferson, State of Missouri, do hereby certify that the foregoing is a true and correct copy of the original of the within and last aforesaid will, as the same appears from the records of the County of Jefferson, State of Missouri, and that the same is a true and correct copy of the original of the within and last aforesaid will, as the same appears from the records of the County of Jefferson, State of Missouri.

Witness my hand and seal of office this 15th day of April, 1911, at St. Louis, Missouri.

Notary Public in and for the State of Missouri

My Comm. Expires 1st day of April, 1912.

Notary Public in and for the State of Missouri

My Comm. Expires 1st day of April, 1912.

IMPORTANT
NOTE
This must be signed
and dated by
THE SOLDIER
HIMSELF.

Notary Public in and for the State of Missouri

Notary Public in and for the State of Missouri

Notary Public in and for the State of Missouri

Notary Public in and for the State of Missouri

Notary Public in and for the State of Missouri

Notary Public in and for the State of Missouri

Notary Public in and for the State of Missouri

Notary Public in and for the State of Missouri

Notary Public in and for the State of Missouri

THE TWO
WITNESSES
MUST
SIGN HERE

Orig not available
Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. *64 Depot Battery*

Regimental No. *335444* Rank *Gnr* Name *Gilborn William Gladstone*

C. E. F.

Enlisted (*a*) *13-5-18* Terms of Service (*a*) *Duration of War* Service reckons from (*a*) *13-5-18*

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

Extended Re-engaged Qualification (*b*) *Apprentice to Milling*

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				
<i>14-10-18</i>	<i>64 Battery</i>	<i>Transferred to R6 La. M D 6.</i>	<i>Petacon Camp</i>	<i>14-10-18</i>	<i>DS 277.</i>
<i>16-10-18</i>	<i>R6 La. Halifax.</i>	<i>Struck off strength having <u>died</u> at Station Hospital</i>	<i>Halifax</i>	<i>14-10-18</i>	<i>DS 77.</i>

D. Rutledge
Capt fa SgR.

m8H.

(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				

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a *

Medical Board

assembled at

Cogswell St Hospital, Halifax,

on the

11 October 1918.

by order of

A.D.M.S. H.D.6.

for the purpose of

examining and reporting on present

condition of No. 335444. Gnr. Wm. Hilborn. 64th

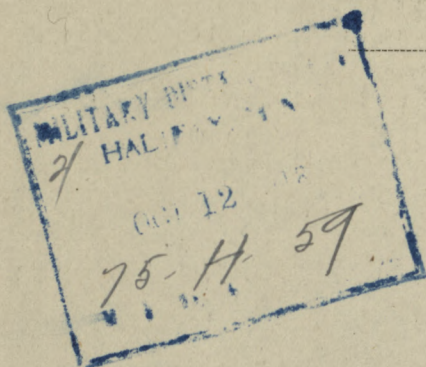
Btry in accordance with Art 617 P.2 A. Reg. 1914.

PRESIDENT.

Capt. H.J. Carney. AMO.

MEMBERS.

Capt. C.S. Elliot. AMO.



The Board having assembled pursuant to order, proceed to

examine the above named man and find him suffering with Influenza (Spanish) and Pneumonia.

The Board is of opinion that he is dangerously ill and recommend that his name be placed on the Danger List.

Signed at Cogswell Street Hospital, the eleventh day of October, 1918.

M. F. B. 303.

75M.—2-18.

H. Q. 1772—39—133.



M. Carney
Capt
C. S. Elliot
Capt Comm

RECEIVED
FEB 17 1915
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

TO THE DIRECTOR

WASHINGTON, D.C.

FROM THE

DEPARTMENT OF AGRICULTURE

DATE

FEB 17 1915

BY

W. L. G. BROWN

FOR THE

DEPARTMENT OF AGRICULTURE

TO THE DIRECTOR

WASHINGTON, D.C.

RECEIVED
FEB 17 1915
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

TO THE DIRECTOR

WASHINGTON, D.C.

FROM THE

TO THE DIRECTOR

WASHINGTON, D.C.

FROM THE

WASHINGTON, D.C.

W. L. G. BROWN

Laboratory of Hygiene.
Military Hospital
Halifax, N.S.

Result of Urine Analysis.....

Name *Mr. Wm. Hulbome* 335.....

Colour... *amber*.....

Odour... *normal*.....

Re-Action... *acid*.....

Spg. Gravity... *1.036*.....

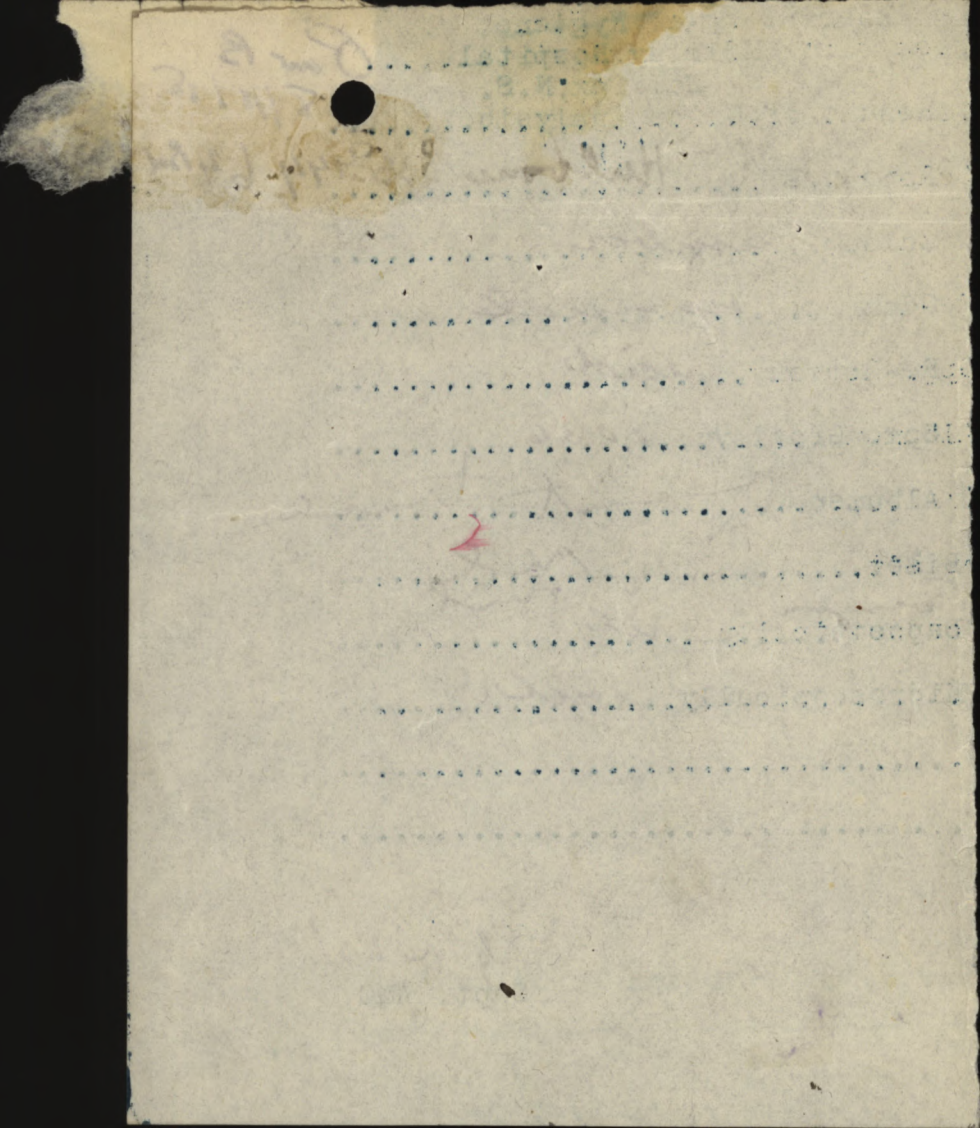
Albumen... *Faint trace*.....

Bile... *nil*.....

Sugar
Deposit... *nil*.....

Microscopically... *nil*.....

Kb Mahab
Capt, AMC



* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a * Board of Officers
assembled at Cogswell St Hospital, Halifax,
on the 14th October 1918
by order of A.D.M.S., M.D.6.
for the purpose of examining in and reporting upon
the cause of death of No. 335444 Gnr. Wm. Hilborne,
64th Bty.

PRESIDENT.

Capt. M.J. Carney. AMC.

MEMBERS.

Capt. C.S. Elliot. AMC.



The Board having assembled pursuant to order, proceed to
examined the Medical Case History Sheet, Charts,
Wards Books, and the evidences of the Medical
Officers who attended the case and are of
Opinion, that he died on the fourteenth day of
October 1918 at Cogswell St. Hospital, Halifax, N.S.
Signed at Cogswell Street Hospital, Halifax,
N.S. the fourteenth day of October 1918.

M. J. Carney
Capt. C. S. Elliot



PROCEEDINGS of a

Board of Officers

assembled at Cogswell St Hospital, Halifax,

on the 14th October 1918

for the purpose of examining in and reporting upon

the cause of death of No. 35544 Cpt. W. M. Williams,

4th Bty.

PRESIDENT

Capt. M. L. Garvey, AMO.

MEMBERS

Capt. C. B. Elliot, AMO.

The Board having assembled pursuant to order, proceeded to

examine the Medical Case History Sheet, Charts,

Examination Book, and the evidence of the Medical

Officers who attended the case and are of

opinion that the died on the fourteenth day of

October 1918 at Cogswell St. Hospital, Halifax, N.S.

Signed at Cogswell Street Hospital, Halifax,

N.S. the fourteenth day of October 1918.

It is the duty of the Board of Officers to examine the Medical Case History Sheet, Charts, Examination Book, and the evidence of the Medical Officers who attended the case and are of opinion that the died on the fourteenth day of October 1918 at Cogswell St. Hospital, Halifax, N.S. Signed at Cogswell Street Hospital, Halifax, N.S. the fourteenth day of October 1918.

The Board of Officers having assembled pursuant to order, proceeded to examine the Medical Case History Sheet, Charts, Examination Book, and the evidence of the Medical Officers who attended the case and are of opinion that the died on the fourteenth day of October 1918 at Cogswell St. Hospital, Halifax, N.S. Signed at Cogswell Street Hospital, Halifax, N.S. the fourteenth day of October 1918.

M. L. Garvey
C. B. Elliot
H. O. Williams

Board of Officers
Corps of Engineers, U.S. Army
Campbell St. Hospital, Halifax.

15th October 1915

A.D.V.-8., U.S.A.

for the purpose of examining in and reporting upon

The cause of death of Co. 35544 Cor. W. H. H. H.
64th Regt.

PRESIDENT.

Capt. M. J. Carney. AMO.

MEMBERS.

Capt. C. S. Elliot. AMO.

with a view to ascertaining the cause of death of the above named soldier, and to report thereon to the Board of Officers, U.S. Army, at the Campbell St. Hospital, Halifax.

The Board of Officers, U.S. Army, at the Campbell St. Hospital, Halifax, has the honor to acknowledge the receipt of your letter of the 15th inst., and in reply to inform you that the same has been forwarded to the Board of Officers, U.S. Army, at the Campbell St. Hospital, Halifax, for their consideration.

The Board of Officers, U.S. Army, at the Campbell St. Hospital, Halifax, has the honor to acknowledge the receipt of your letter of the 15th inst., and in reply to inform you that the same has been forwarded to the Board of Officers, U.S. Army, at the Campbell St. Hospital, Halifax, for their consideration.

* N. B.—This Form being applicable to any Board of Officers or Committee or Court of Inquiry, this blank to be filled in accordingly.

The signature of each Officer composing the Board, &c., should be attached to the end of the proceedings.

PROCEEDINGS of a *

assembled at

on the

by order of

for the purpose of

examining and reporting on present condition of No 335444

Gnr W^m Helborn 64th Bty in

accordance with Art 67 PRA Reg 1914

PRESIDENT.

Capt. M. J. Carney DMC

MEMBERS.

Capt. C. S. Elliott DMC

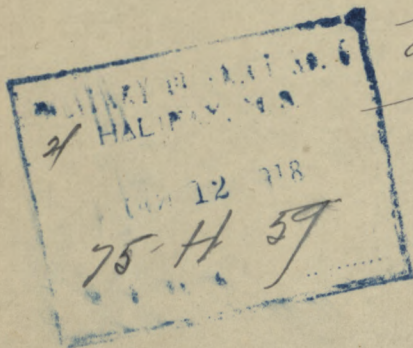
The Board having assembled pursuant to order, proceed to

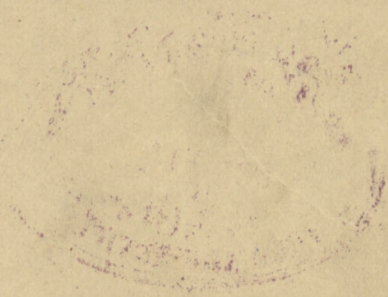
examine the above named man and find him suffering with Influenza (Spanish) and pneumonia

The Board is of opinion that he is dangerously ill and recommend that his name be placed on the Danger List Signed at Rosswell Street Hospital the eleventh day of October 1918

M. J. Carney
Captain

C. S. Elliott Captain





2. The Board of Directors of the Corporation shall have the right to elect and discontinue the members of the Board of Directors.

The Board of Directors of the Corporation shall have the right to elect and discontinue the members of the Board of Directors.

PROCEEDINGS of a

Assembly of

on the

by order of

for the purpose of

PRESIDENT

MEMBERS

having assembled pursuant to order proceed to

RECEIVED
NOV 10 1910
U.S. DEPT. OF AGRICULTURE
WASHINGTON, D.C.

...the ...
...the ...
...the ...

...the ...
...the ...
...the ...

PRESIDENT

Capt. M. ...

MEMBERS

Capt. R. E. ...

...

...

...

...

...

THE UNIVERSITY OF CHICAGO