

ATTESTATION PAPER.

ORIGINAL

No. Folio.

2765166 R.K.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? Howson
1a. What are your Christian names? William Robinson
1b. What is your present address? 10034-84th Ave., Edmonton, Alberta
2. In what Town, Township or Parish, and in what Country were you born? Norwood, Ontario, Canada.
3. What is the name of your next-of-kin? Jennie E. Howson (wife)
4. What is the address of your next-of-kin? 10034-84th Ave., Edmonton, Alberta
4a. What is the relationship of your next-of-kin? Wife
5. What is the date of your birth? March 6th, 1883
6. What is your Trade or Calling? Barrister
7. Are you married? Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
9. Do you now belong to the Active Militia? Yes
10. Have you ever served in any Military Force? Held a commission in 49th Hastings Rifles & 101st Edmonton Fusiliers.
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?
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 Robinson Howson, 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 April 20 1918 (Signature of Recruit) (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Robinson Howson, 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 April 20, 1918 (Signature of Recruit) (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 Edmonton this 20th day of April 1918.

(Signature of Justice)

C

Descrip

on Enlistment.

Apparent Age 35 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..... 38½ ins.  
 Range of expansion..... 2 ins.

Complexion ..... Clear.

Eyes ..... Blue.

Hair ..... Brown.

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

*Class A2*

Approved by Mobilization Board  
 Edmonton **APR 24 1918**  
*J. S. [Signature]*  
 Major C. A. M. C. President  
*P. [Signature]*  
 Major C. A. M. C.

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\* ..... for the **Canadian Over-Seas Expeditionary Force.**

Date..... 191 .....

Place.....

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 Robinson Lawson ..... 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.

*[Signature]* ..... (Signature of Officer)

Date..... MAY 14 1918 ..... 191 .....

O. C. 1st TANK BATTN. C.M.C. C.E.F.

*a. Sgt*

**HOWSON**  
NAME

W.M. ROBINSON

REGIMENTAL DOCUMENTS

**O. H. M. S.**

2765166

*St. Can Tank B Co*



*for 8  
97.3.14*

NON-EFFECTIVE BY *Demob'd*



36682

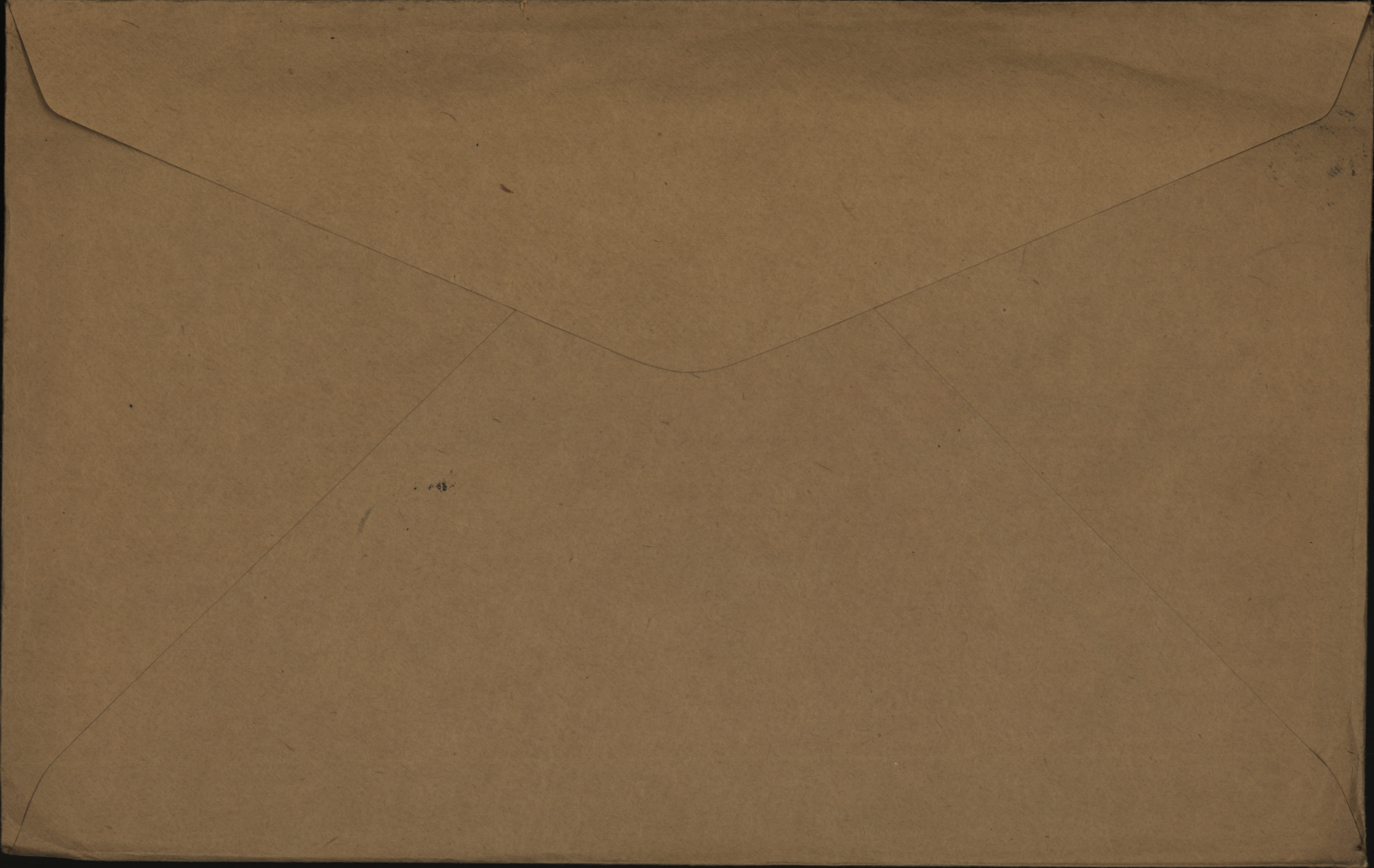
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- PARTICULARS OF CHARACTER (A. F. W. 32 or 34)
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- / DENTAL STATEMENT ON DISCHARGE (C. A. D. C. 5009)
- / UNIT INDEX CARD (M. F. W. 71 or 192)



*8-8  
23-8  
31-8*

*Page 1812*



# LOCAL CARD

\*Name HOWSON, William, Robinson. Rank Pte. Regtl. No. 2765166

Original unit 1st Can. T. Bn. Present unit 1st Can. T. Bn. M. of S. M Age 36 Religion C of E Fyle Depot..... Ref. H.Q.....

Port, ship, and date of arrival Grampian. St John. 2-2-19.

Next of kin Mrs. E. Howson. Wife. 10034-84th Ave. Edmonton.

Address on leave G.P.O. Edmonton.

Address on discharge 10034-84A, St Edmonton Alta

Transportation issued  Yes  No Date..... Character on discharge.....

Previous occupation Barrister. Date and place of enlistment 20-4-18. Edmonton.

Diagnosis 23-2-19 Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
<u>T.O.S.</u>		
<u>24-1-19.</u>	<u>Posted to Cas Co Edmonton. 8-2-19.</u>	<u>403</u>
	<u>Granted leave with sub. to 22-2-19.</u>	<u>403</u>
<u>28-2-19.</u>	<u>Discharged from H.M. Service</u>	<u>59</u>

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

Date.

Remarks.

Pt. 2 Order No.

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

Howl

Q

Number 2765-166 Rank A/cdr.

Surname HOWSON

Christian Name William Robenson

Units! Sh. Can Int Coy Theatre of War England

Date of Service 2-6-18

Remarks 11027-89 Ave

Latest Address ~~10034-84 Ave Sh~~

Edmonton

Roll No A Page 3685- Alta

200m.-2-21.M.

DESP. JAN 3 1929

REGN. NO. 41650



REG. NO. 5-143 NAME <sup>14125-</sup> Nowson W.R.  
(SURNAME FIRST)

RANK Sgt. CORPS Tank Co.

AGE 35 SERVICE Entis 20-4-18

NAME OF HOSPITAL St. Lukes PLACE Ottawa

DATE OF ADMISSION 29-5-18

DISEASE Influenza

DISCHARGE 2-6-18

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS .....

Blank lined area for writing remarks.

SURNAME.

*Howson.*

*13*  
CARD NO. *3*  
*28-2-19*  
288, Div. Demob. *28-2-19*  
FOLL. *Documents*  
*0.059 of 28-2-19.*

CHRISTIAN NAMES

*William Robinson*

REGL. No.

*2765166*  
~~*5143*~~  
*and list 14-643. 218/18.*

RANK

~~*Rte*~~ *Sgt*

UNIT

~~*1st Tank Battr., C. M. G. C.*~~ *2004* T. O. S. *Apr 20 1918*

FORMER CORPS

*49th Regt. & 101st Regt.*

D.O. Part II No *4*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Howson, Mrs. Jennie E.*

RELATIONSHIP TO SOLDIER

*Wife*

ADDRESS

*10034-84th Ave., Edmonton, Alta.*

COUNTRY OF BIRTH

*Canada, Norwood, Ont.*

DATE

*Mar 6th, 1883.*

PLACE OF ATTESTATION

*Edmonton, Alta.*

DATE

*Apr. 20th, 1918.*

*of 9-6-18 1271/8*

*R/E 2-2-19 261/13 Sgt*

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

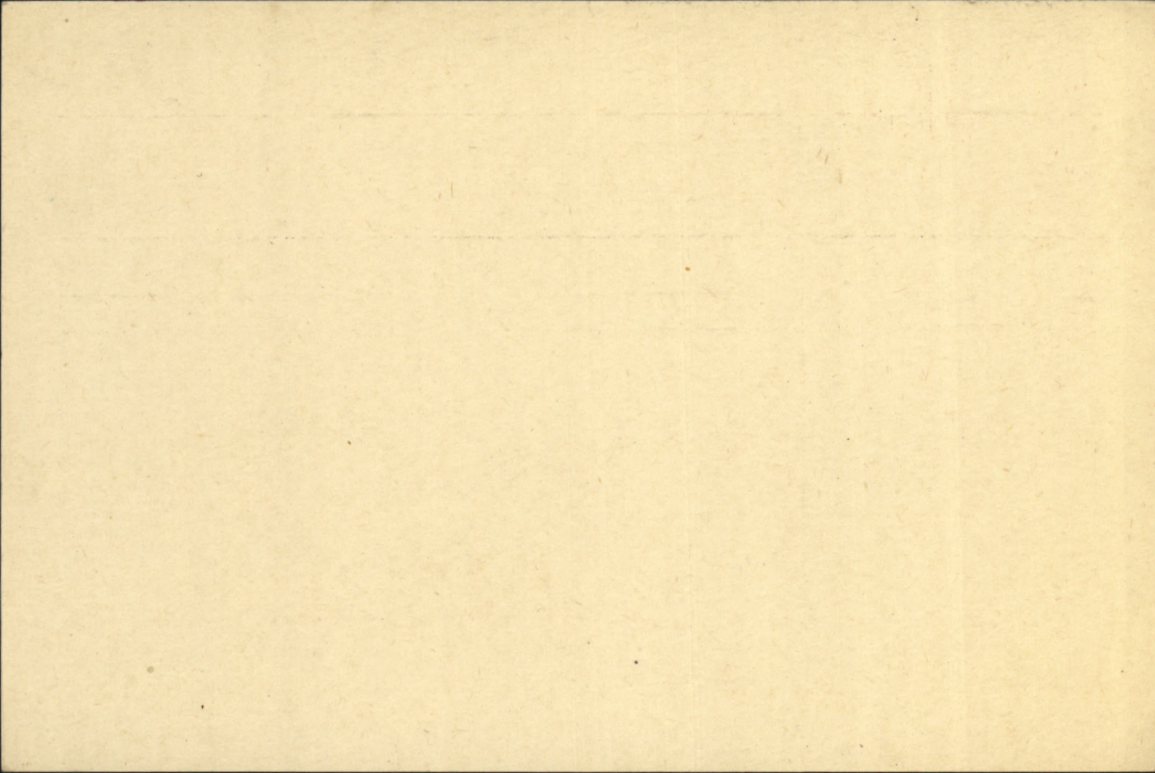
DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

No *J.K. 5143* RANK *Pte*NAME *Howson W. R.*T. O. S. *20-4-18* UNIT *1st Ban Tank Battalion,*  
*004-30-4-18*M. D. *H. G.*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1918 Apr 20</i>	<i>1918 May 31</i>	<i>✓</i>	<i>Prom. sgt 23-5-18</i>	<i>Do 26 —</i>



KR Rank

Name HOWSON William Robinson.

Reg'l No. 2765166.

Unit ~~Ist TANK Bn. to C.M.C.~~ }  
If in perm. Corps, }  
What Unit? }

Married or Single Married.

Place and Date of Enlistment Edmonton April 20th 1918

Place of Birth Norwood Ontario.  
Canada.

Name and Address, Next-of-Kin Jennie E. Howson.

10034-84th Ave. Edmonton. Alberta.

Relationship Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

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	21-6-18	S/S JASSANDRA
27-8-18	1st Lt	arrived in England with Rank of	1st Lt Borington	21-6-18	pto 104
8-1-19	1st Lt	Sos to C.D.S. Buxton	1st Lt Borington	6-1-19	pto 6 obs sent 8/1/19
14/2/19.	1st Lt	pto 6 8/1/19. Amended to read s.o.s. to C.T.D.C. on proceedings to C.D.S. Buxton.	1st Lt Borington	8/1/19.	pto 38
<p>Failed 24-1-19. M.O. 13.</p> <p>SOS To CAN. <sup>24/1/19</sup> MGC. After, O, *-1</p>					





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

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

500M.—9-16

H. Q. 1772-30-9:0.

# Casualty Form—Active Service.

Unit, Regiment or Corps 1st. CANADIAN TANK BN. C.E.F.

Regimental No. 2765166 Rank Private Name HOWSON, William Robinson

C. E. F.

Enlisted (a) 20/4/18. Terms of Service (a) Duration of War. Service reckons from (a) 20/4/18.

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) Barrister.

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				
Taken on Strength		1st. Canadian Tank Bn. C.E.F.	--	--	20/4/18.
		PROMOTED Acting Corporal with pay.	Ottawa, Ont.	9/5/18.	--D.O. #12, 9/5/18.
		PROMOTED Acting Sergeant with pay.	Ottawa, Ont.	23/5/18.	--D.O. #26, 23/5/18.
		Embarked CANADA, June 3/18. Disembarked ENGLAND, June 21/18	--	--	D.O. #36, 3/6/18.
		S. O. S. 1st Battalion, Canadian Tank Corps, C.E.F. Bovington Camp, Dorset, January 8th 1919, on transfer to Canadian Discharge Depot, Buxton, for return to Canada, authority A.G.3b 2-H-3235, D.O. #6, January 8th, 1919.			

*R. H. ...*  
Capt. & Adj.  
1ST TANK BATTN.

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.  
(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Casualty Form - Active Service

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				
10-1-19		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 8 <del>Cases to be attached C.D.D. Buxton on en</del> n for Canada.			
					<i>E. J. Bourque</i> Lt. for Lt. Col. Commanding Canadian Discharge Depot.
24 JAN 1919		Embarked Liverpool R M S <i>Grampian</i> <del>Mar 10 1919</del> <del>Capt adjt</del> # 16 S a l- Staff			
24-1-19		TAKEN ON STRENGTH OF DISTRICT DEPOT 13, PART 2 ORDER NO. <u>43</u>			<i>W. Masmyth</i> Lieut. Col. Officer Commanding District Depot No, 13
28-2-19		DISCHARGED FROM THE SERVICE BY DISTRICT DEPOT NO. 13, PART 2 ORDER NO. <u>59</u> AUTHORITY <i>1420</i> <i>B. C. D. Dept. Affairs</i> <i>12-12-18</i>			<i>W. Masmyth</i> Lieut. Col. Officer Commanding District Depot

# CANADIAN EXPEDITIONARY FORCE

## Discharge Certificate

This is to Certify that No. 2765166 (Rank) A/Sgt.

Name (in full) William Robinson HOWSON enlisted in  
the First Canadian Tank Battalion C.E.F.

CANADIAN EXPEDITIONARY FORCE at Edmonton, Alberta on the Twentieth  
day of April 19 18

HE served in ENGLAND

and is now discharged from the service by reason of "DEMOBILIZATION"

R.O. 1420--12-12-18

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

Age 35 Years 11 Months

Height 5 Ft 10 Inches

Complexion Clear

Eyes Blue

Hair Brown

Marks or Scars

*W. Robinson*  
Signature of Soldier

*W. MacEwan*  
Issuing Officer

Date of Discharge February 28th, 1919

Rank  
Officer i/c Discharge Section District Depot M. D. 13

Appointment

Signed at Calgary, Alberta this Twenty-eighth day of February 19 19

in Military District No. 13

File Reference No. 13 D- H 432

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 \_\_\_\_\_

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.



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.

2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show

1. Condition on examination (in text)

2. Condition on leaving Canada

3. Condition on discharge



REMARKS

EXAMINER'S SIGNATURE

OPERATOR

REPORT MADE

CROWN

ORTHODONTIC

ORTH. CASE

PROGRESS

EXAMINATION

EXAMINATION OF PERIAPICAL

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINATION

EXAMINER'S SIGNATURE

DATE OF EXAMINATION

DATE OF DISCHARGE

DATE OF EXAMINATION

ORTHODONTIC DEPARTMENT

ORTHODONTIC DEPARTMENT

DATE OF EXAMINATION

DATE OF EXAMINATION

No. 2765166. Rank Pte. Name HOWSON, W. R. File No. H-432.

C.7.

Documents as enumerated on Form.....

forwarded to D.R.O. date.....7.3.1919.....

.....

Faint, illegible text at the top of the page, possibly a header or address line.

Second line of faint, illegible text.

Third line of faint, illegible text.

Fourth line of faint, illegible text.

Faint, illegible text in the lower-left quadrant of the page.



OK

# 2765/66

CASE HISTORY SHEET.

H. Lukeau Hospital. O Hava Station.  
 No. 5143 Rank Sgt. Name Herson W. K. Age 35  
 Unit Tank Batt. Completed years of service 10 Where and how long Substituted Edwardson April 20th/48  
 Date of admission April 29/48 Date of discharge June 2nd/48  
 Diagnosis Influenza Place of origin O Hava

CONDITION ON ADMISSION AND PROGRESS OF CASE  
 Pt admitted, soreness in throat  
 headache troublesome cough tongue coated.  
 swab taken - negative  
 On admission Temp 102 Pulse 90 Resp 24

FAMILY HISTORY Negative  
 (Tuberculosis, mental or nervous diseases.)

TREATMENT  
 (Especially any specific or special form.)  
 Aspirin grs V when necessary.  
 Creosote 3i  
 Rest.

CONDITION ON DISCHARGE  
 (and disposal made of case.)  
 pt feels well - to unit

Date June 2/48  
 A. Harve Parker  
 Medical Officer i/c case.

14725

THE HISTORY OF THE



1788

1788

1788

1788

MEDICAL HISTORY SHEET

MEDICAL BOARD NO. # 3

SERIAL NO.

SHEET NO.

COLLECT NO.

ORIGINAL

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname HOWSON Christian name WILLIAM ROBINSON
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule.....
- 3. Consecutive number on schedule of men reporting for service (if he appears) on it.....
- 4. Address (including street and number, if any)..... 10706 - 81st. Ave. Edmonton, Alta.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 11th. day of April 1917, by the undersigned medical board sitting at Edmonton, Alta.

- 5. Age as stated 35 Years 1 Months.
- 6. Apparent age 35 Years - Months
- 7. Height 5 Feet 10 Inches.
- 8. Weight 160 Pounds.
- 9. Chest measurement { Minimum 36 1/2 Ins. Maximum 38 1/2 Ins.
- 10. Complexion Clear { Eyes Blue Hair Brown
- 11. Physical development. Good { Good Fair Poor
- 12. Smallpox marks. None.

- 13. Number of vaccination marks { Right arm - Left arm -
- 14. When vaccinated last 3 times no effect.

15. Distinctive marks and marks indicating congenital peculiarities or previous disease none  
8/11/18 pl. v. s.

16. Slight defects but not sufficient to cause rejection nil  
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A II

H. H. Collins Member. W. R. Howson President. A. J. Henderson Member.  
Hearing R. Ear normal L. Ear normal  
Eyesight R. Eye 40/20 L. Eye 30/20

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>4/5/18</u>	<u>x</u>	<u>Pl. v. s.</u> M.O.	<u>30/4/18</u>	<u>x</u>	<u>Pl. v. s.</u> M.O.
		M.O.	<u>7/5/18</u>	<u>x</u>	M.O.
		M.O.	<u>13/5/18</u>	<u>x</u>	M.O.

Joined 20 day of April 1918 at Edmonton

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st TANK BATTALION C.M.G.C. C.E.F.</u>	<u>4K.5743</u> <u>2765166</u>		<u>20 apr 1918</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Edmonton, Alta.</u>	<u>23/2/19</u>	<u>nil.</u>	<u>Dischg. Demob. R.O. 1420</u> <u>K. J. D. Lewis</u>

N. B.—This sheet is 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.

Signature of Man. W. R. Howson

G. A. M. G.



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) Hawson, W.R.  
 REGIMENT C.I.C.R.D. RANK Sgt No. 2765166.  
 Date of Examination in England 10.1.49. 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
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

*[Handwritten signature]*  
*[Handwritten signature]*

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada No
- (b) In England No
- (c) In France \_\_\_\_\_

Signature of Dental Officer *[Signature]*  
*Capt*

18-11-57

18-11-57

18-11-57

18-11-57

**DEMOBILIZATION  
PAY DIVISION, M. D. No. 13  
CANADIAN EXPEDITIONARY FORCE.**

M.F.W. 44.  
1183 (D.P. 250M-12-18.  
1772-89-908.

## LAST PAY CERTIFICATE

Regimental No. 2765166 Rank Sgt. Name Howson W.R.  
(Surname first)  
Unit 1 Can Tank Bn. who was\* discharged  
On 28-2-19 1919, to.....  
\*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-2-19 to 28-2-19 1919  
the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. month <u>LPC</u> .....	12 60	
Regimental Pay..... <u>28</u> days at \$ <u>1.35</u> .c.....		37 80
Field Allowance..... <u>28</u> days at \$ <u>.15</u> .c.....		4 20
Separation Allowance.....		
Clothing Allowance.....		35 00
Post Discharge Pay.....		
*Other Credits <u>DO. 42 sub. from 8. to 22-2-19 15 days</u> .....		12 00
Advances.....		
Separation Allowance and Assigned Pay Cheque No.....		
*Other Charges <u>AP. Feb. fax paid by Ottawa</u> .....	23 00	
Balance on transfer or on discharge, cheque No. <u>C. 2637</u> .....	53 40	
Total.....	89 00	89 00

\*Give particulars.

A monthly stoppage of \$ 23.00 (†) has..... (†) been ~~paid~~ <sup>chgd</sup> on account of  
Assigned Pay for the month of Feb..... 1919..... }  
and Separation Allee. for month of Feb..... 1919..... } (to) Assignee Mrs. J.E. Howson  
10034-84th. Ave. Edmonton.  
(Address).....  
(†) 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.

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

**REMARKS:—**

State (1) date of enlistment..... married or single married  
(2) Separation Allowance, entitled or not..... (3) Reason for discharge.....  
(4) Authority for discharge or transfer..... DD 13

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date 27-2-19  
Place Calgary

*[Signature]*  
PAYMASTER—DEMOBILIZATION PAY DIVISION, M. D. 13 **Paymaster.**

- N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and (141) Financial Instructions, C.E.F., 1916.  
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.  
(C) For purposes of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.  
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificate will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

LGW.





# 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. 2765166 Rank Sgt Surname HOWSON  
(Give name in full)  
William Robinson.  
Unit or Corps 1st. Can. Tank Birthplace Ontario.

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

### 1. GENERAL DESCRIPTION:

Physique Good Weight 167 lbs Height 5 ft 10 1/2 in Colour of Eyes Blue  
Nutrition Good  
Pulse 76  
Condition of arteries Normal  
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.)  
None.

Opinion as to general health and physical condition Good

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

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

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

Address:- 10034--84A. St., Edmonton.

# 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...Edmonton.....(Canada)

Date ..... 23-2-19 ..... Signed *A. P. Williams* .....M.O.  
CAPT. C. A. M. C.

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 *A. P. Williams* .....

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

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

Opinion as to general health and physical condition  
The Officer or other rank has suffered from, or has he now, any affection of the following systems?  
(Subjective evidence may be sufficient in certain cases.)  
Nervous System  
Special Senses  
Integumentary System  
Respiratory System  
Digestive System  
Genito-Urinary System  
Musculo-Skeletal System  
Heart and Joint System  
Any other general condition

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

[OVER]

\* Strike out whichever inapplicable.

ASSIGNED PAY. ENGLAND OR  
\* CANADA.

EFFECTIVE DATE: 4/6/18 *yes* 11/18

AMOUNT: ~~\$ 18.00~~ \$ 23.00

SEPARATION ALLOWANCE

EFFECTIVE DATE: -

AMOUNT: -

NAME, ADDRESS, RELATIONSHIP & AUTHORITY

WHEN PAYEE WORD "SAM"

Mrs. J. E. Howson (wife) N/R. 2nd  
10034 84th Ave.  
Edmonton, Alta.

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

UPON CLEARANCE BY INSERTION

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.
<del>Dec 7</del>	<del>9400527</del>		<del>4.18</del>		
<del>31</del>	<del>1797</del>	<del>Birmingham</del>	<del>2.43</del>		
<del>Jan 17</del>	<del>14</del>	"	<del>9.73</del>		

PARTICULARS OF RENDERING NON-EFFECTIVE: *Trans to*

MONTH	PARTICULARS	CR. 1	CR.
<u>31/5/18</u>	<u>Bal. from Can.</u>		
<u>June</u>	<u>1st Pay</u>	<u>45.</u>	
<u>July</u>	<u>Dqts. P</u>	<u>46.50</u>	
<u>Aug</u>	<u>Dqts P</u>	<u>46.50</u>	
<u>Sept</u>	<u>Dqts P</u>	<u>46.50</u>	
<u>Oct</u>	<u>J</u>	<u>45.</u>	
<u>Nov</u>	<u>✓</u>	<u>46.50</u>	
<u>Dec</u>	<u>✓</u>	<u>45.</u>	
<u>Jan</u>	<u>✓</u>	<u>46.50</u>	
<u>Feb</u>		<u>46.50</u>	
		<u>138. =</u>	

SEPARATION ALLOWANCE	ENGLAND OR CANADA	NAME: -	HOWSON, Wm. Robinson		
EFFECTIVE DATE: -		NUMBER: -	EX-5143 2465166		
AMOUNT: -	PARTICULARS OF RANK OR APPOINTMENT				
PRORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
20/24/10		Can. L.P.C.		Sgt	
UNIT AND TRANSFERS					
ORIGINAL UNIT: - 1st TANK BATTALION C.M.G.C. C.E.F.					
DATE ACCOUNT FIRST OPENED: - 1/6/18					
		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'OF D	UNIT TRANSFERRED TO
BOOKS					
UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK.					
ACCOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	
18					
243					
973					
DAILY RATES OF PAY AND ALLOWANCES					
			AUTHORITY	PAY	F.A. P.F.A. SUBS'CE ALL'CE
			Can. L.P.C.	135	15

ACTIVE: - *Draw to Canada 1/2/19. Authy. Hqs. Refr. CDD Buxton Bat. 37-00*

CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
							1760		
45		bal 30 14/18 30/6/18	487				5773		
45			487						
4650		bal June - July AR 220 Tanks 25 7/18	4380			36	6823		
		118 " 12 7/18	487				1956		
4650			4867			36			
4650		bal				18	4806		
		354 Y.B. 16/8	973						
		482 " 30/8	973				2860		
4650			1946			18			
45		bal				18			
		693 J.B. 20/9	1947						
		607 " 16/9	973				2640		
45			2920			18			
4650		bal				18			
		1022 Y.B. 24/10	973						
		1086 " 31/10	2190				2327		
4650			3163			18			
45		bal				23			
		1301 " 15/11	973						
4650		bal				23			
4150		1508 " 20/11	973						
		1585 " 6/12	1947						
4650		bal	365			23	5034		
138			3893			67			
		Qm Chq 247 " 7/12	419						
		14 T.B. 8/11	973						
		1797 T.B. 31/12	243						
		9829 CDD Buxton 18/11	973						
			243						
			3746						

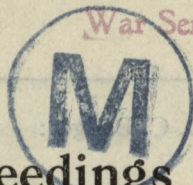
NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR.
<del>Apr</del>				<del>DC 204 for error extension of</del>	
				<del>March Bal<sup>ce</sup> extended as 24<sup>26</sup></del>	
				<del>should have been 24<sup>46</sup></del>	
	S.O.S to Canada M.D. 13 Filing list # 9 C.T.C 24/19				

DEBITORS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
<del>extension of</del>							
<del>under as 27<sup>26</sup></del>							
<del>in 27<sup>46</sup></del>		<del>20</del>				<del>27<sup>46</sup></del>	



This space to be for numbers.

# Proceedings on Discharge.

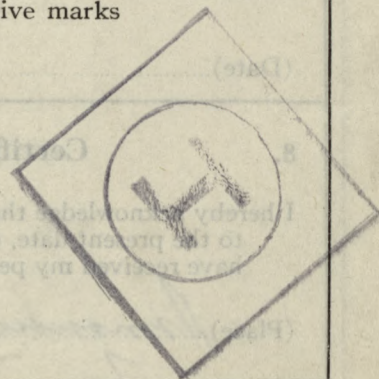
(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	2765166
Rank	<del>Private</del> A/ Sgt.
Surname	HOWSON
Christian name	William Robinson
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	1st Canadian Tank Battalion, C.E.F.
Date of discharge	February 28th, 1919
Place of discharge	Calgary, Alta.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 35 <sup>35</sup> years 11 months.  
 Height 5 <sup>5</sup> feet 10 inches.  
 Complexion **Clear**  
 Eyes **Blue**  
 Hair **Brown**  
 Trade **Barrister**  
 Intended place of residence } **10034-84th St.,**  
 (To be given as fully as practicable.) } **Edmonton, Alta.**

Descriptive marks



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

**DEMOBILIZATION**

Authority for discharge... R.O. 1420--12-12-18

13 DD Part II DO 59--28-2-19

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.

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

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.)

M. F. B. 218.

200M.—5-18.  
H. Q. 1772-39-113.

I.W.

(OVER)

20-319  
600  
Under  
27-3-19  
EWC

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, and that I have received my permanent discharge certificate.

(Place) *Ammanville Edmonton* (Signature of Soldier.)

(Date) *February 25 1919* *A. Holmes* (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)..... *Calgary, Alberta* .....

(Signature).....

*W. MacLewin*  
Officer i/c Discharge Section District Depot M. D. 13

(Date)..... *28-2-19* .....



**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.)

**Pay as per paybook balance.**

*[Handwritten signature]*

Reg. Conduct sheet	Minuta form B. 263	Attention Paper	Minuta Form W. 33
Spannon Battery Company	Conduct Sheet	B. 263a	Particulars of Return
			W. 133
Field Conduct Sheet	W. 178	Proceedings on Discharge	W. 318
Copy of Conviction by C. P.	in MS.		
Med. Hist. Sheet	Minuta form B. 214		
Casualty Form	W. 34		
Medical Report for Invalids	B. 237		
Pental History Sheet	B. 402		
Post Pay Certificate	W. 44		
Duplicate Discharge Certificate	W. 38A		
Form of Will	W. 81		

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable:

\_\_\_\_\_  
 Officer Commanding

Y.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.

## List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263</p> <p>Squadron }          Battery } Conduct Sheet, " B. 263a          Company }</p> <p style="text-align: center;">or</p> <p>Field Conduct Sheet " W. 178</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia form B. 313</p> <p>Casualty Form " W. 54</p> <p>Medical Report for Invalid§ " B. 227</p> <p>Dental History Sheet " B. 465</p> <p>Last Pay Certificate " W. 44</p> <p>Duplicate Discharge Certificate " W. 39A</p> <p>‡Form of Will " W. 82</p> <p>§Only if discharged "Medically unfit."</p> <p>‡Only if man has not been overseas.</p>	<p>Attestation Paper Militia Form W. 23          or          Particulars of Recruit " W. 133</p> <p>Proceedings on Discharge " B. 218</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet.</p>
--	--

Documents not accompanying this form should be crossed out.

*I hereby certify that the following documents are unobtainable.*

*Officer Commanding.*

*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.*

M. OR S. *MV* PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES REGT. No. *2765166* RANK *Sgt.* NAME (IN FULL) *HOWSON, W. R. M*

ORIGINAL UNIT C.E.F. *1. 1st Trench Bn* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY \$ *23.00* DATE EFFECTIVE *1/31/19*

PAYABLE TO *Mr & E Howson* RELATIONSHIP *Wife* ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS *1003rd - 84th Avenue, Edmonton, Alberta*

STOP PAYMENT FORM RENDERED, DATE EFFECTIVE

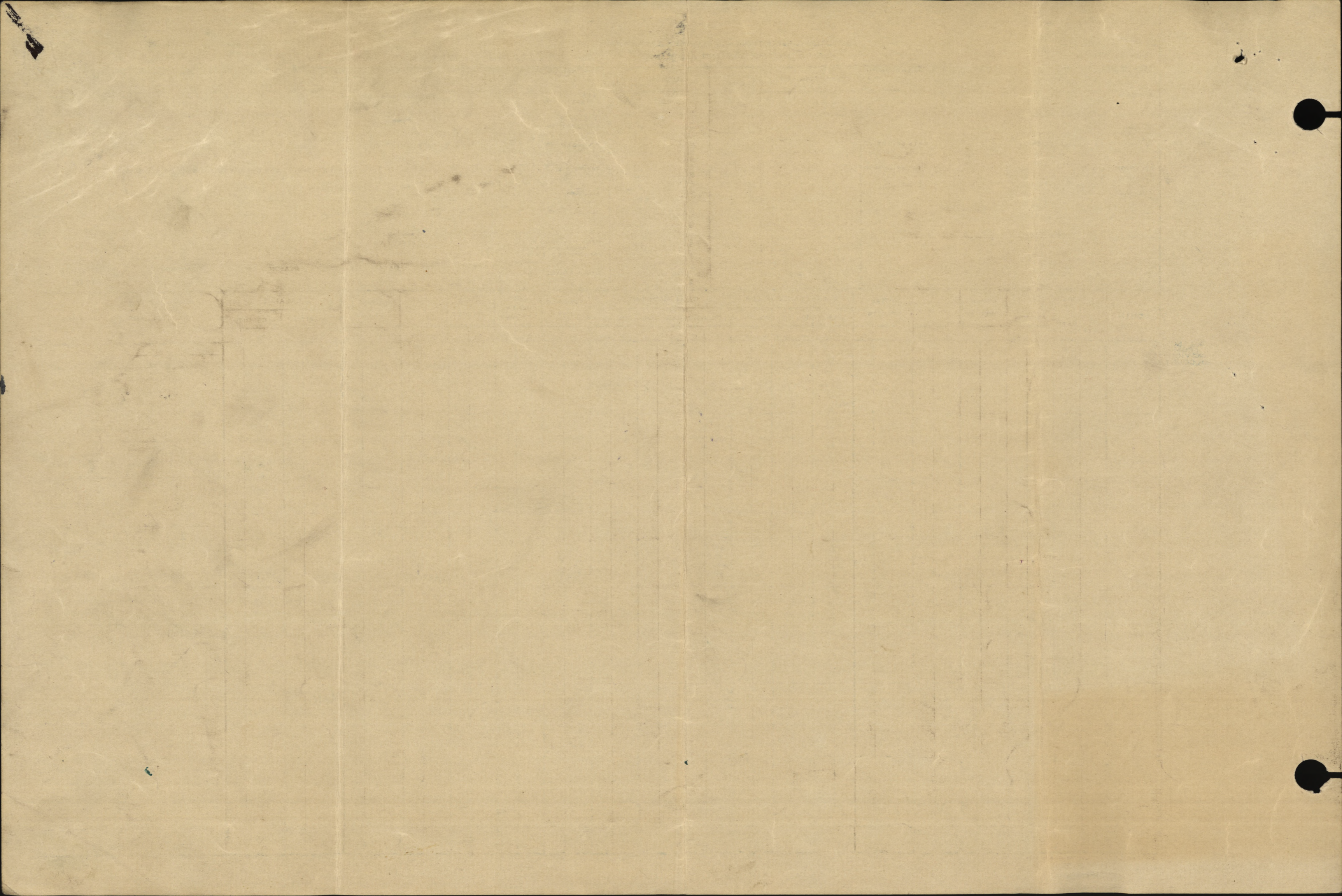
DISCHARGED PLACE DATE REASON AUTHORITY IF ENTITLED TO POST DISCHARGE PAY

*CALGARY, ALTA FEB 27 1919*

MONTH	PAY AND F.A.		OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY	REGI-MENTAL CHARGES	OTHER CHARGES	TOTAL DEBITS	BALANCE		PARTICULARS OR REMARKS		
	NO. OF DAYS	RATE			AMOUNT		COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1					COL. NO. 2	COL. NO. 3		DEBIT	CREDIT
					\$	C.													
<i>31-1-19</i>	<i>30</i>	<i>1.25</i>															<i>Pay long L.P.B.</i>		
				<i>37.00</i>	<i>15</i>	<i>27</i>	<i>31</i>	<i>9.73</i>	<i>4.87</i>	<i>3.00</i>									
					<i>18</i>	<i>26</i>	<i>112</i>	<i>5.00</i>											
					<i>19</i>	<i>19</i>	<i>19</i>												
					<i>19</i>														
<i>31-1-19</i>	<i>30</i>	<i>1.50</i>	<i>42.00</i>	<i>35</i>									<i>23.00</i>	<i>76.40</i>			<i>AP for Feb, paid by Ottawa</i>		
<i>1-2-19</i>	<i>28</i>	<i>1.50</i>	<i>42.00</i>	<i>12.00</i>			<i>417</i>	<i>53.40</i>		<i>99.70</i>				<i>89.00</i>			<i>Clothing Allowance \$ 35.00</i>		
<i>2-2-19</i>	<i>28</i>	<i>1.50</i>	<i>42.00</i>											<i>135.50</i>			<i>12 Subsistence from 8/2 to 22/2 '12.00</i>		
																	<i>DISCHARGED FEB 28 1919</i>		
																	<i>W.S.G. 14/3/19</i>		
																	<i>WAR SERVICE GRATUITY W.S.G. S.A. S.A. CHARGES SOLDIER DEPENDENT</i>		
																	<i>210 - 90 - 300 -</i>		
																	<i>70.00</i>		
																	<i>70 - 60 - 10.00</i>		
																	<i>70 - 70 - 0.00</i>		
																	<i>20 - 30 - 10.00</i>		
																	<i>20 - 30 - 10.00</i>		
																	<i>20 - 30 - 10.00</i>		
																	<i>210 - 90 - 300 -</i>		
																	<i>210 - 90 - 300 -</i>		

Payments Due on This Account have been completed.

*W. R. M.* Lieut. Paymaster War Service Gratuity M. D. 13



Date of Enlistment 20-4-18.

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

# H 10220

1 June 1918.

OVERSEAS CONTINGENTS

### RATE OF SEPARATION ALLOWANCE

#30.00		
1-9-18		
PC 2753		
MRO 24026		

### RATE OF ASSIGNMENT

18 <sup>00</sup>	23		
------------------	----	--	--

1-11-18  
a 2m on file

### PARTICULARS OF SEPARATION ALLOWANCE

No. 5143 (2765166)  
 Rank ~~Pte~~ Promoted Sgt. (a 2<sup>m</sup>) Reverted Discharge  
 Soldier's Name W. Robinson Howson  
 Battalion 1st Tank Bn. C.M.G.C. - C.E.F.  
 Beneficiary M.F.W. 2551-28/18  
 Relationship Ret. O.H. J.P.L. 22-11-18  
 Address

### PARTICULARS OF ASSIGNMENT

Name  
 Address  
 Change of Address  
 1 MRS. JENNIE ELIZABETH HOWSON,  
 10034 84TH AVE.,  
 EDMONTON, ALTA. 18 25 43.00  
 2 A-C TK. 5143 PTE W. ROBINSON HOWSON  
 FORTY THREE DOLLARS  
 3  
 4

Date 1918.	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS	
June	V 26874	25	18	43	9059 W. 33.	
July	U 31576	25	18	43		
Aug	F 30622	25	18	43		
Sept.	G 45908	25	18	43		
Oct.	J 51461	25	18	43		
Nov.	C 60642	25	18	43		
Dec.	M 2747		5	5		
Dec	F 65909	45	23	68		
JAN	F 71913	30	23	53		
Feb	E 79750	30	23	53		
		255	182			
						\$5 requested to adj. ar. 25 <sup>th</sup> /18 orb. mailed. 30 <sup>th</sup> /18
						MRO Des'troy 62822 5-2-19 JPL
					A/c Closed 24-2-19	
					Ret'd per... GRAN P.I.N.X...	
					Date. 2-2-19. M.F.W. 187.....	
					Clerk... J.P.L. 5-2-19.....	

M. F. W. 128.  
400mc. 6-17-1772 39-1141  
L. L. 22520-M. & D. 7963.

AUTHORITY } N.P.  
 FOR } M.D. 2. B. 6.  
 NEW ACCT. } R. Barry 13-6-18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No. \_\_\_\_\_

Rank \_\_\_\_\_ Promoted \_\_\_\_\_ Reverted \_\_\_\_\_ Discharge \_\_\_\_\_

Soldier's Name \_\_\_\_\_

Battalion \_\_\_\_\_

Beneficiary \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Change of Address \_\_\_\_\_

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

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