

ORIGINAL
816

931816

ATTESTATION PAPER.
No. 2 CONSTRUCTION, D'n. C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname?..... Hunt
- 1a. What are your Christian names?..... William
- 1b. What is your present address?..... Chicago, Ill. USA.
- 2. In what Town, Township or Parish, and in what Country were you born?..... Raleigh, N.C. USA.
- 3. What is the name of your next-of kin?..... Mrs. Jane Hunt
- 4. What is the address of your next-of-kin?..... Raleigh N.C. USA
- 4a. What is the relationship of your next-of-kin?..... Mother
- 5. What is the date of your birth?..... October 10th 1888
- 6. What is your Trade or Calling?..... Presser
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
- 9. Do you now belong to the Active Militia?..... No
- 10. Have you ever served in any Military Force?..... No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Hunt, 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.

William Hunt (Signature of Recruit)

Date February 14th 1917 Cpt. Graelus Brooks (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Hunt, 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.

William Hunt (Signature of Recruit)

Date Feb. 14th 1917 Cpt. Graelus Brooks (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 Windsor, Ont this 14th day of Windsor Feb. 1917.

James C. Stuyvesant (Signature of Justice)

JAN 1918

Description of William Hunt on Enlistment.

Apparent Age 28 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 32 ins.
 Range of expansion 5 ins.

Complexion Colored

Eyes Dark

Hair Dark

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

Training - P.E. normal
L.E. normal
Vision - P.E. 20/20
L.E. 20/20

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 February 14th 1917.

Place Windsor, Ont.

[Signature]
 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 Hunt 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] Lieut.-Col. (Signature of Officer)
 No. 2 Construction Batt'n, C. E. F.

Date Feb. 14th 1917.

REGIMENTAL DOCUMENTS

Pl. NAME *HUNT W.M.*

REGT. No. *931816*

2nd Cons. Bn
O. H. M. S.

ms 25 3-14

NON-EFFECTIVE BY *Demob. W.* CATEGORY.....

40164



CONTENTS

- 39X* ATTESTATION PAPER (M. F. W. 23, 133 or 51)
- CASUALTY FORM (M. F. W. 54 or A. F. B. 103)
- TRAINING HISTORY (M. F. W. 113)
- FIELD CONDUCT SHEET (M. F. B. 122)
- REGT. CONDUCT SHEET (M. F. B. 121)
- COMPANY CONDUCT SHEET (M. F. B. 121)
- 2* MEDICAL HISTORY SHEET (M. F. B. 178)
- DENTAL HISTORY SHEET (M. F. B. 178)
- 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. B. 227)
- DECLARATION (COURT OF INQUIRY (M. F. B. 259 or A. F. B. 227)
- LAST PAY CERTIFICATE (M. F. W. 44)
- PROCEEDINGS ON DISCHARGE (M. F. W. 218 or A. F. B. 227)
- PARTICULARS OF CHARACTER (A. F. W. 3226)
- COPY OF PARAGRAPH DISCHARGE CERTIFICATE (M. F. W. 39A)
- DENTAL CERTIFICATE ON DISCHARGE (M. F. B. 178)
- UNIT INDEX CARD (M. F. W. 71 or 192)

Handwritten scribbles and lines



*1 maw 67
R 123
1 page*

931816

I.D. number

No. d'identification

HUNT

Surname

Nom de famille

WILLIAM

Given names

Prénoms

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

4625

« CONTENTS CONFIDENTIAL »
« CONTENU CONFIDENTIEL »



J.P. Rank **HUNT, William** Name **HUNT, William** Reg'l No. **931816.**
 Unit **No2. Const Bn.** If in perm. Corps }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Windsor. Ont. 14th Feb. 1917.** Place of Birth **Raleigh. N.C.**
U.S.A.
 Name and Address, Next-of-Kin **Mrs. Jane Hunt.**
Raleigh. N.C...U.S.A. Relationship **Mother.**

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

Relationship
 Relationship
 Relationship
 N/E. R.B. No. **5031**
 File R.L.
 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.				
		<i>Arrived in England ss "Southland"</i>		<i>7/4/17</i>	<i>29 Award.</i>
<i>14.6.17</i>	<i>2nd Con. Bn.</i>	<i>Arrived in France</i>	<i>France</i>	<i>14.5.17</i>	<i>PL 5 155.</i>
<i>16.12.18</i>	<i>NSRD.</i>	<i>TOS from 2nd occ.</i>	<i>file Bshott</i>	<i>14.12.18</i>	<i>DD 305-471 @ 19.12.18 2nd occ.</i>
<i>27.12.18</i>	<i>NSRD</i>	<i>% to C.O.D. Rhyt</i>		<i>27.12.18</i>	<i>DD. 313</i>
<i>179 JAN. 1919</i>	<i>NSRD</i>	<i>SOS to CEF in</i>	<i>The Bshott</i>		
		<i>CANADA</i>			

A.F.B. 103 CHECKED
29 MAY 1917
9 JAN 1919 PT 2 DO 16

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

M. F. W. 54. (A. F. B. 10)
350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps #2 Construction Battalion C.E.F.
 Regimental No. 931816 Rank Pte. Name Hunt, William
 Enlisted (a) 14/2/17 Terms of Service (a) Duration of war Service reckons from (a) 14/2/17
 Date of promotion to } Date of appointment } Numerical position on }
 present rank } to lance rank } roll of N. C. Os. }
 Extended Re-engaged Qualification (b)

Date	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
	From whom received				
17/5/17	2 Costr Batta	Embarked, Canada Disembarked, England, Proceeded Overseas	Halifax N.S. Liverpool Beaford	25/3/17 7/4/17 17/6/17	Pte 2 c D.O.# Adjutant, No. 2 Construction Battalion
		Landed in France		17-5-17	N.R.
5/1/18	admit	apt to 1 Dist c 500. Mencom		30/7/17	B213
24.8.18	28 Costr	Granted 14 day leave	etc.	24.8.18	B203 10/17 507 Sept 1918
14.9.18	do	Repairs from leave.	Dund.	11.9.18	B213
11/12/18	adg	Trans to England + posted to N. S. Reg Depot	Bransford	14/12/18	WA 344.

(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.

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				

17.12.18.

M.S.R.D.

T.O.S and att'd 2nd b.b.D. for Quarters & Ration

B'shott

14.12.18

D.O. 305

NSRD

ON COMMAND TO ADD Kimmel Phyl

BRAMSHOTT

PART II D.O. NSRD 313 27 ¹²/₁₈

ba. Wright LIEUT.
OFFICER IN CHARGE
NOVA SCOTIA REGTL. DEPOT.

28/12/18

NSRD

TO S. Mas 1 Conc. Camp Phyl Pt O.

A. E. Meyer
Lieut.

for O/c Mas 1 Wing

Embarked for Canada

10.1.19 Summ's

Taken on strength No. 1 District Depot *London...D.O. 21*

F.G. Herman Lieut

no. 1 DISTRICT DEPOT

Major J. McCord

DISCHARGED
JAN 25 1919 LONDON, ONT.

On Demobilization in Discharge Section, No. 1 D.D.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

COPY ONLY

This is to Certify that No. **931816** (Rank) **PRIVATE**

Name (in full) **HUNT, William,** enlisted in
the **2nd CONSTRUCTION BATTALION, COMP.**

CANADIAN EXPEDITIONARY FORCE at **WINDSOR, ONT.** on the **FOURTEENTH**
day of **FEBRUARY,** 19**17**

HE served in **FRANCE, (with 2nd CONSTRUCTION BATTALION)**
and is now discharged from the service by reason of **ON DEMOBILIZATION.**

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

Age **30**
Height **5 - 3**
Complexion **COLORED**
Eyes **DARK**
Hair **DARK**

Marks or Scars
SCAR LEFT TEMPLE

Signature of Soldier
DISCHARGE SECTION
JAN 25 1919
No. 1 District Depot

Date of Discharge

J. C. Millard
Issuing Officer **Major**
CAPT.
Rank
O. C. Discharge Section, No. 1 D. D.
Appointment

Signed at **LONDON, ONT.** this **TWENTY-FIFTH** day of **JANUARY,** 19**19**

in Military District No. **ONE**

File Reference No. **IDD-10-N/ 357**

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.

ORIGINAL 931816
ORIGINAL
MEDICAL HISTORY SHEET.

Surname Hunt Christian Name William

Examined { on 14th day of Feby. 1917
 at Windsor, Ont

Approved by Dau Murray
 Rank Capt. d. c.

Birthplace { City or Town Raleigh N.C.
 County USA.

Apparent age 4

Trade or occupation Presser

Height 5 Feet 3 Inches.

Weight 132 Lbs.

Chest measurement { Minimum 32 inches.
 Maximum expansion 3 inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right Left
 Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Both Eyes 20/20

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

Date.	Result.	VACCINATIONS.
<u>3/3/17</u>	<u>SSA</u>	M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>2/4/17</u>	<u>299R</u>	<u>Dau Murray</u> M.O.
<u>29/4/17</u>	<u>299R</u>	<u>Dau Murray</u> M.O.
<u>7/5/17</u>	<u>299R</u>	<u>Dau Murray</u> M.O.

Enlisted on 14th day of February 1917 at Windsor, Ont.

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>H. Coast</u>	<u>931816</u>		<u>14/2/17</u>
Transferred to	<u>Batter C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Windsor, Ont.</u>	<u>FEB 16 1917</u>	<u>on enlistment</u>	<u>Fit</u>
<u>W. H. B. Smith</u> Major, A. M. C.		<u>W. H. B. Smith</u> Capt., A. M. C.	<u>W. H. B. Smith</u> Capt.

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

DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

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

(2) Regimental Number 931816

(3) Full Name of Soldier William

(4) Place of Birth Dunt

(5) Are you married, or not? North Carolina

(6) If married, state, U.S.A.

(a) Full name of your wife Single

(b) Present Postal Address X

(7) Are you a widower? No

(8) Have you any children? X

If so, give number of boys and girls X

Also their names and ages X

(9) Is your Father alive? No

If so, state name and address X

(10) Is your Mother alive? Yes

If so, state name and address Mrs Jane Hunt
Church St, Raleigh, N.C.

(11) If your Mother is a widow Yes

Are you her sole support, or not? No

(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.
X

(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.
X

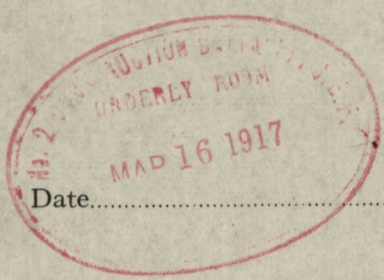
(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
X

(15) Are you insured? Yes

If so, in what Company? Unknown

Have you made arrangements for payment of your Insurance premium? Yes

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



Date.....

A. Marie Ceff
Lieut-Col.
No. 2 Construction Batt'n, C. E. F.
Officer Commanding.

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. 931816.....RankPte.....Surname Hunt.....
(Given name in full)

William.....

Unit or Corps1 D.D......BirthplaceRaleigh, N.C......

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

1. GENERAL DESCRIPTION:

Physique ..Good.....Weight. 133..lbs. Height.. 5.ft..3 $\frac{1}{2}$.in. Colour of Eyes.. Brown

NutritionGood.....

Pulse78.....

Condition of arteries.....Normal.....

Vision Rt..20x20....Left..20x20....

Hearing (conversational voice) Rt..21x21..ft.

Left..21x21..ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

Scar left temple.

Opinion as to general health and physical condition.....Fit. for. Category. A2......

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.

No service disability.

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date SignedM.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..London, Ont..(Canada)

DateJan..21/19..... Signed*James M. Kelly, Capt*.....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 *James M. Kelly*

(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.)

[OVER]

Name **HUNT, William** Rank **Pte.** Regtl. No. **931816**

Fyle Depot **IDD 10-H-357**

Original unit **2nd Con. Bn.** Present unit **2nd Con. Bn.** or S. Age **29** Religion **Baptist** Ref. H.Q. ID **30-H-1279**

Port, ship and date of arrival **Halifax Olympic 17-1-19**

Next of kin **Mrs. Jane Hunt, (Mother), Raleigh, N.C., U.S.A.**

Address on leave

Address on discharge **Land Title Trust Co., Philadelphia, Penn. USA**

Transportation issued Yes No Date Character on discharge

Previous occupation **Presser** Date and place of enlistment **Feb. 14, 1917, Windsor, Ont.**

Diagnosis **No disability** Date of Medical Boards **21-1-19 London, Ont.**

T.O.S. Date.	Remarks.	Pt. 2 Order No.
10-1-19	No. 1 D.D.	
20-1-19	Posted to Cas. Coy.	21
25-1-19	Discharged from H.M.S. On Demobilization. (P.D.P.)	23

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

Date

Remarks

Pt. 2 Order No.

M. F. W. 192

150m.—5-18

1772-39-1243

93 P.
m

Number 93 1816 Rank ~~PL~~ Spr B

Surname HUNT

Christian Name William

Units 68 R. C. C. Theatre of War France

Date of Service 17-5-17

Remarks

Latest Address Land Title Trust Co.

Philadelphia, Pa.
USA.

"B" Roll No.

Page 200m.-2-21.M.
12764



No. 931816 RANK Pte.

NAME Sgt. William

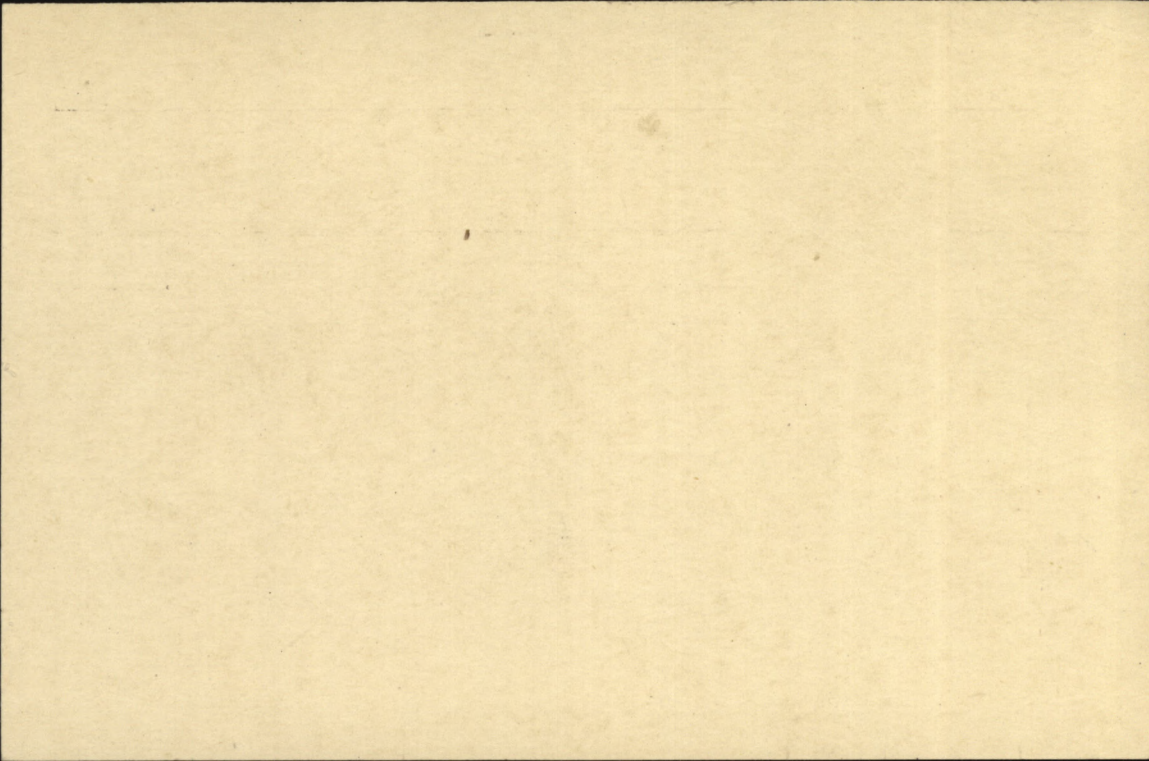
T. O. S. 14-2-17. UNIT

D.O. 46.22-2-17.

No. 2. Construction Battalion

M. D. 6

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. CR REC'T	PARTICULARS	AUTHORITY
1917 Feb. 14	1917. Feb. 28 Mar.	✓ x.		



* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME:- <i>HUNT, William</i>			
EFFECTIVE DATE:-		EFFECTIVE DATE:-		NUMBER:- <i>931816</i>			
AMOUNT:-		AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT			
NAME, ADDRESS, RELATIONSHIP & AUTHORITY { WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.				AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT	
						<i>Pte.</i>	
				UNIT AND TRANSFERS			
				ORIGINAL UNIT:- <i>2 Construction Bn</i>			
				DATE ACCOUNT FIRST OPENED:- <i>1 APR 1917</i>			
				AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'D	UNIT TRANSFERRED TO
							<i>Canada</i>
EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS { UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK							
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>9/12</i>	<i>6552</i>	<i>676</i>	<i>746</i>				
<i>18/12</i>	<i>7570</i>	<i>B.R.A.G.</i>	<i>942</i>				
			<i>1439</i>				
			<i>4.46</i>				
			<i>16.79</i>				
			<i>14.34</i>				
			<i>38.64</i>				
				<i>heabac #276 b1</i>			
PARTICULARS OF RENDERING NON-EFFECTIVE:-				<i>dis Can 11/19 K66 bal. 362.22 A.R 161 1/2/18</i>			

1918	MONTH	PARTICULARS	#	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
	MAR	<i>Bal Ford</i>									<i>307.01</i>	<i>180</i>	
	Apl	<i>P. Pay</i>		<i>33</i>		<i>AR 120 6/4 CFC 201</i>	<i>3.57</i>						
						<i>AR 302 7/4 - - -</i>	<i>3.57</i>				<i>332.87</i>	<i>195</i>	
				<i>33</i>			<i>7.14</i>						
	May	<i>P.P.</i>		<i>34</i>	<i>10</i>	<i>AR 497 7/5 CFC 1.</i>	<i>2.68</i>						
						<i>AR 725 22/5 ✓</i>	<i>4.46</i>				<i>359.83</i>	<i>210</i>	
				<i>34</i>	<i>10</i>		<i>7.14</i>						
	June	<i>P.P.</i>		<i>33</i>		<i>AR 912 7/6 CFB 1</i>	<i>3.57</i>					<i>225</i>	
						<i>- 1108 22/6 ✓</i>	<i>3.57</i>				<i>385.69</i>		
				<i>33</i>			<i>7.14</i>						
	July	<i>PP</i>		<i>34</i>	<i>10</i>	<i>AR 1298 6/7 CFB 1 ✓</i>	<i>3.57</i>						
						<i>AR 1507 22/7 ✓</i>	<i>3.57</i>				<i>412.65</i>	<i>240</i>	
				<i>34</i>	<i>10</i>		<i>7.14</i>						
	Aug	<i>PP</i>		<i>34</i>	<i>10</i>	<i>AR 1702 6/8 CFC 1</i>	<i>3.57</i>						
						<i>CP. 2671 28/8 L/N</i>	<i>7.00</i>						
						<i>CP. 28284 29/8 L/N</i>	<i>12.17</i>						
						<i>AR 2992 22/8 CFC 1</i>	<i>97.33</i>						
						<i>AR 1950 22/8 ✓</i>	<i>3.57</i>				<i>257.11</i>	<i>255</i>	
				<i>34</i>	<i>10</i>		<i>189.64</i>						
	Sep	<i>PP</i>		<i>33</i>		<i>AR 2445 23/9 CFC 1</i>	<i>3.57</i>				<i>286.54</i>	<i>270</i>	<i>at agreed.</i>
				<i>33</i>			<i>3.57</i>						
	Oct			<i>34</i>	<i>10</i>	<i>AR 2683 7/10 C.F.C. 1</i>	<i>3.73</i>						
						<i>✓ 2935 23/10 ✓</i>	<i>3.73</i>				<i>313.18</i>	<i>285</i>	
				<i>34</i>	<i>10</i>		<i>7.46</i>						
						<i>AR 6582 10/12 C.G.B.N. X680</i>							

P. 659
MARRIED OR SINGLE **S**

PLACE OF BIRTH **Raleigh N. C.**
 NAME AND ADDRESS OF NEXT OF KIN **Mrs J. Hunt
 Raleigh N.C. U.S.A.**
 RELATIONSHIP OF NEXT OF KIN **mother**
 NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, & C.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY

REG'L No. **931816** RANK NAME **Hunt E. W.**

IF IN PERMT. CORPS, WHAT UNIT UNIT **2600W** TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION **Windsor Ont.** TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION **14 Feb/19** TRANSFERRED TO **7424** DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO **O.** RELATIONSHIP

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)

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

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				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS														
	No. OF DAYS	RATE	No. OF DAYS	RATE	No. OF DAYS	RATE				No.	DATE	No.	DATE	No.	DATE	No.	DATE				No.	DATE				No.	DATE	CREDIT	DEBIT										
																														AMOUNT \$	AMOUNT \$	1	2	3	4	1	2	3	4
									24 45	24 45																													
Apr/30	30	1.10							33 00																														
MAY	1.31	21							34 10																														
											54	15/15																											
											52	16	19/14																										
June	1.30	20							33 00																														
											80	14/15																											
July	1.31	21							34 10																														
Aug.									34 10																														
Sep	1.30	20							33 -																														
									24 45	225 75																													

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. MED. PAY	SEP. ALLGE. ENG.
Sep	Bal.	173 85							173 85.		
Oct	P.P.	34 10		AR. 623. 11/17 260000. attached for Conf.	3 57						
				- 574 27/17	3 57						
				- 463. 10/17	3 57				197 24		
					10 71						

Ledger sheet
 shows no
 assignment
 [Signature]
 AUDIT CLERK
 DATE 22/5/19

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. 931816	
Rank PRIVATE	
Surname HUNT,	
Christian Name William <small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company) 2nd CONSTRUCTION BATTALION COMF.	
Date of Discharge JAN 25 1919 <i>D.O #23. 2-23. 1-19</i>	
Place of Discharge LONDON, ONT.	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age..... 30 years..... months.	Descriptive Marks SCAR LEFT TEMPLE
Height..... 5 feet..... 3 inches.	
Complexion COLORED	
Eyes DARK	
Hair DARK	
Trade Presser,	
Intended place of residence (To be given as fully as practicable.)	Land Title Trust Co., Philadelphia, P.A. U.S.A.
2. The above-named man is discharged in consequence of ON DEMOBILIZATION	
<small>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.</small>	
3. Conduct and character while in the service have been, according to the records, etc.	
<small>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.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	
<small>To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.</small>	
M. F. B. 218.	
<small>100M.—1-17. H. Q. 1772-39-113.</small>	
(OVER)	

Under 17-3-19 205

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).....

(Signature of Soldier.)

(Date).....

(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).....

(Date).....

(Signature).....

Major

U. C. Discharge Section, No. 1 D. H.

LONDON, ONT.

JAN 25 1919

LONDON, ONT.

JAN 25 1919

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.)

[Handwritten signature]

[Handwritten signature]

Militia Form B. 232 Attestation Paper	Militia Form B. 263 Reg. Conduct Sheet
B. 218 Proceedings on Discharge	B. 263 Conduct Sheet Squadron Battery Company
In the case of recruits who are rejected on final approval, the discharge documents will consist of: (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared).	Copies of Convictions by C. P. in M.S. Med. Hist. Sheet Militia Form B. 313 Medical Report for Invalid* B. 227 Statement of Man's Account on Transfer and Last Post D. 817 *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.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</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 Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</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>
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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.

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 day

Total years day

11. Confirmation of Discharge.

The discharge of the above named man is hereby confirmed.

..... (Signature)

..... (Date)

INSTRUCTIONS

WEEKLY CHRONICLE
1888

1888

DEMOCRAT HISTORICAL SHEET

M. OR S. *A.* 3773

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

10 Dec H6 189.104 357 Hu. 7. Jan *Wm* *M*
 REGT. No. *931816* RANK *Pte.* NAME (IN FULL) *HUNT, Wm.* 18

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C. E. F.	IF IN P. F. WHAT UNIT?	(BLOCK LETTERS, SURNAME FIRST)
ADDRESS					<i>N.S.R.</i>	TRANSFERRED TO <i>99#1</i>	DATE <i>20-1-19</i> AUTHORITY <i>8081</i>
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION <i>14.2.17</i>	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID <i>no</i>	RELATIONSHIP				ASSIGNED PAY, \$ <i>nil</i>	DATE EFFECTIVE	
ADDRESS <i>nil</i>					PAYABLE TO <i>nil</i>	RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS
					ADDRESS		
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>London, Ont</i>	DATE <i>25.1.19</i>	REASON <i>in Dec. Co.</i> AUTHORITY <i>2073</i> IF ENTITLED TO POST DISCHARGE PAY <i>yes</i>

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	
Balance from previous account																		
<i>Jan 1/25</i>	<i>25</i>	<i>10</i>	<i>250</i>		<i>384 85</i>			<i>10 20</i>						<i>30</i>			<i>322 35</i>	<i>De heat</i>
<i>Jan 1/25</i>	<i>25</i>	<i>10</i>	<i>250</i>		<i>322 35</i>			<i>24</i>						<i>48</i>			<i>384 85</i>	<i>Wm service gratuity</i>
<i>27/19</i>			<i>70</i>		<i>70</i>			<i>24</i>						<i>5</i>			<i>70</i>	<i>Wm service gratuity 1 year \$ 280</i>
WAR SERVICE GRATUITY																		
<i>24/19</i>			<i>210</i>		<i>210</i>												<i>70</i>	<i>Blas Des.</i>
<i>25/19</i>			<i>140</i>		<i>140</i>												<i>70</i>	<i>1917</i>
<i>4</i>			<i>70</i>		<i>70</i>												<i>70</i>	<i>376/18</i>
					<i>280</i>												<i>280</i>	<i>73445</i>

