

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 276377

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Hunter
- 1a. What are your Christian names?..... Williston Meredith
- 1b. What is your present address?..... Empire Hotel Regina Sask.
2. In what Town, Township or Parish, and in what Country were you born?..... Toronto Ont. Canada.
3. What is the name of your next-of kin?..... Blanche Hunter
4. What is the address of your next-of-kin?..... Redlands California U.S.A
- 4a. What is the relationship of your next-of-kin?..... Wife
5. What is the date of your birth?..... 24th. October 1883
6. What is your Trade or Calling?..... Electrical Engineer
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?..... No.
10. Have you ever served in any Military Force?.. 5 Years. Q.O.R. Toronto.
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 Williston Meredith Hunter....., 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 27th. May 1916 W. M. Hunter (Signature of Recruit)
C. F. Gies (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Williston Meredith Hunter....., 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 27th. May 1916 W. M. Hunter (Signature of Recruit)
C. F. Gies (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 Regina this 27th. day of May 1916.

C. F. Gies (Signature of Justice)

Description of Williston Meredith Hunter on Enlistment.

Apparent Age.....33.....years.....months.

(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height.....5 ft. 9½ ins.

Chest measurement { Girth when fully expanded.....39 ins.
Range of expansion.....5 ins.

Complexion.....Dark

Eyes.....Brown

Hair.....Greyish brown

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

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).

Scar on right side of chin.

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.....27th. May.....1916.

Place.....Regina Sask.

Lieut. C.A.M.C. 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.

Williston Meredith Hunter.....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.

L. F. Gillis Lieut. (Signature of Officer)

Date.....27th. May.....1916.

Proceedings of Court of Inquiry or on men
reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for
Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M. F. W. 62

pc

DISCHARGE DOCUMENTS

Name *Hunter, Williston Meredith*

Regt. No. *27637* Rank *Private*

Corps *W Co - 217th O.S. Battalion*

Medically Unfit.



R. O. No.

H. Q. No.

40849

[Handwritten signature]

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.....
217th Overseas Battalion.
- (2) Regimental Number.....
276377.
- (3) Full Name of Soldier.....
Hunter, Williston Meredith.
- (4) Place of Birth.....
Toronto, Ontario
Canada
- (5) Are you married, or not?.....
Married.
- (6) If married, state,
 (a) Full name of your wife.....
Mrs Blanche Hunter.
- (b) Present Postal Address.....
Redlands, California
U. S. A.
- (7) Are you a widower?.....
No.
- (8) Have you any children?.....

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

Also their names and ages.....

(9) Is your Father alive?.....

If so, state name and address

(10) Is your Mother alive?.....

If so, state name and address

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

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

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

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

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

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

If so, in what Company?.....

Have you made arrangements for payment of your Insurance premium.....

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

A B Gill

LIEUT. COLONEL

COMMANDING 217th BATTALION.....

Officer Commanding.

Date.....

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

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

250M.—1-16.

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps

217 — Battalion

Regimental No.

296377

Rank

Private

Name

Henriette Williston Meredith

C. E. F.

Enlisted (a)

Terms of Service (a)

Service reckons from (a)

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)

Electrical Engineer

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				
Discharged - unfit - 13-1-17. Auth. D.S.A. 217th OVERSEAS BATTALION					

(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.]

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				

MEDICAL HISTORY SHEET

Surname Hunter Christian Name William Meredith

Examined { on 27 day of May 1916
 at Regina, Sask
 Birthplace { City or Town Toronto
 County Ont

Approved by [Signature]
 Rank Lieut C.A.M.C. M.O.

Apparent age 33
 Trade or occupation Electrician
 Height 5 feet 11 Inches
 Weight 170 lbs.
 Chest measurement { Minimum 34 inches
 Maximum expansion 39 inches

Physical development Swad
 Small-pox Marks [Signature]

Vaccination Marks { Arm Right X Left [Signature]
 Number [Signature]

When Vaccinated last 10/2/16
 (a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none
 Date Result
17/4/16 + [Signature] M.O.
26/4/16 + [Signature] M.O.
5/8/16 + [Signature] M.O.

Enlisted on 27 day of May 1916 at Regina, Sask

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>217 overseas</u>	<u>276377</u>		
Transferred to	<u>Batt. C.E.F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

Christian Name.

William Meredith

[illegible]

MEDICAL HISTORY SHEET

Surname Hunter Christian Name William Meredith

Examined	on <u>27</u> day of <u>May</u> 191 <u>6</u>	Approved by	<u>W. H. Thompson</u>
	at <u>Regina Sask</u>	Rank	<u>Lieut. B.A.M.C</u> M.O.
Birthplace	City or Town <u>Toronto</u>		
	County <u>Ontario</u>		
Apparent age	<u>33</u>		
Trade or occupation	<u>Electrical Engineer</u>		M.O.
Height	<u>5</u> feet <u>"</u> Inches		M.O.
Weight	<u>170</u> lbs.		M.O.
Chest measurement	Minimum <u>34</u> inches		M.O.
	Maximum expansion <u>39</u> inches		M.O.
Physical development	<u>Good</u>		M.O.
Small-pox Marks	<u>None</u>		M.O.
Vaccination Marks	Arm <u>Right</u> Left <u>None</u>		
	Number <u>10 years ago</u>		
When Vaccinated last	<u>10 years ago</u>	<u>27/7/16</u> +	<u>Good</u> M.O.
(a) Marks indicating congenital peculiarities or previous disease	<u>None</u>		M.O.
(b) Slight defects but not sufficient to cause rejection	<u>None</u>		M.O.
		Date	Result
		<u>17/7/16</u>	<u>+</u> <u>Good</u> M.O.
		<u>26/7/16</u>	<u>+</u> <u>Good</u> M.O.
		<u>5/8/16</u>	<u>+</u> <u>Good</u> M.O.

Enlisted on 27 day of May 1916 at Regina Sask

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>217 overseas</u>	<u>276377</u>		
	<u>Battalion C.E.G</u>			
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT

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

MEDICAT. HISTOR. SIBER.

[illegible]

MEDICAL HISTORY OF AN INVALID.

1. Station. *1 Regina Dist.* 8. General remarks on his :—
 2. Regiment or Corps. *217 O/S Bn.* (a) Conduct. *Good*
 3. Regimental No. and Rank. *276377 Pte* (b) Habits. *Good*
 4. Name. *Hunter - Williamson. M.* (c) Temperance. *Chronic indulgence*
 5. Age last Birthday. *34* (For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)
 6. Enlisted on *27 May 1916*
 at *1 Regina Dist.*
 7. Former Trade or Occupation. *Electrician* Date. *18 Dec - 1916*

64-11-7068
JAN 15 1917

9. Service.	Years.	Days.
	PERIODS.	
	FROM.	TO.
	29 May 1916	18 Dec - 1916

10. (a) Disease or disability. *Appendicitis*
 (b) Date of origin. *1908*
 (c) Place of origin. *Toronto*
 (d) Cause. *inflammation along plate of the appendiceal tissue*

11. Present Condition. (Most Important).
 (To include full description of present disabling condition or conditions.)
intermittent attacks of appendicitis

12. (a) Is the disability the result of service or climate? *No*
 (b) Has it been aggravated by intemperance, vice or misconduct? *No*

card M. A. D.
23.1.17

13. (a) For purpose of Identification. (Here a full description of wounds, scars, deformities, etc., is to be given.)

None

- (b) In case of wounds, or other injuries, state whether sustained on or off duty. If not received in action, was a Court of Inquiry held?

None

- (c) In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not due to exposure on duty.

14. Treatment

Rest - laxatives - anodynes.

15. If the disabling condition had its origin before enlistment, has it been aggravated by service, and to what extent?

Not aggravated by service

16. What is the probable duration of the disability or of each disabling condition, if more than one contributes?

attacks of appendicitis likely to recur unless appendectomy performed

17. To what extent will it prevent his earning a full livelihood in the general labour market? Please state in fractions.

0%

18. State if for discharge on account of unfitness for Service.

Yes - unfit for service

D. B. Hart

M. D. 214 Bn

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

Does the Board concur with the preceding report? If not, give differing opinion.

The Board finds:

10. **Chronic Appendicitis with a history of recurring acute attacks.**

11. **Has not been able to drill since July and will never make an efficient soldier with present disability.**

12. **No. No.**

15. **No.**

16. **Attacks liable to recur unless appendix is removed.**

17. **Same as before enlistment during attacks 100 % in intervals nil.**

18 Is he unfit for Military Service. **Yes.**

Recommendations : **The Board recommends that he be discharged as he refuses operation and has signed waiver.**

Signatures :—

E. B. Alpoth

President.

Captain

Dennisweeney S. C. M. C.

Members.

Station. **Regina.**

Date. **Dec. 29/16**

E. B. Alpoth

Date.

4/1/17 E. B. Alpoth

Assr. Director of Medical Services.

Approved.

Date. *12/1/17*

Hayden Ellis

Director-General of Medical Services.

(At Station or Hospital where finally disposed of.)

Station and Hospital	}
-------------------------	---

Arrived }
from }

Date _____

[illegible]

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

Militia Form B. 227.

150 m-5-16.

H. Q. 1772-39-117.

DETAILED MEDICAL HISTORY OF INVALID.

Station	
Corps	
Regimental No.	Rank
Name	
Disability	
Date	
Hospital or Station transferred to for final disposal.	}
Date of final disposal	
How finally disposed of	

The original Report is invariably to accompany the discharge documents of invalids.

Proceedings on Discharge.

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

No.	276377		
Rank	Pte		
Name	William Meredith Hunter		
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.			
Corps (Squadron, Battery or Company)	"D" Coy 219 th O.S. Batt ⁿ		
Date of Discharge	13/1/17		
Place of Discharge	Regina Sask.		
1.	DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	33	2	months.
Height.....	5	9 1/2	inches.
Complexion	dark		
Eyes	brown		
Hair	greyish brown		
Trade	Electrical Engineer		
Intended place of residence	Regina Sask.		
(To be given as fully as practicable.)			
		Descriptive Marks	
		Scar on right side of chin.	
2.	The above-named man is discharged in consequence of medically unfit		
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.			
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc.		
	Good		
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)			

13/1/17
28/4/17
189

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.....

LIEUT. COLONEL

COMMANDING 217th BATTALION

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).....

LIEUT. COLONEL
COMMANDING 217th BATTALION

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.)

(OVER)

List of Discharge Documents.

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

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

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

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

Regimental No. 276377 Rank Private Name Hunter W. M.

Corps 217th Bn. Attch. who was* discharged

On Jan'y. 13 1917, to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Jan'y. 13 1917, to Jan'y. 13 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month			Bal. Cr. from prev. month	<u>76</u>	<u>20</u>
Advances } No. <u>275</u>	<u>20</u>		Reg'tl Pay <u>13</u> days at \$ <u>1</u> c	<u>13</u>	
by } No. <u> </u>			Field Allow. <u>13</u> days at \$ <u>10</u> c	<u>130</u>	
Cheques } No. <u> </u>			Other Allowances* <u>Clothing</u>	<u>13</u>	
Assigned Pay No. <u> </u>			Other Credits* <u>Subst. while on sick leave</u>	<u>60</u>	
Other Charges* <u>Paid while harvesting</u>	<u>33</u>				
Payment on transfer or discharge No. <u>466</u>	<u>51</u>	<u>20</u>			
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	<u>104</u>	<u>20</u>	Total	<u>104</u>	<u>20</u>

*Give Particulars.

A monthly stoppage of \$ (†) has (‡) been paid on account of Assigned

Pay for the month of 1917 to (Assignee)

(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 May 27/16

(2) if married and if a Separation Allowance Card has been submitted

(3) cause of discharge and authority medically unfit

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date

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

Date March 12/17

Place Regina Sask. D. A. Campbell Capt

Paymaster

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

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

M. F. W. 44.

649-H-7068.

CARD NO.

+

SURNAME.

Hunter.

CHRISTIAN NAMES

Halliston Meredith.

SOS DIS 13/1/17 62

FOLL.

REGL. NO.

276375

RANK

Pte.

UNIT

217th

Bw.

FORMER CORPS

5 Yrs. G. O. R.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Hunter Mrs. Blanche

RELATIONSHIP TO SOLDIER

Wife.

ADDRESS

Redlands California
U. S. A.

Cas. Deputy Min. of Inland Revenue Ottawa.

COUNTRY OF BIRTH

Canada Toronto Ont.

DATE

Oct. 24th 1883

PLACE OF ATTESTATION

Regina Sask.

DATE

May 27th 1916

MARRIED

Yes.

SINGLE

WIDOWER

TRADE OR CALLING

Electrical Engineer.

RELIGION

Presbyterian.

DESCRIPTION.

APPARENT AGE

33.

YEARS

MONTHS

HEIGHT

5.

FEET

9 1/2.

INCHES

CHEST MEASUREMENT

39.

INCHES

EXPANSION

35.

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Greyish Brown.

DISTINGUISHING MARKS

Scar Rt. side of chin.

MEDICAL EXAMINATION.

PLACE

Regina Sask.

DATE

May 27th 1916.

Present Address - Empire Hotel
Regina Sask.

No. 276277 RANK Pte.

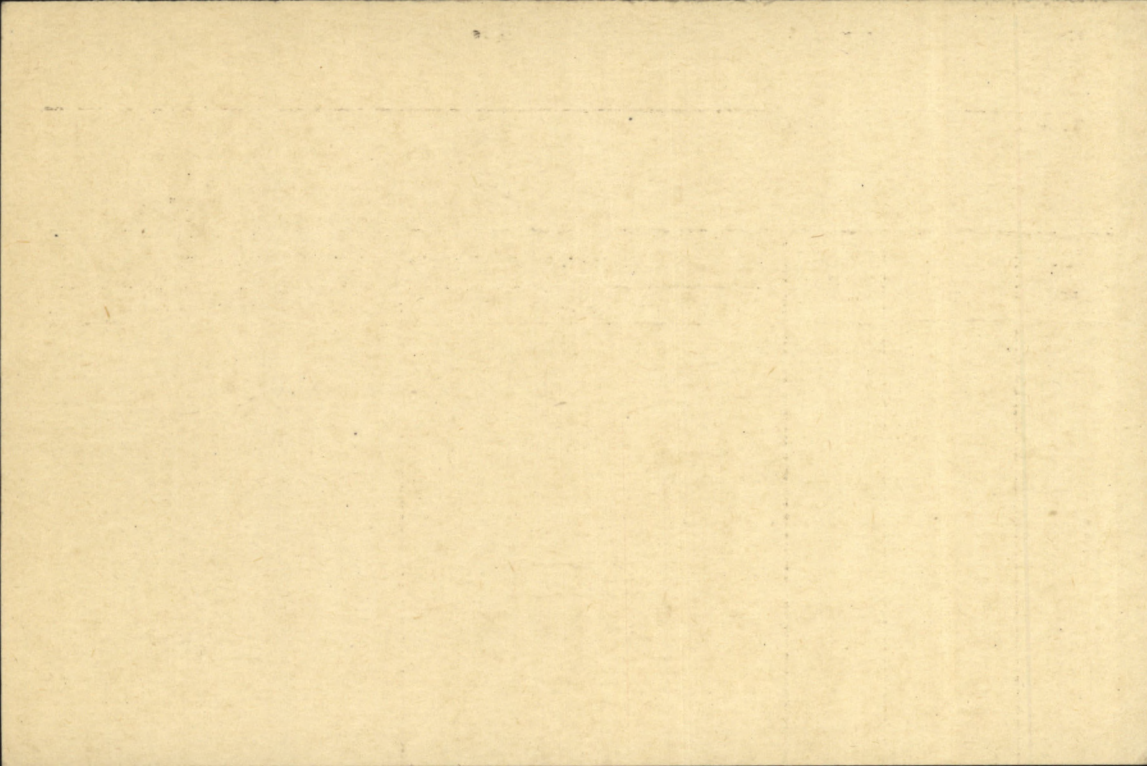
NAME Hunter Wm. M.

T.O.S. 27-5-16 UNIT

217th Battalion
(Do 85 of 31-5-16)

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 May.	1916. no a/c.	n.	Report 1-6-16	Do 85 of 31-5-16
June		n.		
July.		L		
Aug.		L		
Sept.		n.		
Oct.		n.		
Nov.		n.		
Dec.		L		
1917 Jan.	1917.	L	S.O.S. 13.1.17.	Do 10 of 12.1.17
			a/c closed	by payment (2)



SEPARATION ALLOWANCE

Name *Blanche Hunter*Name of Soldier *Hunter Williston M.*

Address

*Redland
California
U.S.A.*

Regtl. No.

276377

Rank

Pte

Corps

217 Batt.

Relation to Soldier

wife, child or mother

}

Wife

To what Corps belonging

when called out

}

PAYMENTS

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

ACCOUNT CLOSED
DATE..... PER.....
*W-**make int. of
Pte.*

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2.

B. HunterWife
PAYMENTS.

Name of Soldier

Hunter W. M.

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

April

1916

May

20

June

20

July

20

Aug.

20

Sept.

20

Oct.

20

Nov.

20

Dec.

20

Jan.

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1918

Feb.

March

April

May

June

July

Cheque No.

Amt.

Remarks.

D 9992 41

Y 12846 20

G 16411 20

T 19837 20

422624 20

26264 20

1917 229385 20

21.29621 8

41

20

20

20

20

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20

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20

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20

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20

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20

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20

20

20

20

20

20

V 26264 cancelled

V 22624 cancelled

32 private

paid from 29¹⁰/₆ to 11¹¹/₆20 paid 11¹¹/₆ - If 29385 bank

mailed 12-7-17 8 - Dec 13/1/17 pm 8 13/1/17 WTB

800 sent to close

ACCOUNT CLOSED

DATE.....PER.....W

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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