

187TH OVERSEAS BATTALION
Reporte July 1916
 CANADIAN EXPEDITIONARY FORCE
ATTESTATION PAPER.

ORIGINAL

No. 883470

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
 (ANSWERS.)

- | | |
|--------------------------------------------------------------------------------------------------------------------|------------------|
| 1. What is your surname?..... | Moyer |
| 1a. What are your Christian names?..... | Lincoln |
| 1b. What is your present address?..... | Didsbury Alberta |
| 2. In what Town, Township or Parish, and in what Country were you born?..... | Breslau Ontario |
| 3. What is the name of your next-of-kin?..... | Mrs Sarah Moyer |
| 4. What is the address of your next-of-kin?..... | Breslau Ontario |
| 4a. What is the relationship of your next-of-kin?..... | Mother |
| 5. What is the date of your birth?..... | Nov 28 th 1882 |
| 6. What is your Trade or Calling?..... | Farmer |
| 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?.....
<small>If so, state particulars of former Service.</small> | No |
| 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, Lincoln Moyer, 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.

Lincoln Moyer (Signature of Recruit)

Date June 24 th 191 6 *W. Weber* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Lincoln Moyer, 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.

Lincoln Moyer (Signature of Recruit)

Date June 24 th 191 6 *W. Weber* (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 Didsbury this 24 th day of June 1916.

H. E. Osmond (Signature of Justice)

Description of Lincoln Moyer on Enlistment.

Apparent Age...**33**.....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.....**6** ft...**0** ins.

**Scar in left Ingunial reigon
 from old Heinictorny in Jan 1916
 Perfectly solid now.
 Slight corns on middle toes of
 both feet, Dorsal surface.**

Chest measurement { Girth when fully expanded.....**37 1/4** ins.
 Range of expansion.....**2 1/4** ins.

Complexion.....**Dark**

Eyes.....**Dark brown**

Hair.....**Dark brown**

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye ; his heart and lungs are healthy ; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date.....**June 24 th**.....191 **6**

Place.....**Didsbury**.....**Alta**

J. Lester Clarke
 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.

Lincoln Moyer.....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.

Date.....*July 4th*.....191**6**

C. W. Robinson.....(Signature of Officer)
 O. C. 187th O. BATTALION, C. E. F.

ATTESTATION PAPER.
97th OVERSEAS BATTALION C.E.F.
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 208068
Folio. +

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

- 1. What is your surname? Moyer
1a. What are your Christian names? Martin Maxwell
1b. What is your present address? General Delivery Vancouver BC
2. In what Town, Township or Parish, and in what Country were you born? OHio USA
3. What is the name of your next-of kin? James Moyer
4. What is the address of your next-of-kin? Cincinnati Ohio, 853 Delany Ave
4a. What is the relationship of your next-of-kin? Father
5. What is the date of your birth? Sept. 5th. 1896
6. What is your Trade or Calling? Glassworker
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
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, Martin Maxwell Moyer, 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 Feb 25 1916 Martin Moyer (Signature of Recruit)
S. W. Sackville (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Martin Maxwell Moyer, 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 Feb 25 1916 Martin Moyer (Signature of Recruit)
S. W. Sackville (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 Vancouver this Twenty-fifth day of February 1916

(Signature of Justice)

(3) (1) (2)

Description of Mayer, Martin Maxwell on Enlistment.

Apparent Age 19 years 6 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 8 ins.

Chest measurement { Girth when fully expanded 38 ins.
 Range of expansion 4 ins.

Complexion Fair

Eyes Brown

Hair Brown

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

1 Vac L.
R forearm, dagger. a.s.hov.
P flag & eagle.
L forearm, M.M.M
piece heart & star
Scar R buttock

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 Feb 25 191 6

Place Vancouver B.C. Hull 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.

Martin Maxwell Mayer 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 February 25th 1916 191 6

REGIMENTAL DOCUMENTS

NAME

Mayer Lincoln

REGT. NO.

883470

UNIT

H. Q. FILE NO.



CONTENTS

DATE RECEIVED

TO WHOM FORWARDED



DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY
DEATH

Category

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

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

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

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

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

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

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

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

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

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

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

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

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

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

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

36920

DISCHARGE

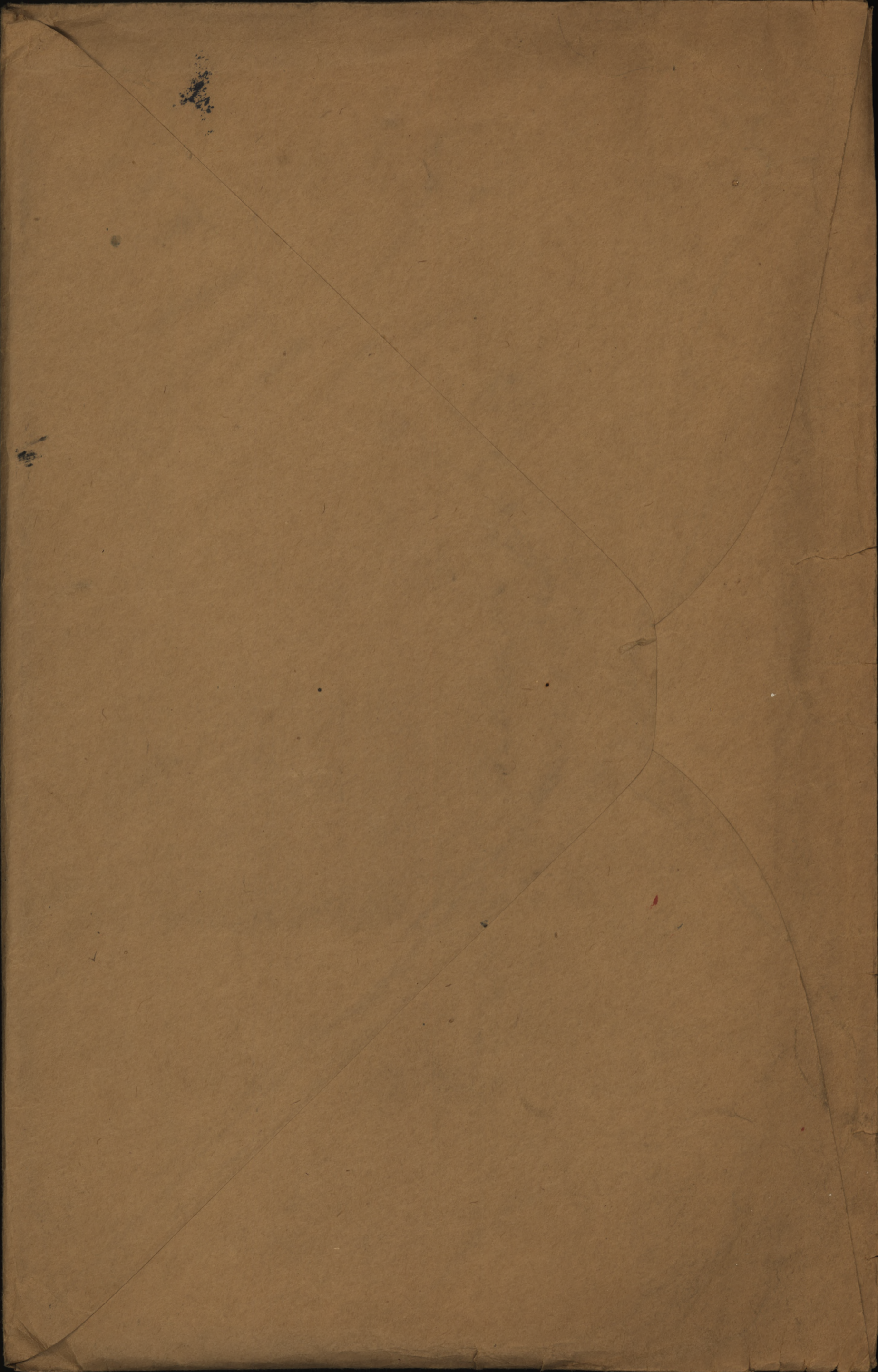
Category

DESERTION



*40-27
26-27
5-27
1*

M.X. 216/5/20



File

~~B~~

Q

Number.....883470.....Rank.....Pte.....

Surname.....MOYER.....

Christian Name.....Lincoln.....

Units.....31st Bn. Cent. Engrs. Theatre of War, France.....

Date of Service.....27-5-17.....10.

Remarks.....Brother.....

Latest Address.....Mrs. A. H. Moyer.....

Breslau, Ont.

Roll No. "B" Page 7387

~~V~~

No.

RANK

NAME

T. O. S.

UNIT

M. D.

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

DESP NOV 1 1921
REGN. NO. 41144759

DESP NOV 1 1921
REGN. NO.

649-M-21417

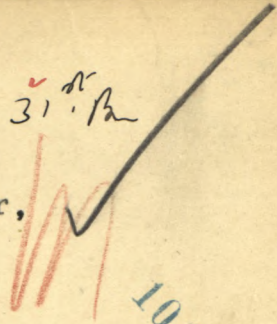
✓ Lincoln ✓
Moyer, L. 883470 Pte.

✓ 31. B

Not eligible for 1914-15 star

Medals & Dec. (mother)

Mrs. A. H. Moyer,
Breslau, Ont.



10489

P. & S. (Mother) As above.

See # 804194

Mem. Cross. (mother) As above.

Desp JUN 10 1920 610857
Scroll Desp APR 28 1921 Reqn. No. 3 W. 95499

JUN 7 1922

Plague Desp. Reqn. No. P39457 3460

and

W.

373

SURNAME. *Moyer* (049-11-21417)

CHRISTIAN NAMES *Lincoln*

REGL. No. *883470*

RANK *Pvt.*

UNIT *187th*

FORMER CORPS *inf*

CARD NO.

FOLL. **D**

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Moyer Mrs Sarah*

RELATIONSHIP TO SOLDIER *mother*

ADDRESS *Breslau Ont.*

COUNTRY OF BIRTH *Canada* *Breslau Ont.*

DATE *Nov 28th. 1882*

PLACE OF ATTESTATION *Sidsbury Alta.*

DATE *June 24th. 1916*

0/21/12/16

~~From Halifax per S.S.~~

~~"Olympic" 21/12/16~~

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

33

YEARS

MONTHS

HEIGHT

6

FEET

0

INCHES

CHEST MEASUREMENT

37 1/4

INCHES

EXPANSION

2 1/4

INCHES

COMPLEXION

Dark

EYES

Dark Brown

HAIR

Dark Brown

DISTINGUISHING MARKS

Scar in Inguinal region from old Herniotomy in Jan 1916. Slight corns on middle toes of both feet dorsal surface.

MEDICAL EXAMINATION.

PLACE

Didsbury Alta.

DATE

June 24th, 1916.

Present Address

Didsbury Alta.

NAME

RANK AND CORPS

CABLE

No.

DATE

NATURE OF CASUALTY

REG'T'L No.

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

Moyer Lincoln

31st Bn Trench

883470

187th Bn

M5934
23-2

24-8-17

Died of wounds to Casualty
Clearing Station Aug. 18th
1917 HPW legs and thigh ✓

Army Form B 2090a

Howen

27-8-17

Died of wounds received in action
18-8-17 #6 Casualty Clearing Station

Rec'd 19-10-17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a 593 No 6 Cas. C. l. Stat. 18-8-17 *Deed of wounds*
S. W. Legs Hand & Thigh

No. 883470 RANK

Pte.

NAME

Mayer L.

T. O. S. 4-7-16.

UNIT

187th Battalion O. E. S.

D. O. 60, 4-7-16.

M. D. 13.

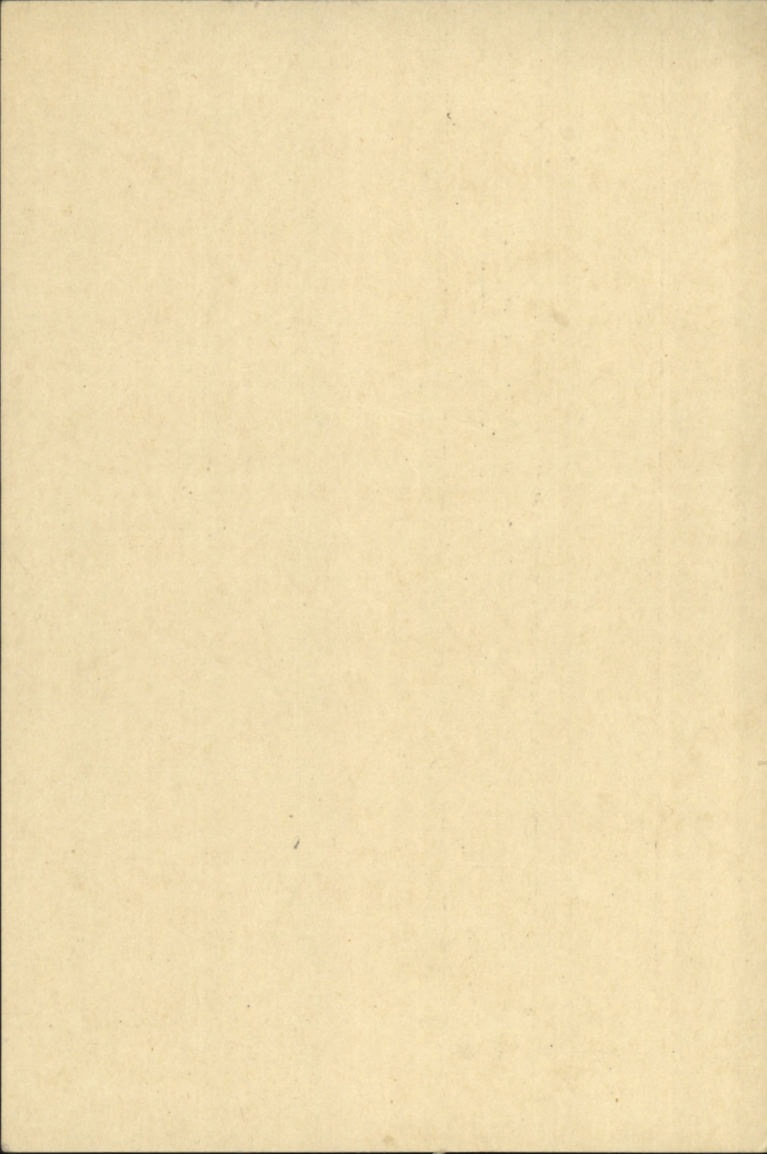
PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROMPAID
TOSIG.
OR
REC'T

PARTICULARS

AUTHORITY

1916 July 4	1916. July 31	
	aug	v
	Sept.	v
	Oct.	v
	Nov.	v
	Dec	m.



Surname **Moyer.** Christian Name or Names **L.** Reg. No. **883470**
 Rank **Pte.** Unit **31st. Bn.** Co. Troop Batty.
 Hospital **6. C.C. Stn.** Date of Admission **18-8-17.**

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis **S.W. Legs. Hand. & Thigh.**

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

DIED OF WDS. 18 -8-17. JR

DISPOSITION

Date

C.L. 23-8-17. A593.

REMARKS

**A.M.D. 2 DEPT.
Ch. of D.G.M.S. O.M.F.C. London.**

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Register No. *D 71389*

WAR SERVICE GRATUITY

A.P. File No. *13237-L-2*

TO
DEPENDENTS OF DECEASED SOLDIERS

Rep

Reg'tl No. *883470* Name *Lincoln* *Moyer*
(Christian Name) (Surname)
Unit *187th Bn* Rank *Pvt.* Date of enlistment.....
Date of casualty *6.8.17* B.P.C. File No. *15896*
Was service performed overseas? *Yes*

DEPENDENT

Name *Mrs. Sarah Moyer* Relationship *W. Mother*
Address *Breslau*
Ont.

Amount of Special Pension Bonus \$ *Nil* Abstracted by *T. Quinn*

Eligible for Gratuity \$ *180.00*
Less amount of Special Pension Bonus paid..... \$ *-*
Less Debit Balance of S. A. or A.P..... \$ *-*

Total deductions \$ *-*

Balance due \$ *180.00*

Cheque No. *9.18935-86* Date issued *21-7-20*

Clerk *J. B. McMillen*

REMARKS :

Audited by
Col Howard
Date *20.7.20*

\$180

M.F.W. 2652
25M-6-20.
H.Q. 1772-89-1473

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ per diem; Field Allowance \$ per diem. Separation Allowance \$ per month.

L.L. 58961—M. & D. 9791

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

M. F. W. 127
300M-1-19
1772-89-1140

Remarks:

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12
50m.—7-16
H. Q. 1772-39-316

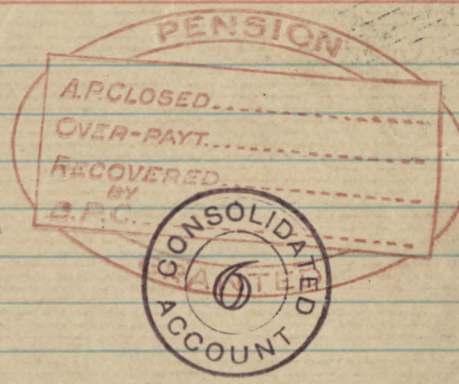
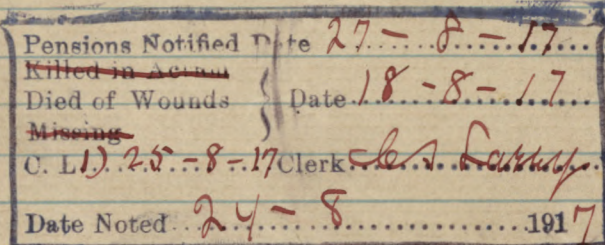
To Whom *Mrs. Sarah Mayer*
Address *Breslau*
Dmt.

By Whom Assigned *Mayer Lincoln*
Regtl. No. *883470*
Rank *Pte.*
Corps *187 Bm.*

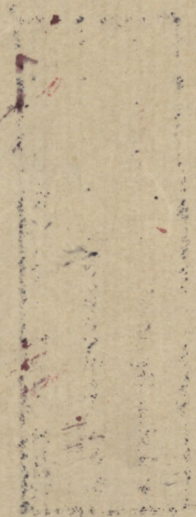
Rate *15.50*

DEC 1 1916

PAYMENTS

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

Pensions Notified Date *27-8-17*
~~Killed in Action~~ } Date *18-8-17*
 Died of Wounds }
~~Missing~~
 C. L. D. *25-8-17* Clerk *S. A. L. L. L.*
 Date Noted *24-8-17*



W

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12a.
 50m.-6-16.
 1772-39-819.

Sheet No. 2.

Mrs. Sarah Moyer

PAYMENTS.

Name of Soldier

Moyer Lincoln

L. L. Job 4503. -Req. 6832.

883470

Pte. 187 Bm.

Month.	Year.	Cheque No.	Amt.	Remarks.
				15. ⁵⁰
				DEC 1 1916
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.		<i>V. 36689</i>	<i>15</i>	
Jan.	1917	<i>W 35145</i>	<i>15</i>	
Feb.		<i>W 42153</i>	<i>15</i>	
March		<i>N 52312</i>	<i>15</i>	<i>15.2</i>
April		<i>J 4071</i>	<i>15</i>	<i>15.8.</i>
May		<i>J 10807</i>	<i>15</i>	<i>6 519 8 135.00 31-8-17 Lt Harry 27-8-17</i>
June		<i>2 17676</i>	<i>15</i>	<i>Assigne dependent - account</i>
July		<i>J 24589</i>	<i>15</i>	<i>to continue until</i>
Aug.		<i>W 33161</i>	<i>15</i>	<i>pensions granted</i>
Sept.		<i>W 39971</i>	<i>15</i>	<i>to Lt Harry 27-8-17</i>
Oct.		<i>44748</i>	<i>15</i>	<i>044748 cancelled</i>
Nov.				
Dec.				
Jan.	1918		<i>150</i>	
Feb.				
March				
April				
May				
June				
July				

1918 CANADIAN
 ASSIGNED PAY LIMITED
20 3/8/19
Stamm
 AUDIT CLERK
 DATE *20 15/19*

Pension Granted *1-10-17*
 B.P.C. to Recover \$
 Clerk *Stamm* Date *27/9/17*

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Wid. Mother.
PAYMENTS.

Name of Soldier Moyer, Lincoln Pte.

Mrs.
Sheet No. 2.

L. L. Job 310.-Req. 6574.

Sarah Moyer

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.		Z10679	38	38
Sept.		D15281	20	20
Oct.		G18857	20	20
Nov.		R23473	20	20
Dec.		R26243	20	20
Jan.	1917	a30586	20	20
Feb.		Q33526	20	20
March		A36757	20	20
April		Q2257	20	20
May		B0683	20	20
June		B10018	20	20
July		Z12865	20	T.
Aug.		G15036	20	m
Sept.		Q18939	20	B
Oct.			20	Pro
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Pensions Notified Date: 24/8/14
 Killed in Action
 Died of Wounds } Date: 18/8/14
 Missing }
 C. L. (1) 25/8/14 Clerk: A. Sinclair
 Date Noted: 191

Pension Granted: 1-10-17
 B.P.C. to Recover
 Clerk: J. P. L. Date: 2-7-9-17

PENSION
 A. CLOSED
 OVER-PAYT.
 RECOVERED
 BY J. P. L. 28-9-17
 B.P.C.
 GRANTED

318

ACCOUNT CLOSED
 DATE PER W

MILITIA AND DEFENCE
SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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.				

SEPARATION ALLOWANCE

Name *Sarah Moyer*Name of Soldier *Moyer, Lincoln*Address *Breslau*Regtl. No. *883470.**Ontario.*Rank *Pte.**Canada*Corps *187th. O.S. Bn.*

Relation to Soldier

Widowed

To what Corps belonging

wife, child or mother

Mother

when called out

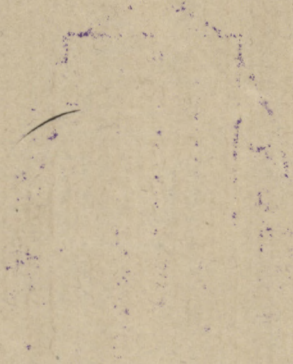
✓ ✓

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



Handwritten text in a cursive script, possibly a list or a set of instructions. The text is arranged in several lines and is somewhat difficult to read due to its faintness and the cursive style. It appears to be a list of items or a set of instructions, with some words starting with capital letters.



FORM OF WILL

I, MOYER, Lincoln (Name in full)

Regimental Number 883470 serving in 187th Batt. C.E.F.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs. Sarah Moyer
Mother Breslau
Ontario

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

absolutely, and my personal estate I bequeath to

Mrs. Sarah Moyer
Breslau
Ontario

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

NOTE

This space for the appointment of Executor if necessary.

I appoint Simon Moyer

of the city of Elmira in the province of

of Ontario to be the executor of this my last Will and testament.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 10th day of November A.D. 1916

Lincoln Moyer

Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J.B. Torlby,

Address of Witness Box 1310 Calgary Alta

THE TWO WITNESSES

Occupation of Witness Captain 187th. Bn. C.E.F.

MUST SIGN HERE

Signature of Second Witness H.B. Forbes Lieut.

Address of Witness Calgary

Occupation of Witness 187th. O.B. C.E.F.

1875

RECEIVED

PAID

NOV 1875

1875

PAID

NOV 1875

1875

PAID

NOV 1875

1875

PAID

NOV 1875

1875

PAID

NOV 1875

1875

ROBIN OF MIDD

MEDICAL HISTORY SHEET

Surname Moyer Christian Name Lincoln u

Examined { on 24 day of June 1916
at Widdsbury
Birthplace { City or Town Breslau
County Ontario
Approved by J. Lester Clarke
Rank _____ M.O.

Apparent age 33
Trade or occupation Farmer
Height 6 feet _____ Inches M.O.
Weight 175 lbs. M.O.
Chest measurement { Minimum 35 inches M.O.
Maximum expansion 37 1/4 inches M.O.
Physical development Proportionally built M.O.
fine physical development M.O.
Small-pox Marks None M.O.

Vaccination Marks { Arm Right Left Yes
Number 2 marks
When Vaccinated last 20 years ago
(a) Marks indicating congenital peculiarities or previous disease Scar on left inguinal region from Herniotomy January 1916 M.O.

(b) Slight defects but not sufficient to cause rejection
Slight Corns on both middle toes M.O.
of both feet Dorsal Surface M.O.

Enlisted on 24 day of June 1916 at Widdsbury

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>184th O.B.</u>	<u>883470</u>		<u>24th June 1916</u>
Transferred to	<u>202nd Bn. C.I.</u>			<u>30th July</u>
	<u>31 BATTN.</u>			<u>MAY 27 1917</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.

[Handwritten signature]

J.P. Rank

Name

MEYER, Lincoln. ✓

Reg'l No.

883470. ✓

Unit 187th Bn.

If in perm. Corps, }
What Unit? }

Married or Single Single. ✓

Place and Date of Enlistment Didsbury. 24th June. 1916. ✓

Place of Birth Breslau. Ontario. ✓

Name and Address, Next-of-Kin Mrs. Sarah Meyer.

Breslau. Ontario. ✓

Relationship Mother. ✓

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. No 4567
File R.L. 25-M-5305
Category DW

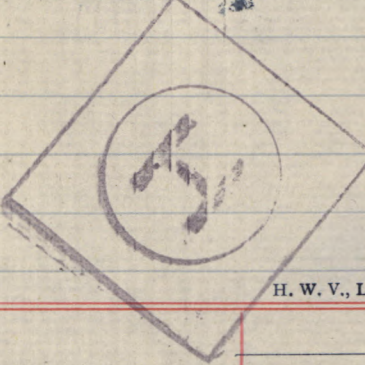
Discharge, Date and Place

Reason

Character

H. W. V., Ld.-9546-16.

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 S-S Olympic 26*13*16</i>					
30-1-17	S.C. 1897	S.O. Boat 7 to 202nd Bn	W. 28 JUN 1917	30-1-17	PH. 00. 26
2-2-17	202nd	S.O.S. from 1897	A.F.B. 1917	31-1-17	33.
27-5-17	202nd	S.O.S. to 31st Bn	Checked	27-5-17	" " 1479/20.36 31st Bn. 5.6-17
23-9-17	31st Bn	No. 6. Cas. Clearing Station Reports Died of wounds	Field	18.8.17	PH. O. 53/27.9.17 CLA. 593. S.W. Leg Hand & Thips.



18943

FORM OF WILL.
)))

I, Moyer Lincoln

Regimental Number 883470 serving in the 187th Batt. C.E.F.

Of the Canadian Expeditionary Force, declare this to be my last will, revoking all previous wills if any, I have made.

I appoint Moyer Simon (Brother)

of the City of Boston Elmira

in the Province of Ontario.

to be the executor(s) of this my last will.

I give to Moyer Mrs. Sarah (Mother)

of the City of Breslau in the Province of Ontario

all my estate.

DATED at Calgary this tenth

Day of November 1916.

Lincoln Moyer

Signature of Soldier.

SIGNED and acknowledged by the testator as and for his last will in the presence of us, both present at the same time, who at his request and in his presence and in the presence of each other have hereunto subscribed our names as witnesses.

J.R. Corley Signature First Witness.

Box. 1310 Calgary, Alta. Address.

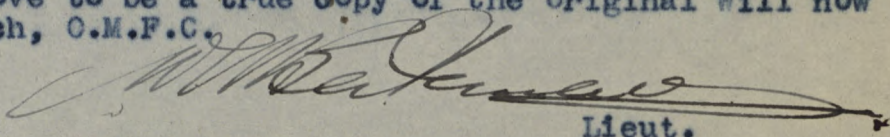
Captain 187th O.Bn. C.E.F. Occupation.

H.B. Forbes. Lieut. Signature Second Witness.

Calgary Address.

187th O.B. C.E.F. Occupation.

I hereby certify the above to be a true copy of the ^{certified copy of} original Will now on file in Estates Branch, O.M.F.C.



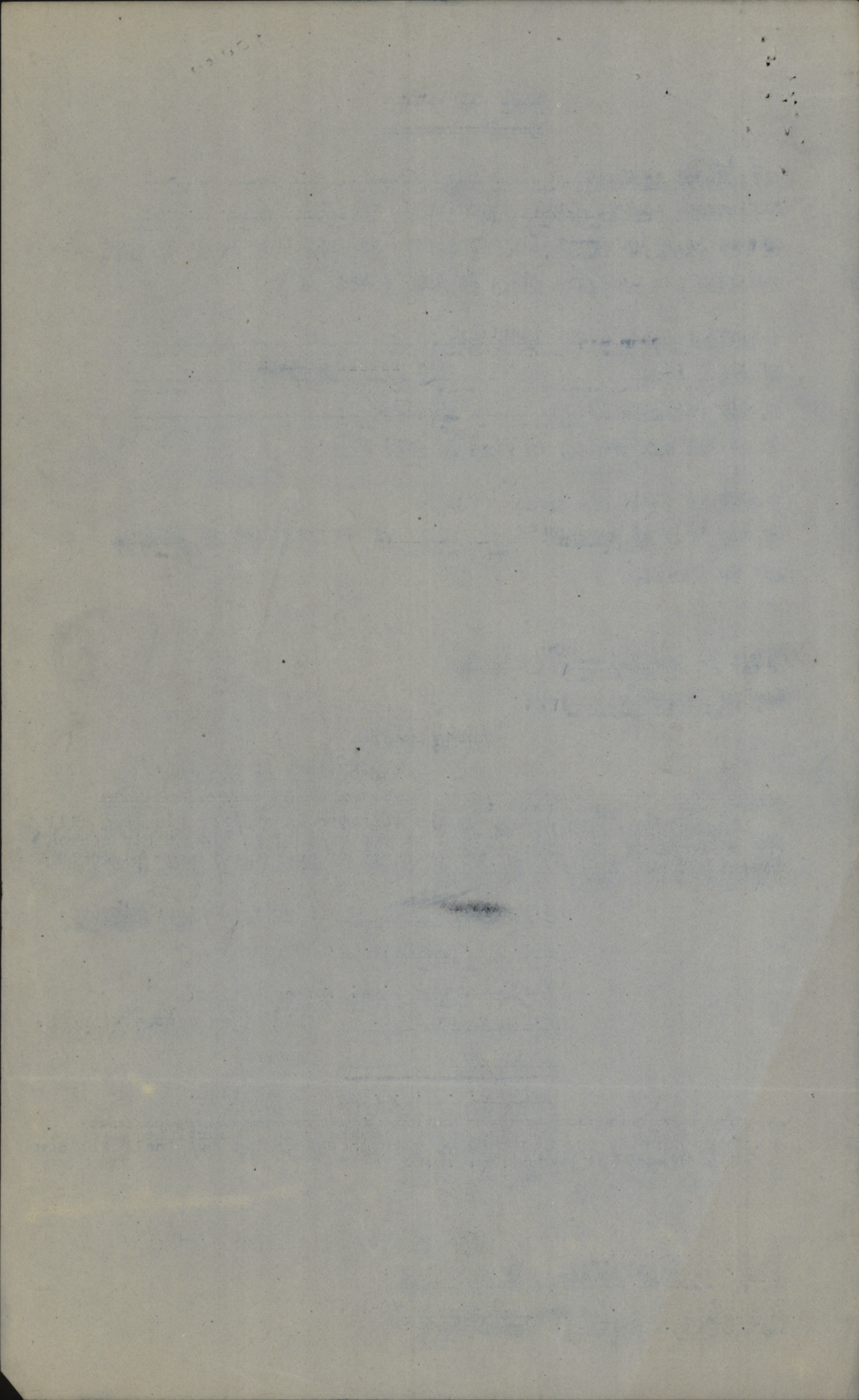
Lieut.

for OFFICER I/C ESTATES O.M.F.C.

Date.....27 Nov 17

NOTE. Died of Wounds. Aug. 18th 1917.

Received from O.i/c Estates Ottawa 24-10-17.
No. 883470. Moyer. L. 187th Battn.



P. 559. MARRIED OR SINGLE *Single*

PLACE OF BIRTH *Breslau, Ontario, Canada.*

NAME AND ADDRESS OF NEXT OF KIN *Mrs. Sarah Meyer, Breslau, Ontario, Canada.*

RELATIONSHIP OF NEXT OF KIN *Mother*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i> Died of Wounds</i>	<i> 18/8/17</i>	<i> Cha 593 238</i>

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. *883490* RANK *Private* NAME *Meyer Lincoln*

IF IN PERM. CORPS } UNIT *197th C. Bn.* TRANSFERRED TO *202.0 Bn C.I.* DATE *30/1/17* AUTHORITY *D.O. 26*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *31st Bn* DATE *21-8-17* AUTHORITY *PO 47/5*

PLACE OF ATTESTATION *Lidsbury, Alberta, Canada* TRANSFERRED TO *"L"* DATE *1/9/17* AUTHORITY *Cha. 238/7*

DATE OF ATTESTATION *June 24th 1916.* TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *December 1st 1916*

PAYABLE TO *Mrs Sarah Meyer, Breslau, Ontario, Canada.* RELATIONSHIP *Mother*

ASSIGNED PAY MONTHLY \$ _____ DATE EFFECTIVE _____

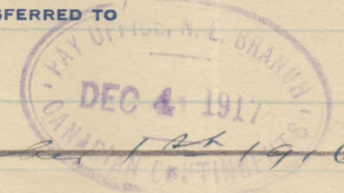
PAYABLE TO _____ RELATIONSHIP _____

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *1/9/17* EFFECTIVE *1/9/17* REASON *Died of Wounds 18/8/17 Cha 593 238.*

DISCHARGE DATE AND PLACE _____ REASON AND AUTHORITY _____

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) _____

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) _____



Entered on N.E. Card Index. Card Index. Checked by *J. J. Dillston*

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	AMOUNT	C.	NO. OF DAYS	RATE	AMOUNT	C.	NO. OF DAYS	RATE	AMOUNT	C.				1	2	3	4	1	2	3	4				CREDIT	DEBIT							
<i>1917</i>																																			
<i>Jan</i>																																			
<i>Feb.</i>	<i>28</i>	<i>1.00</i>	<i>30.80</i>																																
<i>March</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>																																
<i>Apr.</i>	<i>30</i>	<i>1.10</i>	<i>33.00</i>																																
<i>May</i>	<i>31</i>		<i>34.10</i>																																
<i>June</i>	<i>30</i>	<i>1.10</i>	<i>33.00</i>																																
<i>July</i>	<i>31</i>	<i>1.10</i>	<i>34.10</i>																																
<i>Aug</i>	<i>20</i>	<i>1.10</i>	<i>22.00</i>																																
<i>"</i>	<i>11</i>	<i>1.10</i>	<i>12.10</i>																																

MONTH PARTICULARS CR.1 CR.2 PARTICULARS DR.1 DR.2 DR.3 DR.4 BALANCE

See over leaf

CANADIAN ASSIGNED PAY AUDITED

20/3/18/17 *W. J. Woodman*

AUDIT CLERK

DATE *20/3/17*

Died of Wounds 18/8/17 Cha 593

Transfers 1917 "Dead" 238

CHECKED

J. J. Woodman

Carried forward.

Statement of JAN 9 1918 Account rendered

A.S. per bank verified N.E.D.

883470 Pto Meyer L.

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	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					NO.	DATE	NO.	DATE	NO.	DATE	NO.	DATE				1	2			

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	REFER. PAY	SER. ALLOC. ENG.
-------	-------------	------	------	-------------	------	------	------	------	---------	------------	------------------

Oct		81.37							81.37		
	AR 375 31 st Br 7/6				2.68						
	" 90 2 nd 2. BR 9/7				4.46						
	" 597 31 Br 8/8				2.69						
	543 " " 20/9				2.68				68.88		
					12.49						
	Balance transferred to N. E. Branch								68.88		
									69.77	*	
									67.09		
									0		

1917.
Dec 894 C.M. 6. No 232-24/3.
1918
Jan 256
256

89.
262 AR 458 11/17 31 Br
7540-6711 + 10-96 1/2 2/26
6709 20 BR for 20th 6/2/18
446-25/7

* 677/less 2.68 ac
AR 459 July 11/17
Bal Recd Jan 9/18
67.09 .N. 29.1.18

Cash found in effects 894

Casualty Form—Active Service.

Regiment or Corps 187th Batt C. I.
 Rank Plt Surname Moyer Christian Name Lincoln
 Religion _____ Age on Enlistment _____ years _____ months.
 Enlisted (a) June 24/16 Terms of Service (a) War of War Service reckons from (a) June 24/16
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) Farmer
 or Corps Trade and Rate _____
 _____ Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

			Embarked <u>Halifax</u>	<u>15/12/16</u>	
			Disembarked <u>Liverpool</u>	<u>26/12/16</u>	
<u>30-1-17</u>	<u>OC. 187th Bn</u> <u>Transferred to the 202nd Batt</u>		<u>Witley camp</u>	<u>30/1/17</u>	<u>Pl. 2. D.O. 26-30-1-17</u>
			<u>Lt Col</u>		
			<u>O. C. 187th O. BATTALION, C. E. F.</u>		
<u>2-17</u>	<u>OC. 202nd Bn</u> <u>OC. C.I.</u>	<u>Taken on strength of</u> <u>202ND O. BATTN C.E.F.</u>	<u>Witley</u>	<u>31-1-17</u>	<u>Pl. 2 D.O. 23</u> <u>2-2-17</u>
			<u>Command</u>		
			MAY 27 1917		PT. 2, D.O 147
		PROCEEDED OVERSEAS FOR	<u>Witley</u>		
		SERVICE WITH 31st BATTN			
		C.B.D. TAKEN ON STRENGTH 31st			
		Left for Unit	FIELD	<u>28.5.17</u>	<u>Pl. 20786/15.6.17</u>
		Unit joined Unit	FIELD	<u>15.6.17</u>	
<u>13.6.17</u>			FIELD	<u>16.6.17</u>	<u>B 213</u>

CERTIFIED CORRECT.
6 - JUL. 1917
CAMP RECORDS, LONDON.
MAY 27 1917

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.]

Unit: 26/3/90

Yus

1791. 2/20

1791

~~E 5994~~
883470 Pte
Moyer L.
31st. Bn.

Dfw
19-8-17

If page 20 with Military Will is removed, state on this page to whom it has been forwarded and date:—

Forwarded to Estates
Branch A. + P. M. S.
Ottawa Dec 14/16

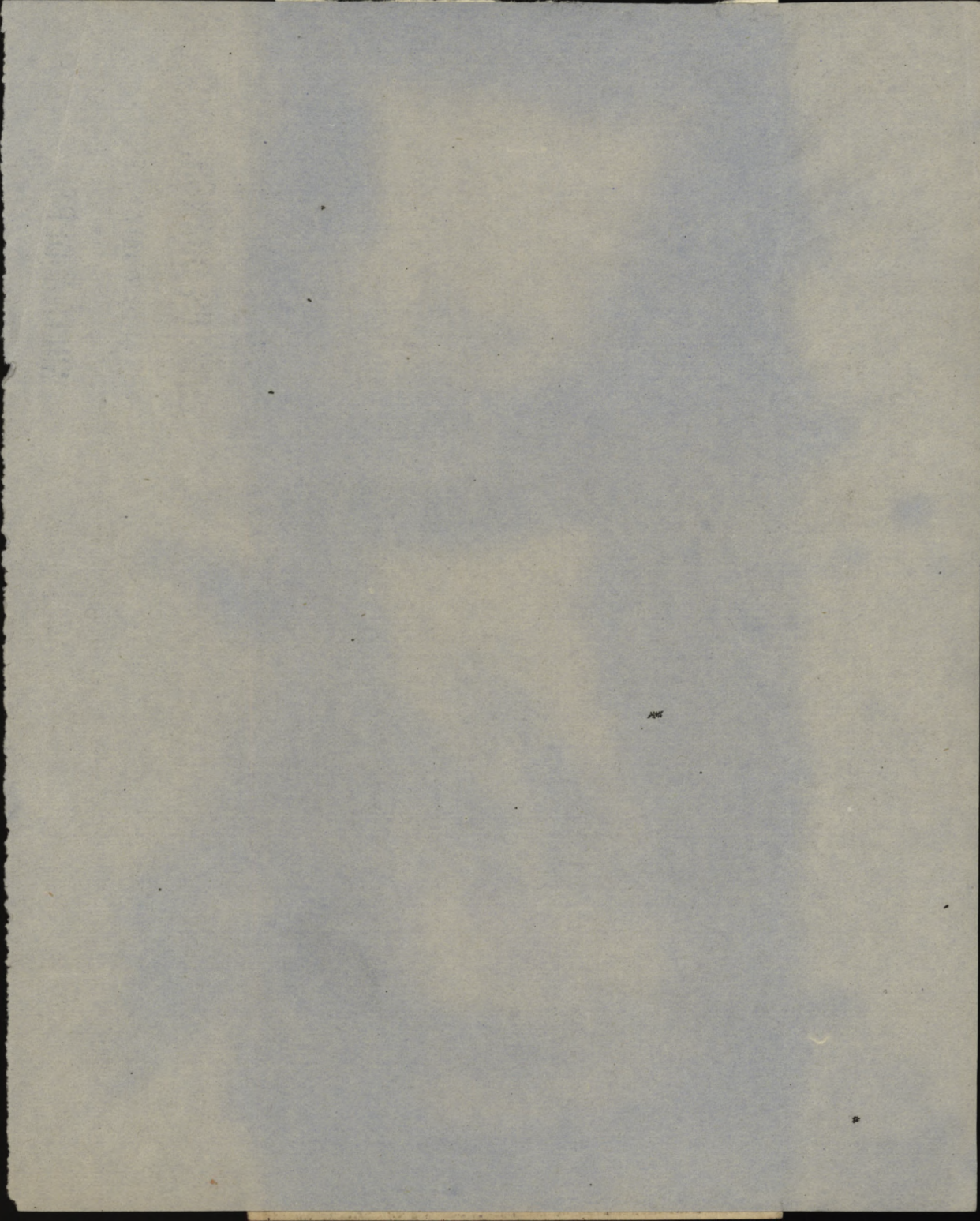
[Signature]
Captain
PAYMASTER 18710 BATTALION, C. E. F.

ESTATES BRANCH,

DEC 8 1917

MILITIA DEPT.

898



Date of Enlistment

4.7.16

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

Date of Assignment

Dec 1, 1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

20			
----	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 883470
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Lincoln Moyer
 Battalion 187th Batt^{ry}
 Beneficiary Sarah Moyer
 Relationship w. mother
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Sarah Moyer
 Address Breslau, Ont.
 Change of Address
 1
 2
 3
 4

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

1917					
Dec 31	—	318	150	468	

Pensions Notified Date..27-8-17
~~Killed in Action~~
 Died of Wounds } Date..18/8/17
~~Missing~~
 C. L. 25/8/17 Clerk. C.S. Larry
 Date Noted 24-8-1917

Assignee dependent account to continue until pension granted CA Larry 27/8/17

Pension Granted 1/10/17
BPC to Recover \$
Clerk J.C. Date 27/9/17

SA & AP. Acc Closed 30-9-17
per W.

