Original

ATTESTATION PAPER.

No. 65'4161

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? Powell
1a. What are your Christian names? Herbert William
1b. What is your present address? Bluevale Ontario Canada
2. In what Town, Township or Parish, and in what Country were you born? Ingersoll Oxford Co. Canada.
3. What is the name of your next-of kin? Thomas William (adopted Father)
4. What is the address of your next-of-kin? Bluevale Ontario Canada.
4a. What is the relationship of your next-of-kin? Adopted Father
5. What is the date of your birth? August 8 1897
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? 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, Herbert William Powell, 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.

Herbert William Powell (Signature of Recruit)

Date Jan 3 / 1916 Jas. L. Curtis (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Herbert William Powell, 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.

Herbert William Powell (Signature of Recruit)

Date Jan 3 / 1916 Jas. L. Curtis (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 Wingham this 3rd day of Jan 1916.

(Signature of Justice)

M. F. W. 23.
200 M.—11-15.
H. Q. 1772-39-841.

Description of Herbert William Powell on Enlistment.

Apparent Age 17 years 6 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 5 ins.

Chest measurement.
- Girth when fully expanded 36 ins.
- Range of expansion 3 ins.

Complexion Dark

Eyes Dark

Hair Dark

Religious denominations.
- Church of England
- Presbyterian
- Methodist yes
- 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).

None

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 Jan 3rd 1916.

Place Wingham Ontario Canada

J. P. Kennedy
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.

Herbert William Powell 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.

W. B. Combe Lt. Col.,
O.C. 161st Huron Battalion, C. E. (Signature of Officer)

Date Jan. 3, 1916.

REGIMENTAL DOCUMENTS

Adm. 81-7-19

Pte NAME Powell Th. Herbert. William REGT. NO. 643161 UNIT 16th Bn HQ. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)				5230	
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					Demob.
	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)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					28-6-19
	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					11-6
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
	Misc					
	C.H.S					
	W.T. 49					
	Ltr Card					
	Ltr					
	P Card					
	Gas Cards					

Dead 12-3-19

W 2589
100M-11-18
1772-30-1579

NAME Powell, H. H.

RANK AND CORPS Pte. 161st Bn. St. Cath. Regt.

REGT'L. No. 65-4/161

H. Q. FILE No 649

FOLLOWS NO.

FOLLOWS

CABLE

NO.	DATE

NATURE OF CASUALTY

161st.

Powell Herbert William.

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
6157	Can Spec Witley	12-3-18	V D
6178 (1)	Can. Spec. Witley	5-4-18	G. D. S. Disch.

SURNAME. Powell.

CHRISTIAN NAMES Herbert. William

REGL. NO. 654161. RANK Pt.

UNIT 161st

FORMER CORPS Nil.

"A" CARD NO. ✓

808 Des 11-7-19
Demob Earth D
1950 14-7-19
#1 D D

EQUI.

Bn.

NEXT OF KIN.

NAMES IN FULL Thomson. William.

RELATIONSHIP TO SOLDIER Foster-Father.

ADDRESS Bluevale. Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada Ingersoll. Ont. DATE

PLACE OF ATTESTATION Wingham. Ont. DATE Jan. 3rd, 1916.

R/C 9-7-19 367 Pte
156

L. L. 94504. M. & D. 6512. M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED SINGLE Yes WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

No. 1

Number 654161 Rank Pte.

Surname POWELL

Christian Name Herbert W. William

Unit 18th Bn. Can. Inf. Theatre of War France

Date of Service 18/8/18

Remarks R.R. # 1 Dobbington

Latest Address G.P.O. Bluevale, Ont.

25/5/19

Roll No. B. Page 9214.

Next of kin

Address on leave

Address on discharge

Transportation issued Yes No Date

Character on discharge

Previous occupation

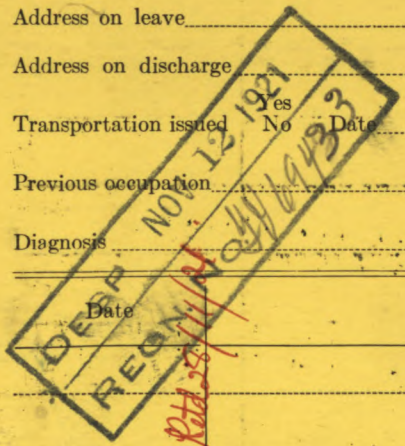
Date and place of enlistment

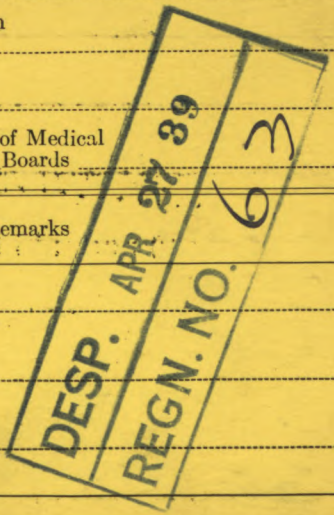
Diagnosis

Date of Medical Boards

Date

Remarks





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

NAME Powell, H. W. REGT. No. 654161

RANK AND UNIT Pte. (18.) W.D.R.

NEXT OF KIN

CABLE	
No.	DATE

NATURE OF CASUALTY

M. F. W. 42—100M.—8-18.
H.Q. 1772 39-893.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
C471-1	Can. Spec. Utley	27-4-19.	M. Y. D. "D". W. D. R.
C473-1	Report. Changed	to read.	"20 & 42"
6495	Disc.	30-5-19	20 & 42

No. 654161 RANK Pte. NAME Powell, H. W.

T. O. S. 8-1-16
Dt. 1 of 1-1-16

UNIT 161st Battalion,

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T
1916	1916	
Jan. 3	Jan. 31	N.
Feb. 1	Feb. 29	N.
Mar.		L
Apr		N
May		L
June		N
July		N
Aug		N
Sept		N
Oct		N

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY

UNIT SAILED
OCT 30 1916

Form R. 149.

Herbert William

Name POWELL Rank Pte. Reg. No. 654161

Unit ~~161st Bn~~. 18 Bn. (Local)

Next of Kin Canada

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918.						
12-3	Can Spec. Witley		V.D.S.	C157		14160
5-4	Discharged		"	C178.		4206
27-4-19	Can Spec Witley		h.y.D.	C471		10222
29-4-	Rept. h.y.D. Rgd to '20 & '42			C473		8439
30-5:	Disc		do	C494		4197

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List

Capt McPhee. 6644

VENEREAL DISEASE CASE-CARD.

Army Form W. 3497.

CANADIAN SPECIAL (WITLEY) Hospital. 4 ~~6068~~ Ward.

Age	Service	Religion	Disease
21	38/12	Math	V.D.G. 11.55.

Regiment	Coy.	Reg. No.	Rank	Name
16th Bn		654161	Pte	Powell Hw.

Date of Admission	Disposal	Date of Discharge
26-4-1919	DISCHARGED TO DUTY.	30 MAY 1919

SUMMARY { This space not to be written upon by M. O. i/c case.

"Plus" - "Yes" "Minus" - "No"

In cases of Syphilis the particulars below must be sufficient to enable the Syphilis Case Sheet (Army Form I. 2238) to be made up from this Card.

1st, ~~2nd, 3rd~~ attack ~~or relapse~~

Dates and Places of Three last Exposures { Between Cpt. 1 - 9/19; Leeds.

Main points in history P.T. Before and After? Incubation in days: ??
Prostitute. + Other Social data: 1 o/. Hotel
If relapse, particulars.

Condition on admission Meatal Discharge? + Character P.P.D.
Scabies: Pediculosis: Structural Abnormalities?
Complications: (a) Local:
(b) Metatistic:
Nature of any co-existing venereal disease:
Woman's name and address.
TREATMENT) Note or suggestions from Officer i/c Treatment.
Days 31)

[P.T.O.

(9 19 24) W210—P1 200,000 10/17 HWV(P1148) Forms W. 3497/4
1810—P1224 200,000 5/18

POWELL. H. W. 7. 6

Date	Treatment Local	Treatment General			Progress		Complications and their Treatment
3. 5.	Inj. 2 cc. Gm. Cx	T			P.P.D.		
6/5.	"	i			PD ++		
8/5.	"	ii			mpD +		
8-5-19	Omeo	Numerous pus cells. No G.C. found					
12/5	Transfer to Sw II J A Macpherson Capt				mpD +		1 cl x 2 cl
13-5-19.	Inj at bid K Mn 4	2	1	17	MP2	2½	1 cl 2 cl
14-5-19.	"	2.		18	UW	2½	1 cl 2 cl
15-5-19	"	2	22	20	Dry	2½	1 cl 2 cl
19-5-19	Unv. id.	—	25	23	Dry	3	1 cl 2 cl
	~~[illegible]~~ or U L.				Fairly numerous pus cells No G.C. found.		
21-5-19	—	—	27	25	Dry	3	1 cl 2 cl
23-5-9	—	—	29	27	Damp	2½	— —
26-5-9			32	30	"	2	1 cl 2 cl

Discharge J E Mackhin.

D M S. 1300 50M-21-11 17.

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
Powell.	H. W.	654161.

RANK	UNIT	CO.	TROOP	BATTY.
Qte	W.O.	161. 18.		

HOSPITAL	DATE OF ADMISSION
Can Spec Hosp. Witley	12. 3. 18

1. HOSP.

2. Can. Spec. Witley HOSP. 27.4.19.

3. HOSP.

4. HOSP.

DIAGNOSIS V. D. S. to

1. ~~N. Y. D. "Q"~~

2. V. D. G. + V. D. S. E.

3.

DISPOSITION

Ch. 13. 3. 18 C 157'
9 - 4 - 18 C 178
1.5.19 — C 471'
3.5.19. C 473.'
4.6.19. C 495.

Dis 5-4-18
DATE
Dis. 30. 5.19

REMARKS

Change of diagnosis.

A.M.D. 2 Dept.
Bch. of D.G.M.S. O.M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL	ADM.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

R—122
8,401—50,000—21-10-16.

CHS

Rank

Name POWELL Herbert William

Reg'l No. 654161

Unit 161st . Bn.

If in perm. Corps, What Unit?

Married or Single Single

Place and Date of Enlistment Wingham. Jan.3rd.1916

Place of Birth Ingersoll, Ontario. Canada.

Name and Address, Next-of-Kin Thornton ~~Thomson~~ William

Bluewall E. Ontario. Canada.

Relationship Adopted Father

Assigned Pay Monthly $

Payable to

Relationship

Separation Allowance $

Payable to

Relationship

N/E. R.B. No. 8938

File R.I.

CAN.OR

Discharge, Date and Place

Reason

Character

Report. Date.	Report. From whom received.	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.
6		Arrived in England. S.S. Lapland		11.11.16	
4.1.18.	161st Bn	Awarded Good Conduct Badge	Witley	5.1.18	PtII 3.
9.3.18	4th Res	YOS from 161st Bn	Bramshott	8.3.18	— 58 161st Pt.II 4/8 3/18.
19.8.18	—11—	S.O.S to 18 Bn O/S	Witley	18.8.18	195 & 18 Bn 810 5.9.18
9-4-19	PWCCC	S.O.S from 18th Bn	"	5-4-19	"2
5.5.19	"	S.O.S. to W.O.R.D	Ripon	5.5.19	"23
30-5-19	W.O.R.D.	Reptd. from Hos. is S.O.S.	Witley	~~30-5-19~~ 3.5.19	"117 Date 1.6.19
4.6.19	"	S.O.S to S Wing	"	1.6.19	120 S Wing 8 4/3.6.19
20.6.19	S Wing	S.O.S to L. Wing	"	20.6.19	23
		97 K 132		2.7.19	

CHECKED

Report. Date.	Report. From whom received.	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.
3.7.19	L. Wing	Lost to Canada	Witley P.C.	2.7.19	Do 45

CANADIAN EXPEDITIONARY FORCE

WAR SERVICE BADGE.
CLASS "A" No.....

DISCHARGE CERTIFICATE

THIS IS TO CERTIFY that No 154161 (Rank) Pte

Name (in full) Herbert William Powell enlisted in

the 16th Battalion

CANADIAN EXPEDITIONARY FORCE at Wingham on the 3rd

day of January 1916.

HE served in 18 Bde England and France

and is now discharged from the service by reason of Demobilization.

~~Medical Unfitness~~.

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

Age 24 years

Height 5'5"

Complexion Dark

Eyes Dark

Hair Dark

Marks or Scars Nil

H Powell

Signature of Soldier.

J.B. Farrell

Issuing Officer.

Lieut

Rank

For O.C. Dispersal Area Sta. K.

Date of Discharge

DISCHARGE SECTION
JUL 11 1919
No. 1 District Depot

Date JUL 1 1919 19....

NB.- 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

M.F.B. 39A.

DUPLICATE

654161

MEDICAL HISTORY SHEET.

23

Surname Powell Christian Name Herbert William

Examined { on 3rd day of Jan 1916
at Wingham

Birthplace { City or Town Ingmoll
County Oxford

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 5 Inches.

Weight 140 Lbs.

Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right. Left.
Number none

When Vaccinated last never

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Approved by J. P. Kennedy
Rank M.O.

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.
July 21	S.R.	J. W. Shaw M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
April 19	S.R.	J. W. Shaw M.O.
Oct 19	S.R.	J. W. Shaw M.O.
Oct 25	S.R.	J. W. Shaw M.O.
Jan 1	S.R.	J. W. Shaw M.O.

Enlisted on 3rd day of January 1916 at Wingham, Ont.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	161st Batt'n	654161		Jany. 3rd, 1916.
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.

M. F. B. 313.
150M.—8-15.
H. Q. 1772-39-439.

Surname Powell Christian Name Herbert W[illegible]

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given If an accident, state whether it occurred on duty and whether a Court of inquiry was held Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Day	Month	Year	Day	Month	Year				

...up No 23

2623

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

...TAL CERTIFICATE FOR DEMOBILIZATION

...y Services, London

NAME ... SOLDIER (Block Letters) POWELL H.W.

REGIMENT 18th Bn W.O.R RANK Pte No. 654161

Date of Examination in England 7/4/19 | Date of Examination in France

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 14, 15.
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower

CONTENTS COPIED
C. A. D. C., M. D. No. 1.

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada
- (b) In England Yes
- (c) In France

Signature of Dental Officer [signature]

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

M. F. W. 54. (A. F. B. 103.)
350M.—5-16
H. Q. 1772-39-9?0.

Casualty Form—Active Service.

Unit, Regiment or Corps 181 Btn

Regimental No. 654161 Rank Pte C. E. F. Name Powell H. W.

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) .....

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				
		TOS No 1 Dist. Depot Displ. Stn. K.-1.7-19 SOS Dispersed 11.7.19 D. O. No. 1[illegible] J. B. Farrell For O. C. Dispersal Area Sta. K.			

(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				
		TOS No 1 Dist. [illegible] Displ.Stn.K.-1,7-19 SOS Dispersed 11.7.19 D.O, No.195 For O. C. Dispersal Area Sta. K.			

W.S.B, CLASS. "A"

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

Casualty Form—Active Service.

M. F. W. 54.
150M. 10-15.
H.Q. 1772-39-920.

Unit, Regiment or Corps 161st O.S. Battalion, C.E.F.

Regimental No. 654161 Rank Pte. Name Powell, Herbert William

C. E. F.

Enlisted (a) Jan 3/16. Terms of Service (a) War & 6 Mos. after. Service reckons from (a) Jan. 3rd, 1916.

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) Farmer. (Civil).

Report: Date	Report: From whom received	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.
		Embarked - Canada	Halifax	1-11-16	
		Arrived - England	Liverpool	11-11-16	
7.1.18.	161st Bn.	Awarded Good Conduct Badge.	Witley.	3.1.18.	Part II. Order No 9.
8.3.18.	161st Bn.	Absorbed into 4th Cdn. Res. Bn, Bramshott, and S.O.S. 161st Cdn. Inf. Bn	Witley.	8.3.18.	Pt II No 41. Lieut. a/Asst-Adjutant, for O.C. 161st Canadian Infantry Battalion.
9.3.18.	O.C. 4th Res. Bn.	T.O.S. 4th. Can. Res. Bn.	Bramshott	8-3-18	Part II Order No. 58
19.8.18.	4th Can. Res. Battn.	Having proceeded overseas to 18th. Battalion is S.O.S. 4th. Reserve Battalion.	Witley.	18.8.18.	Pte. 2. D.C. No 105 A/Adjt. 4th. Can. Res. Battalion.

CERTIFIED CORRECT
30 AUG 1918
CANADIAN RECORDS LONDON.

(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.

OVER

[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				
20-8-18	Can I.B. Depot	Arr. from 4 Can Res Bn & T.O.S: 18 Can Bn	Can I.B.D. ETAPLES	19.8.18	Nom. Roll Pt II Ord 81 d-5.9.18
23-8-18	C.C.R.C.	Arr at Can Corps Reinf Camp		23.8.18	Nom Roll
31-8-18	18th Bn.	Joined 18th Can. Bn.	in the field	28.8.18	B 213

Cdn. Emb Kn.
4 AVR 1919 Camp

Proceeded To England 4 AVR 1919

NR.
Pt. II O.

H Walker Capt
Lieut.
for Lt. Col., A.A.G.
Canadian Section

3-6-19

TAKEN ON STRENGTH Part II Ord No: 8

EMBARKED FOR CANADA.....

.....

Lieut.
i/c Records, S Wing C.C.C.

Witley 1.6.19

654161

ORIGINAL

23

MEDICAL HISTORY SHEET.

Surname Powell *Christian Name* Herbert William

Examined on 3rd day of Jan. 1916 at Wingham Ontario Canada

Approved by J A Shaw

Rank Major M.O.

Birthplace City or Town Ingersoll County Oxford

Apparent age 18

Trade or occupation Farmer

Height 5 Feet 5 Inches.

Weight 140 Lbs.

Chest measurement Minimum 33 inches. Maximum expansion 3 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks Arm Right. Left. Number none

When Vaccinated last never

(*a*) Marks indicating congenital peculiarities or previous disease none

(*b*) Slight defects but not sufficient to cause rejection none

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.
July 21	S.R.	J W Shaw J W Shaw M.O.
		M.O.
		M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
April 19	S.R.	J W Shaw J W Shaw M.O.
Oct 19	G.R.	J W Shaw T.A.B. 21/7/18 J.R.B.
Oct 25	G.R.	J W Shaw M.O.
Nov 1	G.R.	J W Shaw M.O.

Enlisted on 3rd *day of* January 1916 *at* Wingham, Ontario Canada

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	161st Batt'n	654161		Jany 3rd, 1916
Transferred to	4th CAN. RES. BATTALION. 18th Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley	13-4-19	V. D. S	A. A H Naylor Capt Camp

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.

M. F. B. 313.

200M—11-15.
H. Q. 1772 39-4'9.

Surname Powell Christian Name Herbert William

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
CANADIAN SPECIAL HOSPITAL WITLEY 5 APR 1918 REGIST		11	3	18	5	4	18	V. D. S.	26	666 & Mercury. Lesion healed. Discharged as out patient Stoppages as per dates	A. Graham Maj. [illegible]
CANADIAN SPECIAL HOSPITAL, WITLEY, SURREY.		26	4	19	30	5	19	Gonorrhoea V. D. S.	35	APPARENTLY CURED. IRRIGATIONS, LOCAL TREATMENT AND MEDICINES. Wassermann positive. Discharged as 1 B. folly. 2 X 914 and 2 X Hg. Stoppages as per dates	F. O'Neil CAPT. REGISTRAR. [illegible] F. O'Neil CAPT. REGISTRAR.

DUPLICATE

23

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...161st. Os. Bn. C.E.F.

(2) Regimental Number ...654161.

(3) Full Name of Soldier...Powell, Herbert William.

(4) Place of Birth...Ingersoll, Ont. Canada.

(5) Are you married, or not ?...No.

(6) If married, state,
(a) Full name of your wife...

(b) Present Postal Address...

(7) Are you a widower ?...No

(8) Have you any children ?...No

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

Also their names and ages...

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address No

(10) Is your Mother alive? No

If so, state name and address No

(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.

Roy Powell (Brother)
Lakford, Ont. Canada

(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? No

If so, in what Company? No

Have you made arrangements for payment of your Insurance premium No

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

A. T. B. Combe
Officer Commanding.

Date June 16. 1916

133

CANADIAN GENERAL LABORATORY

PARTICULARS OF CASE FOR WHICH WASSERMAN TEST IS REQUIRED.

The particulars below are required for statistical purposes and future reference.

Unless these are furnished the test will not be carried out.

Name. Powell H W. .....Regtl.No. 654161....Rank. Pte.....

Unit.....Date of first sore.....if T.Pallidium found.....

Secondaries if any.....Other symptoms.....

Treatment if any.....Arsenical. full course.....Mercury. full course

Previous Wasserman, date. no doc rec'd.....Result.....

Station and Date. Witley 7-4-19.

Hewitt Capt
no 18th Bn.

==========

RESULT OF WASSERMAN (ORIGINAL) QUARTER SYSTEM.

Date.....Serial No.....Result.....

WASSERMANN
POSITIVE +++

[signature] Major.
Officer Commanding.
Canadian General Laboratory

Canadian General Laboratory
-9 APR 1919-
WITLEY

Witley Surrey.

.....1919

199

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

To Whom Wm. Thornton

Address Bluevale Ont.

Rate 20.

NOV 1 1916

By Whom Assigned Powell Herbert

Regtl. No. 65-4161

Rank Pte.

Corps 161 Bn.

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				

ACCOUN CONSOL 3

MILITIA AND DEFENCE

ASSIGNED PAY

— OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—6-16.
1772—39—819.

Sheet No. 2. Wm. Thornton

Name of Soldier. Powell Herbert.

65-4161. Pte. 161 Bn.

L. L. Job 4503.—Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			20. NOV 1 1916
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		D 31188	20	
Dec.		I 35545	20	
Jan.	1917	L 40966	20	
Feb.		L 47426	20	
March		S 53197	20	
April		W 4223	20	20 L
May		Q 10997	20	
June		P 17203	20	
July		Q 24747	20	
Aug.		Q 31696	20	
Sept.		K 38895	20	
Oct.		C 45895	20	
Nov.		L 51877	20	
Dec.		P 60005	20	
Jan.	1918			
Feb.			280	
March				
April				
May				
June				
July				

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.				

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Ingersoll Ont Can

NAME AND ADDRESS OF NEXT OF KIN: Wm. Thornton, Bluevale, Ont. Can.

RELATIONSHIP OF NEXT OF KIN: Father by adoption

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

ADMISSIONS TO HOSPITAL, &c.

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

654161

REG'L. No. 654161 RANK Pte NAME Powell, Herbert Wm.

IF IN PERMT. CORPS } WHAT UNIT } UNIT 16 1st Bn. TRANSFERRED TO DATE AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION Kingham, Ont. Can. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 3-1-16. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 DATE EFFECTIVE 1-11-16.

PAYABLE TO William Thornton, Bluevale, Ont. Can. RELATIONSHIP Father by adoption

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)

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 No	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
														1910	1910																Balance from Canada		1910			
Nov 1-30	30	1.	30		30	10	3								33			71	16-11-16					14 60 ✓				20 00		34 60	17 50			
Dec 1-31	31	1.	31		31	10	3 10								34 10			50	8-12-16					14 87 ✓				20 00		34 87	56 73			
1917 Jan 1-31	31	1 00/100	31	10											34 10	76	28 27/36							14 87 ✓				20 00		34 87	35 96			
Feb 1-28	28	1 00/100	30	80											30 80	115	31 17	97	15 11					7 30 ✓	14 87 ✓			20 00		32 17	34 59			
Mch 1-31	31	1 00/100	34	10											34 10	224	35 13.	194	12 13.					4 30 ✓				20 00	06 ✓	46 83	71 86			2.4005 ff 3.28/2/14
Apl	30		33												33			136	13 12.					4 32 ✓				20 00		20 -	34 86			
May	31		34	10											34 10	37	16 14							7 30 ✓				20		32 17	36 79			
June	30		33												33	57	28 11.							4 87 ✓				20		32 17	37 62			
July	31		34	10											34 10	119	31 15.							4 87 ✓				20		20	51 72			
Aug	31		34	10											34 10	88	15 15.							7 30 ✓				20		34 60	51 22			
Sept	30		33.												33 -	194	24 16							7 30 ✓				20		34 34	39 88			
																158	14 6							7 30 ✓										
																330	13 8.							4 87 ✓										
																288	30 7							4 87 ✓	7 30 ✓									
																349	24 8	344	14 7.																

654161. Pte Powell. H.W.

Date	Pay No. of Days	Pay Rate	Pay Amount $	Pay Amount c.	Field Allowance No. of Days	Field Allowance Rate	Field Allowance Amount $	Field Allowance Amount c.	Working or Special Pay No. of Days	Working or Special Pay Rate	Working or Special Pay Amount $	Working or Special Pay Amount c.	Assigned Pay Credits	Other Credits	Total Credits	Acquittance Rolls 1 No.	Acquittance Rolls 1 Date	Acquittance Rolls 2 No.	Acquittance Rolls 2 Date	Acquittance Rolls 3 No.	Acquittance Rolls 3 Date	Acquittance Rolls 4 No.	Acquittance Rolls 4 Date	Cash Payments 1	Cash Payments 2	Cash Payments 3	Cash Payments 4	Assigned Pay	Other Charges	Total Debits	Balance Credit	Balance Debit	Pay Withheld or Deferred	Pay Available for Issue	Remarks
MONTH	PARTICULARS							CR. 2	PARTICULARS					DR. 1	DR. 2	DR. 3	DR. 4	BALANCE																	
Sept	Bal Ford				~~39~~	~~88~~												39	88																
Oct.	31	P/P			34	10			Can AP								20																		
									AR. 412.	161 Bn			9/9/17.	7	30																				
									" " 423	" "			9/9/17.	7	30			39	38																
					34	10								14	60		20																		
Nov.	30.				33	-											20																		
Dec	31				34	10			" 501	" "			15/10/17	7	30																				
									" 539	" "			29/10/17	7	30																				
									" 581	" "			12/11/17	7	30																				
									Q4005 3551				7-7		12																				
																	20	44	46																
					64	10								22	02		40																		
1918																																			
Jan	31				34	10				C.A.P.							20																		
									AR. 631	161 Pn			26/11/17	4	87																				
									" 708	" "			17/12/17	7	30																				
									" 664	" "			5/12/17.	7	30			39	09																
					34	10								19	47		20																		
Feb	28	P.P			30	80			Cap.								20																		
									AR 759	" "			11-1-18	4	30																				
									801				28/1	4	87																				
														17	17																				
									842				12/2	4	30			30	42																
					30	80								19	47		20																		
Mar	31	" "			34	10				C.A.P.							20																		
									Q4005	B181.			18/1/18.		57																				
									AR 874	161 Pn			26/2/18	7	30																				
														7	87																				
									" 899	C.H.S. Bailey			14/3/18	2	43			34	22																
					34	10								10	30		20																		

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY. * ~~ENGLAND OR~~ CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-11-16	EFFECTIVE DATE:-
AMOUNT:- 20 00	AMOUNT:-

NAME:- POWELL Herbert Wm
NUMBER:- 654161.

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.

William Thornton. (Father by Adoption)
Bluevale Ont.

~~Stopped 1/5/19~~

Stopped Effective 1-1-19

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Pte.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 161st/Bn

DATE ACCOUNT FIRST OPENED:- 1-11-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
	1/4.	26/4	4 Res
	1-9-18	20-9-18	18/Bn

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
8/4/19	~~230~~	Balance £15.	73.				
20.3.19	1809	6 SH. 10/-	2 43				
2.6.19	66.65	877 £5	24 33				
			26.76				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1-	10		

Dvd gazetted to Canada 17.9 AR 1036 ND1 K.B. Blighted K.W.Ldr. Disposal
~~Struck off Strength 18/6/19~~ Reported Dead 27/6/19 Death to PMO Ward 3 Bt Bath 4/9/19 20/4/19 L.P. to 9.47.

PARTICULARS OF RENDERING NON-EFFECTIVE:-

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Fwd.								3422		
apl	P. P.	33		Can a/P.				20			
				V.D. Chge 11.3.18 to 5.4.18 - 26 days @ 0.86 11/4/18. 4 Res		15 60					
				AR 137 12/4/18 4 Res (5)	9 73						
				AR 339. 29/4/18 4 Res. (29)	2 43				1946		
		33-			12 16	15 60		20 -			
May	P P	34 10		AR 484 10/5/18 4 Res (6)	4 87						
				Can a/P				20			
				AR 813 29/5/18 ✓ (20)	7 30				2139		
		34 10		Can a/P.	12 17			20 20			
June.	P. P.	33		AR 931 18/6/18 4 Res. (4)	7 30						
				✓ 1161 28/6/18 ✓ (23)	4 87						
		33			12 17			20	2222		
July	P. P.	34 10		Can a/P				20			
				AR 1391 18/7/18 4 Res. (2)	7 30						
				AR 1618 30/7/18 4 Res. (23)	4 87						
		34 10			12 17			20	2415		
Aug.	P. P.	34 10		C.A.P.				20			
				AR 1801 15/8/18 4 Res 3	7 30						
		34 10			7 30			20	3095		
Sept	P. P.	33		C.A.P.				20			
				AR 775 6.9.18 18th Bn	3 57				4038		
				✓ 817 26.9.18 ✓	3 57				3681	P850 20/11/18	
Oct		33 34 10		C.A.P.	7 14			20 20			
				AR 983 14-10-18 ✓ 3	3 73				4718		
				1189 26/10 4	3 73				4345		
		34 10			7 46			20			

NUMBER 654161 RANK Lt NAME POWELL H.W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal Brot								43 45		
Nov		33		bal.				20			
				aR442 14.11.18 18 Anr	373						
Dec		34 10		bal 915 23/11 ✓ 1679	1306			20	53 76		
Jan		34 10		bal				20	67 86		
		101.20			1679			60			
Feb.		30 80		✓				20			
				1729. 26/1 ✓ 1	1330						
				2540 12/1 ✓ 4	377						
				Acct Bal Bk 11239. 20 17/18 6	01						
				3206. 26/1 ✓ 9	373						
Mar		34 10		3659 10/2 ✓ 8.83	373			20	80 16		
				4149- 24.2.19 ✓ 17.66	373				46 43		
				4754- 7.3.19 ✓ 29	13 23				47 78		
				5513 19-3-19 ✓ 36	13 99 65				69 13		
		64 90			23 63			40 -			
Apr		33		bal				20			
				aR.230. 8-4-19. Swing 1	73				9 13		
		33			73			20			
June	May June	67 10		bal - May - June				40			
				aR 1809 - 11-5-19 - CS Dwell ✓	2 43						
				877 - 5.6.19 Swing ✓	24 33						
				✓ 2142 12-6-19 ✓ End 4	14 60						
				✓ 2244 ✓ ✓ ✓ 4	24 33						
				✓ 98 2 6-6-19 - L wing End 7	9 73				39 19		
		67 10			75 47			40			

Sol 7/19 Sh 97

cr 69-13 53

pr 73. 20.

Orbal 9-13

10243 102.13

Refund 1/11/19

9.13 69.10

6.23. 40.00

36.23 Led Wal

26.76 9.47 Lre Wal

J Harding 10/6/19

War Service Badge
Class "A" No. 263801

M

DISP. AREA
OC. GROU

K

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

1. No. 654161 ✓

2 Rank. Pa. ✓

3. Name. Powell, ✓ Herbert.

4. Unit. 18th Batt.

5 Date of Discharge JUL 1 1 1919 Place London Ont. ~~LONDON ONT.~~

6 Reason for Discharge Demobilisation. DEMOBILIZATION
Next of Kin Sister DEMOBILIZATION
Occupation Farmer Group 1
Service in France 12 Mon Group
Category. Cl. ✓
Med. ✓

7. Authority. R.O. 1894

8. Proposed Residence after Discharge ~~P.O. Bluevale Ont~~
G. P. O. Bluevale Ontario

H

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? Deemed 17-3-5

Powell

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place LONDON ONT.

Date JUL 1 1 1919

Signature J. B. Farrell Lt.
for (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or
   Particulars of Recruit (M.F.W. 133).
2. Casualty Form (P. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)
   (Enclosed in special envelope (260M)).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D 3)
11. Equipment (Statement Q.M.G. Form (D.O.S. 2).
    and Clothing)
12. Last Pay Certificate (P. 851). 9 Dup.
13. Pay Book (P. 364).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

B.

Group.....

Checked by No. 30

.....

Date 29 JUN 1919

GROUP 2 B.

THIS FORM WILL BE USED FOR ALL RANKS

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Witley DATE 11-4-19

1. 1 (a) Unit 18th Bn W.O.R (b) Regimental No. 654161 (c) Rank Pte

(d) Surname POWELL (e) Christian name HERBERT WILLIAM

(f) Home address Bluevale. Ont.

(g) Next of Kin Miss May Powell (h) Relationship Sister

(i) Address of Next of Kin Windsor. Ont.

2. Age last birthday 20 Date of birth 8th Aug 1888

3. Enlistment, or Appointment (if an Officer) (a) Place Wingham. Ont. (b) Date 3/1/1916

4. Personal description:

(a) Height 5'-1" 6" (Ent) (b) Weight 135 (stripped) (c) Complexion medium

(d) Colour of hair Dk. Brown (e) Colour of eyes Brown (f) Identification marks, Scars, etc. Anal mole on Rt forearm 3" below elbow

5. Former trade or occupation Farmer

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	3	92

	Periods	
	From	To
Canada	3-1-16	1-11-16
England	1-11-16	18-8-18
France or other theatres of War	18-8-18	4-4-19

7. Original disease, or injury V.D.S.

(a) Date of origin MARCH 1918 (b) Place of origin ENG.

(c) Cause INFECTION

M. F. B. 227.

400M.—11-18.
1772-39-117.

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(V.D.S.) Nil

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Obj. Sym. - Physical Exam shows no evidence of ~~[illegible]~~ V.D.S.
Wasserman - Canadian General Laboratory dated 9/4/19 - positive +++

Subj. Sym. - Nil W. McIlroy Capt.
Specialists Report. - The marginally named soldier has no infectious syphilitic lesions and may be returned to Canada forthwith. It is suggested that patient be dealt with on arrival in Canada in accordance with P.C. 47 dated 20.1.19 J H Lockhart Major
Officer 11c of Syphilis Clinic per C.F.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
(Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System no Cardio-Vascular System no (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System no (Albumen and Sugar will be excluded.)

Special Senses no Respiratory System no Integumentary System no

Disturbances of Mentality no Digestive System no Muscular System no

Osseous and Joint Systems no Any other general condition no

Urine normal
vision normal Hearing - normal

10. (a) History (of the condition referred to in Section 9 (a).)

About two weeks before entering hospital hard chancre appeared.
C.S.H. Witley ~~5/4/18~~ 11/3/18 - 5/4/18

10.—(*b*) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (*a*).)

Measles & Mumps in childhood

(*c*) (Here give a description of wounds, scars and deformities.

Oval scar at forearm extensor surface

11.—(*a*) Did the disabling condition have its origin before enlistment? No

(*b*) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N. A.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? (1) yes (2) no

The regimental documents will be referred to.

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 3 mos

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

C S H Witty 11/8/18 – 5/4/18 606 & mercury

Lesion healed

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? Suggested

(If the answer is "yes" state nature of treatment required and probable duration)

he be dealt with in accordance with P.C.O. 47 dated 20.1.19

16. Can the former trade or occupation be resumed? Yes

(If not, briefly state why)

17. Recommendations N. A.

C A Findlay Lieut C.A.M.C

Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned H W Powell have heard the description of my disability and present condition read, and am satisfied (or ~~not satisfied~~) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Pte H W Powell Rank.

Signature of invalid examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

YES

19. Is the invalid fit for

(a) General service,	(Category A)	(Yes ~~or No.~~) A. yes
(b) Service abroad, not general service,	(" B)	(~~Yes or~~ No.)
(c) Home service (Canada only),	(" C)	(Yes or No.)
(d) Temporarily unfit.	(" D)	(Yes or No.)
(e) Unfit for service in Categories A, B and C	(" E)	(Yes or No.)

N.A.

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

suggested that he be dealt with on arrival in Canada in accordance with P.C. 047 of 20-1-19.

(b) ~~Does not require treatment.~~

(c) ~~Should pass under his own control.~~

(d) ~~Should not pass under his own control.~~

(Strike out condition not applicable.)

21. It is recommended that the invalid be ~~discharged~~. (When not for discharge add special recommendation.)

boarded for R.T.C. Auth A.G. Tel. 9083 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

E.D. Coutts Capt. President.

PLACE Witley

DATE 13-4-19

W.H. Naylor Capt. CAMC } Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

.....President

PLACE.....

DATE..... } Members

APPROVED BY

W.P. Lunt Lt C.A.M.C.

for Assistant Director of Medical Services.

DATE.....

APPROVED BY

HEADQUARTERS A.D.M.S. 14 APR 1919 File CANADIAN TROOPS, WITLEY.

Director-General of Medical Services.

DATE.....

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment: Nov 1-16

P 6745

RATE OF SEPARATION ALLOWANCE

E.

RATE OF ASSIGNMENT

20			

PARTICULARS OF SEPARATION ALLOWANCE

No. 65-4161

Rank Pte Promoted Reverted W Discharge

Soldier's Name Herbert Powell

Battalion 161 Bn

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Wm Thornton

Address Bluevale, Ont.

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS 14735-H-28
Dec 31			280	280		
Jan-18	G 63856		20	20		
Feby.	E 63847		20	20		
Mar	Q 93455		20	20	✓	
Apr	Q 10172		20	20	✓	
May	U 18144		20	20	✓	
June	Q 23251		20	20		
July	J 33059		20	20		
Aug	Q 39984		20	20		
Sept	O 41720		20	20		
Oct.	C 48355		20	20		
Nov	H 58111		20	20	✓	
Dec	G 66709		20	20	✓	
Jan 1919	A 75437		20	20	✓	
Feb.	F 76405		20	20	✓	
Mch	A 87609		20	20	✓	
April	A 4604		20	20		
May	K 7558		20	20	✓	
Jun	L 10515		20	20	✓	
July	S 11770		20	20	✓	
			660	660		

A/c Closed 31-7-19

Rct'd per Olympic

Date 7/7/19 M.F.W. 187 21/7/19

Clerk WJK

MD #1.

A STENCIL HAS BEEN MADE FOR THIS ACCOUNT

LP 115874 des [illegible]

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7993.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7693.

ID 30 - P - 13501

161

AUDITOR RB | PAYMASTER

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

M. OR S. L / REGT. NO. 654161 / RANK Pte / NAME (IN FULL) POWELL Herbert William (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN Wm Thornton / RELATIONSHIP Father by adopt

ADDRESS Bluevale / Ont.

IS SEPARATION ALLOWANCE PAID? Paid and Closed by Ottawa / DATE EFFECTIVE

TO WHOM PAID / RELATIONSHIP

ADDRESS Nil.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 161 Bn / IF IN P.F. WHAT UNIT? Bank of Hamilton Wingham Ont

PLACE OF ATTESTATION / TRANSFERRED TO / DATE / AUTHORITY

DATE OF ATTESTATION 3-1-16 / TRANSFERRED TO Jo.S.D.C. / DATE 1-7-19 / AUTHORITY D.O. 195

ASSIGNED PAY $ 20 00 / DATE EFFECTIVE 31/7/19 Paid and Closed by Ottawa

PAYABLE TO Wm. Thornton / RELATIONSHIP Fly Adopt. / ANY CHANGE IN ASSIGNEE OR ADDRESS

ADDRESS Bluevale, Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE / EFFECTIVE

DISCHARGED PLACE London / DATE 11-7-19 / REASON Dem. / AUTHORITY D 0195 / IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A. NO. OF DAYS	PAY AND F.A. RATE	PAY AND F.A. AMOUNT $	PAY AND F.A. AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.			TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	ACQUITTANCE ROLLS COL. NO. 1 DATE	ACQUITTANCE ROLLS COL. NO. 2 NO.	ACQUITTANCE ROLLS COL. NO. 2 DATE	ACQUITTANCE ROLLS COL. NO. 3 NO.	ACQUITTANCE ROLLS COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	CASH PAYMENTS COL. NO. 1 C.	CASH PAYMENTS COL. NO. 2 $	CASH PAYMENTS COL. NO. 2 C.	CASH PAYMENTS COL. NO. 3 $	CASH PAYMENTS COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.		TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT																																					Ref Par. G.G. Olympic 7-7-19.
30-6-19									9 47	9 47	N																										30-6-19
1/7/19 to 17/7/19	17	1/10	18	70	33/70	–			123 70								48	87	5	–	70	–	20	–			48	66			148	53	15	36			17-7-19
																																					14 60 Adv. S 2143 12-6-19
																																					24 33 " S 2244 12-6-19
																																					9 73 " Militia 982 26-6-19
																																					20 00 Error in Final Statement R.A.
																																					17 days @ 1/10 shown 18 50 Should be 18 70
																																					15 36 Bn Roll as per L.P.S.
																																					1st Pay W.G.G. as above
																																					Should be 18 70
																																					Bn Roll as above
																																					Chgs to adjust to date
																																					off charges 6 days @ 1/10
183 days			420	–					420	–											70	–															11/8/19 116036
																																15 36		334 64			
																																6 60		328 04			SEP 6 1919 116580
																					48	04												280	–			OCT 7 1919 117216
																					70	00												210	00			NOV 7 1919 118395
																					70	00												140	00			DEC 9 1919 118811
																					70	00												70	00			
			420						420								398	04									21	96			420	00					

RR

W.G.G. Gratuity

Soldiers Dependents

RB

War Service Gratuity

200M-3-19.—L. L. 58788-M. & D. 9985.
M. F. W. 2596.
1777-20-1295.