

ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No. 282947

Folio. ORIGINAL

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? *Powers*
- 1a. What are your Christian names? *Henry William*
- 1b. What is your present address? *Plymouth N.S.*
2. In what Town, Township or Parish, and in what Country were you born? *Plymouth N.S.*
3. What is the name of your next-of-kin? *Charles H. Powers*
4. What is the address of your next-of-kin? *Plymouth N.S. Canada*
- 4a. What is the relationship of your next-of-kin? *Father*
5. What is the date of your birth? *16th January 1894*
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? *Yes 29th Battery C.F.A.*
10. Have you ever served in any Military Force? *No Recruit*
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 } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Henry William Powers*, 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 *17th March* 191*6*. *Henry William Powers* (Signature of Recruit)
H. W. Edging (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Henry William Powers*, 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 *20th March* 191*6*. *Henry William Powers* (Signature of Recruit)
H. L. Chipman (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 *Plymouth N.S.* this *20th* day of *March* 191*6*.

T. M. Seely, J. P. (Signature of Justice)

A Justice of the Peace in and for the County of Yarmouth.

Description of Powers Henry William on Enlistment.

Apparent Age 22 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 8 ins.

Chest measurement. { Girth when fully expanded..... 36 ins.
Range of expansion..... 4 ins.

Complexion light

Eyes light blue

Hair auburn

Religious denominations { Church of England.....
Presbyterian.....
Methodist..... yes
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 March 17th 1916.

Place Yarmouth, N.S.

S. P. Williamson, M.D.
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.

Henry W. Powers 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.

usumioh (Signature of Officer)
Comd'g. 219th. "Overseas" Highland Bn, C.E.F.
Date March 20th 1916.

BP 19-11-18

DISCHARGE DOCUMENTS

R. O. No.

H. Q. No.



Name POWERS HENRY Wm.

Regt. No. 282947 Rank Pte.

Corps 219th Co. Bn.

Died 24.2.18.

5506.



41 - 9
19 - 9
11 - 9
2

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

A.D.B. 122-1
M.D. 82-1

Wascard
Paycard
R149-1

bu. x
30-g-w
R

VR
RB
Number... 282947 ... Rank... Pte. B

Surname... POWERS

Christian Name... Henry William V

Units... 85th Br. Cin. Inf. Theatre of War... France

Date of Service... 22-4-17 D

Remarks... Mother.

Latest Address... Mrs. Mellie Powers
Plymouth, Yarmouth Co.
Roll No. G.S.

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.

649-P-10832

85th Bn
Powers, Henry Wm. Pte. 282947, C.E.F.

not elig. for 4-15 Star

Med. & Dec. (Mother) Mrs. Nellie Powers,
Plymouth, Yarmouth Co.,
N.S. *M*

P. & S. (Father) Chas. W. Powers, Esq.,
As above.

Ser. # 800073

Mem. Cross (Mother) As above.

Desp. 7-10-20 (Am). @25923
APR 15 1921
Serial Desp. Reqn. No. 2-3554 *66* 26373

182
Phone Desp. *SEP 15* Reqn. No. *Pg 2 35*

687

12

CARD NO. ✓

SURNAME.

Powers.

CHRISTIAN NAMES

Henry. William

REGL. No.

282947.

RANK

pte.

UNIT

219th.

Bn.

FORMER CORPS

29th. Bty. C.F.A.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Powers. Charles W.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Plymouth, Yarmouth Co.
N.S.

COUNTRY OF BIRTH

Canada. Plymouth. N.S.

DATE

Jan. 19th 1894

PLACE OF ATTESTATION

Yarmouth. N.S.

DATE

Mar. 20th. 1916

Sailed from Halifax 12-10-16

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

22 YEARS

MONTHS

HEIGHT

5 FEET

8 INCHES

CHEST MEASUREMENT

36 INCHES

EXPANSION

4 INCHES

COMPLEXION

Light Ruddy

EYES

Light Blue

HAIR

Auburn.

DISTINGUISHING MARKS

Not stated.

MEDICAL EXAMINATION.

PLACE

Yarmouth. N.S.

DATE

Mar. 17th 1916

~~Present Address~~

~~Plymouth, Yarmouth Co. N.S.~~

Henry William Pte.

Name	Powers,	Rank
------	---------	------

Reg. No. 282947

Unit 17th. Res. Bn.

Next of Kin Canada.

[illegible]

[illegible]

REGT'L NO 282944.
H. Q. FILE NO. 649-

NAME Powers, Henry William
RANK AND CORPS Pte (17th Res. Bn.) 85th Bn.

FOLLOWS
NO. (Form 219th Bn.)
FOLLOWS

CABLE

NATURE OF CASUALTY

No.	DATE	
Q. 68. ^{2-2.}	7-2-18.	Dangerously wounded No. 1. Cas. Ctg. Hosp. Feb. 6th. 1918. (G.S.W. Compound fracture Ulma)
Q 81-2-6	15-2-18	Rev. rep. dangerously wounded now out of danger # 1. Cas. Ctg. Hosp. Feb. 9. 1918 ✓
Q 91 ^{2-3.}	21-2-18.	Seriously ill, 46th Stationary Hosp. Etaples Feb. 19th 1918. Diphtheria ✓
Q. 98. ²⁻³	26-2-18	Died of wounds 46 Stat. Hosp. Etaples Feb. 24th 1918
A. F. B. 209a	20 9a	Died No 46 Staty Hosp. 24-2-18.
Rowen	2-3-18	G.S.W. Multiple Diphtheria
		Res'd 10-4-18

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
28	Mil. Isolation Aldershot	7-3-17	Parotiditis.
34	" " "	26-3-17	" Disch.
A132	No 1 Can. Cas. Clear. Stat.	6-2-18	S.W. Camp. Frac. Ilium Dangerously wounded Ulna.
A138	Prev. rpt. Dangerously wounded	9-2-18	now out of danger S.W. Camp Frac. Ilium & Ulna
A140	No 1 Can. Gen. Etaples	9-2-18	S.W. Camp. Frac. Ilium & Ulna
A148	No 46 Stat. Etaples	24-2-18	S.W. Camp. Frac. Ilium & Ulna Previously reported seriously ill now died of wounds <i>Diphtheria</i>
A-144	No. 46. Stat. Etaples. Ser. ill.	19-2-18	Obs. <i>Diphtheria</i> & S.W. Camp. Frac. Ilium Ulna (see above A-148)

Henry. William

Name **Powers** Rank **Pte** Reg. No. **282947**
 Unit **85th BN** **RL25 P2485**
 Next of Kin **Canada**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1918						
6-2	No. 1 Can. Cos. Cty. Sta. <u>Dangerous.</u>	S.W. C.F. Hium Ulma		A132	Q68	7103242
9-2	Now out of Danger.	"		A138	Q	1
		P 103865				
9-2	16 G H E. Caples	"		A140		
		17584/6				
19-2	No. 46. Sh. H. Gaffer seriously ill	absolutely ill do		A144	Q91	P104436
24-2	"	Died of Wounds.		A148	Q98	
		P104884. G.S.W. & Diptheria			Ed.	

[illegible]

No 282947

RANK *Pte*NAME *Powers. H.**W*T.O.S. *15-3-16*
(*Do 30 of 11-4-16*)UNIT *219 th Highland Bn (Halifax Detach)*M. D. *6*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>mar 15</i>	<i>apl 30</i>	<i>✓</i>		
<i>may</i>		<i>✓</i>		
<i>june</i>		<i>✓</i>		
<i>july</i>		<i>✓</i>		
<i>aug</i>		<i>✓</i>		
<i>sept</i>		<i>✓</i>		
<i>oct</i>		<i>✓</i>		



Surname

Powers

Christian Name or Names

H.W.

Reg. No.

282947

Rank

Unit

Co.

Troop

Batty.

Pte. 17th Res. 85. N.S.

Hospital

Date of Admission

Aldershot Isolation 7-3-17.

Transferred

1 Can. Gen. Etaples

Hosp.

6. 2. 18.

H6. Stat. Etaples.

Hosp.

9- 2- 18

Hosp.

19. 2. 18.

Hosp.

Diagnosis

Mumps.

(1) S.W. Comp. Trac

Later Diagnosis (if changed)

(2)

Stium Ulua. & ~~St.~~ Klepteria

(3)

Additional Diagnosis: if more than one state present

Dead of Wounds 24.2.18 R.

DISPOSITION

Dis. 26.3.17.

Date

C.L. 14-3-17 #28

REMARKS

31.3.17 #36.

Dang. Wd. 6.2.18.

7.2.18 @ 132.

14. 2. 18 A138 @ PR Dang wd now out of danger 9.2.18

16- 2- 18 A140

21. 2. 18 A144 - 1st Ill.

25.2.18 A148 - 1

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.

CHS

Rank

Name

POWERS Henry William.

Reg'l No. 282947

Unit 219th. Bn.

If in perm. Corps,
What Unit?

Married or Single Single

Place and Date of Enlistment Yarmouth. N.S. March. 17th. 1916. Place of Birth Plymouth. N.S.

Name and Address, Next-of-Kin Charles W. Powers.

Plymouth. N.S. Canada -

Assigned Pay Monthly \$

Payable to

Relationship

Father -

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
Arrived in England S. S. Olympic 18/10/16					
23-1-17	21st Bn. S. O. S to 17th Res Bn	Bramshott	23-1-17	PT 11	D.O. 23
23-1-17	17th Bn. T. O. S from 219th Bn	Bramshott	23-1-17	PT 11	D.O. 18
8.3.17	do	Adm. Mil. Hpl. Isd. Bramshott	7.3.17	Pl. 57	6h. 78. Parolich
31.3.17	"	Discharged from Hpl Aldershot	26.3.17	CL 36	
21.4.17	do	Sgt 58 Bn 8th Bn 8th Bn	21.4.17	Pl. 94	
7.2.18	R.S.R. (85) R. 1 Can. Cas. Cl. Station	Field	6.2.18	C.L. A 132	
		Dangerously Wounded			
26.2.18	"	Died of Wounds	24.2.18	A. 148	
					SW. Comp. 40ac Thin Una d Diphtheria + 85th Bn Pl 2 DO 19 of 2-3-18

SW. Comp. 40ac
Thin Una
Diphtheria
485th Bn Pl. 200
19 of 2-3-18

N/E. R.S. No. 3830
File R.L. 25-P-2485
Category D.W.

14 Pte.

Will 23674 10.13
No 282947 Sir William Powers

8.
118705

20

Perforated sheet for Will from Pay Book of Reg.

No 282947

Name William Powers

Unit 17 Reserve Battalion

Military Will

I William Powers
Reg 205 282947 serving
in 17 Reserve Battalion
of the C.E.F. do hereby
revoke all former wills
by me made and declare
this to be my last
will. I bequeath all my personal
belongings to Mrs Charles
Powers, Plymouth
Nova Scotia
Canada.

Signature Wm W. Powers, Canada.

Rank and Regt. Private.

Date 21st Dec. 1917.

85th Bn
D of W
24-2-18
T from L
5-3-18
A148 282/1

ESTATES BRANCH,

APR 6 1918

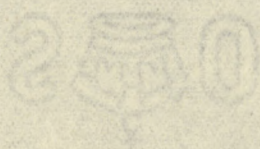
MILITIA DEPT.



ESTATES BRANCH

APR 6 1919

MILITIA DEPT



ORIGINAL

"6"

282947

MEDICAL HISTORY SHEET. ORIGINAL

Surname Powers Christian Name Henry William

Examined { on 17th day of March 1916
at Yarmouth, N.S.

Approved by

L. Churchill
Sur. Major

Birthplace { City or Town Plymouth
County Yarmouth

Rank Capt. M.O.

Apparent age 22

Trade or occupation Farmer

Height 5' Feet 8" Inches.

Weight 169 Lbs.

Chest measurement { Minimum 32 inches.

Maximum expansion 36 inches.

Physical development Good

Small-Pox Marks nil

Vaccination Marks { Arm Right. Left.

Number nil

When Vaccinated last

(a) Marks indicating congenital peculiarities or

previous disease

nil

(b) Slight defects but not sufficient to cause rejection

nil

EXAMINED FOR RE-ENGAGEMENT.

Date. Fit or Unfit. M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

VACCINATIONS.

Date. Result. M.O.

4-7-16 Good L. Churchill M.O.

M.O.

M.O.

ANTI-TYPHOID INOCULATIONS, ETC.

Date. Result. M.O.

10-5-16 Good L. Churchill M.O.

22-5-16 Good L. S. M.O.

11/11/16 OK L. S. M.O.

Enlisted on 15th day of March 1916 at Yarmouth, N.S.

Corps. REG'TL NUMBER. HABITS. DATE.

Joined on enlistment 219th "Overseas" Highland B'n. C. E. F.

15/3/16

Transferred to 17th Can. Rec. Bn 282947 23-1-17

85th Bn " 21-4-17

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.

Surname *Powers* Christian Name *Henry William*

[illegible]

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

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

350M.—5-16

H. Q. 1772-39-929.

Casualty Form—Active Service.

Unit, Regiment or Corps.

219th C.S. H. Bn., C.E.F.

Regimental No.

282947

Rank

Private

Name

Powers, Henry William

C. E. F.

Enlisted (a)

75/3/16

Terms of Service (a)

Duration of War

Service reckons from (a)

75/3/16

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)

SW

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				

Embarked Canada Halifax 12/18/16
Disembarked England Liverpool 1/11/17

23-1-17

219th Bn

Transferred to 17th Can R. Bn

Bramshott

23-1-17 Part # old do + 23

CERTIFIED CORRECT.
- MAY 1917
CAN. RECORDS, LONDON.

23-1-17

O.C. 17th

Taken on strength Bramshott

Part 11

Order 18.1.

21-4-17

O.C. 17th

Proceeded overseas for service with 85th Bn.

Bramshott

21-4-17

Part 11 Order 04.

Lieut., Asst. Adjt.,
17th Canadian Res. Batt.

O. C. C. B. D.

Landed in France. Taken on strength 85th Cdn. Bn.

Nom. Roll d/- 22.4.17

- do. -

Left for do

Pt II D.O. d/- 26.4.17

O. C. 85th Bn.

Arrived 4th Ent. Bn.

Nom. Roll d/- 7.6.17

11.5.17

(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.)

282947

Powers H. W.

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				
30.6.17	O.C. 85 Bn.	2012 th Bde Jump line party	Field	25.6.17	B213, 003.50.
4.7.17	- do -	Returned from - do -	Field	2.7.17	B213, 003.53.
3.3.18	15 C. F. Amb.	S.W. chest hip (L) leg (L) forehead (R) fractured wounded by own personnel, 18 C. B. S.	adm 15 C. F. Amb.	3.3.18	A36/10.1575.
4.2.18	1 Can. C.B.S.	S.W. chest. Hip (R) leg fac. R. forearm.	adm 1 Can. C.B.S.	4.2.18	" 102069.
9.2.18	1 Can. Gen.	do do	adm 1 Can. Gen.	9.2.18	W3034/102481.
9.2.18	08854 Bn.	Wounded in action	Field	3.3.18	B213.
18.2.18	1 Can. C.B.S.	Evacuated to Base by A.T. 35	Field	9.2.18	K.D. 17-176.
19.2.18	1 Can. Gen.	S.W. chest hip thigh (R) fac. of R. forearm.	20. 46 Stalg.	19.2.18	W3034/104134.
19.2.18	46 Stalg Hos	(a) abs. diphtheria, M. (B) S.W. multiple	adm 46 Stalg.	19.2.18	" 104347.
25.2.18	- " -	Died:- Cause of death (a) G. S. W. Multiple (b) diphtheria.	46 Stalg.	24.2.18	A.F.W. 3034/W. 359/10.4510. Pt. II D. 19a/ 3.3.18.

J. H. Dena

Trans. for
Trans. Col. A.F.B.
Cor. Section.

FORM OF WILL.

I, William Henry Power (Name in full)

Regimental Number 282947 serving in 219th C.S.B. 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 bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

Mrs. Nellie Powers
Plymouth Gas.
N.S. } Name and Address
of person or
persons to receive
personal estate*
(See note).

I hereby appoint Mrs Nellie Powers as my sole executrix
this 20 day of September A. D. 1916

**IMPORTANT
NOTE**

This must be Signed
and Dated by
THE SOLDIER
HIMSELF.

William Henry Power 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 Stephen T. Sabeau

Address of Witness C. Bay 219th C.S.B. C.E.F.

**THE TWO
WITNESSES**

Occupation of Witness Soldier

**MUST
SIGN HERE**

Signature of Second Witness David Crosby

Address of Witness Reuben Gar Co Nova Scotia

Occupation of Witness Soldier

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

M. F. W. 12
 50m.—7-16
 H. Q. 1772-39-819

Mrs. Charles W. Powers,
 To Whom
 Address *Plymouth,*
Warrenmouth Co., N.S.
 Rate *15⁰⁰*

By Whom Assigned

Regtl. No.

Rank

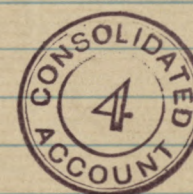
Corps

Powers, Henry W.
282947
Pte.
219 Bn.
C. boy

OCT 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				



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 4503. -Req. 6332.

PAYMENTS.

Name of Soldier

*Mrs. Chas. W. Powers.**282947 Ste. 2192 Bn. 6 Coy**\$15.00**06/1-1916*

Month.	Year.	Cheque No.	Amt.	Remarks
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>829208</i>	<i>15</i>	
Nov.		<i>330193</i>	<i>15</i>	
Dec.		<i>034314</i>	<i>15</i>	
Jan.	1917	<i>F39887</i>	<i>15</i>	
Feb.		<i>745720</i>	<i>15</i>	
March		<i>U47775</i>	<i>15</i>	
April		<i>R4368</i>	<i>15</i>	<i>15 60</i>
May		<i>R11020</i>	<i>15</i>	<i>15 BN</i>
June		<i>Q16716</i>	<i>15</i>	
July		<i>R2432</i>	<i>15</i>	<i>BN</i>
Aug.		<i>H31639</i>	<i>15</i>	
Sept.		<i>L39042</i>	<i>15</i>	<i>6</i>
Oct.		<i>C46006</i>	<i>15</i>	
Nov.		<i>L51988</i>	<i>15</i>	
Dec.		<i>P60111</i>	<i>15</i>	<i>225</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

P. 559,
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

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
Dead of Wounds	24-2-18	Chas 148 24

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. No. 282947

RANK Private

NAME

Powers Henry William

IF IN PERM. CORPS
WHAT UNIT

UNIT 219 Batt

TRANSFERRED TO

17th Res Bn

DATE 1-2-17

AUTHORITY R069

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

85th Bn

DATE 21.4.17

AUTHORITY 2094

PLACE OF ATTESTATION

Plymouth N.S.

TRANSFERRED TO

NEC DEAD

DATE 1.3.18

AUTHORITY Chas 148 24

DATE OF ATTESTATION

17-3-16.

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ 15.

DATE EFFECTIVE

Oct 1/16.

PAYABLE TO

Mrs Charles W. Powers, Plymouth, N.S.

RELATIONSHIP

Mother

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

1 SEP 1916

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	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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
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ASB verified 11/3/17

Statement of g/c Rend to Exchequer 25/4/18 (JL) by Bal \$ 143.77

AS.P correct with CFY 4/10/16 - 28/2/18. 26500

[illegible]

5926-10-1-18.

82947. Powers. Hoof

[illegible]

21/18

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Oct 1/16.

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

15			
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PARTICULARS OF SEPARATION ALLOWANCE

No. 282947.
 Rank Pte. Promoted Reverted Discharge
 Soldier's Name Henry W. Powers.
 Battalion 219 Battr. C. Co.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Charles W. Powers.
 Address Plymouth, Yarmouth Co. N.S.
 Change of Address

1
2
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					
Dec	—		225	225	
Jan - 1918	63976		15	15	
Feb.	E 63967		15	15	
Mar	~~Q 93574~~		~~15~~	~~15~~	C. F. L. #255 to 28-2-18 acct. closed 28-2-18 — 14-3-18 J Leclair

Pensions Notified Date...	14-3-18
Killed in Action	
Died of Wounds	Date 24-2-18
Missing	
C. L. 1071/128218	Clerk J Leclair
Date Noted...	14-3-18 191

Close



M. R. O. 2 B Rendered 16/3/18 L.H.

