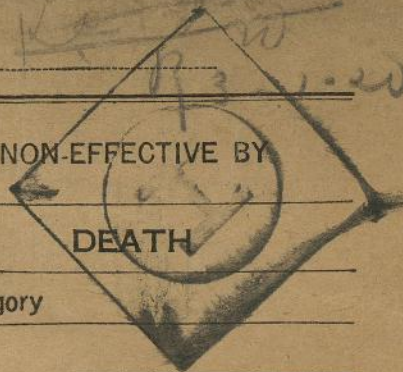


REGIMENTAL DOCUMENTS

NAME BROCK WILLIAM HENRYPte REGT. NO. 270227UNIT 22nd BnH. Q. FILE NO. 1-20

S	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
✓ 1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)					
2	CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				40666	
	TRAINING HISTORY SHEET (M.F.W. 113)					
1	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
2	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					
1	DENTAL HISTORY SHEET (M.F.B. 465)					
1	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)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1	B.P.C 871					
1	Disp Cert					
1	MFC 372					
1	MFW 67					
1	1122					
1	P.C.					

War Service
Badge 273526
Class A. No

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

22 S. Y. 2
D. A. J

1. No.		270227	
2. Rank.		Pte	
3. Name.		Brock William Henry	
4. Unit.		22nd Bn Hamilton	
5. Date of Discharge	19-5-19	Place	Brandford Ont.
6. Reason for Discharge			
Demobilization			
7. Authority. R.O.142 D.D.#4 D.O.Pt II-156			
8. Proposed Residence after Discharge			
Brandford Ont.			
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. ? 1539 Montreal			
MAY 1 9 1919			
H. H. Brock			
Signature of Soldier.			
10. CONFIRMATION.			
The discharge of the above named man is hereby confirmed.			
Place Montreal			
Date MAY 1 9 1919			
Signature			
(O. C. Discharging Unit)			

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. Particulars of Recruit (M.F.W. 23), or
 Particulars of Recruit (M.F.W. 133).
2. Casualty Form (M.F.B. 103).
3. Medical History Sheet (M.B. 313 or A.F.B. 178).
4. Proceedings of Medical Board (M.F.B. 227 or M.F.W. 129).
5. Dental Certificate (M.F.B. 465).
6. Field Conduct Sheet (A.F.B. 122).
7. Proceedings on Discharge (M.F.B. 218a).
8. Discharge Certificate (M.F.W. 44).
 (Enclosed in a sealed envelope (303)).
9. Copy of Discharge Certificate (M.F.W. 30a).
10. Dispersal Certificate (D.S. 2).
11. Equipment Statement Q.M.G. Form (D.O.S. 2).
 and Clothing
12. Last Pay Certificate (P. 851).
13. Pay Book (A.F. 64).
14. War Service Certificate (Form M.F.W. 2595).
15. Summary of Service.

Group.....*B*

Checked by No.....*11*

Date.....*5 MAY 1919*

.....*7077*

In Only.—Unit, Number, Rank and Name.

W. S. B. CLASS. A

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

250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 215th Overseas Battalion C.E.F.

Regimental No. 270227 Rank Pte Name BROCK, William, Henry.

Enlisted (a) 9/8/16 Terms of Service (~~a~~) 6 months after Service reckons from (a) 9/8/16

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) Bricklay (r)

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 38, 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. 38, or other official documents.
Date	From whom received				
		Embarked	Canada	28.4.17.	
		Disembarked	England.	7.5.17.	
23.5.17.	215th.Bn.	Transferred to 2nd. Can.Res.Bn.	Otterpool	7.5.17.	Pt.2 DO# 98
10.5.17.	2nd.Res.	Taken on strength of 2nd.Can.Res.Bn.	E.Sandling.	7.5.17.	Pt.2 DO# 112.
JUN 4 - 1917	2 nd Res.	Transferred to 125 th Bn.	E.Sandling	4.6.17.	Pt.2 DO# 137.
			John Leslie		CAPT. ADJUTANT 2ND CANADIAN RESERVE BATTALION.
4.6.17.	125 th	Taken on strength 125 th Bn.	Wiley	4.6.17.	Pt. II order 155
11.6.17	125 th	Transferred to 150 th Bn.	Wiley	9.6.17	Pt. II DO. 163.
11-6-17	150 th	Taken on strength	Stitley	9-6-17	Pt. II DO. 167.

(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.
a. 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				
1-3-18	O.C. 150th Bn.	S.O.S. on being posted to the 10th Cdn. Res. Battalion.	Witley	1-3-18	D.O. Part II No. 35-18.
3.3.18	10th Res. Bn.	S.O.S. on posting from 150th Bn.	Witley	1.3.18	D.O. Part II. 53 55
28/3/18	O.C. 10th. Res. Bn.	Transf. to 22nd Bn, C.E.F.	Witley	28/3/18	D.P. II. O. 78
29/3/18	2 C.I.B.D.	Arrived & T.O.S.		29/3/18	Nil Phos. d/12 4/18
34/18	2 C.I.B.D.	Left for C.C. Rein. C.		34/18	" 1120
34/18	C.C. Rein. C.	Arrived.		34/18	" 552.
19 AVR 18	52	Left for Unit	Field	19 AVR 18	" 497
274/18	22nd	Arrived	Field	194/18	B213
14/3/19	do.	GRANTED 14 DAYS LEAVE to 14/3/19.		7/3/19.	B213. P.D.D. 16 Oct 1919.
Cdn. Embkn. Camp	Proceeded To England			7/4/19.	NR. Pt. 100.
	S.O.S. "J" Wing, Canadian Corps Camp, Witley, on proceeding to Canada.				
	1057 1919, D.O. No. 18				
	Marvey Sr.				
	for Officer Commanding.				
					LIEUT. FOR LT COL. A.A.G.

RECEIVED CORRECT
 12 APR 1918
 CAN. RECORDS LONDON.

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 8165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *William Henry* 2. Surname *Brock*
3. Rank *Pte.* 4. Original Unit *215th Bn.* 5. Reg. No. *270227*
6. Address, in full, to which future payments of gratuity are to be forwarded.....
Standard Bank Brantford
7. Date of enlistment in the C.E.F. *1st May 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Mrs. M. H. Brock*
9. Relationship of such dependent *Wife*
10. Address, in full, of such dependent.....
130 St. George St. Brantford Ont.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
.....
.....
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?.....
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....
.....
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *2 yrs 11 months*
215th Bn. 2nd & 10th Reserves
22nd Bn. France
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *no*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *no*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *no*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *no*
20. Have you been issued with a War Service Badge? If so what class?
21. Have you, during the present war, served in the Imperial Forces? *no*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *no*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *no*
- (b) If so, was such reversion in consequence of misconduct or inefficiency?
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge.
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant:

Place of Residence:

Declared before me at:

This 8th day of

W. H. Brock

130 St. George St. Brandon Ont.

Witley

April 1919

are unanswered

Signature of Barrister of the
Supreme Court Stipendiary Magis-
trate, Notary Public, Justice of the
Peace, or Commissioner for the
Administration of Oaths under
P.C. 2767, dated 11th Nov., 1918.

H. Chelle Major
French Canadian Battalion

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due

Certified Correct.

District Paymaster.

No. 270227 RANK *Pte.*NAME *Brock, William, H.*T. O. S. 1-5-16 1004305-54 UNIT *215th Battalion*M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916</i>	<i>1916</i>			
<i>May 1</i>	<i>May 31</i>	<input checked="" type="checkbox"/>		
<i>June</i>		<input checked="" type="checkbox"/>		
<i>July</i>		<input checked="" type="checkbox"/>		
<i>Aug.</i>		<input checked="" type="checkbox"/>		
<i>Sept.</i>		<input checked="" type="checkbox"/>		
<i>Oct.</i>		<input checked="" type="checkbox"/>		
<i>Nov.</i>		<input checked="" type="checkbox"/>		
<i>Dec.</i>		<input checked="" type="checkbox"/>		
<i>1917</i>				
<i>Jan.</i>		<input checked="" type="checkbox"/>		
<i>Feb.</i>		<input checked="" type="checkbox"/>		
<i>Mar.</i>		<input checked="" type="checkbox"/>		
<i>Apr.</i>		<input checked="" type="checkbox"/>		

UNIT SAILED
APR 29 1917

at E.
yes

Number 270227 Rank Pl.

Surname BRICK

Christian Name William Henry

Units 22nd Bn Cany Theatre of War France

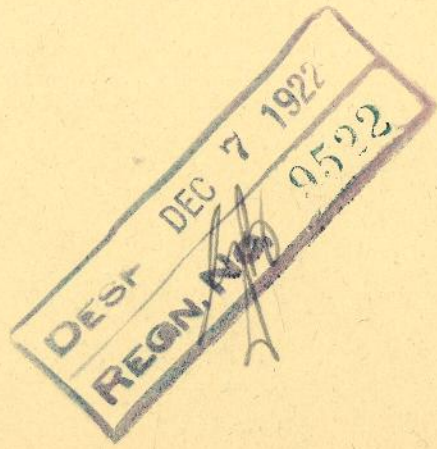
Date of Service 29-3-18

Remarks

Latest Address 130 St George St
Brantford, Ont.

Roll No. B Page 22109.

200m.-6-21....



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

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

350M.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 22nd Bn.

Regimental No. 270227 Rank Pte Name BROCK. W.H.
C. E. F.

Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....

Date of promotion to } Date of appointment } Numerical position on }
present rank } to lance rank } roll of N. C. Os. }

Extended..... Re-engaged..... Qualification (b).....

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				
5-6-19.	O/S	T.O.S. D.D.#4 Disp.Stn."F"	Montreal	10-5-19.	D.O.Pt.II#156.
5-6-19.		S.O.S. D.D.#4 Demob.	Montreal	19-5-19	D.O.Pt.II#156. R.O. 1420.

W.H. Fletcher Lieutenant,
Assistant Adjutant,
District Depot No. 4.

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				

DL.

Rank

Name BROCK William Henry,

Reg'l No. 270227.

Unit

If in perm. Corps, }
What Unit?

Married or Single Married.

215th Bn to 2nd Can Ont Regt

Place and Date of Enlistment Brantford. May 1st. 1916.

Place of Birth Meeth Parish

DEVON. ENG.

Name and Address, Next-of-Kin Mary King Brock,
130 St. Georges Street, Brantford Ont, Canada,

Relationship Wife.

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship



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.				
					ARRIVED IN ENGLAND 7 5 17 S/3 OLYMPIC.
10 5 17	2nd Rs	T.O.S from Canada	E. Sandling	7-5-17	D.O. 112
4. 6. 17	125th	T.O.S.	W. M. 1919	4. 6. 17	HO 155 (m. 137.)
11. 6. 17	"	SOS to 150th Bn		4. 6. 17	- 163 + 150 Bn M.I. 0162 d. 11. 6. 17
1. 3. 18	150th Bn	S.O.S. to 10th Rs		1. 3. 18	- 55 d. 3. 18 10th Rs
28. 3. 18	10th Rs	S.O.S. to 22nd Bn		28. 3. 18	- 35 d. #30 d. 12 4. 18 22 Bn
		Prec. To Eng 7.4.19			
		12 Bn DO 22 9.3.19			
		T.O.S 8.4.19			
		J Wing CCJ. 3/10.4.19			
		64-8-84 Canada 10-5-19			

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.				
10-5-19.	<i>g wing</i> C.C.C.	<i>S.O.S. to Canada</i> <i>D. Dft. 2001 c</i>	<i>Witley</i>	<i>10-5-19</i>	<i>DOTS</i>

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..... *215th Bth*
- (2) Regimental Number..... *270.227*
- (3) Full Name of Soldier..... *William Henry Brock*
- (4) Place of Birth..... *Meath Parish, Droonshire, England*
- (5) Are you married, or not?..... *yes*
- (6) If married, state,
(a) Full name of your wife..... *Mary King Brock*
- (b) Present Postal Address..... *130 George St., Brantford,
Ontario, Canada.*
- (7) Are you a widower?..... *no*
- (8) Have you any children?..... *yes*
- If so, give number of boys and girls..... *Two girls*
- Also their names and ages..... *Lois age 11 yrs
Kathleen " 1 "*

- (9) Is your Father alive?.....*yes*.....*Henry Brock*
If so, state name and address.....*Ashwater, Beaworthy, Devon, Eng.*
- (10) Is your Mother alive?.....*yes*.....*Elizabeth Brock*
If so, state name and address.....*Ashwater, Beaworthy, Devon, Eng.*
- (11) If your Mother is a widow.....
Are you her sole support, or not?.....
- (12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.
.....
.....
- (13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.
.....
.....
.....
- (14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.
.....*yes*.....
- (15) Are you insured?.....*yes*.....
If so, in what Company?.....*Metropolitan Life - New York*
Have you made arrangements for payment of your Insurance premium?.....*yes*.....*U.S.A.*
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date.....*March 29/19*.....

H. E. Snider, Lt. Col.
Officer Commanding.

215TH OVERSEAS BATTALION, C.E.F.

SURNAME.

Brock

CARD NO.

CHRISTIAN NAMES

William Henry

REGL. No.

270227

RANK

Pte.

UNIT

215th

FORMER CORPS

*38th W. R.**65**Sgt. 19-5-19*

FOLL

*Demob**Do 156 76/19.4*
Bn.

NEXT OF KIN.

NAMES IN FULL

Brock, Mrs. Mary King

RELATIONSHIP TO SOLDIER

wife

ADDRESS

*130 St. George St.
Brantford Ont.*

CHANGE OF ADDRESS

COUNTRY OF BIRTH

England, Devonshire

DATE

Aug. 7th 1881

PLACE OF ATTESTATION

Brantford Ont.

DATE

*May 1st. 1916**R/16.16.519-324*
87. Pte

FROM HALIFAX PEF

MARRIED *yes,*

SINGLE

8 3⁴ OLYMPIC 29-4-17
WIDOWER

TRADE OR CALLING

Bricklayer

RELIGION

Methodist,

DESCRIPTION.

APPARENT AGE

34 YEARS

MONTHS

HEIGHT

5 FEET

4 1/2

INCHES

CHEST MEASUREMENT

38

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark,

EYES

Brown,

HAIR

Black.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Brantford Ont.

DATE

May 1st. 1916

*Present Address, 130 St. George St.
Brantford Ont.*

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 270227 (Rank) Pte.

Name (in full) BROCK, William Henry enlisted in
the 216th Bn.

CANADIAN EXPEDITIONARY FORCE at Brantford on the 1st
day of May 19 16

HE served in England & France
and is now discharged from the service by reason of Demobilisation

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

Age 37 years

Height 5 ft. 7½ ins.

Complexion Dark

Eyes Brown

Hair Black

W. H. Brock

Signature of Soldier

Marks or Scars

Scar above angle of
left mandible (avil life.)

[Signature]

Issuing Officer

Lieutenant

Rank

Officer in Charge Discharge Section, Dispersal Station "F"

Appointment

Date of Discharge 19-5-19

Signed at Montreal this 19th day of May 1919

in Military District No. 1

File Reference No. 1



N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

.....
Name of Officer

.....
Rank

.....
Appointment

TRIPLICATE
ATTESTATION PAPER.

No. 270227

215th BATTALION
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?..... Brock
1a. What are your Christian names?..... William Henry
1b. What is your present address?..... 130 St George St Brantford Ont Canada
2. In what Town, Township or Parish, and in what Country were you born?..... Meath Parish Devonshire England
3. What is the name of your next-of-kin?..... Mary King Brock
4. What is the address of your next-of-kin?..... 130 St George St Brantford Ont Canada
4a. What is the relationship of your next-of-kin?..... Wife
5. What is the date of your birth?..... August 7th 1881
6. What is your Trade or Calling?..... Bricklayer
7. Are you married?..... Yes
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... 38th Dufferin Rifles
10. Have you ever served in any Military Force?..... Nil
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? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Henry Brock, 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.

W. H. Brock (Signature of Recruit)
Date May 1st 1916 V. Galvaneschi (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Henry Brock, 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.

W. H. Brock (Signature of Recruit)
Date May 1st 1916 V. Galvaneschi (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 Brantford this 1st day of May 1916.

W. Norman Andrews J.P. (Signature of Justice)

Description of William Henry Brock on Enlistment.

Apparent Age...34.....years.....months.

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

Height.....5.....ft. 7½ ins.

Chest measurement { Girth when fully expanded.....38 ins.
Range of expansion.....3 ins.

Complexion.....Dark.....

Eyes.....Brown.....

Hair.....Black.....

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).

Inguinal Ring Relaxed

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...*May 1st*.....1916 .

Place...*Brantford*.....

A. H. Roberts
Medical Officer.

*Insert here 'fit' or 'unfit.'

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....*William Henry Brock*.....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. H. Brock (Signature of Officer)

Lt-Col. O.C. 215th0)/sBattalion C.E.F.

Date...*May 1st*.....1916 .

Original
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 Willow Camp DATE 11-4-19

1. 1 (a) Unit 2nd Infantry (b) Regimental No. 270227 (c) Rank Plt

(d) Surname Brack (e) Christian name William Henry

(f) Home address 130 St George St Brandon Ont

(g) Next of Kin Mrs W. H. Brack (h) Relationship Wife

(i) Address of Next of Kin 130 St George St Brandon Ont

2. Age last birthday 27 Date of birth 1883 7th Aug

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

4. Personal description:

(a) Height 5 ft 7 1/2 ins (b) Weight 168 lb (c) Complexion Fair

(stripped)

(d) Colour of hair Brown (e) Colour of eyes Blue (f) Identification marks, Scars, etc. Scar above angle of left mandible (civil life)

5. Former trade or occupation Brick Layer

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

PERIODS

From

To

1-5-16

28-4-17

7-5-17

29-3-18

29-3-18

8-4-19

Canada

England

France or other theatres of War

7. Original disease, or injury ACUTE BRONCHITIS

(a) Date of origin FEBRUARY 1919 (b) Place of origin OVERLAIS, BELGIUM

(c) Cause INFECTION

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.)

CHRONIC BRONCHITIS MODERATE causing partial loss of function of respiratory system.

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.)

OBJECTIVE Chest shows slight basal emphysema impairment with a few fine rales and rhales. No evidence of infiltrate of any sort.

SUBJECTIVE Cough, slight expectoration, slight occasional fever, no night sweats, haemoptysis, nor major toxic symptoms.

- (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 Genito-Urinary System No
(If pulse rate is abnormal, B. P. will be taken.) (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 Analysis S.G. 1018 Acid reaction Nialh
No sugar

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

Cough & severe cold during the last week in February while at Overlaid Belguin. Has improved very slowly. No hospital treatment.

- 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 in childhood

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

Nil

- 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.)

No / Applicable

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? *(A) No (B) 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? *Six months*

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

Nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? *No*
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? *Yes*
(If not, briefly state why)

17. Recommendations

J. O. Wolf Captain 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, *William Henry Brock* 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

W.H.B.

William Henry Brock Pte Rank.
Signature of invalid examined.

4
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

Objection submitted in Canada with respect to his condition.

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A)	(Yes or No.)
" B	(Yes or No.)
" C	(Yes or No.)
" D	(Yes or No.)
" E	(Yes or No.)

YES 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.)

- (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.)

*Bonded for return to Canada under Auth. A.S. Id 9083
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.

PLACE

Witley

DATE

12-4-19

W. L. South *Capt. T. C. M. C.*
A. H. Taylor *Capt. T. C. M. C.*
President.
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.

PLACE

DATE

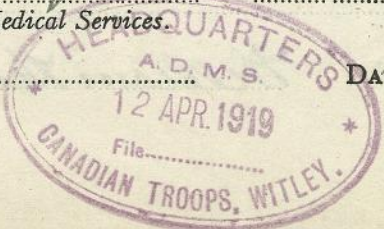
.....President
.....Members

APPROVED BY

APPROVED BY

W. B. Wilson
Assistant Director of Medical Services.
DATE.....

Director-General of Medical Services.



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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

REGIMENT

RANK

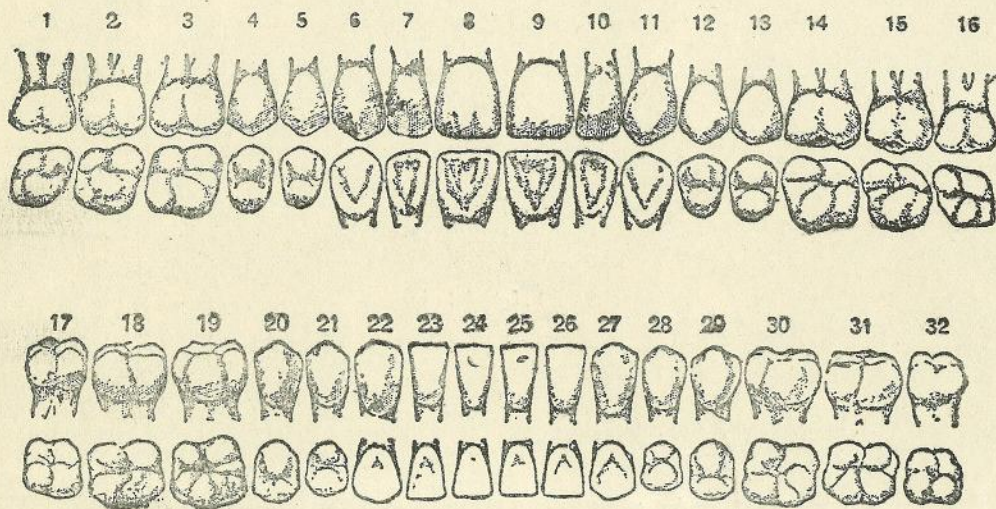
No.

Date of Examination in England

Date of Examination in France

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

21

2. EXTRACTIONS

31

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

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

(c) In France

Signature of Dental Officer

MEDICAL HISTORY SHEET.

Surname BrookChristian Name Wm. HenryExamined { on 1st. day of May 1916
at Brantford, Ont.Birthplace { City or Town Devonshire
County EnglandApparent age 34Trade or occupation BricklayerHeight 5 Feet 7½ Inches.Weight 168 Lbs.Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.Physical development FairSmall-Pox Marks NoneVaccination Marks { Arm Right Left X
Number 1When Vaccinated last Childhood(a) Marks indicating congenital peculiarities or
previous disease None(b) Slight defects but not sufficient to cause rejection
NoneVision R. D. 30L. D. 30Enlisted on 1st. day of May 1916 at Brantford, Ont.

	CORPS.	REG'T L. NUMBER.	HABITS.	DATE.
Joined on enlistment	215th. Batt.	270227	Temperate	1st. May
Transferred to	2nd CANADIAN RESERVE BATTALION.			MAY - 7 1917
	125th Bn.			JUN - 4 1917
	150th Bn.			June 7, 1917
	10th Res. Bn.			7-3-18
	22nd Bn.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Witley</u>	<u>12-4-19</u>	<u>Chrom. Bronchitis</u>	<u>A. A. H. Maglar Capt. C.M.C.</u>

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:

[illegible]

1-5-16

MILITIA AND DEFENCE

M. F. W. 11a.

50m.-4-16.

1772-39-812.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

wife
PAYMENTS.

Sheet No. 2.

Mrs Mary L. Brock

Name of Soldier

Brock William Henry

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

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May		97547	20 -	20
June		A 2669	20	20
July		49412	20	20
Aug.		714729	20	20
Sept.		B 14919	20	20
Oct.		E 18381	20	20
Nov.		721619	20	20
Dec.		7 25073	20	20
Jan.	1917	828316	20	20
Feb.		731230	20	20
March		734395	20	20
April		H 292	20	20
May		93850	20	20
June		I 6720	20	20
July		G 10339	20	20
Aug.		K 13368	20	20
Sept.		J 16397	20	20
Oct.		J 22914	20	20
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				



240

MILITIA AND DEFENCE
SEPARATION ALLOWANCE
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

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

SEPARATION ALLOWANCE

Name *Mrs Mary King Brown*Address *130 St. George St-
Brantford
Ont*

Relation to Soldier

wife, child or mother

} *wife*Name of Soldier *Brown William H.*Regtl. No. *270227*Rank *?*

Corps

215th Bat C.E.F

To what Corps belonging

when called out

PAYMENTS

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



MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.

18m. - 4-17.

1772-39-819.

Sheet No. 2.

(Assignee)

PAYMENTS.

Name of Soldier

Brock W.H.
215 Bn

L. L. Job 1927 - M. & D. 7814.

Month.

Year.

Cheque No.

Amt.

Remarks.

April

1916

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1917

Feb.

March

April

May

June

July

Aug.

Sept.

Oct.

Nov.

Dec.

Jan.

1918

Feb.

March

April

May

June

July

2000

MAY 1 1917

Z 1462020

H 1709520

I 20149 20

M 29987 20

L 34325 20

148171 20

W.

B.

6

2/00-

W.B.

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.				

(wife)
MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

M. F. W. 12.

25m-4-17.

H. Q. 1772-39-819.

To Whom

Address

Rate

By Whom Assigned

Regtl. No.

Rank

Corps

Mrs Mary King Brock
130 St. George St
Brantford, Ont

Brock W A.
270227.
Pte
215 Btn

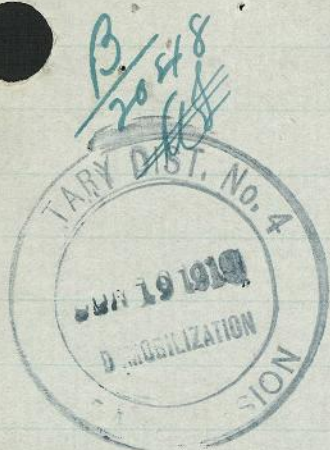
2000

MAY 1 1917

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				





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

REGT. No. 2702

M. OR S.

NEXT OF KIN

RELATIONSHIP

ADDRESS

PARTICULARS

EFFECTIVE
DATE

AUTHORITY

ORIGINAL UNIT
C.E.F.

PLACE OF
ATTESTATION

DATE OF
ATTESTATION

ASSIGNED PAY, \$

PAYABLE TO

ADDRESS

STOP PAYMENT FORM
ASSIGNED PAY
RENDERED, DATE

DISCHARGED

IS SEPARATION ALLOWANCE PAID?

DATE EFFECTIVE

TO WHOM PAID

RELATIONSHIP

ADDRESS

MONTH

PAY AND F. A.

OTHER
CREDITS

TOTAL
CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

ASSIGNED
PAY

REGI-
MENTAL
CHARGES

Balance from
previous
account

1/5/19
25/5/19

25/5/19

27 50

35 00
70 00
SA 19 00
10 00

9 85
132 50
19 00
10 00
161 35

9 85
132 50
19 00
10 00
161 35

Boat Train

122965

487

5 00

102 48

20 00

Other
Charge

Other
Credits

W. S. C. S. A. Total

War Service Gratuity

420 00 180 00 600 00

23. 6. 19

10 00

10 00

6 10

19/7/19
19/8/19

19. 9. 19

19. 10. 19

22. 10. 19

16990 22

10 00

[illegible]

[illegible]

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

B

12507

May 1/17

RATE OF SEPARATION ALLOWANCE

20	25 1/12/17	30 1/2/18	
----	------------	-----------	--

PC 3251 $\frac{119118}{P.C. 2753}$
M.O. 36321

PARTICULARS OF SEPARATION ALLOWANCE

No. 270227
Rank Pte Promoted Reverted Discharge
Soldier's Name W. H. Brock
Battalion 215 Btn
Beneficiary Mrs Mary King Brock
Relationship wife
Address

NOV 22 1918
M.O. 2554 8/7/18

RATE OF ASSIGNMENT

20			
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PARTICULARS OF ASSIGNMENT

Name Mrs Mary King Brock (wife)
Address 130 St George St
Change of Address Brantford Ont
1
2
3
4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917					2199 W-29
Oct 31		360	120	280	
Nov	C 58561	20	20	40	
Dec	C 63717	20	20	40	
Jan	C 68218	30	20	50	to P.
Feb	C 95627	25	20	45	
Mar	A 102915	25	20	45	✓
Apr	A 140	25	20	45	K
May	S 17714	25	20	45	✓
June	E 13868	25	20	45	✓
July	V 29421	25	20	45	✓
Aug	C 33587	25	20	45	✓
Sept	D 39960	25	20	45	✓
Oct	F 48779	25	20	45	
Nov	B 55343	25	20	45	✓
Dec	Q 68009	45	20	65	
Jan	H 71212	30	20	50	
Feb	I 80228	30	20	50	
MAR	F 86535	30	20	50	
APR	G 1872	30	20	50	
May	H 6931	30	20	50	
June		875.00	500.00		

Ac Closed

Ret'd per

Date

Clerk

M.O. 2554

M.F.W. 187

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

31-5-19

Olympic

M.F.W. 187

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

M.O. 2554

AUDITED.

M. F. W. 128
400M-6-17-1772-38-141
L. L. 22320-M. & D. 1936.



Date of Assignment

OVERSEAS CONTINGENTS

RATE OF ASSIGNMENT

--	--	--	--	--

PARTICULARS OF ASSIGNMENT

4

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

752

2nd

over

NUMBER 270227 RANK

NAME

BROCK

William Henry

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
1918 Oct 31	Fwd.								6843	✓	✓
Nov	pp	33	-	Cat				20	8143		
				AR 2172 - SCIB - 19.11.18	373				7770		
Dec		34	10	Car				20	9180	✓	
1919				AR 2613 - " - 3.12	1306				7874	✓	
Jan		34	10	Car				20	9284	✓	
		10	20		1679			60		✓	
Feby	✓			AR 4265 - " - 9.1.19	377				8907	✓	✓
		30	80	Asp				20	9987		
				" 4603 - " - 26.1	373				9614		
				✓ 5163 - ✓ - 10.2	373				9241		
				✓ 5370 - ✓ - 17.2	373				8868		
Mar	✓	34	10	Asp				20	10278	✓	✓
				✓ 5872 - ✓ - 25.2	373				9905		
				✓ 584 - ✓ - 6.3	7787				2118		
		64	90		9656			40			
Apr	✓	33	-	Asp				20	3418		
May	- - -			✓ 418 - J-Wing - 10.4	2433				985		
		33	-		2433			20			

205 10.5.19
LPC

Manned

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN Mrs. Mary King Brock
130 St George St. Brantford Ontario

RELATIONSHIP OF NEXT OF KIN

Wife

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

20 00

EFFECTIVE (DATE)

May 1/7

PAYABLE TO

RELATIONSHIP OF DEPENDANT

Wife

CASUALTIES, PROMOTIONS, &c.

[illegible]

ADMISSIONS TO HOSPITAL, &c.

[illegible]

PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS										
DATE	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					NO. OF DAYS	RATE	AMOUNT		1		2		3		
			\$	C.			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	NO.
May 1/17 Balce from Canada												13 00	13 00									
May	31	100	34	10									34 10									
June	30	17	33	-									33 -	191	4/5							
July	31		34	10									34 10									
Aug	20		22	-									22									
21-31	11		12	10									12 10	334	25/7							
Sep	1-30	30	33	-									33 -	523	15/8	580	25/7					
												13 00	181	30	474	25/7	394	15/7				
												13 00	181	30								
MONTH	PARTICULARS		CR. 1	CR. 2	PARTICULARS		DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER. RED. PAY	SEP. ALLCE. ENG.									
1917	Balance B.F.										23 60											
	Oct. 15 P P		34 10		A. P.						20											
					AR 654-150 Bc. - 16 2/7		4 87															
					" 710 - " - 24/9		7 30				25 53											
			34 10				12 17				20 00											
For d																						

ONS, &c.

ECTIVE DATE	AUTHORITY

REG'L No. 270227	RANK Private	NAME Brock, William Henry		
IF IN PERMT. CORPS WHAT UNIT	215th OVERSEAS BATTALION UNIT	TRANSFERRED TO 2nd Reg. Bn DATE 1/5/17 150th Bn DATE 2/8/17	AUTHORITY	
PERMANENT FORCE ALLOWANCES		TRANSFERRED TO	DATE 2/8/17	AUTHORITY a. Ralls
PLACE OF ATTESTATION Brantford Ontario		TRANSFERRED TO	DATE	AUTHORITY
DATE OF ATTESTATION May 1/16		TRANSFERRED TO	DATE	AUTHORITY

AL, &c.

NAME OF HOSPITAL

ASSIGNED PAY MONTHLY \$ 20 ⁰⁰	DATE EFFECTIVE May 1/17
PAYABLE TO Mrs Mary H. Brock 130 St George St. Brantford, Ontario	RELATIONSHIP Wife
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)		

TANCE ROLLS

CASH PAYMENTS					ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
1	2	3	4					CREDIT	DEBIT			
								13 00				
					20		20	27 10				
1947-					20		29 47	20 63				Link 2326, 31/5/17.
					20	172	21 72	33 01				20 150th Bn 21/8/17
					20		20	35 01				
487-							10 119					
730-							12 17	34 94				
487- 730-							44 34	23 60				
730- 487-					20							
43 81 12 17					100	172	157 70	23 60				
MONTH	PART	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFER- RED. PAY	SEP. ALLCE. ENG.	
60	Food				25 53				25 53			
	Nov. P-P6	33-		AR 844-150th Bn - 27/7 -	730							
				A.P. - Nov.				20				
				AR 784-150th Bn - 15/10 -	487							
				" 907- " - 13/11 -	487							
	For 5	33-			17 04			20				

#

270227,

Pte. Brock William Henry (a)

PAY

FIELD ALLOWANCE

WORKING OR
SPECIAL PAYASSIGNED
PAY
CREDITSOTHER
CREDITSTOTAL
CREDITS

ACQUITTANCE ROLLS

CASH PAYMENTS

DATE

No.
OF
DAYS

RATE

AMOUNT

\$

C.

No.
OF
DAYS

RATE

AMOUNT

\$

C.

No.
OF
DAYS

RATE

AMOUNT

\$

C.

No.
DATENo.
DATENo.
DATENo.
DATE

1

2

3

MONTH PARTICULARS

CR.1

CR.2

PARTICULARS

DR.1

DR.2

DR.3

DR.4

BALANCE

DEFER-
RED. PAYSER.
ALLCE.
ENG.

MONTH PARTICULARS

CR.1

1917
Prot. Ford

33 -

17 04

x

20 25 53

✓ ✓

Nov. _____

A.P. - Alex.

20

Dec. 1918 P. Pte.

34 10

17 04

35 59

✓ ✓

Jan. 1918 " "

34 10

A.P. Law

20

✓ ✓

A R 1017 150th Bn

27/11

7 30

" 1088 "

5/12

4 87

" 1146 "

17/12

21 73

27 79 ✓ ✓

Feby " "

34 10

30 80

A.P. Law

20

AR 1264-150th Bn - 9/1/18

7 30

" 1229 "

9/1

4 87

" 1356 "

11/2

4 87

21 55 ✓ ✓

Mch.

30 80

A.P. Law

20

AR 1438-150th Bn - 26/2

7 30

5 75

" "

34 10

28 35

AR 1162-10th Bn - 11/3

4 87

23 48

" 1257 "

18/3

7 30

16 18 ✓ ✓

34 10

19 47

20

(A/P \$20⁰⁰) Canada.

CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4					CREDIT	DEBIT			

ARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	RED. ALLOC.	PAY ENG.
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