Pte NAME ARWENZIE WILLIAM REGT. NO. 651903 UNIT 160

	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)					
	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)					
	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)					Mell Unfit.
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
	LAST PAY CERTIFICATE (M.F.W. 44)					
1	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					8-20
	PARTICULARS OF CHARACTER (A.F.W. 3226)					23-20
1	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					32-20
1	m SW192					4
1	m 7W.67					
2	CE 173					
1	Pay Card					
2	Cas cards					
1	A & D					
1	R 122					
	Pay Card					
	Payslips					

Deceased 24-12-51

W. 2539

160th O. S. Battalion, C. E. F.

Original

ATTESTATION - PAPER.

No. 651903

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname?	Akiwenze,
1a. What are your Christian names?	William
1b. What is your present address?	Cape Croker, Ontario.
2. In what Town, Township or Parish, and in what Country were you born?	Cape Croker, Ontario.
3. What is the name of your next-of kin?	& Florence Akiwenze,
4. What is the address of your next-of-kin?	Cape Croker, Ontario.
4a. What is the relationship of your next-of-kin?	Wife.
5. What is the date of your birth?	20th August 1886.
6. What is your Trade or Calling?	Farmer.
7. Are you married?	Yes.
W a 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? If so, state particulars of former Service.	No.
11. Do you understand the nature and terms of your engagement?	Yes.
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?	Yes.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Akiwenze, 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.

William Akiwenze (Signature of Recruit)

Date March 2nd 191 6 H. V. Paterson, Lieut (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Akiwenze, 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.

William Akiwenze (Signature of Recruit)

Date 2nd March 191 6. H. V. Paterson Lieut (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 Cape Croker Ont. this 2nd day of March 191 6.

A J Duncan (Signature of Justice)

M. F. W. 23.
400M.—1 -15.
H. Q. 1772-39-841.

Description of William Akiwenze, on Enlistment.

Apparent Age 30 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height ..... 5 ft. 10 ins.

Chest measurement:
- Girth when fully expanded ..... 37 ins.
- Range of expansion ..... 3 ins.

Complexion ..... Dark

Eyes ..... Dark brown

Hair ..... Black

Religious denominations:
- Church of England .....
- Presbyterian .....
- Methodist .....
- Baptist or Congregationalist .....
- Roman Catholic ..... Yes.
- 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).

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 4 1916.

Place Wiarton, Ontt

R. H. Fisher
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 Akiwenze, 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.

J. Neer (Signature of Officer)
Lt-Col.

Date 4th March 1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 651903 (Rank) PRIVATE

Name (in full) AKIWENZIE, William enlisted in

the 160th BRUCE BATTALION, C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at CAPE CROKER, ONT. on the SECOND

day of MARCH, 1916.

HE served in FRANCE (With 58th BATTALION)

and is now discharged from the service by reason of MEDICALLY UNFIT

R.O. 693 d/19.6.18

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

Age	34	Marks or Scars	
Height	5 - 10		
Complexion	DARK	G. S. W. MULTIPLE RIGHT THUMB	
Eyes	BROWN	LEFT EYE AND BACK.	
Hair	BLACK		

Signature of Soldier

DISCHARGE SECTION
MAR 10 1919
No. 1 District Depot

D. Fletcher
Issuing Officer

Lieut.
Rank

Date of Discharge

O. C. Discharge Section, No. 1 D.D.
Appointment

Signed at LONDON, ONT. this TENTH day of MARCH, 1919

in Military District No. ONE

File Reference No. 1DD-10-A-114
1D-30-A-446

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.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

LG.

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 London, Ont. DATE 6-3-19.

1. 1 (a) Unit D.D. No. 1. (b) Regimental No. 651903 (c) Rank Pte.

(d) Surname A K I W E N Z I E (e) Christian name William

(f) Home address Cape Croker, Ont.

(g) Next of Kin Mrs. Florence Akiwenzie (h) Relationship Wife

(i) Address of Next of Kin Cape Croker

2. Age last birthday 34 Date of birth Aug. 20/1885

3. Enlistment, or Appointment (if an Officer) (a) Place Cape Croker, Ont. (b) Date Mar. 2/16.

4. Personal description:

(a) Height 5' 10" (b) Weight 130 (stripped) (c) Complexion Dark

(d) Colour of hair Black (e) Colour of eyes Brown (f) Identification marks, Scars, etc. 2 small scars right thumb; scar outer angle left eye.

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	4

	Periods	
	From	To
Canada	2-3-16 23-12-18	31-10-16 6-3-19
England	11-11-16 1-11-17	7-6-17 12-12-18
France or other theatres of War	8-6-17	1-11-17

7. Original disease, or injury Suspected Tuberculosis of lungs.

(a) Date of origin 6-7-16 (b) Place of origin Canada

(c) Cause Bronchitis following service conditions while in training.

M. F. B. 227.

300M.—8-18.
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.)

Necessity fn choice of occupation due to suspected tuberculosis of lungs.

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 SIGNS: See Specialist report attached.

SUBJECTIVE SYMPTOSM :/Soldier says he tires easily. He can walk 2 miles then he has to rest. He complains of dull frontal headache that is present most of the time.

SPECIALIST REPORT. 3-5-19.

SYMPTOMS:- Pain in left chest. Temp.- 98; Pulse.- 80; Resp.- 20.

HISTORY:- Pneumonia and Bronchitis. Says he spat blood.

EXPOSURE.- Mother died T.B.

EXAMINATION:- Some retraction of right upper chest with impairment. Irregular breathing at left base and over left hileum. Occasional rales over left lower lobe. Broncho vesicular breathing right apex with occasional rales below right clavicle.

DIAGNOSIS:- Pulmonary T.B.

REMARKS:- The condition in this case is apparently not showing much activity but still would advise treatment for a time.

(Sgd) D.A. Craig, Capt. C.A.M.C.

(*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 (If pulse rate is abnormal, B. P. will be taken.) No Genito-Urinary System (Albumen and Sugar will be excluded.) No

Special Senses No Respiratory System No Integumentary System No

Disturbances of Mentality No Digestive System No Muscular System No

Osseous and Joint Systems Yes Any other general condition No

Gunshot wound right thumb, slight 29-10-17, flesh wound; no disability.

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

Soldier states that while training in Canada 6-7-16 he had bronchitis and that since that time he has had a cough. He had pneumonia 9-12-16 - 9-2-17 at Ravens Croft, Seaforth. "Recovered". He was placed in hospital London, Ont. 23-1-19 "Bronchitis" for observation and was discharged 4-3-19. Cat."A".

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*).)

None.

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

2 small scars right thumb. Scar outer angle left eye.

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.)

Not applicable.

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? Four months.

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

In London, Ont. Military Hospital 23-1-19 - 4-3-19 for observation and treatment.

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

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

Sanitorium treatment.

16. Can the former trade or occupation be resumed? No.

(If not, briefly state why)

17. Recommendations Discharge to D.S.C.R. for treatment.

Alex McKenzie Capt.

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 Wm. Akiwenzie 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

Wm Akiwenzie 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.

Board agrees. Specialist's report gives diagnosis of Pulmonary Tuberculosis, with which Board agrees.

19. Is the invalid fit for

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

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.)

Yes, Sanitorium treatment - duration indefinite.

(*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.)

Place in Category "E" for discharge to the Soldiers' Civil Re-Establishment Commission for Sanitorium treatment.

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.

D.G. Clegg Capt. *President.*

W.E. Elkins Capt.

PLACE London, Ont.

DATE 6-3-19.

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

A F Laird Capt. C.A.M.C.

for *Assistant Director of Medical Services.*

DATE 7-3-19

APPROVED BY

Director-General of Medical Services.

DATE .....

ORIGINAL

Original 651903

MEDICAL HISTORY SHEET.

Surname Akrigg Christian Name William

Examined on 4 day of Mar 1916 at Wiarton Ont.

Approved by R H Pickford Capt M.O.

Birthplace City or Town Cape Croker County Bruce, Ont

Rank

Apparent age 30

Trade or occupation Farmer

Height 5' Feet 10 Inches.

Weight 145 Lbs.

Chest measurement Minimum 34 inches. Maximum expansion 37 inches.

Physical development Good

Small-Pox Marks None

Vaccination Marks Arm Right. Left. ✓ Number one

When Vaccinated last Childhood

(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.
		6 NOV 1917
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	Vaccinations.
28/9/16		C H Pierce M.O.

Date.	Result.	Anti-Typhoid Inoculations, Etc.
28/9/16		C H Pierce M.O.
4/10/16		C H Pierce M.O.
11/10/16		C H Pierce M.O.
21/1/17	Para	H E Howes Capt M.O.
1/6/17	TAB	J Duncan
21/1/18	2.	Heathersall capt.

Enlisted on 2nd day of March 1916 at Cape Croker, Ontario.

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment	160th O. S. Battalion, C. E. F.	651903		
Transferred to	110th Battalion			1-1-17
	8 Canadian Res Bn			
	W. 6.			7/6/17
	58th Bn. O.S.	651903		8/1/18
	8th Res Batt.			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
London, Ont	8/10/16	Gonorrhoea	Unfit G. J. McNally Capt. A.M.C.
London, Ont	7/3/19	Incr Body Pulmonary T.B.	Cat. E. [illegible] Capt.

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 39-439.

CANADIAN

Surname Abiwenge Christian Name [illegible]

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of 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.
London		6	7	16	28	9	16	Bronchitis	85.	Recovery	H.D. Livingstone
Raven's Croft, Military Hpl, Seaford, Suss.		9	12	16	30	12	17	Rheumonia	53	Recovered. Duplicate Medical History Sheet posted to [illegible]	[illegible]
Chalet Hoylake Affiliated to:- 1st Western General Hospital LIVERPOOL		2	11	7	25	11	17	S. to R. thumb Contusion L. eyelash	22	Healed Transf.d to Woodcote P.R. Epsom Anti. Tetanus Inoc. 13/11/17	[illegible]
M.C.H. Epsom		23	11	17	7	1	18	Do	46	Wound on thumb healed. has all hand movements. Fit for Duty A1	Certified CAPT. "E" DIVISION.
London	Ent	23	1	19	4	3	19	Bronchitis	41	(23-1-19)(4-3-19). Ad for observation bronchitis. Lab report 6 negative sputum. Urine normal. Temp & pulse normal. Not necessary for hospital treatment Temp. Capt. A W. Capt Craig	

D.M.S. 1375.

Medical Examination upon leaving the Service of an Officer fit for general service or a Soldier fit for duty.

☛ *Officers leaving the Service, upon being found unfit for general service by a Medical Board, and Soldiers leaving the Service upon being found otherwise than fit for duty by a Medical Board, are not to be reported on this Form.*

Rank: Pte. Name: W. Surname: Akiwanie

Unit or Corps: M.D. 1. (If a soldier) Regtl. No. 651903

Born at: Cape Croker. on, date: Aug 20th 1888

Signature (for identification): W. Akiwenzie

The examination is to be made jointly by two Medical Officers.

1. PHYSIQUE—Any deformity, maiming or lameness? If so, describe.

Weight 149 lbs.

Height 5 ft. 10 ins.

no

2. NUTRITION AND DIATHESIS?

good

After searching inquiry and thorough examination is any evidence found of disease or impairment of the parts indicated below? If so, describe.

3. NERVOUS SYSTEM?

nil

4. RESPIRATORY SYSTEM.

nil

5. HEART?

nil

Abnormal Sounds? no

Abnormal Size? no

Pulse Rate? 76 Intermittence or irregularity? no

6. ARTERIES.—Any hardening?

nil

7. DIGESTIVE SYSTEM?

nil

8. GENITO-URINARY SYSTEM?

Urinalysis—S.G.? 1010 Reaction? acc Albumen? no Sugar? no

9. SKIN, MIDDLE EAR, EYE or any other part?

nil

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe.

nil

11. Opinion as to the health and physical condition of the one examined?

nil

Examined at: Kennel P.K.

Date: 9-12-18

Signed: [illegible] M.O.

Signed: [illegible] M.O.

☛ *If any disease or impairment of health or physical condition is discovered, this report should be sent at once to the O.C. concerned for the Officer or Soldier to be sent before a Medical Board for regular boarding.*

Number 65-1903 London, Ont. H.D., No. 1.

Name Pte W. Abernethy Date 3-6-19

Unit D Coy Age 34

Symptoms Temp 98

Pain in left Pulse 89

Chest Resp 20

Weight

Sputum

History Pneumonia

Bronchitis

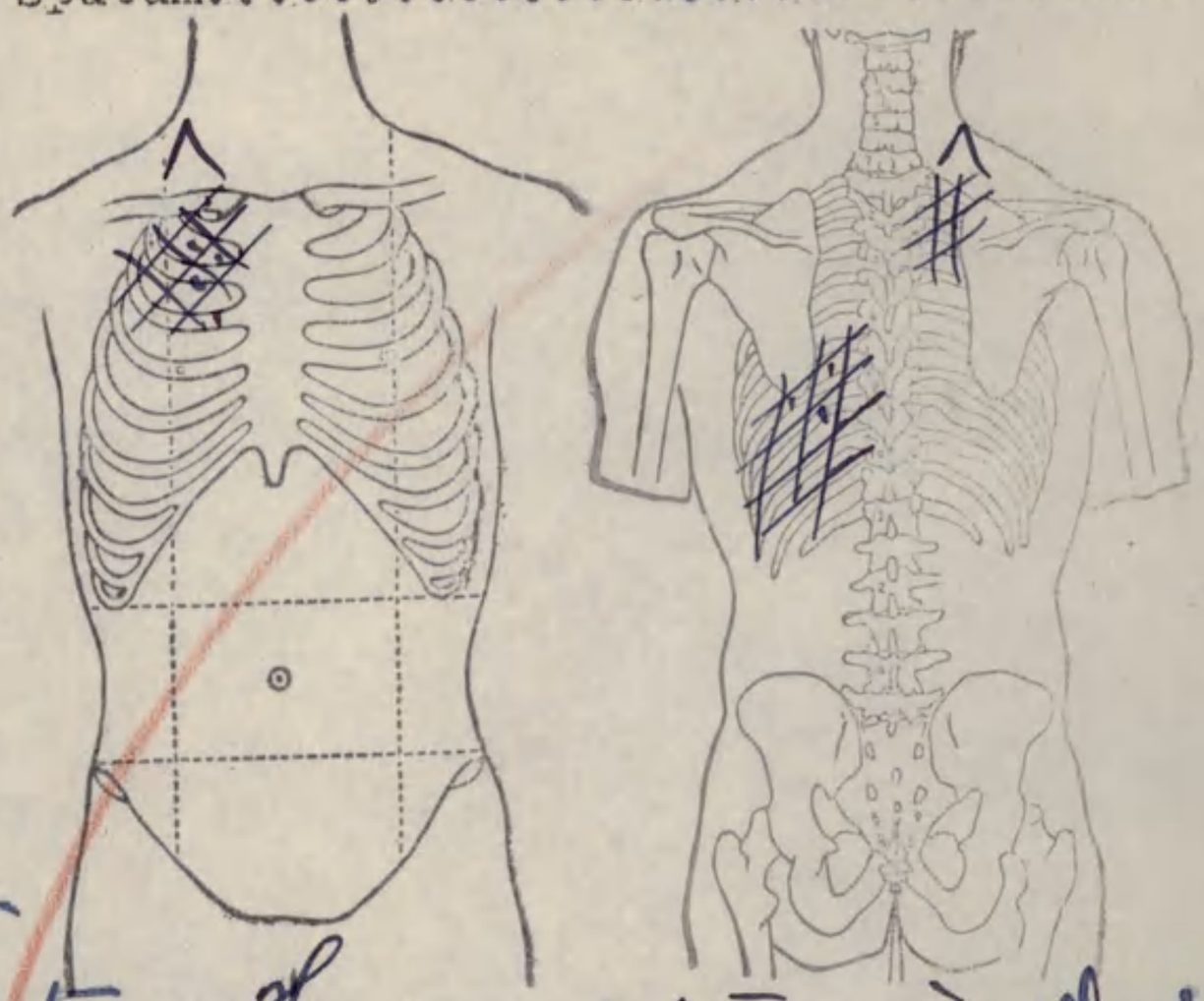
Sputum bright blood.

Exposure

Mother died TB.

Examination

Some retraction right upper chest c̄ impairment



Remarks His condition in this

Irregular B. at left base c̄ apparently normal

base room left lung showing much activity

Occasional rales over left but still would

lower lobe B.V. breathing above treatment for a time

right apex c̄ occasional rales below right

clavicle

Diagnosis

Pulm TB.

D A Craig

Capt. C. A. M. C.

Forms
I. 1237
11

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
7 ~~307~~ Year	651908	Pte	Akiwenze	N
	Unit.		Age.	Service.
	110 Hy Bn		30	6/12

Station and Date.
Raven's Croft, Military Hpl. Seaford, Suss. 9 DEC 1916

Disease Pneumonia

Admitted Dec 9th complaining of pain in chest, coughing temp 101°. Lobar pneumonia, left lower lobe, dullness on percussion some râle bronchial breathing above area of dullness. Coughing considerably sputum somewhat rusty.

15/12/16 Condition greatly improved. Temp normal, cough less also sputum.

25/1/17. Getting stronger - appetite good. to get out for exercise -

C H Brown

29/1/17 ~~Transfer to Convalescent Hosp.~~

C H B

Disch. to duty C H Brown

Discharged to duty.

10 FEB 1917

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

(23205) Wt.W 4234—M 627. 1,000,000, 8/16. C.F.&S. Forms/I. 1237/11.

P.T.O.

Station and Date.	

CASE HISTORY SHEET.

Hospital. London Station.

No. 651903 Rank Pte. Name Akewenzie Wm. Age 34

Unit D.D.R. 1. Completed years of service (Where and how long) C 5/12 E 24/12 F 5/12 ✓

Date of admission 22-1-19 N.A.D. Date of discharge 4-3-19

Diagnosis Observation. Place of origin Overseas

CONDITION ON ADMISSION AND PROGRESS OF CASE

Symptoms.... Cough

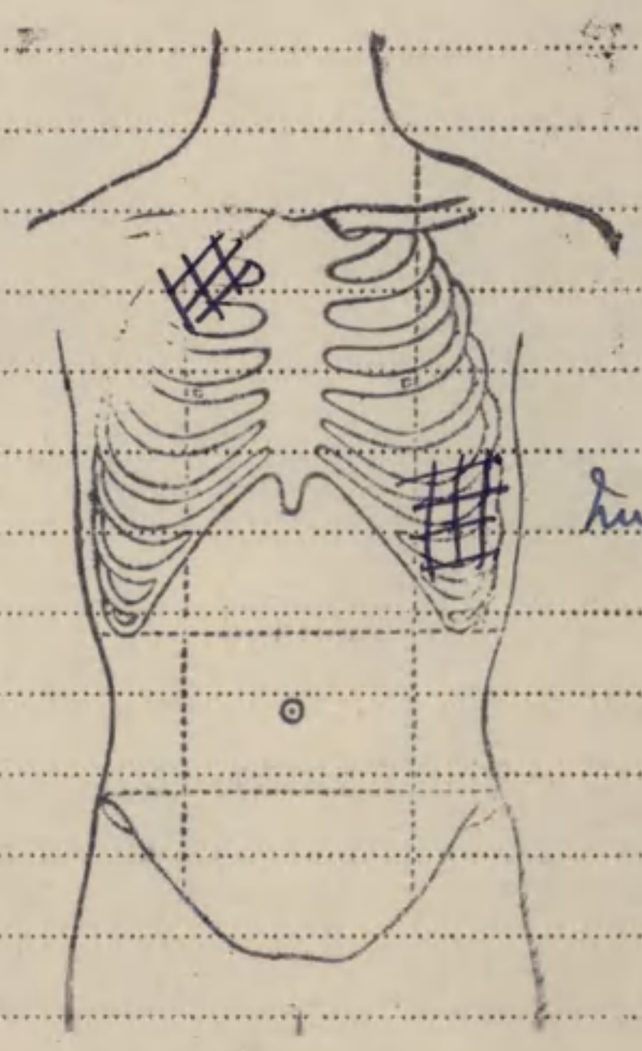
Expectoration

Pain in Chest.

Personal Hist.. Pneumonia and Bronchitis

Says he spatu blood

Impairment-
B.V. lengthening



Impairment

Sputum Analyses..
4-1-19 Negative for T.B.

FAMILY HISTORY Mother died of T.B.
(Tuberculosis, mental or nervous diseases.)

TREATMENT Rest
(Especially any specific or special form.) Full diet

Sputum analysis

Temperature and Pulse Records

Sputum - Negative
Temp record & pulse normal
Signs similar to former report
Discharged. Condition not necessary for hospital treatment Capt Cang

CONDITION ON DISCHARGE,
(and disposal made of case.)

Date 4-3-19

H. M. Wade Lt Capt
Medical Officer i/c case.

M. F. B. 313a.
50M.—3-18.
1772—39-439.

042624

DENTAL HISTORY SHEET

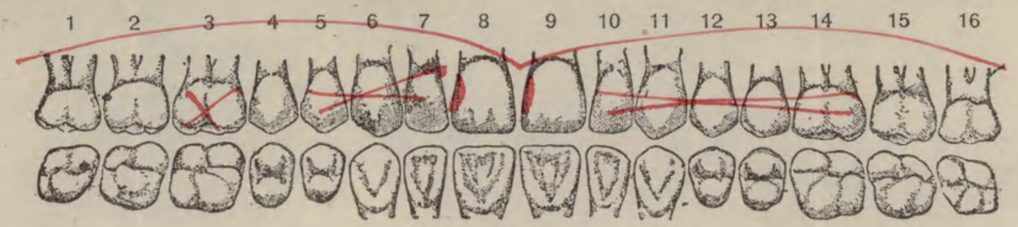
CANADIAN ARMY DENTAL CORPS

District (

Name of Soldier Armstrong William

Regiment 160th Bn Rank Pte

No. 655903



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show:

1. Condition on examination (in red).
2. Condition on leaving Canada.
3. Condition on discharge.

	Date		Amalgam	Temporary Filling (a) G. P. (b) Cement	Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	DENTURES U	DENTURES L	DENTURES P	Gold Clasp	Gold Filling	CROWNS Gold	CROWNS Porcelain	Bridge Work	OPERATOR	Military District	REMARKS
Condition on first Examination	Jan 20 1919.		2 8.9.		2 23. 26																EXAMINED BY R.G. McMillan Capt.		Complete on discharge.

M.F.B. 465.
15M - 6-18
772-89-950.

Duplicate

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: 160th Bruce Battalion

(2) Regimental Number: 651903

(3) Full Name of Soldier: AKIWENZE, William

(4) Place of Birth: Cape Croker, Ont.

(5) Are you married, or not? Yes

(6) If married, state,
(a) Full name of your wife: Florence Akiwenze

(b) Present Postal Address: Cape Croker, Ont.

(7) Are you a widower? ,

(8) Have you any children? Yes

If so, give number of boys and girls: 1 Boy, 1 Girl

Also their names and ages: Stanley Harold, age 3

Kathleen Alma, age 1

M. F. W. 67.

200M.—3-16.
I772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive ? Yes

If so, state name and address David Akiwenze, Cape Croker, Ont.

(10) Is your Mother alive ? No

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not ?

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

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

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

Yes

(15) Are you insured ? No

If so, in what Company ?

Have you made arrangements for payment of your Insurance premium

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

C. Nicol Lt.Col.
Officer Commanding.

Date June 6th 1916.

160th Os. B'n. C.E.F.

Number 651903

London, Ont., M.D. No.1.

Name Pte. Wm. Mckwenzie

Date 2/7/19

Unit Pensioner

Age 36

Symptoms

Tires easily

Pain in the left chest

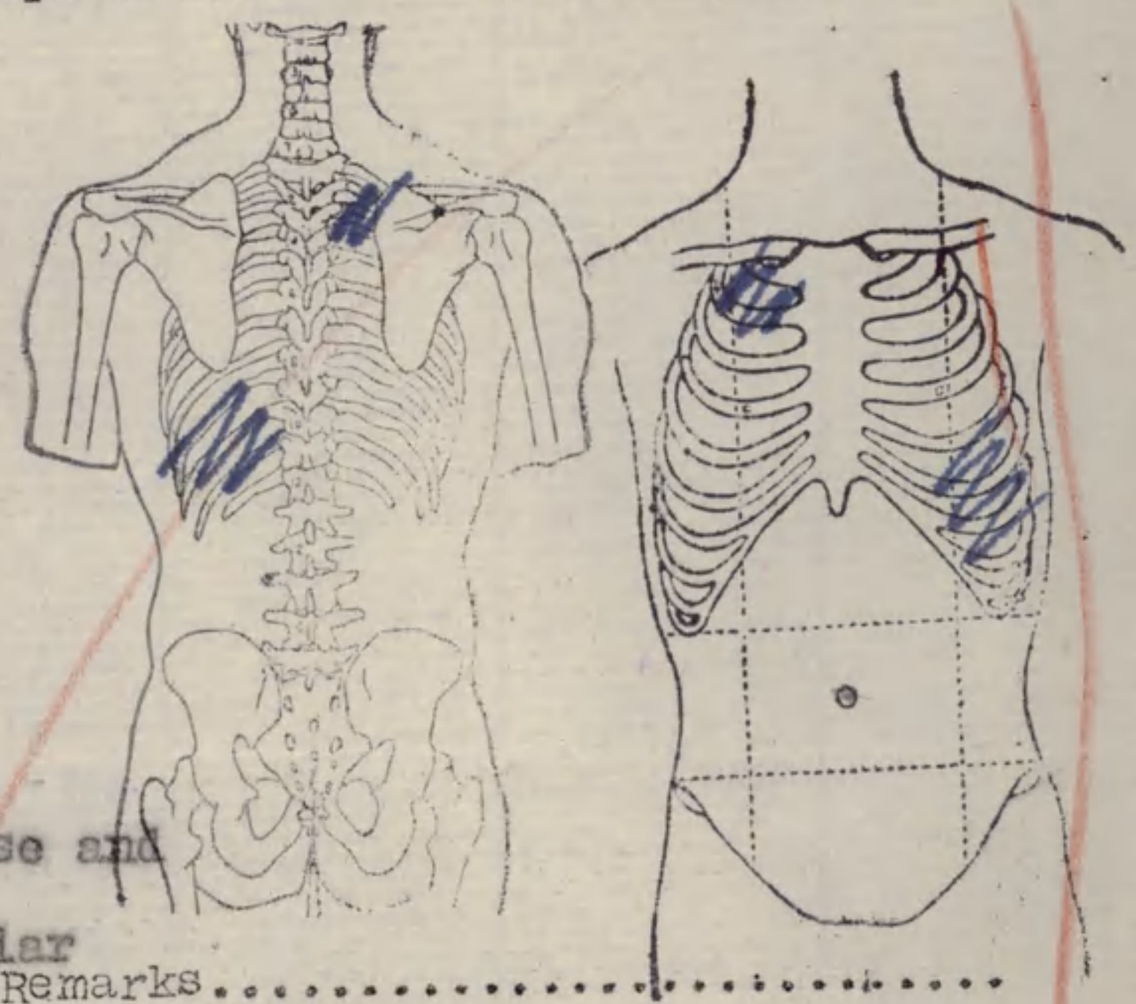
Temp. 98.2

Pulse 72

Resp. 20

Weight

Sputum



History

Bronchitis

Examined on 5/3/19 and advised Sanatorium treatment.

Exposure

Mother died of T.B.

Examination

H.B. at the left base and over the left root. Broncho-vesicular breathing at the right apex. and over the right upper lobe. There are occasional dry rales below the sternal end of the right clavicle.

Remarks

With ordinary precautions patient should be able to carry on at home.

Diagnosis

Pulmonary T.B. (Quiescent)

D A Craig

Capt. C. A. M. C.

R—122
8,401—50,000—21-10-16.

A.G.R. Rank Pte Name AKIWENZE, William Reg'l No. 651903

Unit 110th ~~140th~~ Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Cape Croker, Ont. 2nd March, 1916. Place of Birth Cape Croker, Ontario.

Name and Address, Next-of-Kin Florence Akiwenze, Cape Croker, Ontario. Relationship Wife.

Assigned Pay Monthly $ Payable to Relationship

Separation Allowance $ Payable to Relationship

Discharge, Date and Place Reason Character

M/E. R.B. No 4954
File R.L.
Category O.R. Can
Pte o/c

Report. Date.	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.
		Arrived in England. S S Caronia. 11.11.16			
11-12-16	C.L 110th Bn	Adm Ravenscroft Mil Hos.	Seaford	10-12-16	C L 9 Pt II D0279 — Seriously ill R.D.S.
1.1.17	OC. 110th	S.O.S to 8th Res. Bn.	Shoreham	~~31-12-16~~ 1.1.17	D O 299 Amended W.O. 16 8th Res Bn
16-1-17	C.L 110th	Removed from list of seriously ill	Seaford	13-1-17	C.L 31 R.D.S.
1/1/17	8th Res Bn	T.O.S. from 110th Bn	Shoreham	1/1/17	Pt II O. 1.
1-2-17	C.L 8th Res Bn	Dis Ravenscroft Mil. Hospital	Seaford	~~30/1/17~~ 10/2/17	Amended by C.L. 13 Pt II D. 31. C.L. 6. 58th Bn
7.6.17	"	S.O.S. to 58th Bn Overseas	Shorncliffe	7.6.17	D0158 DO 52 30-6-17
3.11.17	2nd COR	No 8 Can Field amb	Field	27.10.17	Ch 54 S.W. Rt thumb Cont L Eye & back
5.11.17	58th Bn	Missing after action	—	Pte 26.10.17	W.D. 170
6.11.17	2nd COR	Adm 1st West. Gen. Hospital	Liverpool	1.11.17	C.L B 56. S.W. Rt thumb Cont. L. eye & back

DISCHARGED

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.
7-11-17.	58th Bn.	Previously reported Missing after Action, now reported (Wounded & not Missing)	Field.		26-10-17.	D.O. 102.
10.11.17	do	Invalided (via) Posted En bd Pd	Field	Pte	1.11.17	R.O. 100 (2nd C.O.R.D. D.O. 245. d/9 11/17)
28.11.17	2-COR	Pd. Woodcote Park C C Hosp	Epsom		24.11.17	C.L. B 75. S Wr thumb Cont l eye & back
10-1-18	2 COR ▷	S.O.S. posting to 8 Res Bn	Sidling	Pte	7-1-18	R.O. 8 (8 Res D.O. 11. D/11/18)
3.IV.18	8 Res Bn	On comd to Phyl.	Witley	"	3.IV.18	Do 337
4.1.19	"	Ceases on comd to Phyl and SOS on trans. to C.E.F. in Canada	"	"	IV.IV.18	Do 4

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 160th. O.S.battalion, C.E.F.

Regimental No. 651903 Rank Pte. Name Akiwenze, William

Enlisted (a) 2-3-16 Terms of Service (a) C.E.F. Service reckons from (a) 2-3-16.

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)

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	31-10-16	
		Arrived	England	11-11-16	
1-1-17	110thBn.	Trans. to 8th.Res Bn.	Shoreham	31-12-16	D.O.299 J.Johnson Mjr.
1-1-17	C.O. 8 Res Bn	Taken on strength 8th.Res.Bn	Shoreham	31.12.16 ~~1-1-17~~	D.O.Pt.2.No.1. Rowlerr Adjutant, 8th Canadian Reserve Bn.
7-6-17	8th R.Bn	S.O.S.to 58th Bn (Over-Seas)	Shorncliffe	7-6-17	D.O.PT 2 #158 Rowlerr Capt. Adjutant, 8th Canadian Reserve Bn.
8.6.17	CBD	Taken on Strength 58th Bn.	Field	86.17	NRPt II Ord 52 d/ 30.6.17
26.7.17.	3rd Cdn Bn	Left for Unit	✓	26.7.17	NR
5.8.17.	58th Bn.	Arrived at Unit:	✓	26.7.17.	B.213-205.
29.10.17.		Missing after action.		26.10.17.	G.A. file R.I. 16/28537.
28.10.17.	4 Mont.	Sdw. 2Lieut, R. & centre. R.eye & back	adm.	28.10.17.	Pt.2 No.100/17. Cancelled Pt.2 no.107/17.
					A.3034/A.9351.
28.10.17.	8 C.F.A.	Sdw. 2Lieut. R.	adm & to Bde.	27.10.17.	A.36/A.9427.
27.10.17.	3 Dist. Bde.		adm	27.10.17	A.9662.

(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				
28.10.17.	3 Aust. Lab	20 Lab Contrs. Back	A.T. 4	28.10.17.	A.36/B.402.
1.11.17.	A.A.T. Peter de Cominck.	2 invalided (wounded) and posted to 2nd CORD, Shorncliffe.	4 Kent.	1.11.17.	W.3083 (4247). Pt.2 no. 105/17. J. Knox Ross Lieut for Lieut. Col., A.G.D.
9.11.17	2 CORD	T.O.S. posting from 58B.	E Sdling	1-11-17	No 245.
10-1-18.	2nd CoRD.	S.O.S. to 8th Res Bn.	E Sandling	7-1-18.	D.O. #8. A Gulpin Lieut for Colonel i/c Records, A.M.F.D.
11-1-18.	8th Bn.	T.O.S. from 2nd CoRD.	Shorncliffe	7-1-18.	D.O. # 11
3-12-18	8th Res	T.O.S. Kimmel Park		9-12-18	D.O. 5
		S.O.S. On proceeding to Cmd.	O.C. 4th Training Camp	12-12-18	D.O. 10 A Bakelie Capt.
12.12.18	Sailed from Liverpool				

W P Sullivan CAPT.
ADJUTANT H.M.T. Regina

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-920.

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

Casualty Form—Active Service.

Unit, Regiment or Corps 160th Batt C E F

Regimental No. 451903 Rank Pte Name Abuenzie William

Enlisted (a) 2-3-16 Terms of Service (a) C. E. F. D. O. W. Service reckons from (a) 2-3-16

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

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				
12.12.18	from O.S.	Taken on strength No. 1 District Depot London D.O. 257 F. H. Herman Lieut for OC No. 1 DISTRICT DEPOT			
London Ont.		10-3-19. Discharged Medically Unfit R.O. 693 9.6.16 To Dept. of Soldier's Civil Re-Estab't F. H. Fletcher Lieut for O. C. Discharge Section, No. 1 D.D.			

(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				

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
865.	651903.	Pte.	Chiwenzie.	W.
Year	Unit.		Age.	Service.
	5th. Canadians.		33.	1 7/12.

Station and Date.	Disease S. W. Thumb (R).
Nov. 2-17.	Wm Brown LD
Nov 22nd 17	On the left conjunctiva there is a dilated vein which causes some irritation. Other eye is much better. Wm Brown LD

Station and Date.	

DIVISIONAL LABORATORY

Rank Pte Name Ackwing No. 151903 Corps

Ward 44 Date 3-3-19

Rec'd from

The specimen of sputum

shows an absence of

Tubercle B.

Examined by Wm Johnson Capt.

M. F. W. 2538.
10M.—5-18.
1772-39-1315.

DIVISIONAL LABORATORY

Rank Pte Name A Rivers No. 651983 Corps

Ward III Date 30-1-19

Rec'd from

The specimen of sputum

shows an absence of

Tu Bacle B. and

the presence of

diplococci.

Examined by W B M Johnson Capt.

M. F. W. 2538.
10M.—5-18.
1772-39-1315.

DIVISIONAL LABORATORY

Rank Pte Name Akewine No. 65,1903 Corps

Ward 3 Date 28-1-19

Rec'd from

The specimen of Sputum

shows an absence of

Tubercle B.

Examined by W M Johnson Capt.

M. F. W. 2538.
10M.—5-18.
1772-39-1315.

DIVISIONAL LABORATORY

657903

Rank Pte. Name Akuwenze No..... Corps.....

Ward 3 Date 27/1/19

Rec'd from.....

The specimen of Sputum

shows an absence of

Tubercle Bacilli

Streptococci present

Examined by W. H. M. Johnson Capt

AMC

M. F. W. 2538.
10M.—5-18.
1772-39-1315.

DIVISIONAL LABORATORY

Rank Pte Name Akiwenzie No. 65 1903 Corps .....

Ward 3 Date 25/1/19

Rec'd from .....

The specimen of Sputum

shows an absence of

Tubercle Bacilli

Diplococci present.

Examined by W. H. M. Johnson Capt. A.M.C.

M. F. W. 2538.
10M.—5-18.
1772-39-1315.

DIVISIONAL LABORATORY

Rank Pte Wm Name Akiwenz No 651903 Corps

Ward 3 Date 24-1-19

Rec'd from

The specimen of Sputum

shows an absence of

Tubercle Bacilli

Examined by W H M Johnson Capt.

M. F. W. 2538.
10M.—5-18.
1772-39-1315.

MILITIA A

Pte Kewenge. W. 3

657903.

25/2/19.

Sp G.r 1027

Reaction. acid

Albumin. Neg

Glucose. Neg

Wm Johnson Capt

EPITOME OF HOSPITAL TREATMENT.

Hospital	Adm.
1.	
2.	
3.	
4.	
5.	
6.	
7.	

D.M S 1300.

Surname	Christian Name or Names	Reg. No.
Akiwenzie	W.	651903

Rank	Unit	Co.	Troop	Batty.
Pte	2nd C O Reg.	110th Bn 58 Bn.	8 Res Bat.	

Hospital: Ravenscroft Mil Seaford

Date of Admission: 10-12-16

Transferred	Hosp.
8. Canadian. F. Ambulance	Hosp. 27. 10. 17
1 W. Gen L'pool	Hosp. 1. 11. 17.
Woodcote Pk. Epsom	Hosp. 24. 11. 17

Diagnosis

(1) Later Diagnosis (if changed) M.A. Pleurisy

(2) S. W. R. Thumb. Cont. L. Eye & Back. RW

(3)

Additional Diagnosis: if more than one state present

DISPOSITION

		Date
C. L. 11-12-16	9	~~Dis. 31-1-17.~~ Dis 10-2-17
" 16. 1. 17.	31	
" 1-2-17.	#6	
14-2-17	#18	
5. 11. 17.	a 54.	
7. 11. 17.	B 56.	
29. 11. 17	B 75 (2)	
10. 1. 18.	B 109.	

REMARKS

Ser. Ill

Removed from Ser. ill list. 13. 1. 17.

Dis 7. 1. 18.

RW.

No. 651903 RANK Pte. NAME Akiwenzie? W.

T. O. S. 2-3-16 Ort. Paylist. UNIT 110th. Battalion C.E.F.

Trans. from 160th. Bn.
D.O. 2439 27-10-16.

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Oct. 28 Nov	1916 Oct. 31	W R		UNIT SAILED OCT 31 1916

No. 65 1903. RANK Pte. NAME Akinwenzie. Wm.

T.O.S. 2-3-16. (D058-8-3-16) UNIT 160th Battalion

M. D. /

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 2	1916 Mar. 31	✓		
Apr.		✓		
May		✓		
June		✓		
July		M.		
Aug.		M.		
Sept.		✓		
Oct. 1	Oct. 13	M.	Transf to Casualties MD 1	(O.O. 245)

R. 149.

Name Akiwenzi William. Rank Pte. Reg. No. 65 1903.

Unit ~~xxxxxxxxxxxx~~ 8th. Reserve.

Next of Kin Canada

Date 1916.	Movement	Place	Casualty	List No.	Notified N/K.O.	W.O. List
10.12.	Ravenscroft Mil Hosp (Seriously ill)	Seaford.	N.Y.D.	9.	0 6183.	
3-1-17.	Removed from Ser ill List.	N.Y.D.		31.	0.7600.	
31-1-17	Dis	N Y D.		6.		
	Erratum. Lisehange. Should read.					
10-2-17.	Dis.	Fleurbaix		13.		

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

1/457 46 342624

REG. NO. 657903 NAME (SURNAME FIRST) Akiwenzie W

RANK Pte CORPS 160 Batt

AGE 30 34 SERVICE ~~7/12~~ 37/12 C 8/12 E 24/12 F 5/12

NAME OF HOSPITAL Military. L.M. 6th W.B. PLACE London

DATE OF ADMISSION 8. 10 - 16 23 1 19

DISEASE Gonorrhoea. Ag NAD Bronchitis

DISCHARGE 26 - 10 - 16 4 - 3 - 19

OPERATION

DISCHARGED TO DUTY Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

100M—9-17—H.Q. 1211-8-30.

REMARKS

No. 651903 RANK Pte NAME Akiwenzie, William

T. O. S. UNIT Casualties b.E.F

trans. from 16th 14.10.16 Ot paylist

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916	1916			
Oct. 1	Oct. 13	M.		
Oct 14	Oct 24	M.	To 110th Bn. 24.10.16	D.O. 3 of 14.11.16

NAME

REGT. No.

RANK AND UNIT

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

Com.

Number. 6.5.1.9.0.3.

Rank. Pte.

Surname. AKIWENZE

Christian Names. William

Unit. 58 Th. Bn. Can. Inf. Theatre of War. France

Date of Service. 8-6-17

Remarks.

Latest Address. Cape Croker Ont.

Roll No. B Page 3253

REMARKS.

24.11.17 Slight wd. on thumb healed but thumb stiff.
Pass. F.P.3. L.D.
3.12.17 Cont.
11.12.17 "
18.12.17 " Improved.
24.12.17 Has all hand movts. & fit for duty. A.M.

[illegible] Blakely
Capt.

Form DMS 1401.
8289 100M 9/3/17.

Convalescent Hospital

HOSPITAL.

Woodcote Park, Epsom.

AT

A. & D. CARD

IV

A. & D. No. PL. OF ACTION

RANK 651903. Pte. UNIT 58. Can Bn. SICK OR WOUNDED

NAME Akiwenzie W. AGE 33. RELIGION R.C.

PLACE IN HOSPITAL

DIAGNOSIS Shot. R.X. & thumb & leg

ADMITTED Nov. 23-11-17. FROM 10th N.G. Liverpool 23-11-17.

DISCHARGED A III 7.1.18 TO 8 Res. Shoreham

TRANSFERRED

SERVICE AT HOME 1 9/12. IN FIELD 5/12.

RESULTS

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

REGT'L NO 651903

H. Q. FILE No. 649-

NAME Akiwenze William

RANK AND CORPS Pte. 5-8 Bn (10th Bn) (form. 160th).

FOLLOWS No.

FOLLOWS

CABLE No.	CABLE Date	NATURE OF CASUALTY
		C.
O 6183	11-12-16	Seriously ill Ravenscroft Military Hosp Seaford Dec. 10th 1916. Disease not stated ✓
D 7600	13-1-17	Removed from seriously ill list Ravenscroft Military Hospital, Seaford Jan. 13th, 1917. ✓
22-4 m 6298	5-11-17	8 Field Amb. Dept Oct 27th 1917 GSWs. multiple ✓

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
9.	Ravenscroft Uni. Seaford	10-12-16	Ser. ill - not stated
31	Removed from list of seriously ill. N.Y.D.	13-1-17.	
6.	Can. Inst. Eastbourne	~~31-1-17~~ 10-2-17	N. Y. D. Disch. Relisted as per list #13
	" " " "		
	ex (Raven's Croft)		
Ac 54.	No. 8. C. 7. A.	27-10-17	Sw R Thumb Cont & Eye & Back
B56.	1st West Gen; Liverpool	1-11-17	Sw R. Thumb. Cont. L Eye & Back 26-11-17
B 75-2	Ex " Can. Conv. Woodcote Park Epsom	24-11-17	" " " " 20-12-17 2nd C.O.R. "
B109.	Discharged	7-1-18	Sw. Rt. Thumb, Cont L. Eye & Back L. 29-1-18.

C.E.F. 651903

AKIWENZIE, William 651903 Pte.

Medals Prev. Desp.

CROSS TO WIDOW: NOT ELIGIBLE

CROSS TO MOTHER: hold pending application

Date.	Remarks	Pt. 2 Order No.
MAR 4- 1919	*Posted to Casualty Coy.*	64 64
10-3-19	Discharged from H. M. S. Medically unfit. (P.D.P.)	67

M. F. W. 192

150m.—5-18

1772-39-1243

*Name AKIWENZE, William Rank Pte. Regtl. No. 651903

Fyle Depot 1DD 10-A-114

Original unit 160th Bn Present unit 58th Bn M. or S. M Age 32 Religion R.C. Ref. H.Q. 1-D-30-A-446

Port, ship and date of arrival Halifax, Regina, 20-12-18.

Next of kin Wife, Florence Akiwenze, Cape Croker, Ont.

Address on leave

Address on discharge Cape Croker, Ont.

Transportation issued Yes No Date Character on discharge

Previous occupation Farmer Date and place of enlistment Cape Croker, March 2nd, 1916.

Diagnosis Suspected Tuberculosis of Lungs Date of Medical Boards 6-3-19.

Date. T. O. S.	Remarks.	Pt. 2 Order No.
12-12-18	No.1 D.D.	
22-12-18	Posted to Cas.Coy.	
13-1-19	Subsistence Allowance from 22-12-18 to 20-1-19	251 8
23-1-19	Posted to Hospital Section C.H.M.E. CCO #24.	24 27

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

(over)

Date of Enlistment

Mar 2-1916

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

1023

Date of Assignment

Nov 1/16

RATE OF SEPARATION ALLOWANCE

~~20~~	~~25~~	30 1-9-18	

1-12-17 P.C. 3257 P.C. 2753 M.R.D. 26934.

RATE OF ASSIGNMENT

17-			

PARTICULARS OF SEPARATION ALLOWANCE

No. 651903

Rank Pte Promoted Reverted Discharge

Soldier's Name W. Akiwenzie

Battalion 110th Bttn

Beneficiary Mrs. Florence Akiwenzie

Relationship Wife MFW 2554 30/9/18

Address

PARTICULARS OF ASSIGNMENT

Name Mrs Florence Akiwenzie (wife)

Address Cape Croker Ont

Change of Address

1

2

3

4

Date 1917	Cheque No.	Amount S/A	Amount A/P	Total	
Sept.		379	187	$ 566 00	
Oct.	C 50428	20	17 -	37 -	
Nov	C 52235	20	17	37	T
Dec	C 59957	20	17	37	c
Jan	F 61205	30	17	47	s.
Feb. ✓	B 90981	25	17	42	
Mar	G 98205	25	17	42 ✓	
April	G 9999	25	17	42	R
May	A 10910	25	17	42	c
June	B 13826	25	17	42	b
July	Y 26786	25	17	42	D.
Aug	A 29264	25	17	42	b
Sept.	A 35888	25	17	42	D.
OCT	A 425-25	25	17	42	b.
NOV	A 50625	25	17	42	b
DEC	A 62530	45	17	62	b.
JAN		764	442	1206	b

REMARKS 18-9-W-55

MFW 2554 ok. JHB 9/12/18

CANADIAN
ASSIGNED PAY AUDITED
P.S.B. Ret'd
AUDIT CLERK
DATE 20/8/19

A/c Closed 31-12-18

Ret'd per Regimental

Date 20-12-18 M.F.W.187 27-12-18 (2201)

V. Richter

M.R. 057611

M. F. W. 128
400M.—6-17—172-39-141
L. L. 22520—M. & D. 7593.

CONSOLIDATED ACCOUNT

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

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—172-39-1141
L. L. 22320—M. & D. 7993.

2-3-16 P. Asst 234/11 Akiwenze Letter list 200

L. L. Job 4503.—M. & J. 32

MILITIA AND DEFENCE

M. F. W. 11.
50m.—6-16.
H. Q. 1774-39-818.

SEPARATION ALLOWANCE

Name Mrs Florence Akiwenze

Address Cape Croker. Ont.

Relation to Soldier wife, child or mother } wife

Name of Soldier Akiwenze, Wm

Regtl. No. 651903

Rank pte

Corps ~~160 Battn. Casualties~~ Trans to 110 Battn 27/10/16 (28/10/16)

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		N28804	19 —	

9

$$\begin{array}{r} 19 \\ 360 \\ \hline 379 \\ 187 \\ \hline 566 \end{array}$$

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

M. F. W. 11a.
50m.–6-16.
1772—39—818.

Sheet No. 2. Mrs Florence Akiwenze Akiwenze wife

PAYMENTS.

Name of Soldier Akiwenze Akiwenze, Wm

L. L. Job 4503.–Req. 6832.

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	H 267	20.–		account was closed soldier trans
May		G 4697	20.–		to casualties – Trans from
June		B 1668	20.–		casualties to #1108 Battn 27/10/16
July		J 9795	20.–		per pmt 28 1/16 – no s/a having
Aug.		A 11203	20.–		been paid by casualty P. M.
Sept.		B 14625	20		3 1/16 Sonley
Oct.		B 18041	20		
Nov.		~~K 20458~~ ~~B 21291~~	~~20~~ ~~20~~		to B 21291 cancelled.
Dec.		U 27045	20		20
Jan.	1917	B 28418	20		20
Feb.		B 31223	20		20
March		P 35081 ~~B 34310~~	~~20~~ 20		~~B 34310 cancelled~~ Rewrite
April		C 222	20	299	20
May		C 3803	20.		20
June		D 7553	20		20
July		C 10619	20		20
Aug.		E 13886	20		B
Sept.		D 18337	20.		$379.00 WDC ✓
Oct.			20		Bro
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

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

L. L. Job 88773—M. & D. 6195.

2-3-16

MILITIA AND DEFENCE

M. F. W. 11.
20m.—11-15.
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name Mrs Florence Akiwenzie

Address ~~Cape Croker~~ ~~Chippewa Hill~~ Ont.
Cape Croker Ont

Relation to Soldier wife, child or mother } wife

Name of Soldier Akiwenzie, Wm

Regtl. No. 651903

Rank Pte.

Corps ~~160~~ 4th Batt. Canadian

To what Corps belonging when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		28807	19 –	19

Deceased

ACCOUNT CLOSED
DATE ..... PER .....

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 11a.
60m.—12-15.
1772—39—818.

Sheet No. 2. Mrs Florence Akiwenzie wife

Name of Soldier Akiwenzie, Wm Pte.

L. L. Job 89002.—Req. 6213.

651903

Month.	Year.	Cheque No.	Amt.		Remarks.
April	1916	F 267	20	—	20
May		G. 4697	20		20
June		B 1668	20		20
July		B 9795	20		20
Aug.		A 11203	20		20.
Sept.		B 14625	20		20
Oct.		B 18041	20	—	20
Nov.		~~B 21291~~	~~20~~		~~20~~ B 212.9, cancelled
Dec.					Account closed — transferred
Jan.	1917				to casualties MD 1 - 13/10/16 (Form 23/10/16)
Feb.					
March					
April					ACCOUNT CLOSED
May					DATE..... PER.....
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Destroy

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier .....

PAYMENTS.

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

L. L. Job 4503.—M. & D. 6832.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

1917 M. F. W. 12.
50m.—6-16.
H. Q. 1772-39-819.

P. 4 Sts

(Wife)

To Whom Mrs Florence Akiwenzie

Address Cape Croker, Ont.

Rate 17.00

NOV 1 1916

By Whom Assigned Akiwenzie, W.

Regtl. No. 65 1903.

Rank Pte

Corps 110 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				

Consolidated account.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
50m.—7-16
1772—39—819.

Sheet No. 2. Mrs Florence Akiwenzie (wife)
(Assignee)

Name of Soldier Akiwenzie, W.
651903 - Pte, 110 Bn

L. L. Job 5470—Req. 6888.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			17.00 NOV 1 1916
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.	17	A 33456	17	
Dec.		V 34858	17	
Jan.	1917	D 37176	17	
Feb.		D 42704	17	17 J.W.
March		D 43799	17.	17.6.
April		E 234	17	17.6
May		E 6745	17	
June		E 13144	17	17.E.
July		G 20149	17	s
Aug.		G. 26877	17	d
Sept.		F 38220	17	e. $187.00 WDC ✓
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

CANADIAN
ASSIGNED PAY AUDITED
G. Bassett
AUDIT CLERK
DATE 20-6-19

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.				

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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

War Service Badge
This space to be for numbers A 245521 Issued

War Service Badge.
Class B No. 52441 Issued.

1-6-33

Proceedings on Discharge.

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

No. 651903

Rank PRIVATE

Surname AKIWENZIE,

Christian Name William

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company) 160th BATTALION, C.O.M.F.

Date of Discharge MAR 10 1919

Place of Discharge LONDON, ONT.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age 34 years months.		
Height 5 feet 10 inches.		
Complexion	DARK	
Eyes	BROWN	G. S. W. MULTIPLE RIGHT THUMB LEFT EYE AND BACK
Hair	BLACK	
Trade	Farmer	
Intended place of residence (To be given as fully as practicable.)	Cape Croker, Ont.	

2. The above-named man is discharged in consequence of

MEDICALLY UNFIT
R. O. 693 .d/.19 .6 .18
To Dept. of Soldier's Civil Re-Estab't

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Discharged 10/3/19

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges:

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding .....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) LONDON, ONT. Wm Akiwenzie ..... (*Signature of Soldier.*)

(Date) MAR 10 1919 G. Reddon ..... (*Signature of Witness.*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Additional Certificate in the case of a Soldier who takes his discharge on his own request.**

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. **Confirmation of Discharge.**

The discharge of the above-named man is hereby confirmed.

(Place) LONDON, ONT.

(Date) MAR 10 1919

(*Signature*) D. Fletcher Lieut

for O.C. Discharge Section, No. 1 D.D.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

none

Wm Akiwenzie

(OVER)

10 – Ak – 1

4

AUDITOR	PAYMASTER

3062

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

M. OR S. M.

REGT. No. 651903 RANK Pte. NAME (IN FULL) AKIWENZIE, W. F. K. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN

RELATIONSHIP

ADDRESS

IS SEPARATION ALLOWANCE PAID? 30

DATE EFFECTIVE 1-1-19

TO WHOM PAID Same as A.P.

RELATIONSHIP

ADDRESS

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F. 110th. Bn.

IF IN P.F. WHAT UNIT? Cape Croker, Ont.

PLACE OF ATTESTATION

TRANSFERRED TO — DATE — AUTHORITY

DATE OF ATTESTATION 2-3-16

TRANSFERRED TO — DATE — AUTHORITY

ASSIGNED PAY. $ 17

DATE EFFECTIVE 1-1-19

PAYABLE TO Mrs. Florence Akiwenzie

RELATIONSHIP Wife.

ADDRESS Cape Crocker, Ont.

ANY CHANGE IN ASSIGNEE OR ADDRESS

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE

DISCHARGED — PLACE London — DATE 10-3-19 — REASON M.U. — AUTHORITY D067 — IF ENTITLED TO POST DISCHARGE PAY 8 yrs

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.	$	C.	TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.	$	C.	TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
Balance from previous account Eng. Pte. 31-12-18							34	90																			4 87 5 20				29	87			5	03	On Boat LLC
1-1-19 31-1-19	31	1.10	34	10	24	00	58	13	63	13	an 20/19 an 340						15	00					~~17 00~~ ~~30~~								25		38	13			Sub. 20/1/19 2.20/1/19 20 8 15 a.R. by cheque
1-2-19 28-2-19	28	1.10	30	80			38	13	68	93	a.R. 105						5	00					17 17 30 30								39 60		29	93			
					60		~~60~~		60																												
1-3-19 10-3-19	10	1.10	11	00	35	00	29	93	75	93							13309 10/3/19						6993		13310 600 10	10/3/19					75 93 10 00						35 Clothing allow 10 Santar
					10				10																												
																															M.R. Mortimer Maj						
183 Days	10/3/19 10/4/19		420 420 210		180 90				600 570								90 210 70 70 70		30 60 30 30 30								30 420 210 140 70						420 150 90 60 30		Ch. cancelled – to A.C. ~~4983 84~~ 4984 15/5/19 – 81172-3 1/6/19 – 89542-3 8/7/19 103328-9 8/8/19 105356-7
			420		180				600								420 00		180 00												600 00						

War Service Gratuity

60m.-11-18 L. L. 51777. M. & D. 9585.

P. 559.
MARRIED OR SINGLE: Married

PLACE OF BIRTH: Cape Croker ont

NAME AND ADDRESS OF NEXT OF KIN: Mrs. F. Akiwenzie Cape Croker ont

RELATIONSHIP OF NEXT OF KIN: wife

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
12/11/16	12/12/16	V	

REG'L. No. 651903 RANK Private NAME Akiwenzie William

IF IN PERMT. CORPS WHAT UNIT } UNIT 110th Bn.

TRANSFERRED TO 8th Res. Bn DATE 1/2/17 AUTHORITY RO 41 22/1/17

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO 58th DATE 11/7/17 AUTHORITY PO. 158 7/6/17

PLACE OF ATTESTATION Cape Croker ont.

TRANSFERRED TO 2 CORS DATE 1/11/17 AUTHORITY AR

DATE OF ATTESTATION 2-3-16

TRANSFERRED TO 58 Batt DATE 1-1-18 AUTHORITY AR

2 CORS 1/2/18 AKg

ASSIGNED PAY MONTHLY $ 17.00 DATE EFFECTIVE Nov. 1-16

PAYABLE TO Mrs. F. Akiwenzie. Cape Croker. ont RELATIONSHIP wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON C2.

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) C

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	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
1916														19 10	19 10																19 10				Bal. from Canada
Nov 1-30	30	1.00	30	-	30	.10	3	-							33			7 Nov 17							1460			17	1140	43	9 10				VDS-10-16 to 26-10-16 B 021 5-19 dec
Dec 1-31	31	1.00	31	-	31	.10	3	10							34 10													17		17	26 20				
1917 Jan 1-15	15	1.00/70	16	50											16 50													17		17	25 70				
" 16-31	16	1.00 .10	17	60											17 60																43 30				
Feb 1-28	28	1.00/70	30	80											30 80					7 Res Bn 770	13/1/17					243		17		19 43	54 67				Trans. to 8th Res Bn RO 41 22/1/17
Mar 1-31	31	1.00 .10	34	10											34 10			466 31/3/17 344 5/3/17						19 47 19 47				17	18 60	74 54	14 23				VDS Stoppage from 17/11/16-14/12/16 31 days @60¢ = 18 60. B 265. 6/3/17
Apr 1-30	30	1.00/70	33												33													17		17	30 23				
May 1-31	31	1.00 .10	34	10											34 10	72 106	14/4/17 22/4/17							7 30 7 30				17	1 25	32 85	31 48				Q 4005-2.4.17-638
June 1-30	30		33												33	271 201	29/5/17 14/6/17							9 73 7 30				17		34 03	30 45				
July 1-10	10		11												11													17		17	24 45				Trans. to 58th Bn. PO. 158 7/6/17
" 11-31	21		23	10											23 10																47 55				
Aug 31			34	10											34 10					3 Bn 266 7/7						268		17		19 68	61 97				
Sept 30	30		33											19 10	33	410 348	10/9/17 25/9/17	412	17/9/17	65 28/9/17 429 25/9/17				267 268	268	447 268		17		32 18	62 79				

#17 ap 651903 Pte Akiwenzie A.

Date 1917	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
Month Forward	Particulars				Cr. 1			Cr. 2	Particulars					Dr. 1	Dr. 2	Dr. 3	Dr. 4	Balance		Defer-red Pay	Ser. Alloc. Eng.	Month	Particulars								Dr. 2	Dr. 3	Dr. 4	Balance	Less Def. Reg. Alloc. Pay Eng.
Oct 1	Forward				~~62 79~~													62 79																	
" 1-31		P.P.			34 10				ap							17																			
									ap 542-6/9/17					5 35																					
									" 640-29/9/17					1 68																					
									" 598-21/9/17					1 67				69 79																	
					34 10									10 70		7																			
Nov.	Res Pay				33 00				ap							17																			
Dec	✓	✓			34 10				Dec. ap							17																			
									DWAR 694-12/10/17 58 Ball					2 57																					
									Rem. 4557-15-11-17					9 73				88 99																	
1918					67 10									18 30		34																			
Jan		P.P.			34 10							ap				17		106 09																	
					34 10											17																			
Feb																																			
	Pte Pay				30 80				ap							17																			
									ap 1287 7/1/18 Epsom.					48 67																					
									✓ 1947 26/1/18 8 Res					12 17																					
									ap 6999 20/12/17 Epsom					9 73																					
									✓ 5785 26/8/17 ✓					9 73																					
									✓ 2241 15/2/18 8 Res					7 30				32 29																	
					30 80									87 60		17																			
Mar	Res Pay				34 10				ap							17																			
									✓ 2351 26/2 ✓					7 30																					
									✓ 2718 9/3 ✓					7 30																					
									✓ 3341 24/3 ✓					9 73				25 06																	
					34 10									24 33		17																			

CANADIAN
ASSIGNED PAY AUDITED
J Roy AUDIT CLERK
DATE 20-5-19

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY	* ~~ENGLAND or~~ CANADA.	SEPARATION ALLOWANCE.	* ENGLAND or CANADA.
EFFECTIVE DATE:- 1/11/1916		EFFECTIVE DATE:-	
AMOUNT:- 17 00 xx		AMOUNT:-	

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.

Mrs F. Akwenzie N.R.
Cape Croker - Ont - Wife.

Stopped Eff. 1/1/19.

Canada Summary

NAME:- AKIWENZIE. William
NUMBER:- 651903.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private

UNIT AND TRANSFERS

ORIGINAL UNIT:- 110th Battn
DATE ACCOUNT FIRST OPENED:- 1/11/1916

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			26ORD
Request	1-1-19	27/1/19	Canada

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
~~4/6/17~~	~~343~~	~~Sclipe. £1-10-0~~	~~7 30~~				
~~14/11/18~~	~~6224~~	~~Witley 2nd BD.RAD £1 10-0~~ 17/7/18	~~7 30~~				
~~26/11/18.~~	~~6482~~	~~— — 16/7/18~~	~~9 73~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE:- Transferred to Canada. Disposal N.R. 47. 29/11/18. 8th Res Bn. L.P.C. 34.90.

MONTH 1918	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
March 31st	Balance forward								25 06		
April	Ptes Pay	33 00		A.P.				17 -			
				aR 234 14/4/18 8 Res	7 30						
				793 29/4/18	9 73						
		33 00			17 03			17	24 03		
								17			
May	Ptes Pay	34 10		aP							
				aR 1155 13/5/18	7 30						
				1624 23/5	9 73						
		34 10			17 03			17	24 10		
								17			
June	Ptes Pay	33 00		A.P.							
				aR 2260 13/6/18 8 Res	7 30						
				2600 26/6/18	7 30						
		33 00			14 60			17	25 50		
								17			
July	Ptes Pay	34 10		aP							
				aR 2958 11-7-18 8 Res	7 30						
				3391 26-7-18	9 73						
		34 10			17 03			17	25 57		
								17			
Aug.	Ptes Pay	34 10		aP							
	SF 7/1/18-18/1/18 (12 days) 8 Res Do. 214 7/8/18	8 76		aR 3659 11.8.18	14 60						
				4200 28.8.18	9 73				27 10		
		42 86			24 33			17			
								17			
Sept	P P	33 00		aP							
				aR 4505 12.9.18	7 30						
				4855 26.9.18	4 87				30 93		
		33 -			12 17			17			
								17			
Oct	-	34 10		aP							
				5378 10.10.18	9 73				38 30		
				5941 29.10.18	12 17				26 13		
		34 10			21 90			17			

1918 NUMBER 651903 RANK NAME AKIWENZIE W

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct	Balance forward								26 13		
Nov	P D	33 00		ap				17			
				6224 14.11-18 8 Res	7 30						
				6482 26.11-18	9 73				25 10		
Dec.	Pte. Pay.	34 10		ap. P.				17 -	42 20		
		67 10			17 03			34			
Feb				~~Dn A/R 343 4/6/17 A'Cliffe~~	7 30				34 90		

CANADIAN
ASSIGNED PAY AUDITED
J. Roy AUDIT CLERK
DATE 20-5-19

J M Lavin 9/1/18