

ORIGINAL

ORIGINAL
931665
No.

ATTESTATION PAPER.

No. 2 CONSTRUCTION, B.A. C.E.R.

Folio. 031002

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

931665

- 1. What is your surname? Williams
- 1a. What are your Christian names? Edward
- 1b. What is your present address? St. Charles, Mo., U S A
- 2. In what Town, Township or Parish, and in what Country were you born? St. Charles, Mo., U S A
- 3. What is the name of your next-of kin? Miss Melvina Williams
- 4. What is the address of your next-of-kin? 193 DePuey St. St. Charles, Mo., U S A R.D.
- 4a. What is the relationship of your next-of-kin? Sister
- 5. What is the date of your birth? January 2nd, 1895
- 6. What is your Trade or Calling? Laborer
- 7. Are you married? No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? Yes
- 9. Do you now belong to the Active Militia? No
- 10. Have you ever served in any Military Force? No
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? Yes
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Edward Williams, 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.

Eddie Williams (Signature of Recruit)

Date Dec 12 191 6. *J. Minton* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Edward Williams, 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.

Eddie Williams (Signature of Recruit)

Date Dec 12 191 6. *J. Minton* (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 Windsor, Ont this 12 day of December 191 6.

James G. Chapman (Signature of Justice)

Description of Edward Williams on Enlistment.

Apparent Age.....**21** years**11** months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height..... **5** ft. **7 1/2** ins.
 Chest measurement { Girth when fully expanded..... **36** ins.
 Range of expansion..... **2 1/2** ins.
 Complexion **Dark**
 Eyes..... **Brown**
 Hair..... **Back**

Stitch wound on lower border of ribs left side
Scar on left hip

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... **Dec 2 12** 191 **6**

Place..... **Windsor, Ont**

[Signature]
 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.

.....**Edward Williams**.....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.

C. W. Reis Capt for Lt. Col. (Signature of Officer)
 Lieut-Col.

No. 2 Construction Batt'n, C. E. F.

Date *12/12/16* 191 .

REGIMENTAL DOCUMENTS

NAME

WILLIAMS Edward

REGT. NO.

931665

UNIT

2nd Const. Bn.

H. Q. FILE NO.

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

DISCHARGE

Category

DESERTION

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

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

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

1 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)

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

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

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

1 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)

1 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 *M.F.W. 192*

1 *M.F.W. 67*

1 *P. 122*

M

HE

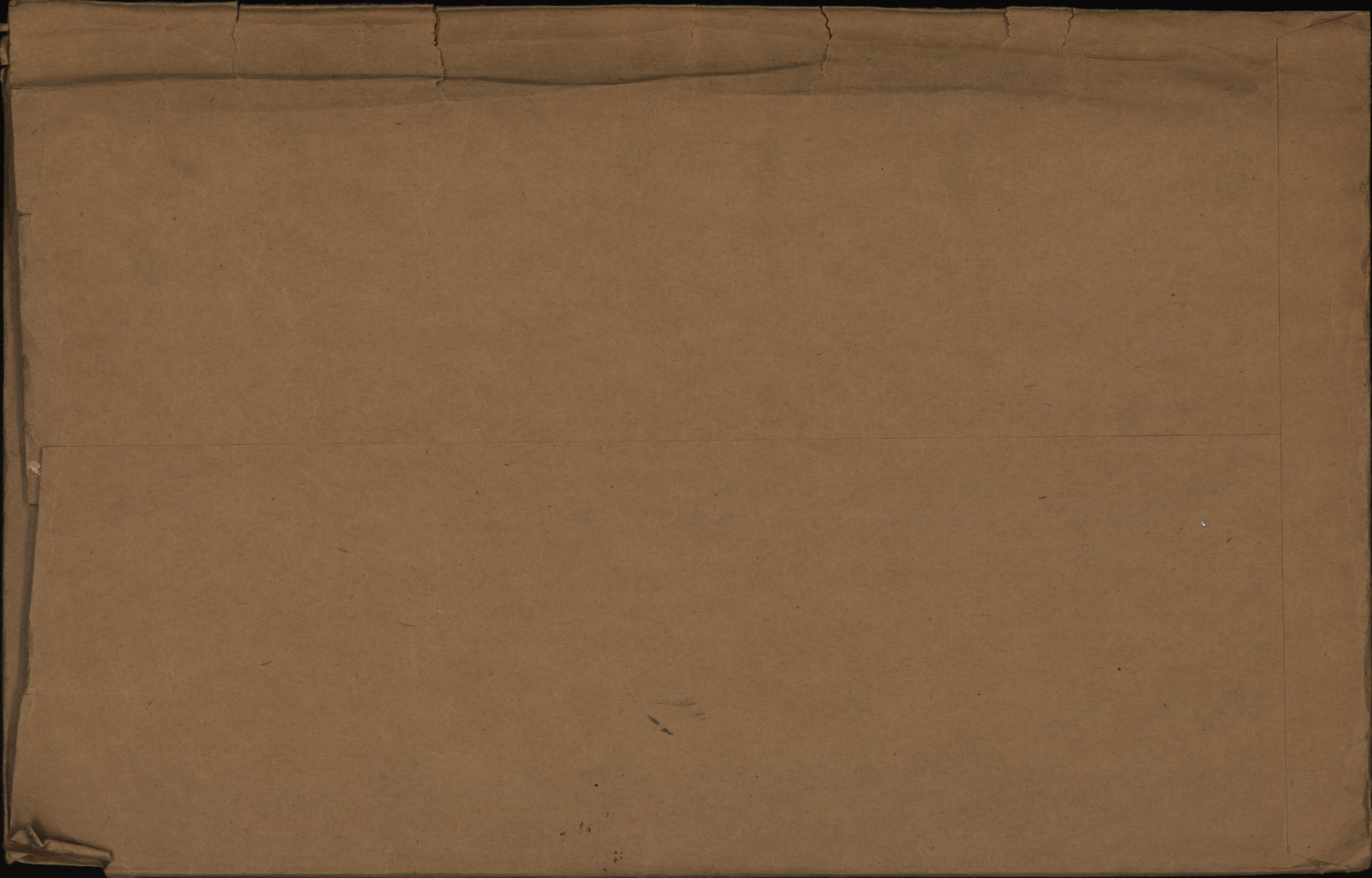
22974-7

10384

30 - 1
17 - 1
9 - 1

1

H



TRIPPLICATE

To be made out in duplicate.

L.O. 51-21-23-53

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 No. 2 CONSTRUCTION, B'n. C.E.F.
- (2) Regimental Number 9316665
- (3) Full Name of Soldier Edward Williams
- (4) Place of Birth St. Charles, Mo., U.S.A.
- (5) Are you married, or not? no
- (6) If married, state,
(a) Full name of your wife.....
(b) Present Postal Address.....
- (7) Are you a widower? no
- (8) Have you any children? no
If so, give number of boys and girls.....
Also their names and ages.....

(9) Is your Father alive? *no*

If so, state name and address *no*

(10) Is your Mother alive? *+*

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.

*Sister Miss Melvina Williams
St Charles, Mobile
U.S.A.*

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

(15) Are you insured? *no*

If so, in what Company? *+*

Have you made arrangements for payment of your Insurance premium? *P*

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

Date *12/12/16*

C. W. Reis Capt
.....
Officer Commanding.
No. 2 Construction Battalion, C. E. F.

7m *Q*

13

Number 931665 Rank *Ote* *Sgt*

Surname WILLIAMS

Christian Name Edward

Unit *CO. D. 68* Theatre of War *France*

Date of Service *17-5-17*

Remarks

Latest Address *2837 Lucas Ave*

St Louis Missouri

Roll No. *Page 3870*



REG. NO.

93/665

NAME

(SURNAME FIRST)

Williams, E.

RANK

Ote

CORPS

No. 2. Con. Batt

AGE

21

SERVICE

1/2 - 1/2

NAME OF HOSPITAL

Military

PLACE

London

DATE OF ADMISSION

24. 1. 14.

DISEASE

Jonorrhoea

DISCHARGE

9. 2. 14.

OPERATION

DISCHARGED TO DUTY

Yes

TRANSFERRED TO

DISCHARGED BY MEDICAL BOARD

REMARKS

A series of horizontal dashed lines for writing remarks.

No. 931665. RANK

Pte

NAME

Williams Edward.

T. O. S. 12-12-16

UNIT

No 2. Construction Battalion

D.O. 105. 18-12-16

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Dec 12.	1916 Dec 31	✓		
1917 Jan	1917 Feb.	✓		
	Mar.	✓		

SURNAME.

Williams,

I CARD NO.
805. Demob 7/2/19.
Do 37. 9/6/2/19. 20. 101
FOLL.

CHRISTIAN NAMES

Edward.

REGL. No.

931665.

RANK

Pte.

UNIT

No. 2. Construction

Bn

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Williams, Miss. Melvina.

RELATIONSHIP TO SOLDIER

Sister.

ADDRESS

St. Charles, Mo. U.S.A.

COUNTRY OF BIRTH

U.S.A. St. Charles, Mo.

DATE

Jan. 2nd, 1895

PLACE OF ATTESTATION

Windsor, Ont.

DATE

Dec. 12th, 1916

R/C. 12/1/19. 25.4 I
29.

From Halifax p.s.s.

Southland 28/3/17.

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Methodist.

DESCRIPTION.

APPARENT AGE

21.

YEARS

11.

MONTHS

HEIGHT

not stated

FEET

not stated

INCHES

CHEST MEASUREMENT

not stated

INCHES

EXPANSION

not stated

INCHES

COMPLEXION

Dark.

EYES

Brown.

HAIR

Black.

DISTINGUISHING MARKS

not stated.

MEDICAL EXAMINATION.

PLACE

Windsor, Ont.

DATE

Dec. 12th. 1916

Present Address -

St. Charles. Mo. U.S.A.

Name **WILLIAMS Edward** Rank **Pte.** Regtl. No. **931665**

Original unit **2nd Const** Present unit **2nd Const** M or S **MX** Age **24** Religion **Meth** Ref. H.Q. **1-D-30-W-1091** Fyle Depot **IDD 10-W-319**

Port, ship and date of arrival **Halifax, N.S. OLYMPIC 17-1-19**

Next of kin **Miss Melvina Williams, St. Charles Mo. USA.**

Address on leave

Address on discharge **2837 Lucas Ave., St. Louis, Mo.**

Transportation issued Yes No Date _____ Character, on discharge _____

Previous occupation **Laborer** Date and place of enlistment **Dec. 21st 1916, Windsor, Ont**

Diagnosis _____ Date of Medical Boards _____

Date.	Remarks	Pt. 2 Order No.
T.O.S.		
10-1-19	No. 1 D.D.	
20-1-19	Posted to Cas. Coy and granted furlough with subsistence allowance to 3-2-19	24

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

Date.

Remarks

Pt. 2 Order No.

7-2-19

Discharged from H. M. S. On Demobilization. (P.D.P.)

37

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 931665 Rank Pte. Surname Williams
(Given name in full)

Edward

Unit or Corps 1. D. D. Birthplace St. Charles, M. O., U. S.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique Good Weight 137 1/2 lbs. Height 5. ft. 4 1/2 in. Colour of Eyes Brown

Nutrition Good

Pulse 72

Condition of arteries Soft

Vision Rt. 20x20 Left 20x20

Hearing (conversational voice) Rt. 21 ft.

Left 21 ft.

Identification marks, scars, or deformities.
 (Give cause and date of origin.)
 Slight old scar left index
 finger, acc. in France.

Opinion as to general health and physical condition Good, Category A2

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System Yes Cardio-Vascular System No

Special Senses No Integumentary System No Respiratory System Yes

Disturbance of mentality No Muscular System Yes Digestive System No

Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

In France 1918, had a slight attack of "Flu" a week sick, recovery good. In March 1917 lacerated slightly 1st. 2nd. 3rd. fingers left and ring finger right, healed, recovery good. No disability due to service.

Gonorrhoea in London, Ont. 24/1/17 - 8/2/17. Recovery good. No disability due to service.

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Opinion as to general health and physical condition
Has Officer or Other Rank ever suffered from or has he now any affection of the following systems?
(Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
Nervous System
Genito-Urinary System
Cardio-Vascular System
Special Senses
Integumentary System
Respiratory System
Digestive System
Mental
Muscular System
Any other general condition

3. If the answer to any part of Section 2 above is "Yes", give full particulars, with cause and date of origin, and also a description of the present condition.

[OVER]

INSTRUCTIONS

1. The first step in the process of development is the selection of a suitable site. This should be done in consultation with the local authorities and the relevant planning departments. The site should be accessible to the public and should be in a suitable location for the proposed development.

2. The second step is the preparation of a detailed site plan. This should show the layout of the proposed development, including the location of the buildings, the roads, and the public facilities. The site plan should be submitted to the local authorities for their approval.

3. The third step is the construction of the development. This should be done in accordance with the approved site plan and the relevant building regulations. The construction should be completed within the agreed time scale.

1/1/19

1/1/19

1/1/19

1/1/19

1/1/19

1/1/19

COPY ONLY
CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

This is to Certify that No. 931685 (Rank) PRIVATE

Name (in full) WILLIAMS, Edward enlisted in

the 2ND CONSTRUCTION BATTALION C.O.M.F.

CANADIAN EXPEDITIONARY FORCE at WINDSOR ONTARIO on the TWELFTH

day of DECEMBER 19 16.

HE served in FRANCE (WITH THE 2ND CONSTRUCTION BATTALION)

and is now discharged from the service by reason of ON DEMOBILIZATION

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

Age 23 YEARS

Height 5' 4½"

Complexion DARK

Eyes BROWN

Hair BLACK

Marks or Scars

SCAR LEFT INDEX FINGER.

Signature of Soldier
**DISCHARGE SECTION
FEB 7 1919
No. 1 District Depot**

Date of Discharge

LONDON, ONT.

H.C. MacLennan

Issuing Officer

Lind **CAPTAIN**

Rank

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

Appointment

Signed at _____ this SEVENTH day of FEBRUARY 19 19

in Military District No. (OHK)

File Reference No. 1.D.30-W-1091.
1.DD.10-W-319.

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

On demobilization the particulars called for on the back of this certificate will not be completed.

ORIGINAL

931665

MEDICAL HISTORY SHEET.

Surname Williams Christian Name Edward

Examined on 12 day of December 1916 at Windsor, Ont Birthplace City or Town St. Charles, Mo County U S A

Approved by Dan Murray Rank Capt A.M.C.

Apparent age 21 yrs 11 mos Trade or occupation Laborer Height Feet Inches Weight 139 Lbs Chest measurement Minimum inches Maximum expansion inches Physical development Small-Pox Marks

Table with columns: Date, Fit or Unfit, EXAMINED FOR RE-ENGAGEMENT. Rows for M.O. status.

Vaccination Marks (Arm Right Left) (Number)

Table with columns: Date, Result, VACCINATIONS. Includes handwritten entry: 17/4/17 L.S.R. S.S. Shepley M.O.

When Vaccinated last (a) Marks indicating congenital peculiarities or previous disease

Table with columns: Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Includes handwritten entries: 26/2/17 2x 9R 2x 2x Shepley M.O., 17/3/17 2x 9R Dan Murray M.O., 6/4/17 2x 9R Dan Murray M.O.

(b) Slight defects but not sufficient to cause rejection

Both Eyes 20/20

Enlisted on 12 day of December 1916 at Windsor, Ont.

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Includes handwritten entry: #2 Co 6088th Bn 6.6.5 931665 12/12/16

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT. Includes handwritten entry: Windsor, Ont. 12/12/16 on enlistment Fit Stewart 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.

10. vi. 92

LAST PAY CERTIFICATE

Regt. No. 931665 Rank *Pte* Name *Williams Edward*
Corps *NR* who was *Discharged*
on *7/2/19* to

The following is a statement of the account of the above named
from *1/2/19* to *7/2/19*

Bal Dr from mon. of from L.P.C.		Bal. Cr. from mon. of from L.P.C.	
ASSIGNED PAY:		Regt. Pay <i>7</i> dys. @ \$ <i>1</i>	<i>7 00</i>
SEPARATION ALLOWANCE:		F'ld. All. <i>7</i> dys. @ \$ <i>10</i>	<i>70</i>
OTHER CHARGES:		SEPARATION ALLOWANCE:	
PAYMENTS:		OTHER CREDITS:	
<i>4301</i>	<i>187 05</i>	Clothing Allowance	<i>35 00</i>
Bal. Credit (to be pd.)		Subsistence,	
<i>P.P.P.</i>	<i>187 05</i>	Bal. Dr. (to be deducted)	
		(from soldier \$)	
	<i>187 05</i>	(from Dependent \$)	<i>187 05</i>

SEPARATION ALLOWANCE	ASSIGNED PAY	VICTORY BOND
at \$ per month has been <i>nil</i> to	at \$ per month has been <i>nil</i> to	Subscribed \$ Pd. by other Units \$ Pd. by this Unit \$

Dependent or Beneficiary: *nil*
Address:

REMARKS: *10037 Discharged 7/2/19
on Demob 12/12/16*

Date of Enlistment
If married and if Separation Allowance card submitted

I have carefully examined this statement of account and find it to
be a correct extract from the Paylist of this Unit.

Date:
London, Ontario, *[Signature]* Captain.
Paymaster No. 1 District Depot.

931665

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

C.W.W.

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

350M.—5-16

H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps. #2 Construction Battalion, C E F

Regimental No. 931665 Rank Pte Name Edward Williams
C. E. F.

Enlisted (a) 12/12/16 Terms of Service (a) Duration of War 6 months Service reckons from (a) 12/12/16

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) Laborer

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 O.C. & Const Bn	Embarked Canada Disembarked England Proceeded Overseas	Halifax N.S. Liverpool Seaford	25/3/17 17/4/17 MAY 17 1917	B 2 A.O # Days leave for Capt & Capt
21.5.17. O.C.	Landed in France 17-5-17 N.R. Forfeits 5 days pay for Making aw y with Iron Rations	Fld.	31.5.17	B 2069 Pt 2. 120 56/7/17
23.6.17. O.C.	Sentenced 5 days H.P. 2 Late falling in on Parade	Fld.	22.6.17	B 2067 Pt II. 0 122 7/17

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.

(b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

(P.T.O.)

CERTIFIED CORRECT.

MAY 18 1917

CAN. RECORDS, LONDON.

Casualty Form - Active Service

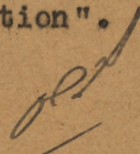
Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
1927	O.C.	10 days J.P. No 1 for irregular conduct in Church Parade, head down to obey an order	Sld	16/7	B-2069 P 124 24/7
2.8.17	O.C.	29 Days J.P. #1 for creating a disturbance on Regent Parade Refusing to go on Regent duty. Breaking out of close arrest Refusing to work	Sld.	30.7.17	B 2069 P 131 12/10/17
5-1-18	Commit	Att to 1 Dist 670.	Almon	30/1/17	B 213
27-6-1918	38 Coy C 20	Admonished 21-6-1918 for A.W.L from Dallas at 10pm 20-6-18 to 4pm 21-6-1918 2 weeks 2 days pay 4 R4	Sold	20/6/18	B 2069 419 July 15/18
28.7.18	3860636	Granted 14 days leave	uk.	27.9.18	B 213 16356 7 Oct 1918
12.10.18	do.	Repair from Dean	Sued.	8.10.18	B 213
24/10/18	do.	7 days J.P. No 2. 19.10.1918 for not complying with a lawful order given by his superior officer		19.10.18	B 2069 20639 December 1918
11/12/18	Adm.	Travel to England reported N.A Reg depot Chatham		14/12/18	Lieut. for Lt.-Col., A. A. G. Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

Ed. Jewett
 Lt. for Lt.-Col., A. A. G.
 Canadian Section, G. H. Q. 3rd Echelon, B. E. F.

May 19th, 1921.

RECORD OF SERVICE.

This is to certify
that No. 931665 Private Edward Williams, enlisted
in the 2nd Construction Battalion, Canadian Expeditionary Force, at Windsor, Ontario, on the 12th day of December, 1916; served in England, France and Belgium; was returned to Canada and struck off strength at London, Ontario, on the 7th day of February, 1919, in consequence of "Demobilization".


Lieut. for Colonel,
Director of Records,
for Adjutant-General.

Doc. 1

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps Co. 2 Construction Bn Regimental Number 931665
 *Substantive Rank N/A Surname Williams Christian Names E.
 *Acting Rank _____
 (* To be entered in pencil to facilitate alteration.)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

17-12-18 NSRD 20305 T.O.S and att'd 2nd b.B.D. for Bramshott 14-12-18
 Quarters & Nations

NSRD

ON COMMAND TO ADD Kimmel Rk
Rhyll BRAMSHOTT

27 1/2
 NSRD 313
 PART II D.O.

G.A. Knight LIEUT.
 OFFICER in CHARGE
 NOVA SCOTIA REGTL. DEPOT.

27-12-18 215 RRR 208. M.A. 1. Core Camp Rhyll, 27-12-18

Embarked for Canada

A.E. Avery Lt
 for C.C.M.A. 1.

10-1-19 From O/S. Taken on strength No. 1 District Depot. London D.O. 24

F.A. Herman. Lieut
 For O/S. NO. 1 DISTRICT DEPOT

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Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co.(3490)

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received.	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

LONDON, ONT. DISCHARGED FEB -7 1919 ON DEMOBILIZATION

H.C. MacLennan
for
G. C. Discharge Section, No. 1 D. D.

Nothing to be written in this margin.

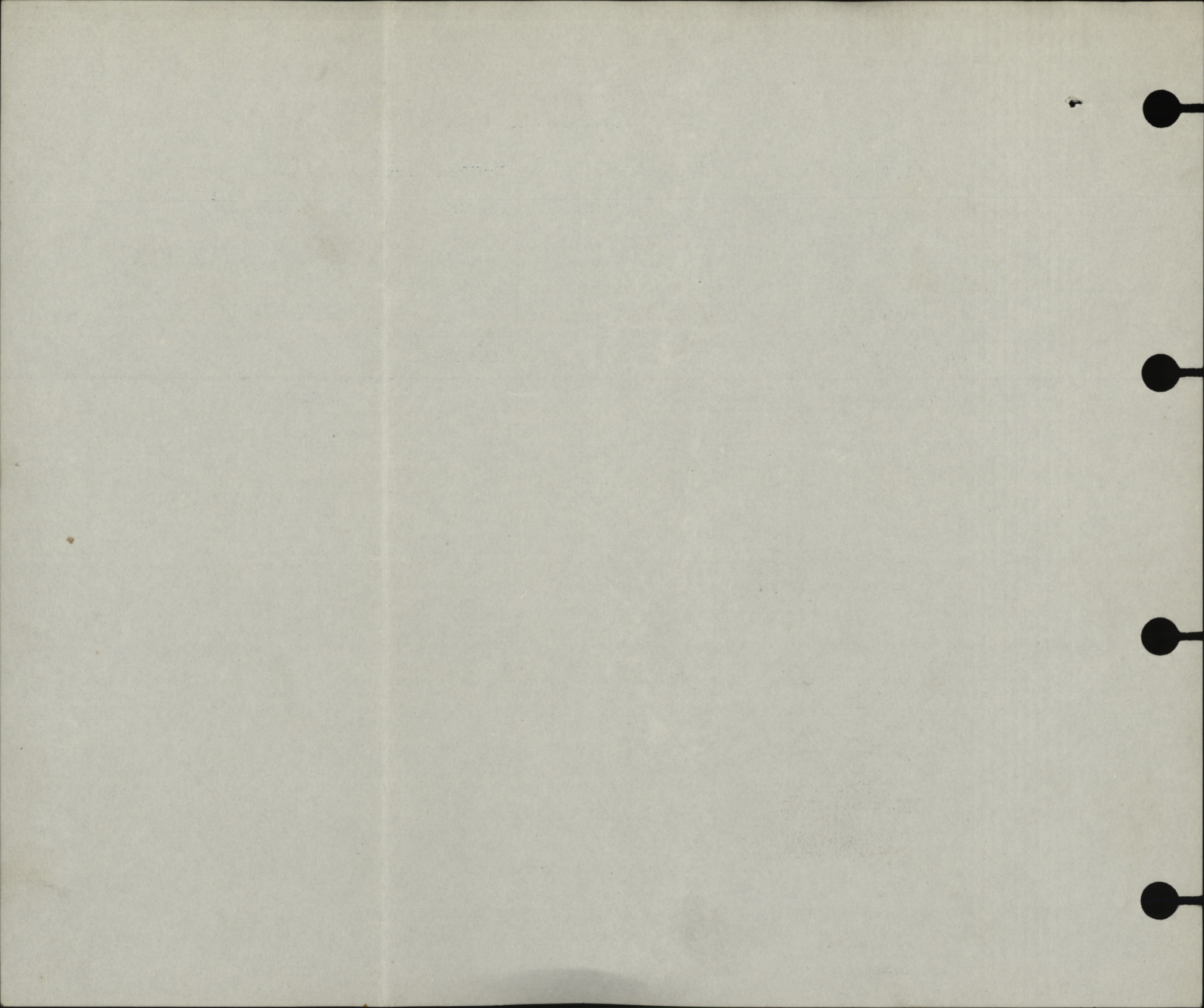
MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom	Mrs. P. H. House,	By Whom Assigned	Williams, E.
Address	no. 6. Assumption St. Windsor. Ont.	Regtl. No.	931665.
		Rank	Pte.
		Corps	2 Con. Bn.
Rate	\$ 15.00		

SPECIAL REFERENCE
 Sched # 466

27-11-17 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.		48037	15-	
Jan.	1916			
Feb.				
March				



MONTH	NUMBER	RANK	NAME	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
Oct											24674		
	PP			3410		CP. 42264 3.10. Low 973							
						40997 2.10. ✓ 1460					25651		
				3410									
Nov				33		3115 8.11 CFC 1. 373							
						7 exp. 3.9.2. 19.10. R } 770							
						20.63. 8/11/18. }							
						3377 28.11 ✓ 1306							
Dec	PP			3410		6627 10.12 ✓ 466							
	Int on D.P.			1312		3594 18.12 ✓ 973					29785		
				8002									
						H1081 2.1 ✓ 973							
						B.O. 6. to ^{Emigration Dept.} Canada 9.1.19							
						20.16. 19.1.19. n.k.					28812		
							973	-	-	-			

24674
7439
13.06
373
5551

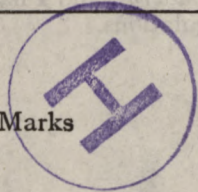
This space to be for numbers



J

Proceedings on Discharge.

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

No.	931665	
Rank	PRIVATE	
Surname.....	WILLIAMS	
Christian Name.....	EDWARD	
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>		
Corps (Squadron, Battery or Company)	2ND CONSTRUCTION BATTALION C.O.M.F.	
Date of Discharge	FEB -7 1919 <i>DO 37 of 6-2-19</i>	
Place of Discharge	LONDON ONT	
1. DESCRIPTION AT THE TIME OF DISCHARGE.		
Age.....	23..... years..... months.	<div style="text-align: center;">  <p>Descriptive Marks</p> <p>SCRR LEFT INDEX FINGER</p> </div>
Height.....	5..... feet..... 4 1/2..... inches.	
Complexion	DARK	
Eyes	BROWN	
Hair	BLACK	
Trade	LABOURER	
Intended place of residence	2837 LUCAS AVENUE ST. LOUIS MISSOURI	
<small>(To be given as fully as practicable.)</small>		
2. The above-named man is discharged in consequence of ON DEMOBILIZATION		
<small>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.</small>		
3. Conduct and character while in the service have been, according to the records, etc.		
<small>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.</small>		
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)		

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

6

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.** *William A.* (Signature of Soldier.)

(Date) **FEB -7 1919** *W. Dearden* (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) **FEB -7 1919**

H.C. MacLennan
(Signature)
for
O. O. Discharge Section, No. 1 D. I.

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

William J. ...

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C.P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(c) Medical History Sheet (in the event of such having been prepared.)</p>
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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.