2nd Can Pioneer Battalion

ORIGINAL

# ATTESTATION PAPER.

No. 166132

2nd CANADIAN PIONEER BATTALION

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

166132

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

| | (ANSWERS). |
|---|---|
| 1. What is your surname? | Cowie |
| 1a. What are your Christian names? | William Leslie |
| 1b. What is your present address? | Steele Street, St. Thomas, Ont |
| 2. In what Town, Township or Parish, and in what Country were you born? | Cullen, Banff, Scotland |
| 3. What is the name of your next-of-kin? | wife Mrs Alice Mary Cowie |
| 4. What is the address of your next-of-kin? | Steele Street, St. Thomas, Ont Canada |
| 4a. What is the relationship of your next-of-kin? | wife |
| 5. What is the date of your birth? | 19 June 1876 |
| 6. What is your Trade or Calling? | Railway employe |
| 7. Are you married? | Yes |
| 8. Are you willing to be vaccinated or re-vaccinated and inoculated? | Yes |
| 9. Do you now belong to the Active Militia? | no |
| 10. Have you ever served in any Military Force? If so, state particulars of former service. | 19 yrs 41 days Royal Artillery 5 years at Malta. Pensioner |
| 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 Leslie Cowie, 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 Leslie Cowie (Signature of Recruit)

Date Oct 2 1915 Wm J. Yorke Hardy Lt (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Leslie Cowie, 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 Leslie Cowie (Signature of Recruit)

Date Oct 2 1915 Wm J. Yorke Hardy Lt (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 St Thomas this 2nd day of October 1915.

C J Marsh (Signature of Justice)

Police Magistrate

M. F. W. 23
200 M—9-15
H. Q. 1772-39-841

## Description of William Leslie Cowie on Enlistment.

Apparent Age 39 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

| | |
|---|---|
| Height | 5 ft. 8½ ins. |
| Chest measurement. Girth when fully expanded | 40 ins. |
| Chest measurement. Range of expansion | 2 ins. |
| Complexion | ~~Dar~~ Fresh |
| Eyes | Blue |
| Hair | Brown |
| Religious denominations. Church of England | |
| Presbyterian | Yes |
| Methodist | |
| 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 declares that he is not subject to fits of any description.

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

Date Oct 2 1915 .....

Place St Thomas Ont J Munro
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 Leslie Cowie ..... 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.

Wm Mahlon Davis
..... (Signature of Officer)
Lt. Col.

Date 18/12/15 191 .

06 2nd CANADIAN PIONEER BATTALION

Kt 20/11/18

# ~~DISCHARGE~~ DOCUMENTS

R. O. No.....

H. Q. No.....

Name COWIE Wm LESLIE

Regt. No. 166132 Rank Pte.

Corps 2nd Pioneer Bn.

Pres. to have died on or since 3-4-16

41164

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers..... 2

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 1

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet..... 2

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet..... 1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

Repeated

A 7/12 20900

R122 — 1

#2074

20 — 10
12 — 10
6 — 10

1

M. F. W. 62.
50M.—9-16.
H. Q. 1772—39—935.

Not elig. for 1914-15 Star

649-C-2460.

COWIE, Wm.Leslie Sgt. #166132 2nd Pnr.Bn.

Medals and Decs: Son – Alex Leslie Cowley, Esq.,
c/o Wm. F. Brownlee, Esq.,
St. Thomas, Ont.

P. & S. As above.
Serial No. 756954

Memorial Cross As above.

Dep AUG 7 1919 B/B17544

17854

Scroll Desp. 1/12/20 Reqn. No Z 22119

Plague Desp. MAY 18 1922 Reqn. No B 38/27 W

Nurse.

526

SURNAME. Cowie 649-C-2460.

CHRISTIAN NAMES William Leslie.

REGL. No. 166132. RANK Sgt.

UNIT 2nd Pioneer Bn.

FORMER CORPS Royal Artillery Malta pensioner.

CARD NO. D

FOLL.

NEXT OF KIN.

NAMES IN FULL Cowie Mrs. A. Mary

RELATIONSHIP TO SOLDIER (wife)

ADDRESS Steel St. St. Thomas Ont.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Scotland Cullen Banffe. DATE Bank

PLACE OF ATTESTATION St. Thomas Ont. DATE Oct 2nd / 15.

O/S. 6-12-15 290/4

L. L. 94504. M. & D. 6512.

M. F. W. 22. 250M.—2-16. H. Q. 1772-39-339.

MARRIED yes SINGLE WIDOWER

TRADE OR CALLING RELIGION

## DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

R. 149.

*Name* Cowie, W.L. *Rank* Sgt. *Reg. No.* 166132

*Unit* Second Pioneer Battalion 25. C. 825

*Next of Kin* Canada

| Date 1916 | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. L |
|---|---|---|---|---|---|---|
| Apl 5 | MISSING | | | A22 | M 5451 | |
| | Prev.Rptd."Missing ~~xxxxxxxxxxxx~~ since 5-4-16 now for Official purposes presumed to have DIED on or since 5-4-16. | | | A317 | | |

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

R. 149.

*Name* COWIE W.L. *Rank* Sgt. *Reg. No.* 166132

*Unit* 2nd.Canadian Pioneer Battalion

*Next of Kin* Canada

RL 25-C-825

| Date 1916 | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| Apl.5 | Reported from Base MISSING | | | A22 | 17 5451 | |
| 25-10. | Enquiries addressed to Canadian Red Cross Society. | | | | | |
| | Bare reply 16/7/17 | | | | | |
| 20/7/17 | Ottawa | | | | | |
| 5/4/17 | Presumed Dead | | A812 | | | 26/4/17 |

| Date | Movement | Place | Casualty | List No. | Notified N/K O. | W.O. List |
|---|---|---|---|---|---|---|
| | | | | | | |
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H.C.B.

Number 166132 Rank Sgt.

Surname COWIE

Christian Name William Leslie

Units 2 Can Pnr Bn Theatre of War France

Date of Service 9-3-16.

Remarks (Son) Alex. Leslie Cowley, Esq.,
c/o Wm. H. Browne, Esq.,
St Thomas, Ont.

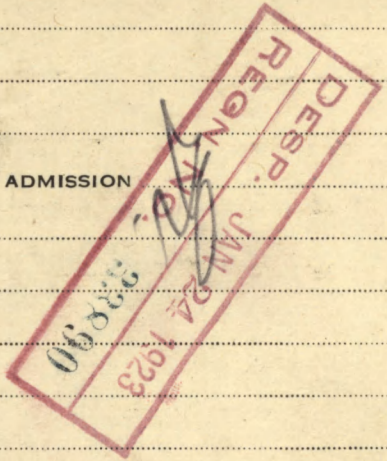
Latest Address

Roll No. 2

200m.-6-21.M. B Stage 20/14

DATE AND PLACE OF ORIGIN

*DUE TO SERVICE
*NOT DUE TO SERVICE




OSPITAL AS AN ADMISSION

WHERE FROM)

IT ..... IN CATEGORY

INVALID

WHERE TO)

ITIONS DIAGNOSED

ADDRESS

HOSPITAL ..... STATION

* CROSS OUT CONDITION NOT APPLICABLE.

(OVER)

NAME Lewis William Leslie.

REGT'L No 166132.

H.Q. FILE No. 649-

RANK AND CORPS Sgt. 2nd. Pioneers.

FOLLOWS No. 2311X

FOLLOWS

| CABLE No. | CABLE DATE | NATURE OF CASUALTY |
|---|---|---|
| WS4451 | 19-4-16 | Reported missing Apr 5th. 1916. |
| M.8131 W.S.M. | 16-6-16. | no further information than that already furnished |
| (Cas. Branch rep. | 20-2-17 | Prev. rep. missing now for offic. |
| B20906 | 21-4-17. | purposes presumed to have died on or since 5-4-16 (Rec'd 27-3-17) |

| LIST No | HOSPITAL | DATE OF ADMISSION | REMARKS |
| --- | --- | --- | --- |
| a 22 | Reported from Base | 5-4-16 | Missing |
| a 312 | Prev. rep. "missing" since 5-4-17 now for offic purposes presumed to have died on or since 5-4-16 | | |

No. 166132 RANK Pte NAME Currie. W m

T. O. S. UNIT 2nd Can Pioneer Battalion

M. D./

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. | |
|---|---|---|---|---|
| | | | PARTICULARS | AUTHORITY |
| 1915 Oct 2 | 1915 Oct 31 | C | Prom. Cpl. 28-9-15 | Oct paylist |
| Nov | | C | " Sgt 29-11-15 | DO 84 See paylist |
| See next | | N | | |

UNIT SAILED
DEC 6 1915

FORM D.M.S. 1300.
8137—50m—28/2/17.

| Surname | Christian Name or Names | Reg. No. |
|---|---|---|
| Cowie. | W. L. | 166132. |

| Rank | Unit | Co. | Troop | Batty. |
|---|---|---|---|---|
| Sgt. | 2nd. Pion. | | | |

Hospital

Date of Admission

Transferred Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1)
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Prev. rptd. Missing since 5-4-16. now for Off purp. presumed to Have Died on or since 5-4-16.

DISPOSITION Qu.

Date

REMARKS

C.L. 26-4-17. A.312.

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

# EPITOME OF HOSPITAL TREATMENT.

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

R—122.

E.T.

Rank Sgt Name COWIE, William Leslie. Reg'l No. 166132

Unit 2nd Pioneer Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment St Thomas Oct 2nd 1915. Place of Birth Cullen, Scot

Name and Address, Next-of-Kin Mrs Alice Mary Cowie.
Steele Street, St Thomas, Ontario. Canada. Relationship Wife.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

N/E. R.B. No. 3.
File R.L. 25-6-825
Category Missing

| 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. |
|---|---|---|---|---|---|
| | L | Arrived in England | | 14 DEC 1915 | |
| 27/2/16 | 2nd Pnr. | Confirmed as Sergt. Embarked for France. | Shoeburyness | 27/2/16 | Pte to Sgt 9 MAR 1916 |
| 20.4.16 | II Pioneers | Missing | In the Field | 5.4.16 | Casualty A22. |
| 30.4.16 | " | Reported Missing after action and struck off strength accordy. | In the Field | 5.4.16 | Pte to Sgt 7 Aug. 16 Gazette dated 9.4.16 K.R. 137 / PNR/2/8 |
| 26.4.17. | " | Now for official purposes presumed to have died on or since | Field | 5.4.16 | C.L.a. 312 |

| Report. | | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place. | Date. | REMARKS Taken from Official Documents. |
|---|---|---|---|---|---|
| Date. | From whom received. | | | | |
| | | | | | |
| | | | | | |
| |

Register No. D.L. 423

# WAR SERVICE GRATUITY
## TO
## DEPENDENTS OF DECEASED SOLDIERS

A.P. File No. 3729-V-77

Regt'l No. 166132 Name William Leslie Cowie.
(Christian Name) (Surname)

Unit Infantry Rank Sergt. Date of enlistment

Date of casualty 8-4-16 B.P.C. File No. 8932

Was service performed overseas ? Yes.

DEPENDENT

Name Mrs A. Mary Cowie Relationship Widow

Address Steele St.
St Thomas
Ont.

Amount of Special Pension Bonus $ Widow Bonus 10 Abstracted by L. J. Baird

Eligible for Gratuity $

Less amount of Special Pension Bonus paid $

Less Debit Balance of S. A. or A.P. $

Total deductions $

Balance due $

Cheque No. Date issued

REMARKS: Widow died
16-10-17
No payments Grat. under O.C. 1486
to be made "No Children"

Clerk W. Mitchell

Audited by

Date

M.F.W. 2652
25M—6-20.
H.Q. 1772—39-1473

Noted DB/s 25/8/20

# POST DISCHARGE PAY OFFICE

**Three months pay and allowances after discharge.**

Name

Surname Christian Name

Regimental Number Rank

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Address (in full)

Rates:—Regimental pay $ per diem; Field Allowance $ per diem. Separation Allowance $ per month.

~~L.L. 53961—M. & D. 9721~~

| Total Credits 91 days | FIRST PAYMENT | | | SECOND PAYMENT | | | FINAL PAYMENT | | | Balance Overpayments to be Recovered | Total Amount Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cheque No. A | Date | Amount 30 days | Cheque No. B | Date | Amount 30 days | Cheque No. C | Date | Amount 31 days | | |
| | | | | | | | | | | | |

Remarks:

M. F. W. 127
300M-1-19
1772-39-1140

L. L. JOB. 85506 M. & D. 5997.

M. F. W. 12.
20m.—9-15
H. Q. 1772-39-819.

2nd Contingent

(Wife)

# MILITIA AND DEFENCE
# ASSIGNED PAY
## OVERSEAS CONTINGENTS

537
L.

To Whom Mrs Alice M. Cowie,

Address Steele St.,
St Thomas, Ont

Rate $25.00

By Whom Assigned Cowie, Wm

Regtl. No. 166132

Rank Sgt ~~Pte~~

Corps A Co 2nd Pioneer Batt.

DEC 1 - 1915

## PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|---|---|---|---|---|
| Aug. | 1914 | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1915 | | | |
| Feb. | | | | |
| March | | | | Missing Apr 5/16 C.L. 20th F.W. |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | M11384 | 25 | |
| Jan. | 1916 | S11137 | 25 | |
| Feb. | | M13396 | 25 | |
| March | | X13158 | 25 | |

Casualties

Pensions Notified DATE 11/4/17
presumed Shared dead.
Killed in Action DATE 5/4/16
C.R.(6) 2/3/17 Casualty 11/4/17

Casualty

MILITIA AND DEFENCE

# ASSIGNED PAY

OVERSEAS CONTINGENTS

PAYMENTS.

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Alice M. Cowie. Wife

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Name of Soldier Cowie. Wm S.R.

166132. a Co. 2nd Pioneer Batn.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| April | 1916 | 07211 | 25 | 175.00 |
| May | | P3558 | 25 | |
| June | | Q7152 | 25 | Account to close June 30/16 |
| July | | XXXX | | |
| Aug. | | | | Stop Payt Cas. Aug/16 |
| Sept. | | | | 3 M 4 & R cand. |
| Oct. | | | | |
| Nov. | | | | Casualties |
| Dec. | | | | |
| Jan. | 1917 | | | |
| Feb. | | | | |
| March | | | | Pension Granted 6/7/16 Wef 30/1/17 |
| April | | | | C.F.X & O.P.L |
| May | | | | Cd Basket |
| June | | | | |
| July | | | | |
| Aug. | | | | F. X. Rend. Date 9 Oct 17 By 8175 46 1/17 |
| Sept. | | | | E.F.X. " Date 4/12/17 By |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

ots AD

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. | | | | |

L. L. JOB. 85506 M. & D. 5997.

2/10/15

M. F. W. 11.
10m.—9 15.
H. Q. 1772-1-13.

MILITIA AND DEFENCE

22 55

# SEPARATION ALLOWANCE

Name Alice Mary Dowie.

Address Steele St. Yarmouth Hts, St. Thomas, Ont.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Dowie, Wm. Leslie.

Regtl. No.

Rank ~~Pte~~ Promoted Sgt. 29/11/15 [illegible] 5/12/15

Corps "A" Co., 2nd Dn. Pioneers.

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. | | 7 20901 | 39 | 39 |
| Dec. | | H 19098 | 20 | 20 |
| Jan. | 1916 | J 21883 | 30 | 30 |
| Feb. | | H 25796 | 25 | 25 |
| March | | 26076 | 25 | 25 |
| | | | 139 | |

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

MILITIA AND DEFENCE

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

# SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

PAYMENTS.

Sheet No. 2. Mrs Alice Mary Cowie Wise

Name of Soldier Cowie, Wm Leslie Sgt.

L. L. Job 89002.—Req. 6213.

| Month. | Year. | Cheque No. | Amt. | Remarks. |
|---|---|---|---|---|
| | | | 139 | |
| April | 1916 | L 1387 | 25 | 25 |
| May | | H 5806 | 25 | 25 |
| June | | D3136 | 25 | 25 |
| July | | J 9999 | 25 | 25 |
| Aug. | | M 12398 | 25 | 25 |
| Sept. | | W 15226 | 25 | 25 |
| Oct. | | G 19040 | 25 | 25 |
| Nov. | | I 21038 | 25 | 25 |
| Dec. | | 92465 | 25 | 25 |
| Jan. | 1917 | G 28075 | 25 | 25 |
| Feb. | | G 31316 | 25 | 25 |
| March | | | | 389.00 |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |
| Aug. | | | | |
| Sept. | | | | |
| Oct. | | | | |
| Nov. | | | | |
| Dec. | | | | |
| Jan. | 1918 | | | |
| Feb. | | | | |
| March | | | | |
| April | | | | |
| May | | | | |
| June | | | | |
| July | | | | |

G 31316 Cancelled
Accrued Pension
granted 6/7/16
Due 30/1/17

ACCOUNT CLOSED

DATE ..... PER .....

$170 00 Recovered as per Pensions
List for Feb 1917 C.S.T. 22-3-17

Pensions Notified DATE 5/4/17
Died
~~Killed in Action~~ DATE 5th April 16
C.L.(6) 27/3/17

R.U. Goulden

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. | | | | |

Rank Sgt Name COWIE, William Leslie. Reg'l No. 166132

Unit 2nd Pioneer Bn. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment St Thomas Oct 2nd 1915. Place of Birth Callen, Scot

Name and Address, Next-of-Kin Mrs Alice Mary Cowie.

Steele Street, St Thomas, Onteric. Canada Relationship Wife.

Assigned Pay Monthly $ 25.00 Payable to Next of kin

Relationship

Separation Allowance $ Payable to

Relationship

PAY OFFICE, N.E. BRANCH SEP 6 1916 CANADIAN CONTINGENTS

Discharge, Date and Place 9/4/16. Missing off. Pres. Dead Reason G.R.O. 318. Character

| Date From | Date To | PAY No. of Days | PAY Rate | PAY Amount | Field Allowance No. of Days | Field Allowance Rate | Field Allowance Amount | Other Credits | Total Credits | Voucher No. | Voucher Date | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Jan | 31 | 31 | 1.35 | 41 85 | 31 | 15 | 4 65 | 16 80 | 63 30 | | | 12 17 | 25 | | 37 17 | 26 13 | Balce from Canada |
| Feb. | | 29 | | 39 15 | 29 | 15 | 4 35 | | 43 50 | | | 4 61 | 25 | | 39 61 | 30 02 | |
| Mar | | 31 | - | 41 85 | 31 | - | 4 65 | | 46 50 | | | 10 46 | 25 | | 35 46 | 41 06 | |
| | | | | 122 85 | | | 13 65 | 16 80 | 153 30 | | | 37 24 | 75 00 | | 112 24 | | |

BALANCE TRANSFERRED TO NEW LEDGER.

Checked

Settled

Statement of Account rendered 24 1917

| Date | | PAY | | | Field Allowance | | | Other Credits | Total Credits | Voucher | | Cash Payments | Assigned pay | Other Charges | Total Debits | Balance | Remarks, Casualties, etc. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| From | To | No. of Days | Rate | Amount | No. of Days | Rate | Amount | | | No. | Date | | | | | | |

CEPTIFIED CORRECT.
Canadian Record Office,
Westminster [illegible],
7, Milli[illegible], W.

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

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

# Casualty Form—Active Service.

Unit, Regiment or Corps 2nd CANADIAN PIONEER BATTALION

Regimental No. 166132 Rank Sergeant Name Cowie William Leslie

C. E. F.

Enlisted (a) 2-10-15 Terms of Service (a) Duration of War Service reckons from (a) 2-10-15

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

Extended Re-engaged Qualification (b)

| Report | | Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case. | Place | Date | Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents. |
|---|---|---|---|---|---|
| Date | From whom received | | | | |
| 9-4-16 | O.C. 2nd P.B. | LANDED IN FRANCE. HAVRE. 8-3-16 Missing | Field | 5/4/16 | Letter K.1-137/P21.R/3/8 A.H. Orders 207-3/4/16 |
| | | D. Johnston Lieut Col. A.A.G. Canadian Lines of Communication G.H.Q. 2 | | | |
| 26-4-17 | 2nd Pioneers | Now for Official purposes Presumed to have died on or Since | Field | 5.4.16 | C.L.A 312 |

L.E. Cumby Lieut.
for Colonel i/c Records.

(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 | | | | |
| | | | | | |

Army Form B. 2090c.

# MISSING MAN.

**(Acceptance of Death for Official Purposes.)**

War Office Reference No. C-217B-27.

THE DEPUTY ADJUTANT-GENERAL,

G.H.Q., 3RD ECHELON. Canadian Section.

No. 166132. Rank Sergeant Name William Leslie Covi

Regiment 2nd Overseas Battalion Pioneer. has been missing since 5th April 1916. Reference has been made to the Unit, the Record Office and the Base, on the printed missing list, but no evidence of material value has been received which would indicate that he is not dead.

In accordance with the decision of the Army Council, this soldier is to be regarded for official purposes as having died on or since the above date.

You are requested to state whether the soldier leaves a will or not— *Reply.*

(*a*) In Pay Book; _____

(*b*) In Small Book; _____

(*c*) As a separate document; not received

and to forward it, if found, to this Office.

The Pay Book and the duplicate copy of this form should be forwarded to the Regimental Paymaster.

XXXXXX

O.S.B.

for Major Capt Records,
Cash Sect 3rd Echelon.

WAR OFFICE,

Date April 27th 1917.

(4 16 88) W 3433—573 100,000 7/16 H W V(P 98/2) Forms/B. 2090c/3

2nd Can. Rodes Regt

ORIGINAL.

# MEDICAL HISTORY SHEET.

Surname Cowie Christian Name William Leslie

Examined on 2nd day of October 1915
at St Thomas, Ont

Approved by J Shurtz
Rank Capt. M.O.

Birthplace City or Town Cullen,
County Banff, Scotland

Apparent age 39

Trade or occupation Railway Employee

Height 5 Feet 8½ Inches.

Weight 150 Lbs.

Chest measurement Minimum 38 inches.
Maximum expansion 40 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks Arm ~~Right~~ Left.
Number 2

When Vaccinated last 7 years

(a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection
Slight varicose veins
Left leg.

| Date | Fit or Unfit | Examined for Re-engagement, |
|---|---|---|
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Vaccinations. |
|---|---|---|
| 17/1/16 | | D McKay M.O. |
| | | M.O. |
| | | M.O. |

| Date | Result | Anti-Typhoid Inoculations, Etc. |
|---|---|---|
| 20-11-15 | 3 | D McKay M.O. |
| 30-11-15 | 3 | D McKay M.O. |
| | | M.O. |

Enlisted on 2nd day of October 1915 at St Thomas, Ont

| | Corps. | Regt'l Number. | Habits. | Date. |
|---|---|---|---|---|
| Joined on enlistment | 2nd Pioneer Bn | 166132 | | Oct 2nd 1915 |
| Transferred to.. ..... | | | | |

## EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

| Station. | Date. | Disease. | Result. |
|---|---|---|---|
| | | | |

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

M. F. B. 313.
100M.—5-15.
H. Q. 1772-39-439.

Surname Lowe Christian Name William Leslie

| 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 Ont | Oct 2. 1915 | | | | | | | | | | |
| Guelph " | " 26 " | " | | | | | | | | | |
| Quebec P.Q. | Nov 18 " | " | | | | | | | | | |

MARRIED OR SINGLE M.

PLACE OF BIRTH Callen. Scotland.

NAME AND ADDRESS OF NEXT OF KIN Mrs Alice Mary Cowie

Steele St. St. Thomas. Ont: Canada.

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 |
|---|---|---|
| Reported Missing | 9.4.16 | D. O. 7 30/4/16 |
| Now O.K. | 5/4/16 | Ch. 312 14/3/17 |
| Do. Do. | 9/4/16 | Ch. 318 |

**ADMISSIONS TO HOSPITAL, &c.**

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

REG'L NO. 166132. RANK Serg't. NAME Cowie William Leslie

IF IN PERMT. CORPS WHAT UNIT UNIT 2nd Pioneer Batt'n TRANSFERRED TO Non Effective DATE July 10 AUTHORITY PAII07 30/4/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY

PLACE OF ATTESTATION St Thomas. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION Oct: 2nd 1915 TRANSFERRED TO DATE AUTHORITY P.B 710

ASSIGNED PAY MONTHLY $ 25.00 DATE EFFECTIVE Dec: 1st 1915

PAYABLE TO ~~Next of Kin~~ Mrs Alice Mary Cowie Steele St. St Thomas Ont Canada RELATIONSHIP Wife

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 3/8/16 EFFECTIVE 1/8/16 REASON Missing since 9/4/16 PAII07 30/4/16

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 10/7/16

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

PAY OFFICE, T.E. BRANCH CANADIAN CONTINGENT SEP 6 1916

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| March | 31st | | 122 | 55 | | | 13 | 65 | | | | | | 16 80 | 153 30 | | | | | | | | | | | | 34 24 | 75 | | 112 24 | 41 06 | | | | |
| Apl | ~~30~~ 9 | ~~135~~ 135 | ~~40 50~~ 12 | ~~30 15~~ 9 | ~~45 00~~ 1 | ~~15~~ 35 | | | | | | | | | ~~45 00~~ 13 50 | | | | | | | | | | | | 25. | | 25. | 29 56 | | | | |
| May | 31 | | 41 | 85 | 31 | | 4 | 65 | | | | | | | 46 50 | | | | | | | | | | | | 25 | | 25 | 51 06 | | | | |
| June | 30 | | 40 | 50 | 30 | | 4 | 50 | | | | | | 31 50 | 76 50 | | | | | | | | | | | | 25 | | 25 | 102 56 | | | | |
| July | 9 | | 12 | 15 | 9 | | 1 | 35 | | | | | | | 13 50 | | | | | | | | | | | | 25 | | 25 | 91 06 | | | | |
| | | | Bal on Sopt to N.S. Bck. | | | | | | | | | | | | | | | | | | | | | | | | | | | 91 06 | | | | |
| NS July/17 | | | | | | | | | | | | | | | | | | | | | | | | | | | 136 50 | | 136 50 | | 45 44 | | | |
| Septm. | | | | | | | | | | | | | | 45 44 | 45 44 | | | | | | | | | | | | | | | | | | | |

Checked H.H. Rodgers

Statement of account rendered JUL 24 1917

Undercredited in April 21 Days @ 1.50 = 31.50 ~~xx~~

Ch. 136.50 ~~xx~~ Ls 6 DD. 7/4/16

Ch. 45.44 Amts to Ottawa for bell ~~xx~~ 8/8/17 v 179

| DATE | PAY | | | | FIELD ALLOWANCE | | | | WORKING OR SPECIAL PAY | | | | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS | | | | | | | | CASH PAYMENTS | | | | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE | | PAY WITHHELD OR DEFERRED | PAY AVAILABLE FOR ISSUE | REMARKS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | No. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | No. OF DAYS | RATE | AMOUNT $ | AMOUNT C. | | | | 1 No. | 1 DATE | 2 No. | 2 DATE | 3 No. | 3 DATE | 4 No. | 4 DATE | 1 | 2 | 3 | 4 | | | | CREDIT | DEBIT | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

166132

E.D.

# DUPLICATE.

ARMY FORM B. 178.

**To be used *(a)* for recruits enlisting direct into the Regular Army, and *(b)* for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.**

## MEDICAL HISTORY of

*Surname* COWIE *Christian Name* William Leslie

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Cullen Ont County Bauff Scotland

Examined ... ... ... on 2nd day of October 1915,
at St Thomas Ont.

Declared Age ... ... 39 years days.

Trade or Occupation ... Railway Employer

Height ... ... ... 5 feet 8½ inches.

Weight ... ... ... 150 lbs.

Chest Measurement — Girth when fully Expanded: 40 inches.

Chest Measurement — Range of Expansion: 2 inches.

Physical Development ... Good

Vaccination Marks — Arm ... Right Left

Vaccination Marks — Number 2

When Vaccinated ... ... 7 yrs ago

Vision ... ... ... R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... ... (*a*)

(*b*) Slight defects but not sufficient to cause rejection ... ... ... (*b*) slight varicose veins left leg

Approved by (*Signature*) J.D.Curtis
(*Rank*) Capt.
*Medical Officer.*

Enlisted ... ... ... at St Thomas Ont.
on 2nd day of October 1915

| Joined on Enlistment ... / Transferred to ... ... | Corps. | Regtl. No. |
|---|---|---|
| | 2nd Pnr. Bn½ | 166132 |
| | | |

Became non-effective by ...
on day of 191 ,

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

(*Signature*) H Reuniss Lt Col
(*Rank*) Lieut.-Col.
In Charge of Records
Canadian Contingent

## Table II.—Only for Admissions to Hospital or to the Sick List i

| Name of Hospital. | Admitted to Hospital. | | | Discharged from Hospital. | | | Disease. | Number of Days in Hospital. | Remarks bearin use. In subseque be given |
|---|---|---|---|---|---|---|---|---|---|
| | Day. | Month. | Year. | Day. | Month. | Year. | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | |

## o the Sick List in the case of Warrant Officers treated in quarters.

| Number of Days in Hospital. | Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet. | Signature of Medical Officer. |
|---|---|---|
| | | |
| | | |
| | | |

## Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

| Date. | Brief details, and signature. |
|---|---|
| 17-1-16 | Vaccinations D. J. McK. |
| 20-11-15 | Inoculations " |
| 30-11-15 | " " |

## Table IV.—Service Table.

| Station or Troopship. | Date of arrival or embarkation. | Date of departure or disembarkation. | Station or Troopship. | Date of arrival or embarkation. | Date of departure or disembarkation. |
|---|---|---|---|---|---|
| London Ont. | Oct. 2-15 | | | | |
| Guelph " | " 26-15 | | | | |
| Quebec PQ. | Nov 18-15 | | | | |