

140th OVERSEAS BATTALION C. E. F.  
ATTESTATION PAPER.

No. 817475

Folio. *Montford*

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

- 1. What is your name? *Fowler, William Bert*
- 2. In what Town, Township or Parish, and in what Country were you born? *London Eng.*
- 3. What is the name of your next-of kin? *Elsie May Mrs. W. E. Montford (sister)*
- 4. What is the address of your next-of-kin? *Fredericton N. B. 617 King St.*
- 5. What is the date of your birth? *July 9 1895*
- 6. What is your Trade or Calling? *Farmer*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated? *W B Y* *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 } *Yes*  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

*William Bert Fowler* (Signature of Man.)  
*Louis D. Christie* (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Bert Fowler*, do solemnly declare that the above answers made by me to the above questions 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 Bert Fowler* (Signature of Recruit)  
 Date *November 1* 191*5* *Louis D. Christie* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Bert Fowler*, 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 Bert Fowler* (Signature of Recruit)  
 Date *November 1* 191*5* *Louis D. Christie* (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 *Sussex N. B.* this *1st* day of *November* 191*5*

*L. G. Fincomly Magor* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.  
 (Approving Officer)

Description of William Bert Fowler on Enlistment.

Apparent Age.....20.....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. 11 ins.

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

Complexion.....Fair

Eyes.....Blue

Hair.....Light Brown

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

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.....November 1.....1915.

*J. W. Burnett*

Place.....Sussex N. B.

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 Bert Fowler.....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. G. Fincombe Major* LIEUT.-COLONEL.  
COMMDG. 10th C. S. BATTN. C. E. F. (Signature of Officer)

Date.....November 1.....1915.

107 16-11-18

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

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

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

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

DISCHARGE DOCUMENTS

R. O. No. ....

H. Q. No. ....

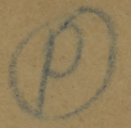
Name **FOWLER WILLIAM BERT**

Regt. No. **817475** Rank **Pte.**

Corps **140<sup>th</sup> Bn**

16402

*Died of Pneumonia 21-2-17*



14-14

14-14

11-15

*Copy Card - 2*

*mt 10-22  
25-10*

*A+B 122 1*

*M+W 82 1*

*M+W 67.1*

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

*less hand  
will give  
copy*

3249

(9) Is your Father alive? *No*

If so, state name and address *Does not apply*

(10) Is your Mother alive? *No*

If so, state name and address *Does not apply*

(11) If your Mother is a widow *No - Dead*

Are you her sole support, or not? *No*

(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.

*Does not apply*

(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.

*Mrs William E. Montford (Elsie May) (Sister)*  
*617 King Street*  
*Frederickton N.B.*

(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.

*Does not apply*

(15) Are you insured? *No*

If so, in what Company? *Does not apply*

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.

Date *June 8th 16*

*L. Beerthuis*  
Officer Commanding.

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... *140th OS. Battalion, C.E.F.*

(2) Regimental Number... *817475*

(3) Full Name of Soldier... *Howler, William Burton*

(4) Place of Birth... *London England*

(5) Are you married, or not? ... *Single*

(6) If married, state,  
(a) Full name of your wife... *Do not apply*

(b) Present Postal Address... *Do not apply*

(7) Are you a widower? ... *no*

(8) Have you any children? ... *no*

If so, give number of boys and girls... *Do not apply*

Also their names and ages... *Do not apply*

No. 817475 RANK

Pvt.

NAME

Sawyer, William B.

T. O. S.

UNIT

140th Battalion CEF.

Trans. fr. 104th Div. 6-2-16  
(So 4-9-2-16)

M. D. 6.

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
Nov. 1916	1916			
Feb. 6.	Feb. 29	✓		
mar.		✓		
Apr.		n.		
May		✓		
June		n		
July		✓		
Aug		✓		
Sept.		✓		
Oct		n		

UNIT SAILED  
SEP 25 1916





No. 181295 RANK

*Pvt*

NAME

*Fowler* *ser* *Beal*

*814475*

T. O. S. 26-10-15

UNIT

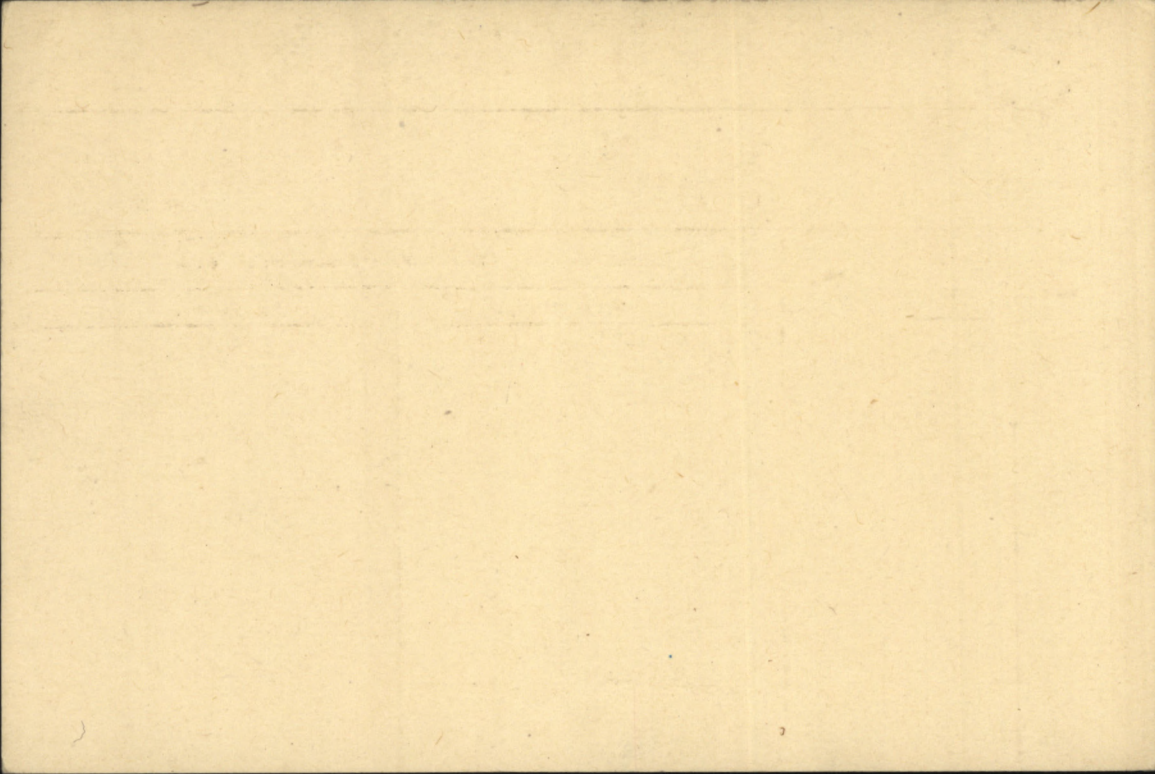
*104*

*Battalion. C. E. F.*

*(H. O. 32.17-11-15)*

M. D. 6.

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Oct 26</i>	<i>Nov 30</i>	<i>✓</i>		
<i>Dec</i>		<i>✓</i>		
<i>1916</i>		<i>✓</i>		
<i>Jan</i>				
<i>Feb 1</i>	<i>Feb 5</i>	<i>n.</i>	<i>trans to 140<sup>th</sup> Bn. 6.2.16</i>	<i>So. O. 30. 5. 2. 16</i>



REG'T L NO 817475

NAME *Hawley William Bert*

H. Q. FILE NO. 649-

RANK AND CORPS *Pte. 1st Lt. I. Term 40*

FOLLOWS  
No. *132*

CABLE

NATURE OF CASUALTY

FOLLOWS

No. DATE

09062.	17-2-17	<i>l.</i> Dangill 18 Cas tel. Stat. Feb. 16 <sup>th</sup> 1917 Pneumonia ✓
09428	25-2-17	Died of Pneumonia #18 Cas. C. Stat. Feb. 21st 1917. ✓
Of 4132090A	<i>power</i> 28-2-17 (Per. 28-511)	Died of Pneumonia #18 Cas. (P. Stat. Feb. 21st 1917.

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A. 555	O.C. No. 18 Cas. Cl. Stat. reports	16-2-17	Pneumonia
	Dangerously ill		
A. 561	OC no 18 Cas Cl Stat rep	2-2-17	Died

SURN. NO.

*Fowler (649-3-4002)*

CARD NO.

**D**

CHRISTIAN NAMES

*William Best*

FOLL.

REGL. NO.

*817475*

RANK

*Pte*

UNIT

*140<sup>th</sup>*

*Bn.*

FORMER CORPS

*nil*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Montford, Mrs. Elsie M.*

RELATIONSHIP TO SOLDIER

*sister*

ADDRESS

~~*617 King St, Fredericton*~~

*48 Kennedy St. St John N.B.*

*(G.N.W. Tel. 286. 26-2-11)*

COUNTRY OF BIRTH

*England London*

DATE

*July 9<sup>th</sup> 1895*

PLACE OF ATTESTATION

*Sussex, N.B.*

DATE

*Nov. 1st 1915*

*o/s. 25-9-16. <sup>546</sup>/<sub>9</sub>*

MARRIED

SINGLE

*Yes*

WIDOWER

TRADE OR CALLING

*Farmer*

RELIGION

*Church of England*

DESCRIPTION.

APPARENT AGE

*20* YEARS

- MONTHS

HEIGHT

*5* FEET

*11½* INCHES

CHEST MEASUREMENT

*38½* INCHES

EXPANSION

*4½* INCHES

COMPLEXION

*Fair*

EYES

*Blue*

HAIR

*Light Brown*

DISTINGUISHING MARKS

*not stated.*

MEDICAL EXAMINATION.

PLACE

*Susser, N. B.*

DATE

*Nov. 1<sup>st</sup>. 1915*

*Present Address.*

*not stated.*

H  
Q

Number 817475 Rank Otc

Surname FOWLER

Christian Name William Burt.

Units P.C.C.L.S. Theatre of War France

Date of Service 17-12-16

Remarks Otto L. Blakney (Bent)

Latest Address Elgin Albert Co. 7-13.

Roll No B Page 17590.

200m.-2-21.M.

F

K-A

DESP OCT 27 1922

REGN. N

*17372*



Name Fowler, William Rank Pte.  
Bert

Reg. No. 817475.

Unit P.P.C.L.I.

*R. L. 25-F. 1125.*

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
16-20	<i>D.C. 2018 lastly reports.</i>		<i>Pneumonia</i>	<i>A555</i>	<i>9/22</i>	
21-22	<i>Died.</i>	<i>Remaining same.</i>	<i>"</i>	<i>A661</i>	<i>9/28</i>	<i>26/2/17.</i>

*John.*



649-F-4002

✓  
FOWLER, Wm.B. <sup>ert</sup> No. 817475 Pte. ✓

*P.P.C. h.S. (form 140 - 1st Pns)*

M & D. Beneficiary

Otto L. Blakney,  
Elgin, Albert Co., N.B.

P & S. Unable to locate next of kin.

*Ser # 761492*  
Memorial X " " "

*Not Eligible for 14-15 Star,  
Eligible for V.M. & B.H.M.*

*ms  
69615*



Surname **Fowler** Christian Name or Names **W.V.** Reg. No. **817475**  
 Rank **Pte.** Unit **P.P.C.L.I** Co. Troop Batty.

Hospital **18 Cas.Clg. Station** Date of Admission **16-2-17.**

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis **Pneumonia.**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Died 21-2-17*

DISPOSITION

Date

C.L. 19-2-17 A555

REMARKS

*- 26-2-17 @ 5:61* Dang..Ill. 16-2-17.

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

*R.W.*

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

LTR

Rank \_\_\_\_\_ Name **FOWLER, William Bert** ✓ Reg'l No. **817475** ✓  
 Unit **140th, Bn.** ✓ If in perm. Corps, }  
 What Unit? } Married or Single **Single** ✓

Place and Date of Enlistment **Sussex, N.B. November, 1st, 1915.** ✓ Place of Birth **London, Eng.** ✓

Name and Address, Next-of-Kin **Mrs Elsie May Montford.** ✓  
**Fredericton, ( 617 King St, ). N.B.** ✓ Relationship **Sister.**

N/E. R.B. No. \_\_\_\_\_  
 File R.L. **22-F-1125**  
 Category **Dead**

Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship **NE, R B** Serial No **4**  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_

Relationship **Wid**  
 Discharge, Date and Place \_\_\_\_\_ Reason \_\_\_\_\_ Character \_\_\_\_\_

H. W. & V., Ltd.—7165-16.

*RL25-F-1125*



*25-10-22*

*RL25-F-1125*



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.				
	Arr. in	ENGLAND S.S. CORSICAN		6-10-16.	
4. II. 16	140. Bn.	T'fd to RCR & PPCLI D't Caes 'C'p		2-11-16 Pt. 2 239	
		8-II-16 RCR & PPCLI Depot. T O S Seaford.		2-11-16 Pt 2 166.	
16-12-16	"	S.O.S. to PPCX9	overseas	16-12-16 " 204	
22 Dec 16	PPCLI	Taken on Strength	Field	17 Dec 16 Pt. 2. O. 85	
19. 2. 17	"	Dangerously ill in no 18 bus leaving station		16. 2. 17	G.R. A 555 Pneumonia <sup>108</sup>
26. 2. 17	"	Died in no 18 bus leaving station		21. 2. 17	G.R. A 561
28. 2. 17	"	Died of sickness	18 bus leaving station	21. 2. 17	Pt II O # 17

A.F.B. 13 CHECKED  
27 DEC 1916





MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

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

To Whom *Mrs. Annibell Richens*  
Address *% Mrs. Treadwell,  
Woodstock Rd  
Frederickton, N.B.*  
Rate *20.*

By Whom Assigned *Howler Wm. Bert.*  
Regtl. No. *817475*  
Rank *PTE.*  
Corps *140th. O.S. Bn. C. E. H.*

OCT 1 - 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>Died - stop - Mar 1/17 3M Mar 21/17 PTE 26/3/17</i>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<i>Died of Pneumonia 21<sup>st</sup> Feb/17 CL (2) 26-2-17 Jan</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			<i>C.F.L. 12/31/17</i>
Feb.				
March				



ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

*Mrs. Annibell Richens*

Name of Soldier

*Bowler W. B. 110  
140th Biv.*

L. L. Job 310.—Req. 6574.

PAYMENTS.

*817475 Pte.*

*\$20. OCT 1 - 1916* Remarks.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.		<i>X 24630</i>	<i>20</i>	
Nov.		<i>O 29344</i>	<i>20</i>	
Dec.		<i>S 33993</i>	<i>20</i>	
Jan.	1917	<i>B. 38480</i>	<i>20</i>	
Feb.		<i>B 44170</i>	<i>20</i>	
March		<del><i>V 46763</i></del>	<del><i>20</i></del>	<i>100% a/c Closed car to cheque V 46763 cancelled</i>
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*110*

*leg*

*P. F. #100<sup>2</sup> J. Goldsmith 3/4/17  
100% a/c Closed car  
to cheque V 46763 cancelled*

*Total \$ 700.00  
18 9/17 18*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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

**Casualty Form Active Service.**

*413*

Rank *Pte* ✓ Regiment or Corps *140th Bn.* ✓  
 Surname *Fowler* ✓ Christian Name *William Bert*  
 Religion *CofE* ✓ Age on Enlistment \_\_\_\_\_ years \_\_\_\_\_ months.  
 Enlisted (a) *1/11/15* ✓ Terms of Service (a) *Defu* ✓ Service reckons from (a) *1/11/15* ✓  
 Date of promotion to present rank \_\_\_\_\_ Date of appointment to lance rank \_\_\_\_\_  
 Extended { \_\_\_\_\_ } Re-engaged { \_\_\_\_\_ } Qualification (b) *Harmer* ✓  
 or Corps Trade and Rate \_\_\_\_\_

Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked <i>Hobfot</i>	<i>25/9/16</i>	<i>SS.</i>	
		Disembarked <i>Riverpool</i>	<i>6/10/16</i>	<i>Corsican</i>	
<i>11/11/16</i>	<i>OC 140th Bn</i>	<i>Transferred to PCRT P.P.C. RS Depot</i>	<i>Caesars Camp</i>	<i>4/11/16</i>	<i>BO P 2 239 (1)</i>
					<i>Depot &amp; included Capt &amp; dit 140th Bn</i>
<i>8/11/16</i>	<i>OC PCRT + P.P.C. RS Depot</i>	<i>Taken on strength from 140th Bn</i>	<i>Caesars Camp</i>	<i>2/11/16</i>	<i>BO P 2 166 (1)</i>

CERTIFIED CORRECT.  
 28 DEC. 1916  
 CAN. RECORDS, LONDON

(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) Signaller, Shoeing-Smith, &c.

[P.T.O.]

CORRECTED  
 1918  
 RECORDS - LONDON

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
16-12-16	G.S. R.G.R. & P.O.L.I. DEPOT.	PROCEEDED OVERSEAS TO P.P.E.D. ✓	Seaford	16-12-16	Report # 204 LIEUT. & ASST. ADJT. G.S. R.G.R. & P.O.L.I. DEPOT.
17-12-16	O.C.C.B.D.	Landed in France. Taken on strength 52nd Cdn. Bn. P.P.P.A.	Nom. Roll d/	17-12-16	
18-12-16	— do. —	Left for Unit. In the field.	Nom. Roll d/	18-12-16	
21-2-17	oc Battn.	Died of Sickness at No 186 b. Stn	B. 213 d/	21-2-17	Ref file Kih 139/3470. Part 2 Code No 17 d/ 28 1/4
17-2-17	8.C.F. Amb.	Pneumonia with referred Pains to appendix region. Adm 8 C.F.A.	15-2-17	A36.X2532.	DCS.464/28 1/4
17-2-17	8.C.F. Amb.	" " Transf to No 186 bally Stn	15-2-17	" " " "	" " " "
J.M. Anderson Lieut. for Lt.-Col. A.A.G. Canadian Section, G. H. Q. 3rd Echelon, B.E.F.					







# FORM OF WILL.

I, William Birtie Fowler (Name in full)

Regimental Number 817475 serving in C Co 140 Bn

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Mrs Annabel Richens  
269 Woodstock Road  
Fredericton New Brunswick

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

absolutely, and my personal estate I bequeath to

Mrs Annabel Richens  
269 Woodstock Road  
Fredericton

Name and Address of person or persons to receive personal estate\* (See note).

**IMPORTANT NOTE**  
This must be Signed and Dated by THE SOLDIER HIMSELF.

<sup>N.B.</sup>  
this 18 day of Sept A. D. 1916

William Birtie Fowler Signature of Soldier.

\*N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

**THE TWO WITNESSES MUST SIGN HERE**

Signature of First Witness Wm A Saverson  
Address of Witness 11140 125 St Edmonton Alta  
Occupation of Witness Cook & Guide  
Signature of Second Witness Howard H. Blair  
Address of Witness Fredericton New Brunswick  
Occupation of Witness Sergeant 140th Bn C. E. F.



21-2-1917

FORM OF WILL.

I, William Bertie Fowler (Name in full)

Regimental Number 817475 serving in P.P.C.I.

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

75560

I bequeath all my real estate unto

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

absolutely, and my personal estate I bequeath to

<u>Mr. Otto Lewis Blakney</u>	} Name & Address of person or persons to receive personal estate* (see note).
<u>Edwin Albert Co</u>	
<u>New Brunswick Canada</u>	

In Witness whereof I have hereunto set my hand

this thirtieth day of December A.D. 1917

William Bertie Fowler Signature.

\* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness 818083 Jos. J. Meating

Address of Witness Army P.O. London

Occupation of Witness Soldier

Name of Witness 817062 J.W. Gregory

Address of Witness Army P.O. London

Occupation of Witness Soldier



P. 559  
MARRIED OR SINGLE

Single

PLACE OF BIRTH

London Eng

NAME AND ADDRESS OF NEXT OF KIN

Mrs Elsie Montford

RELATIONSHIP OF NEXT OF KIN

Sister

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
Died in Hospital	21.2.17	C.R.A. 561
		26.2.17

ADMISSIONS TO HOSPITAL, &c.

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

REG'L No. 817475 RANK Private NAME Fowler William Bert.

IF IN PERM. CORPS } UNIT 140<sup>th</sup> Bw TRANSFERRED TO 8889 DATE 21-11-16 AUTHORITY 20.239

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 8889 DATE 1/1/17 AUTHORITY 130204

PLACE OF ATTESTATION Sussex N.B. Can TRANSFERRED TO N.E. Branch DATE 22-2-17 AUTHORITY 1612

DATE OF ATTESTATION 26.10.15 TRANSFERRED TO " " " " DATE 22.2.17 AUTHORITY 562277

ASSIGNED PAY MONTHLY \$20.00 DATE EFFECTIVE 1.10.16

PAYABLE TO Mrs Annibell Richards Woodstock Rd. Fredericton N.B. RELATIONSHIP Friend

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP 18 JUN 1917

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 28.2.17 EFFECTIVE 1.3.17 REASON Died 21.2.17 C.R.A. 561 in Hospital 26/2/17

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 22-2-17 15<sup>th</sup> June 17. By 22.2.17 on N.E. Card Index

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by H. Dillston

COMPILED BY... J.V.W.

CHECKED BY...

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		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT								
			\$	C.			\$	C.			\$	C.																				No.	DATE	No.	DATE	No.
1916																																				
Oct 1																																				
Dec 1-31	21	1.00	21		10		2	10																												
Jan 1-30	30		30				4																													
Feb 1-30	30	1.00	30		10		1																													
Mar 1-31	31		31		31		3	10																												
Apr 1-30	30		30																																	
May 1-31	31	1.00	31		31		3	10																												
Jun 1-30	30	1.00	30																																	
Jul 1-31	31	1.00	31																																	
Aug 1-31	31	1.00	31																																	
Sep 1-30	30	1.00	30																																	
Oct 1-31	31	1.00	31																																	
Nov 1-30	30	1.00	30																																	
Dec 1-31	31	1.00	31																																	

Can Ass - Pay (1.10.16 - 28.2.17 of 100.00) in Agreement with Ottawa Slip HQ 593-1-12 d/20.3.17 Lic 14.

Statement of  
JUL 10 1917  
no amount rendered

Statement of  
NOV 22 1917  
Amount rendered

Died in Hosp 21.2.17 C.R.A. 561/17

Trans to N.E. Branch 22/2/17

" " N.E. " 15/2/17

22-2-17 25-2-17

C.P.M. ruling dis 17/2/17

25th April 1917

By 27.5 to Oct pay 26/11/17

2/8/17

J.V.W.

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		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1	2	3	4	1	2	3	4				CREDIT	DEBIT																
\$			C.	\$			C.	\$			C.	NO.	DATE	NO.	DATE									NO.	DATE	NO.			DATE															
1917 1918 Jan															16 13																	2471 10 38 243				100	701	172 10	243					Attainford Hrd 12/1-14/1/17