Duplicate card 13-5-16 Hist A

105TH BN

ATTESTATION PAPER.

No. 712101

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name? ..... Heron, William
2. In what Town, Township or Parish, and in what Country were you born? ..... Marshfield PEI
3. What is the name of your next-of kin? ..... sister Miss Mabel Heron
4. What is the address of your next-of-kin? ..... 171 Water St Charlottetown PEI
5. What is the date of your birth? ..... Oct 3rd 1896
6. What is your Trade or Calling? ..... Teamster
7. Are you married? ..... No
8. Are you willing to be vaccinated or re-vaccinated? ..... or inoculated Yes
9. Do you now belong to the Active Militia? ..... 82 Inf Bn Reg 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

Wm Heron ..... (Signature of Man.)

W W Thomas ..... (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Wm Heron, 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.

Wm Heron ..... (Signature of Recruit)

Date October 30 1915 W W Thomas ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Wm Heron, 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.

Wm Heron ..... (Signature of Recruit)

Date October 30 1915 W W Thomas ..... (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 Charlottetown PEI this 30 day of October 1915.

J R Allen J P ..... (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

J R Allen Lt-Col ..... (Approving Officer)

M. F. W. 23.
200 M.—7-15.
H. Q. 1772-39-841.

Description of William Hesson on Enlistment.

Apparent Age 19 years 11 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 3 ins.

Chest measurement.
- Girth when fully expanded 34½ ins.
- Range of expansion 2½ ins.

Complexion Fair

Eyes Blue

Hair L Brown

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

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).

Nothing defunk

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 October 25th 1915. H. H. Heal

Place Charlottetown P.E.I. 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.

Wm Hesson having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J R Macdonald (Signature of Officer)

Date October 30th 1915.

IPA 12.2.19

DISCHARGE DOCUMENTS

M

H

R. O. No.....

H. Q. No.....

Name HERON. WILLIAM

Regt. No. 7/2101 Rank Pte

Corps 13th Bn. Can. E. F. (6th Dist. Depot)

Demobiliyation

21941

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

Attestation Papers..... 1 2 3

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet..... 1

Compulsory Stoppages.....

Casualty Forms..... 2

Proceedings on discharge..... 1

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.....

Clothing Transfer Certificate..... 1

Inventory of Kit.....

Last Pay Certificate..... 1

13

M F W 192-1

A F B 122-1

M F W 39-

M F B 263 a-1

pay card - 1

AFI-1232

AFB-181-

R 2162

R 122 1

(2)

3-15

22-15

26 15

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

*Name William Heron Rank pte Regtl. No. 712101

Fyle Depot

Original unit 105th B.N. Present unit 13th Battn M. or S. S Age 22 Religion R.C. Ref. H.Q.

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

Next of kin Miss Mabel Heron

Address on leave 21 Hensley st.

Address on discharge 21 Hensley St

Transportation issued Yes No Date 9-1-19 Character on discharge

Previous occupation Teamster Date and place of enlistment 25-12-15 Charlottetown.

Diagnosis Date of Medical Boards

Date.	Remarks.	Pt. 2 Order No.
20-12-18	T.O.S. Posted Casy Co fwr. fr. 20-12-18 to 4-1-19	250
16-1-19	S.O.S. On Discharge fr. the 9-1-19	16.

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

(over)

Date.	Remarks	Pt. 2 Order No.

M. F. W. 192
150m.—5-18
1772-39-1243

FORM D M.S. 1300

SURNAME	CHRISTIAN NAME OR NAMES	REG. NO.
HERON	W.	712101.

RANK	UNIT	CO.	TROOP	BATTY.
Pte.	1Q. 13,			

HOSPITAL	DATE OF ADMISSION
2 C.F.A.	24-1-18.

1. 18 Cas Clg. Stn. HOSP. 24.1.18.
2. 20. Gen. Dannes Camiers. HOSP. 5-2-18.
3. 2nd West. Gen. Manchester. HOSP. 12.2.18
4. Dil. Con. Epsom. HOSP. 20.4.18

DIAGNOSIS

1. Pleural Pnemonia Left, L
2.
3.

DISPOSITION

CL.30-1-18 A126.

Dis. 31-7-18 DATE

REMARKS

31.1.18 A127
14-2-18. (a) 139 (2)
16.2.18 B144 (1)
23.4.18 B195 (2)
17-8-18 B285 (1)

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.		

SURNAME. Heron.

CHRISTIAN NAMES William

REGL. No. 712 101 RANK Pte

UNIT ~~105th~~ #68.D.

FORMER CORPS 82nd. Regt.

CARD NO. ✓

S.O.S. dis. 9-1-19

D. demob. 20.16.

ROLL

16-1-19. 6DD

Bn

NEXT OF KIN.

NAMES IN FULL Heron, Miss Mabel.

RELATIONSHIP TO SOLDIER Sister.

ADDRESS 171 Water St., Charlottetown, P. E. I.

CHANGE OF ADDRESS

COUNTRY OF BIRTH Canada. Marshfield, P.E.I. DATE Oct. 3rd., 1896.

PLACE OF ATTESTATION Charlottetown, P.E.I. DATE Oct. 30th. 1915.

Sailed from Halifax 15-7-16 per S.S. "Empress of Britain"

R.O. 20-12-15

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

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

MARRIED SINGLE yes. WIDOWER

TRADE OR CALLING Teamster RELIGION Roman Catholic.

DESCRIPTION.

APPARENT AGE 19 YEARS 11 MONTHS

HEIGHT 5' FEET 3 INCHES

CHEST MEASUREMENT 34½ INCHES EXPANSION 2½ INCHES

COMPLEXION Fair EYES Blue HAIR Lt. Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Charlottetown, P.E.I. DATE Oct. 25th, 1915.

Present address Not Stated.

REMEDIAL TREATMENT GYMNASIUM,

Military Convalescent Hospital, Epsom.

Leave this Blank.

41 Readmitted

Regt. No. 712101 Rank Pte Name Heron, WM.

Unit 13 Can Age 20 Adm. 24/4/18

Division B Hut 18 Date of Disch. ~~6/6/18~~ 9/7/16.

DISABILITY.

Date. Pleurisy. Pneumonia.

Jan 22.18

CLASS. ~~Lt Gen. Class~~ 2/6/18

Lung Class - 4/7/18.

MACHINES.

Hours of Attendance, a.m. ~~9~~ 10 p.m. ~~3.30~~

REMARKS. Soreness of chest, pain left side & shortness of breath.

Leave this Blank.

PROGRESS, Notes. 30/4/18 C.O.

7/5/18 - C.O.

14/5/18. C.O.

21/6/18. Seen Class

28/6/18. Weak pale. C.O.

4/6/18. Board opinion C.O.

4/7/18. Readmitted Lung Class.

Chest expansion not good, but apparently equal two sides. Heart somewhat enlarged; sounds sharp — no murmurs. Pale & anaemic. Pulse irritable. Board recommended one month Convalescent — then Di (16/6/18)

9/7/18. Req P.T.2

DISPOSITION.

Boat

P.T.2

Harry Griffiths Capt.

Officer i/c Gymnasium.

NAME Heron, H.

RANK AND CORPS Pte. 13. Bn 1st Div Regt.

REGT'L. No. 713101.

H. Q. FILE No. 649

FOLLOWS No.

FOLLOWS

CABLE	
No.	Date

NATURE OF CASUALTY

L. L. 31493. M. & D. 8476.

M. F. W. 42—100M.—28-11-17.
H. Q. 1772-39-893.

LIST NO.	HOSPITAL	DATE OF ADMISSION	REMARKS
A126	#2 Can Fld Amb	24-1-18	Pleuro Pneumonia L.
A127-1	No 18 Cas. Clg. Stn Canniers.	24-1-18	" Pneumonia (2nd Att)
A139-2	No 20 Gen. Dannes.	5-2-18	" " " " Sev.
B141 III	2nd Wes Gen Manchester	12-2-18.	Pleuro Pneumonia. L.11-3-18
B195	Mil Conv. Epsom	30-4-18.	Pleuro-Pneumonia L.
B285-1.	Disc	31-7-18	" " sev.

Number 712101 Rank Pte.

Surname HERON

Christian Name William

Units 13th Bn. Coy. Theatre of War France

Date of Service 29/11/16

Remarks 167 Water

Latest Address ~~21 Hensley St.~~, Charlottetown, P.E.I.

Roll No. B Cage 12862

200m.-2-21.M.

DESP JUN 2 1922
REGN. NO 18833

Form R. 149.

William

Name HERON. *Rank* Pte *Reg. No.* 712101

Unit 13th BN

Next of Kin CANADA.

Date 1918		Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
24	1	No 2 C.F.A.		Pleuro Pneumonia	Lt.	A 126	12668
24	1	№ 18. C.C.S.		do	A 129		12661
2	2	20 Gen. Canadian		do sw	A 1.9		19498
12	2	2 W.G. Manchester		do	B 141		12534
20	4	Rd leave to Rouen		do	B 193		16656
31-	7	Discharged		do	B 2115		7126.
		1- to A. Bramshott		10-9-18			

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

No. 12101 RANK Pte NAME Heron, Wm.

T.O.S. UNIT 105th Battalion

Trans. from 4th Reinf. C.E.F. 1-12-16 (A.O. 20. 4-12-15)

M. D. 6

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 Dec 1	1915 Dec 31	✓	awarded 48 hrs. detention 7-12-15	A.O. 15. 7-12-15.
1916 Jan		✓	Forfeits 1 day pay for absence	Jan. payroll. 18-1-16.
Feb		✓		
mar		✓	awarded 72 hrs. detention & fined 2.00 for drunkeness. 4-3-16	A.O. 55. 4-3-16.
Apr.		✓		
May.		✓		
June.		✓	28 days detention	D.D. 135 of 3-
July.		M.		UNIT SAILED JUL 15 1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 712101 (Rank) Private

Name (in full) William Heron enlisted in

the 105th Bn

CANADIAN EXPEDITIONARY FORCE at Xharlottetown, PEI on the 25th

day of October 19 15

HE served in 105th Bn 13th Bn

and is now discharged from the service by reason of Demobilization

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

Age 22 yrs 3 Mons

Height 5 Ft 3 In.

Complexion Fair

Eyes Blue

Hair Lt. Brown

Marks or Scars NIL

W. Heron
Signature of Soldier

J. E. Ritchie
Issuing Officer

Lieut.
Rank

for O/C D.A.A.G. "A"
Appointment

Date of Discharge 9/1/19

Signed at Charlottetown, PEI this Ninth day of January 1919

in Military District No. 6

File Reference No.

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

M. F. W. 39a.
250m —6-18.
H. Q. 1772-39-882.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. ..... (Rank) ..... Name .....

Unit .....

Address on Discharge #71 Hensley St. Charlottetown P.E.I.

Character and Conduct .....

.....

Former Occupation .....

Special Qualifications of Value in Civil Life .....

.....

Medals and Decorations .....

.....

Remarks .....

.....

Signed at ..... this ..... day of 19

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

.....
Name of Officer

.....
Rank

.....
Appointment

Army Form B. 103.

Casualty Form—Active Service.

Regiment or Corps 105th. OVERSEAS BATTALION Regimental Number 712101.

Rank Pte. Surname Heron. Christian Name William.

Religion R.C. Age on Enlistment 19 years 7 months.

Enlisted (a) 30-10-15 Terms of Service (a) D of War. Service reckons from (a) 30-10-15

Date of promotion to present rank _____ Date of appointment to lance rank _____

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

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

CERTIFIED CORRECT. 7 DEC. 1916 CAN. RECORDS. LONDON

Report 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
		Embarked ...			
		Disembarked...	Halifax	15-7-16	R.M.T. E of B.
			Liverpool	25-7-16	" "
28-11-16	O.C. 105th	Drafted to 13th Batt Overseas	Witley Camp.	28-11-16	B.D.O. 11.306
			Adjutant 105th. Overseas Battalion.		CAPT
29/11/16	C. B. D.	ARRIVED C. B. D.	FRANCE	29/11/16	N. R. D. PART II ORDERS No 78 D 5/12/16
14/12/16	C. B. D.	LEFT C. B. D. FOR	13th/Bn	14/12/16	N. R. D.
22/12/16	O. 13th BN	ARRIVED 13th BN.	FIELD	16/12/16	B. 213 D.
15/1/17		14 days leave	UK	14/12/17	" No 122
5/1/17		Rejoined Unit		4/1/17	22/12/17

(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) Signaller, Shoeing-smith, &c.

[P.T.O.

(B99130) W 15012—5156 J. P. & Co., Ltd. Forms/B103/3.

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				
16/5/17	13th Bn	To Hospital - Scabies -		10/5/17	B213
19/5/17	12 C.G. Amb.	Scabies Adm 12/5/17 Trans to 12 C.G. Amb		16/5/17	A36
19/6/17	13th Bn	Rejoined 13th Bn	Field	15/15/17	B213
16-6-17	11th E.R.R.	Scabies. Disch to	Duty	12-6-17	A.36.
16.6.17	13. Bn.	Rejoined Unit	Field	12.6.17	B.213
25.1.18.	2. Can F.A.	Pleuro-Pneumonia.	adm 24.1.18 C.C.S.	24.1.18	C9778
24.1.18.	18. C.C.S.	"	adm. 24.1.18 to H.T. 37.	26.1.18.	A36-D 552.
2.2.18.	13 Bn.	To Hospital		24.1.18.	B.213
4.2.18.	18. C.C.S.	to	H.T. 37.	5.2.18.	A36- D1670
5.2.18.	20. Gen.	Pleuro-Pneumonia.	adm 20. Gen.	5.2.18	W3083-D2276
12.2.18.	do	Sick to Eng Depot to 1st D.R.D.		12.2.18.	3083/H809
		Brams Hospital. Brighton.			R.T.O. 19d/22.2.18
					Lieut for Lieut-Col A.A. i/c Section.
20.-2-18	QLD	T.O.S from 13 Bn	Dsholt	12.2.18	DO 45
22/2/18	13 Bn	S.O.S to QLD	Field	"	" 19

Lieut.
for Colonel i/c Records

Army Form B. 103.

Sent II

Regimental Number 712101

Casualty Form—Active Service.

Regiment or Corps 13 CAN BN

Rank Pt Surname Heron Christian Name William

Religion R.C. Age on Enlistment 19 years 7 months

Enlisted (a) 28-10-15 Terms of Service (a) D.S.W. Service reckons from (a) 30/10/15

Date of promotion to present rank ..... Date of appointment to lance rank .....

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

or Corps Trade and Rate .....

Occupation Labourer ..... Signature of Officer.

Report 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
		Embarked ...			
		Disembarked...			
6-8-18	2nd C.C.D.	ttached to 2nd C.C.D.	Bramshott 31-7-18	Pt.	II No. 184
28 SEP 1918	OC. 2nd CCD	Ceases to be attached to 2nd C. C. D. on return to 20th Res. Bn.	27 SEP 1918 Bramshott		Pt. 2 D. O. No. 230 for OC. 2nd CCD.
SEP 30 1918	2 R.D.	S.O.S. to 20 Res	BRAMSHOTT.		S. O. Pt. II No. 227
SEP 28 1918	20 Res	S.O.S. from 2 R.D.	BRAMSHOTT. SEP 27 1918		S. O. Pt. II No. 271
2/12/18	20 Res	On Command to England Rhyl, N. Wales	Bramshott	2-12-18	D.O. 356
					LT. & ASST. ADJUTANT 20th CANADIAN RESERVE BN.

(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.

(6228) W. 13863/M1477 2,400,000 1/17 McA & W Ltd Forms B./103/4 (E. 856)

[P.T.O.

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				
12.12.18	Sailed from Liverpool			W. P. Sullivan CAPT. ADJUTANT H.M.T. Regina	
		DISCHARGED. DEMOBILIZATION S.O.S. No 6 District Depot	Ch'Town	9-1-19	J. B. Ritchie Lieut for O/C D.S.T. "A"
		DEMOBILIZATION	D.O.16		

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. 712101 Rank Private Surname Heron
(Given name in full) William

Unit or Corps 20th Reserve Birthplace Marchfield P.E.I.

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

1. **GENERAL DESCRIPTION:**

Physique Fair Weight 125 lbs. Height 5 ft. 3 3/4 in. Colour of Eyes Blue.

Nutrition Good

Pulse 78

Condition of arteries Good

Vision Rt. 20-20 Left 20-20

Hearing (conversational voice) Rt. ~~20~~ ft.

Left ~~20~~ ft.

Identification marks, scars, or deformities. (Give cause and date of origin).

Nil -

Opinion as to general health and physical condition Good

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 No. Cardio-Vascular System No.

Special Senses No. Integumentary System No. Respiratory System Yes.

Disturbance of mentality No. Muscular System No. 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.

Respiratory System - Had Pleuro-Pneumonia last Jan. and Feb. Now fully recovered.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS

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 Charlottetown (Canada)

Date 31-12-18 Signed S. E. Porter Capt. 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 W. Allison Hann

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

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

[OVER]

M.F.W. 129.
1033 (D.P.) 500M-11-18.
1772-39-1142.

L-L.Job 5470—M. & D. 6888

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

To Whom Miss Nabb Heron

Address 171 Water St
Charlottetown
P.E.I.

By Whom Assigned Heron Pte

Regtl. No. 712101

Rank Pte

Corps 105 Bn

Rate 15.00 Dec 1/16

2-M-24/11/16 DCN 23/1/17

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.				
Jan.	1916			
Feb.				
March				

CONSOLIDATED 7 ACCOUNT

MILITIA AND DEFENCE

M. F. W. 12a.
50m.—7-16
1772—39—819.

ASSIGNED PAY

OVERSEAS CONTINGENTS

Miss M. Heron

Sheet No. 2. (Assignee)

PAYMENTS. Pte Name of Soldier Heron W

7/2101 105 Bn

15.00 Dec/16

I. L. Job 5470—Req. 6388.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917	W38008	30	
Feb.		44681	15	15.
March		47628	15	15.
April		Q2273	15	15.8.
May		Q8367	15	
June		15455	15	15-15.
July		25084	15	
Aug.		28969	15	
Sept.		L 36467	15	
Oct.		W. 44174	15	
Nov.		S. 50231	15	
Dec.		L 59739	15	
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

1635

195.00

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.					

D.M.S. (6)

D.M.S.-1375.

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

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

Rank Pte. Name ~~William~~ Heron Surname ~~Heron~~ William

Unit or Corps 20th Reserve (If a soldier) Regtl. No. 712101

Born at Marchfield P.E.I. on, date Oct twenty first 1897

Signature (for identification) William Heron

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

1. **PHYSIQUE**—Any deformity, maiming or lameness? If so, describe. None

Weight 135 lbs.

Height 5 ft. 3½ ins.

2. **NUTRITION AND DIATHESIS?** Good

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

3. **NERVOUS SYSTEM?** No

4. **RESPIRATORY SYSTEM.** No

5. **HEART?**

Abnormal Sounds? No

Abnormal Size? No

Pulse Rate? 78 Intermittence or irregularity? No

6. **ARTERIES.**—Any hardening? No

7. **DIGESTIVE SYSTEM?** No

8. **GENITO-URINARY SYSTEM?**

Urinalysis—S.G.? 1015 Reaction? acid Albumen? No Sugar? No

9. **SKIN, MIDDLE EAR, EYE** or any other part? No

10. Is there any evidence of impairment of health or physical condition not mentioned above? If so, describe. No

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

Examined at Rumsell Park Signed A S McCann Lieut M.O.

Date Dec 6/18 Signed J. T. Dickson Major M.O.

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

C.A.D.C. 5009 A

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

NAME OF SOLDIER (Block Letters) HERON W.

REGIMENT 13 Canadians RANK Pte No. 712101

Date of Examination in England 9-12-18 Date of Examination in France

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 7. 8. 9. 10. 12. 21
2. EXTRACTIONS
3. CROWNS
4. DENTURES
   - (a) Full Upper
   - (b) Part Upper
   - (c) Full Lower
   - (d) Part Lower ✓ 18. 19. 20. 30. 31

HAS HE EVER REFUSED DENTAL TREATMENT ?

HAS HE EVER RECEIVED DENTAL TREATMENT ? (Reply by "*Yes*" where applicable to any or all of *a*, *b* or *c*.)

- (a) ~~In Canada~~
- (b) In England yes
- (c) ~~In France~~

Kinmel Park
N. Wales

Signature of Dental Officer H W Reid
Capt RCDC

To be made out in duplicate. H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

(a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.

(b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.

(c) All questions, etc., must be answered.

(d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.

(e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

---

(1) Name of Overseas Unit which Soldier joins. 105th. OVERSEAS BATTAL'N C. E. F.

(2) Regimental Number 712161

(3) Full Name of Soldier Heron, William

(4) Place of Birth Marshfield P.E.I.

(5) Are you married, or not ? Single

(6) If married, state,
(a) Full name of your wife /

(b) Present Postal Address /

(7) Are you a widower ?

(8) Have you any children ?

If so, give number of boys and girls

Also their names and ages

M. F. W. 67.

200M.—3-16.
1772-39-954.

(SEE OTHER SIDE.)

(9) Is your Father alive? No

If so, state name and address /

(10) Is your Mother alive? No

If so, state name and address

(11) If your Mother is a widow

Are you her sole support, or not? /

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

/

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

Sister Miss Mabel Heron,
171 Water St
Charlottetown PEI

(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?

If so, in what Company?

Have you made arrangements for payment of your Insurance premium /

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

Albert Ings LT. COL.
Officer Commanding
O. C. 105th. OVERSEAS BATT'N.

Date June 30, 1916

P. 559.

MARRIED OR SINGLE: Single

PLACE OF BIRTH: Marshfield Eastlands

NAME AND ADDRESS OF NEXT OF KIN: Miss Mabel Heron
171 Water Street Charlottetown PEI
Sister

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

110
92
220
990
101.20

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 7/1/01 RANK Private NAME Heron William

IF IN PERMT. CORPS WHAT UNIT | UNIT 105th Batt TRANSFERRED TO 13th Bn DATE 16-12-16 AUTHORITY BDO 306 28-11-16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 1st DRD DATE 1.3.18. AUTHORITY DAHS. 20 1/18.

PLACE OF ATTESTATION Charlottetown P.E.I. TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION 15-10-15 TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY $ 20.00 15 c/d DATE EFFECTIVE 1st December 1916

PAYABLE TO Miss Mabel Heron 171 Water St Charlottetown P.E.I. RELATIONSHIP Sister

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) Stop. EFFECTIVE 1-1-19 REASON Dis to Canada

DISCHARGE DATE AND PLACE ~~O.R.~~ Canada 1-1-19. REASON AND AUTHORITY A.R.D. N.A. 1 12/18. Disposal.

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	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
														44 10	44 10									Balance from July 1st Canada							44 10				
Aug	31	1.00	31	00	31	10	3	10							34 10	9	1/8/16							21 90							26 77	51 43			
Sept	30		30	-	30		3	-							33 -	71	15/8/16							4 87											Income Payment Q4005 * 61 22/5/16
																118	31/8/16							14 60											
																145	4/9/16	171	13/9/16					4 87	4 87				261	26 95	57 48			
Oct	31		31		31		3	10							34 10	217	30/9/16	244	18/9/16					9 73	9 73				205	19 46	72 12			Q4005 * 85 · 15-10-16
Nov	30		30		30		3	-							33 ·	316	30/9/16							7 30							9 35	95 77			
																394	14/11/16							2 44											Q4005 * 35 16-11-16
Checked H.H.Robson	Dec	15		15		15		1	50						165 0	339	15/11/16							7 30				15 00	226 195	28 95	83 32			Q4005 * 18 24-11-16 Pay Overpayment Trans to 13th Bn 16-12-16 BDO 306 28-11-16
	"	16	·	16	·	16	·	1	60						17 60																100 92			
	1917			15	30			15	30																									
	Jan	31	1.00	31	10										31 10	1808 1779	30/12	1833	11/1	998 7368	1/1/17			262 8721	262	436		15		33 32	101 90			
	Feb	28	1.00	30	80										30 80	1845	25/1							262				15		17 62	114 88			
																		2086	813							436		45						
	Mch	31	1.00	34	10										34 10	1940	17/2	1992						523	262 261			15		25 46	123 52			
	Apl	30		33	-										33 -			76	64						262			15		17 62	138 90			
	May	31		34	10										34 10	109	21/4							2 62				15		17 62	155 38			
				334	40										378 50									9482	2507	436		90	887	223 12					

712101 Pte Heron William

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
			334	40										44 10	378 35
June	30	1/0	33	-											33
July	31	"	34	10											34 10
Aug.	31	"	34	10											34 10
Sep	30		33												33
			468	60										44 10	512 70

ACQUITTANCE ROLLS 1 No.	1 Date	2 No.	2 Date	3 No.	3 Date	4 No.	4 Date
151	5/5						
322	20/6						
298	20/6						
570	9/9	589	9/9				
378	15/7	443	5/8				

CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS
94 82	25 04	4 36		90 ..	8 87	223 12
3 57				15		18 57
2 68						
5 35				15		23 03
				15		15
3 56	2 68					
5 35	2 68			15		29 27
115 33	30 43	4 36		150	8 87	308 99

BALANCE Credit	BALANCE Debit	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
155 38				
169 81				
180 88				
199 98		60		
203 71				

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SEP. ALLCE. ENG.
		~~203 71~~							203 71	60	
Oct	Pay	34 10						15			
				13 Bn. AR. 674 - 25.9.17	2 68				220 13	60	
		34 10			2 68			15			
Nov	P Pay	33						15			
Dec	-	34 10		13 Bn. AR. 739 - 2.10.17	4 46						
				" 794 - 17.10.17	3 57						
				a/p Dec.				15			
				13 Bn AR 871 - 11.11.17	3 57				245 63		
19.8		67 10			11 40			30			
Jan	P. Pay	34 10		a/p				15			
				AR 908 13 Bn 27.11.17	8 92						
				6 P. 45968 13 Bn 25-12-17	9 73						
				AR 6964 13 Bn 6-12-17	8 92						
				6 P. 31921 22/12/17	48 67						
				AR 6981 13 Bn 15-12-17	8 92						
				AR 46/11381 13 Bn 15-12-17	87 60						
				Do Do Do	9 73				82 24		
		34 10			182 49			15			
Feby	P. Pay	30 80		a/p				15			
				AR 1065 13 Bn 8-1-18	4 46						
				AR 1115 13 Bn 21-1-18	3 57						60
				AR 22612 18 Bn 26-2-18	9 73				80 28		
		30 80			17 76			15			
March	1 p	34 10		a/p March				15	99 38		
				HR 88138 Cdn 28/3/18	9 73				89 65	60	
		34 10			9 73			15			

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER-RED PAY	SEP. ALLCE. ENG.
Fwd.											

P 820
12474—375M—13-2-18.

* Strike out whichever inapplicable.

ASSIGNED PAY.	* ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE.	* ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-12-16.		EFFECTIVE DATE:-	
AMOUNT:- $15. Stopped 31/12/16		AMOUNT:-	

NAME, ADDRESS, RELATIONSHIP & AUTHORITY | WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

Miss Mabel Heron (Sister)
171 Water St, Charlottetown. P.E.I.

NAME:- HERON. William.
NUMBER:- 71701.

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Private.

UNIT AND TRANSFERS

ORIGINAL UNIT:- 105th Bn.
DATE ACCOUNT FIRST OPENED:- 1-8-16

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
			1st Q R D.

DAILY RATES OF PAY AND ALLOWANCES

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

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
13/11/18	1563	Bramshott 7/12/18	9 73				
26/11/18	1683	" 12/12/18	9 73				
30/11/18		Q4005* ? 12/12/18	5 38				
R.P.C.		Cr Bal* 80 23	31/12/18.				

PARTICULARS OF RENDERING NON-EFFECTIVE ~~X~~ is to Can 1-1-19. auth Q R.D. N.R. d/ 1/12/18 & reports.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar. 31	Bal forward.								89 65	60	
April.	P.P.	33		Can a/c April.				15-			
				AR 1922. 22/4 Epsom	9 73				97 98	60	
		33-			9 73			15-			
MAY				a/c.				15	82 98		
				AR 2819. 23/5/18. CCH Epsom	487				78 05		
	P.P.	34 10							112 15	60-	
		34 10			487			15			
JUN	P.P.	33-		a/c.				15-	130 15		
				AR 2176. 24.6.18. CCH Epsom	487				125 28	60	
		33.			4 87			15			
JUL	P.P.	34 10		a/c.				15	144 38		
				AR 4891 24.7.18. CCH Epsom	487				139 51		
				~~AR~~ 5653. 31.7.18. do.	48 67				90 84	60	
		34 10			53 54			15			
AUG	P.P.	34 10		a/c.				15	109 94		
				Q4005-2004- 29.7.18.	91				109 03		
				Forfeits 1 days Pay by R.W. 1.8.18. AB. 191. 7.8.18. Q.R.D.		1 10			107 93		
				AR 3448. 15.8.18. 2 CCH.	24 57				83 36		
				AR 3744. 27.8.18. "	24 57				58 79		
	S.T. 31.7.18 to 10.8.18. Bo. 184. 6/8/18. 2 CCH.	7 30							66 09	60-	
		41 40			50 05	1 10		15			
SEP				AR 4164. 12.9.18. "	1484				51 25		
	P.P.	33-		a/c.				15-	69 25		
				AR 4615. 26.9.18. "	7 54				61 71	60-	d/c spread 30.9.18.
Oct.	P.P.	33-		C.a.P.	22 38			15	80 81		
		34 10						15			
				AR 1354. 20th Res. 14/10/18.	9 73						
				" 1458 " 26.10.18	9 73				61 35	60	
		34 10			19 46			15			

OVER

NUMBER 712101 RANK Pte NAME HERON. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
				Cst. Bal. Frd					61 35	60 —	
Nov	P.P.	33 —		C.A.P.				15			
				QM 1563. 20 Nov. 13 11/18.	9 73						
				" 1683 " 26 11/18.	9 73						
				Q 4005 - #26. " 30 11/18	5 38						
							(2)				
Dec.	P.P.	34 10		C.A.P.				15		(3)	
	Interest on Def. Pay 30 11/18	6 62							80 23		
		73 72			24 84			30 —			

CANADIAN
ASSIGNED PAY AUDITED
OK
Aug H Harris
AUDIT CLERK
DATE 28-5-19

L.P.C.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

M

13-8-36

P

GMK 4-2-19

1. No. 712101

2 Rank. Private

3. Name. William Heron

4. Unit. 13th. Battn C.E.F. (-6th District Depot)

5 Date of Discharge 9/1/19 Place Charlottetown PE.I.

6 Reason for Discharge Demobilization

I

7. Authority. C.E.F..R.O. ~~1328~~ 1420

8. Proposed Residence after Discharge Charlottetown, P.E.I.
21 Hensley Ste

Discharged 1/6/19 1716

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

I hereby acknowledge that at the undernoted place and date I received my discharge Certificate

M. F. W.? 39

Wm Heron
Signature of Soldier.

10. CONFIRMATION.

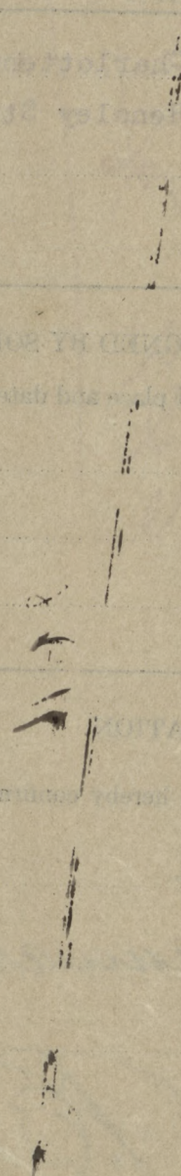
The discharge of the above named man is hereby confirmed.

Place CHARLOTTETOWN, P.E.I.

Date Ninth of January 1919

Signature [illegible] Lt
for (O. C. Discharging Unit.)

M.F.B. 218a—300M.-11-18—1772-39-113.



LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate	Militia Form W. 23
or Particulars of Recruit	Militia Form W. 133
Field Conduct Sheet	Militia Form W. 178 or A.F.B. 122
Casualty Form	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate	Militia Form W. 44
Certificate that missing documents are unobtainable	
Medical History Sheet	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet	Militia Form B. 465
Medical Report	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet	Militia Form B. 263
Company Conduct Sheet	Militia Form B. 263a

R—122

J.P.

Rank — Name HERON, William ✓ Reg'l No. 712101. ✓

Unit 105th Bn. If in perm. Corps, What Unit? } Married or Single Single. ✓

Place and Date of Enlistment Charlottetown.P.E.I.30th Oct.1915 Place of Birth Marshfield. P.E.I. ✓

Name and Address, Next-of-Kin Miss Mabel Heron ✓

~~Mr~~ ~~181~~ 171. Water St. Charlottetown.P.E.I.Canada. ✓ Relationship Sister. ✓

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

H. W. & V., Ld.—7165-16.

N/C R.B. No. 16512
File R.L.
Category O R CANADA

A.F.B. 103 CHECKED 5 DEC. 1916

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.
C		Arr. in ENGLAND S.S. EMPRESS of BRITAIN 25-7-16			DSDm
28.11.16	105th Bn.	Trans to 13th Bn O.S.	Witley Camp	28.11.16	P.O. 306
4.12.16	13thBn	Taken on Strength,	Field.	29.II.16	Ft, 2, 0-75.
					do 19/22.2.18 of 13 Bn
20-2-18	1 Res	TOS from 13 Bn	Pt Blott	12.2.18	Do 45
6-8-18	---	On Command to 2 Cdn Base Depot	---	31.7.18	Pt II 8190.
28-9-18	20 Res	~~T.O.S.~~ from ORD	" —" —	28-9-18	do 271 + QR & R 2378 30.9.18
6-1-19	✓	Sod from C to C.C.7. Canmil 8th C.	—" —	12-12-18	Do 6.

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.				

AUDITOR | PAYMASTER

M. OR S. 5

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

REGT. No. 712101 RANK Pte NAME (IN FULL) HERON William (BLOCK LETTERS SURNAME FIRST)

NEXT OF KIN: Miss Mabel Herm — RELATIONSHIP: Sister
ADDRESS: 171 Wales St Charlottetown PEI
IS SEPARATION ALLOWANCE PAID? Nil — DATE EFFECTIVE:
TO WHOM PAID: — RELATIONSHIP:
ADDRESS:

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ORIGINAL UNIT C.E.F.: 105th Battn.
IF IN P.F. WHAT UNIT?
PLACE OF ATTESTATION: Charlottetown PEI
TRANSFERRED TO — DATE — AUTHORITY
DATE OF ATTESTATION: 30-10-15
TRANSFERRED TO — DATE — AUTHORITY
ASSIGNED PAY $: 15/00
DATE EFFECTIVE: 1-1-19
PAYABLE TO: Miss Mabel Herm — RELATIONSHIP: Sister
ADDRESS: 171 Wales St Charlottetown PEI
ANY CHANGE IN ASSIGNEE OR ADDRESS: 21 Wesley Street Charlottetown PEI
STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE — EFFECTIVE
DISCHARGED: PLACE Charlottetown PEI — DATE 9/1/19 — REASON Demobilized — AUTHORITY D.O.16 — IF ENTITLED TO POST DISCHARGE PAY Yes

MONTH	PAY AND F.A. NO. OF DAYS	RATE	AMOUNT $	C.	OTHER CREDITS $	C.			TOTAL CREDITS $	C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	DATE	COL. NO. 2 NO.	DATE	COL. NO. 3 NO.	DATE	CASH PAYMENTS COL. NO. 1 $	C.	COL. NO. 2 $	C.	COL. NO. 3 $	C.	ASSIGNED PAY $	C.	REGIMENTAL CHARGES $	C.	OTHER CHARGES $	C.			TOTAL DEBITS $	C.	BALANCE DEBIT $	C.	CREDIT $	C.	PARTICULARS OR REMARKS
BALANCE FROM PREVIOUS ACCOUNT 1916																																				Doc 23
Dec					53	41			53	41																								53	41	L.P.C.
Jan 19	9	1/10	9	90	53	41			98	31							98	31															98	31			L.P.C. 53/41 Clerks allce 35/00
					35	00																													Balder
		w.s.d.	Na								War Service Gratuity																								
	183	420							420				Feb 22/19		3330		70	00																350	
													Mar 26/19		148444		70	00																210	
													Apl 7/19		148491		70	00																	Apl 7/19 chq 148491
													May 3/19		582084		70	00																140	
													June 3/19		592119		70	00																70	
													July 3/19		880252		70	00															420		
		420							420								420																420		

Certified that all payments due on this acct. have been paid.
[illegible] CAPT.
Pay Officer, Pay Services, M.D. 6

30M-11-18.—L.L. 50877-M. & D. 9553.

MONTH	PAY AND F.A.				OTHER CREDITS				TOTAL CREDITS		ACQUITTANCE ROLLS						CASH PAYMENTS						ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES				TOTAL DEBITS		BALANCE				PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT								COL. No. 1		COL. No. 2		COL. No. 3		COL. No. 1		COL. No. 2		COL. No. 3										DEBIT		CREDIT		
			$	C.	$	C.	$	C.	$	C.	NO.	DATE	NO.	DATE	NO.	DATE	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	$	C.	

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

H 12175

Date of Assignment Dec 1/16.

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

15			

PARTICULARS OF SEPARATION ALLOWANCE

No. ~~712101~~ 712101

Rank Pte. Promoted Reverted Discharge

Soldier's Name Wm Heron

Battalion 105 Battn.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name Miss Mable Heron

Address 171 Water, Charlottetown

Change of Address P. E. I.

1

2

3

4

File 8479-W-13.

	Date 1917	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
	Dec 31	—		195 -	195 -	✓	
1918.	Jan	B 69043		15	15	m	
	Feb.	T. 72658		15	15	✓	
	Mar	190775		15	15	✓	
	apr	X 14964		15	15		
	May	D 8538		15	15	✓	
	June	A 18917		15	15	✓	
	July	W 33929		15	15	✓	
	Aug	D 33572		15	15	✓	
	Sept	C 41136		15	15	✓	
	Oct	E 48022		15	15	✓	
	Nov	C 56088		15	15	✓	
	Dec.	E 66536		15	15	✓	

CANADIAN
ASSIGNED PAY AUDITED
AUDIT CLERK
DATE 28-5-19

M.R.O. Dest. #9972 issued 27/2/18

A.P. $375.00

A/c Closed 31-12-18.

Ret'd per Regina

Date 20-12-18. M.F.W.187 27-12-18

Closed W.P.

M.D. # 6.

STENCIL HAS BEEN MADE FOR THIS ACCOUNT

M. F. W. 128
400M.—6-17—1772-39-141
L. L. 22320—M. & D. 7693.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

Rank Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

	Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22820—M. & D. 1493.

105th. OVERSEAS BATTAL'N C. E. F.

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Heron Christian Name William

Examined on 25 day of October 1915 at Charlottetown P.E.I

Approved by S. Perkins

Rank Lieut Col M.O

Birthplace City or Town Murchfield County Devonshire P.E.I

Apparent age 19

Trade or occupation Farmer Driver

Height 5 Feet 3½ Inches.

Weight 133 Lbs.

Chest measurement Minimum 32 inches. Maximum expansion 34½ inches.

Physical development Fair

Small-Pox Marks Nil

Vaccination Marks Arm Right. Left. 1 Number 1

When Vaccinated last Childhood

(a) Marks indicating congenital peculiarities or previous disease None.

(b) Slight defects but not sufficient to cause rejection None

Date	Fit or Unfit	Examined for Re-engagement	
			18 FEB 1918
24.2.18	D.L	D Runcan Capt	M.O.
27-2-18	A.	2668 H. Sidney Rolo Major	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
22-4-16	Good.	J. W. Dorsey Capt	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
29-1-16	Good	S. Perkins	M.O.
7-2-16	Good	S. Perkins	M.O.
5/2/16	"	J. W. Dorsey Capt	M.O.
1/3/18	2nd	10 c.c.	

Enlisted on 25th day of October 1915 at Charlottetown P.E.I

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment	Infantry	~~466337~~		
Transferred to	Reinforcements	712101		
	Transferred to Overseas Batt			
	13th Bn			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

CANADIAN

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 Hyam Christian Name Williams No.

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.
2nd WESTERN GENERAL HOSPITAL MANCHESTER.		12	2	18	19	4	18	Pleuro pneumonia Bronchitis	77	Admd. 22.1.18. Pain in left side. 19.4.18. Trans. to Woodcote Park. Epsom.	Tatlall
MC Epsom	19	4	18	1 JUL 1918				Pleuro pneumonia	106	Recovered. Hardened Rem Gym, light duty PT. 24.7.18 Dtd by S Bn Bd.	R.A.M.C., T.F. Capt

M.D. No. 6

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

No. 6

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 718101 Rank Private Name Heron, William

Corps 105 th. Battn. who was* Discharged

On 9-1-19 191..., to

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from 1-1-19 191...

to 9-1-19 191..., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Bal. Dr. from prev. month			Balance Cr. from prev. month	53	41
Advances by Cheques No.			Regt'l. Pay 9 days at $ 1 00	9	00
Advances by Cheques No.			Field Allow. 9 days at $ 10		90
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges			Other Allowances* Clothing allowance	35	00
Payment on transfer or discharge No. 1285	98	31	Other Credits*		
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)		
Total	98	31	Total	98	31

*Give particulars.

A monthly stoppage of $ 15.00 (†) has not (‡) been paid on account of Assigned Pay for the month of Jan. 191 9 and Sep'n Allce. for month of Nil 191...

(to) Assignee Miss Mabel Heron

(Address) 171 Water St. Charlottetown, P.E.I.

(†) Insert amount to be assigned, whether it has been paid or not.
(‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Out Allowance of $ ..... has been paid by Paymaster, Military District No. .....

REMARKS:—

State (1) date of enlistment 30-10-15

(2) if married and if a Separation Allowance Card has been submitted .....

(3) cause of discharge Demob. authority R.O. 1420

(4) authority for transfer .....

NOTE.—Separation Allowance and Assigned Pay Card and Index Card (M.F.W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date 9-1-19

Place Charlottetown, P.E.I.

Paymaster C. E. F. Units.

Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit, duplicate to District Paymaster; triplicate to accompany the pay list at the end of the month, and quadruplicate for retention as a record.

For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

H.Q. 1772-39-903.
100M-9-18. D.P. 874.

W. Heron

Pain in left side of chest
Dulness at left base also crepitation
Shortness of breath.

25/1 Today there is consolidation of left upper lobe
Dulness at left base and breath sounds plainly heard
Sputum rusty.

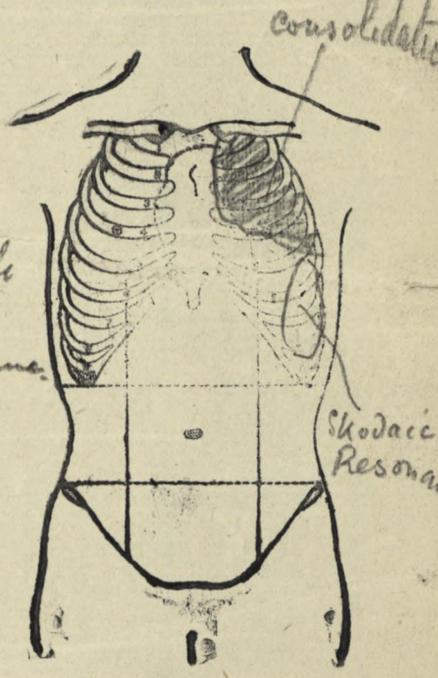
26/1 Slept at intervals. Pain in left side which was relieved by poultices.
Physical signs much about the same.

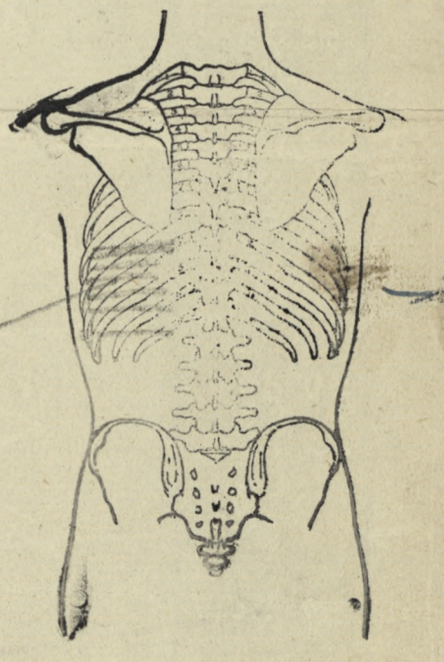
27/1 Had a better night. Feels rather better.

28/1 Had a good night
T & P down today
Cough troublesome

29/1 Had a fair night

2/2 Much better





Forms I. 1237/12

Medical Officer:

Whether U.K. or Expeditionary Force:
(If latter, state which).

Army Form I. 123

MEDICAL CASE SHEET.*

Ward: M S1

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
FC164	712101	Pte	Heron	Wm
Year: 1918	Unit: 13th Canadians B Co	Age: 20	Service: 2y 8m / 1y 11m	

Station and Date.
SALFORD ROYAL HOSPITAL
12/2/18

Disease: Pneumonia. (Left Base.) Bronchitis.
Date of Onset: 22/1/18

Transfer Class.
13.2.18.

Rx. ~~Mist Fem i Hmetic~~ 8vi
Fem et 2 unc c/has
Fm. Sp. 7. Dr. I. e
Urine. 1029. Acid. Phos:

14.2.18. Chest - Bronchial wheezing

15.2.18 Pain in left Side. — Rhgs. Rm — Nil
Lint Pleurisy
Rd X. Asphid.

POLMONT HALL HOSPITAL, PRESTWICK.

19-4-18 Transferred to Woodcote Park Epsom

Next of kin:
Charlottown
Prince Edward Island
Canada

Antitetanus Inocn.	
Units.	Date.

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

(44502) Wt.W 11203—M 11 450,000 6/12 16. C.F.&S. Forms/I. 1237/12. (E239)

P.T.O.

...tion and Date.	

CLINICAL CHART.

(*To be attached to Case Sheet.*)

Army Form B. 181.

Corps 13 Batt Cam — Military Hospital _____

No. 712.101 — Rank and Name Heron. W Pte — Age _____ — Service _____

Disease _____ — Date of admission 24/1/18 — Date of discharge _____ — Result _____

| Dates of Observation | | |

Forms
I. 1237
12

Army Form I. 1237.

MEDICAL CASE SHEET.*

No. 1 Division.

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	70101	Pte	Heron	W
	Unit.	Age.	Service.	
	13th Bn	20	2 4/12	

Station and Date.

Disease Pleuro pneumonia

20 APR 1918

Ascent Hospital, Le Havre, France.

Recovered. Chest clear
Nutrition only fair
Rem Gym & Bds duty.

30.4.18 Temp by D.

7.5.18 Rem Gym

14.5.18. about some Tenderness. Chest examined rales at base of left lung. nothing of any consequence. no active lesions.

21.5.18 RG Conv. General class anaemic

28 MAY 1918 RG Conv. General class " (Eastern Depot)

4-6-18 For Board

2.7.18 R.A. & Ds.
P.T. & L.D."

9 JUL 1918

24.7.18 discharged from P.T. D. by S.M.B.

J. W. Brownlee Capt. C.A.M.C.,
No. 1 Division.

6/5/17 OK

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

Wt. W 6604/M 2870—1,500,000—8/17—H. & Sr. (10938). Forms/I. 1237/12. (E239) [P.T.O.

Station and Date.	