ORIGINAL

ATTESTATION PAPER

No. 443619
Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS)

1. What is your name? — Amos Higgin
2. In what Town, Township, or Parish, and in what Country were you born? — Winton, nr Manchester England
3. What is the name of your next-of-kin? — Ellen Higgin
4. What is the address of your next-of-kin? — 191 Worsley Rd, Swinton, nr Manchester, Eng
5. What is the date of your birth? — May 31 1870
6. What is your trade or calling? — Iron and Brass Moulder
7. Are you married? — Yes
8. Are you willing to be vaccinated or re-vaccinated? & inoculated — Yes
9. Do you now belong to the Active Militia? — No
10. Have you ever served in any Military Force? (If so, state particulars of former Service.) — No
11. Do you understand the nature and terms of your engagement? — Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE? — Yes

Amos Higgin (Signature of Man.)

Surnedee (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Amos Higgin, 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.

Amos Higgin (Signature of Recruit.)

Date Aug 18 1915 Surnedee (Signature of Witness.)
Capt. 52nd Bn C.E.F.

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Amos Higgin, 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.

Amos Higgin (Signature of Recruit.)

Date Aug 18 1915 Surnedee (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 Vernon Camp this 28 day of Augt 1915.

W. F. Wademan (Signature of Justice.)

A Justice of the Peace in and for
Province of British Columbia

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

Surnedee (Approving Officer.)

M. F. W. 23.
200 M.—8-15.
H.Q. 1772-89-841.

108

DESCRIPTION OF Amos Higgin **ON ENLISTMENT.**

Apparent Age 45 years ..... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Chest measurement
- Girth when fully expanded ..... 42 ins.
- Range of expansion ..... 3 ins.

Complexion Dark

Eyes grey

Hair black

Religious Denominations
- Church of England ✓
- Presbyterian
- Methodist
- Baptist or Congregationalist
- Other Protestants (Denomination to be stated.)
- Roman Catholic
- 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.)

1 Vac L. Arm

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 Aug 18 1915

Place Vernon BC

E. D. Ramsay Capt RAMC
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

Amos Higgin 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.

A. H. G. Kemball (Signature of Officer.)
LIEUT.-COL.
54TH O. S. KOOTENAY BATT. C. E. F.

Date 30th August 1915.

553

REGIMENTAL DOCUMENTS

NAME Higgin Amos 2. Pte. REGT. NO. 443619 UNIT 11 Cavalry H. Q. FILE NO.

	CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1	ATTESTATION PAPER (M.F.W. 23, 133, or 51)	6 MAR 30-7-19			23912	DEATH
2	SOCIETY FORM (M.F.W. 54 or A.F.B. 103)					Category
	TRAINING HISTORY SHEET (M.F.W. 113)					
2	FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1	REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1	COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
	MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
	DENTAL HISTORY SHEET (M.F.B. 465)					Category Med Unfit
	MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
	MEDICAL EXAMINATION (M.F.W. 129)					
1	TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
	PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
	DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
2	LAST PAY CERTIFICATE (M.F.W. 44)					
3	PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
	PARTICULARS OF CHARACTER (A.F.W. 3226)					
	COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
3	Misc.					
1	Id card					
1	R 120					
1	Pay card					

16-17
24-18
30-18
1

mx
23 3-21

W. 2505
300M-11-18
19-2 30-1377

D.M.S. 1300.

Surname	Christian Name or Names	Reg. No.
Higgin	A.	443,619

Rank	Unit	Co.	Troop	Batty
Pte.	2nd	Battn.		

Hospital: No. 3 Can. Fld. Ambul. Date of Admission: 12. 11. 16.

Transferred ..... Hosp.

..... Hosp.

..... Hosp.

..... Hosp.

Diagnosis

(1) Myalgia.

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Des to duty 24 11. 16

DISPOSITION Date

C.Z. 12. 12. 16 A/536.

REMARKS

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.		

No. A 43619 RANK Pte NAME Higgin Amos ?

T. O. S. 18-8-15 UNIT 5th Battalion C.E.F.

Do 12 9 16/21-8-15

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T
1915 Aug. 18	1915 Aug 31	
Sept.		
Oct.		
Nov.		

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS	AUTHORITY
	UNIT SAILED NOV 22 1915

NAME Higgin, Amos S.O.S. Dis 28-2-18 4/3 TJ

RANK & No. Pte. 443619

CORPS 54th Batt.

ENLISTMENT, PLACE Vernon, B.C. DATE Aug. 28th 1915. S

FORMER CORPS Nil

COUNTRY OF BIRTH England, Winton, nr. Manchester.

NEXT OF KIN Higgin, Ellen

ADDRESS OF NEXT OF KIN 191 Worsley Rd., Swinton, Near Manchester, Eng.

DISCHARGE, PLACE DATE

O/S 22-11-15. 271/10

Emb. 7/12/17

L. L. 85779—M. & D.—6011.

M. F. W. 22. 100 m.--9-15.

H. Q. 1772-39 839.

REMARKS:

REGT'L No 443619.

NAME Higgins A.

H. Q. FILE No. 649-

RANK AND CORPS Pte 2nd Bn.

FOLLOWS No.

FOLLOWS

CABLE

No.	Date

NATURE OF CASUALTY

Sailed from Liverpool for Canada per S.S. Justicia 7-12-17. Nd. 11. B3. Dis. of a. G.

L. L. 12767—M. & D. 7390.

M. F. W. 42—50M.—12-16.
H. Q. 1772-39-893.

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
a 536.	#30 Can Fld Amb	12-11-16	Myalgia
a 536.	Disc to Duty	24-11-16	Myalgia

R. 149

Name HIGGIN Amos *Rank* Private *Reg. No.* 443619

Unit 2nd. Battalion.

Next of Kin Ellen Higgin,
191 Worsley Rd. Swinton. Nr.Manchester

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
12-11	No. 3 Can. Field Amb.		Myalgia	A536		
24-11	Disc. to Duty		do	A536		
24 12	To 1st Can DW Coml Coy. DCS 411 x 414					

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

No. Rank Pte Name Higgins, A.

T. O. S. 29-7-15
(DO 4 of 31-7-15) Unit 102nd Regt (Rocky Mountain Rangers)

M. D. 11

Paid From	Paid To	Sig. or Rec't	Promotions, Transfers, Discharges, etc.	
			Particulars	Authority
1915 July 29	1915 July 31	✓		
Aug 1	Aug. 17	✓	Transfd to 54th Bn 17-8-15	DO. 5 of 31-8-15

A.D.

Number 443619 Rank Pte — B

Surname HIGGIN

Christian Name Amos

Units 2nd Bn Can Inf Theatre of War France

Date of Service 19-6-16

Remarks 850 — 10th Ave E.

Latest Address G.P.O. Vancouver BC.

Roll No. B Page 14243

200m.-2-21.M.

DESP. MR 11 1923
REGN NO. 6056

HIGGIN, A. (Pte) #443619, 54th Bn. 649-H-18082.

SOS 28-2-18 mD.11. Med. Unfit. G.A.M.C. from 54th + 2nd Bn.

MEDALS & DECORATIONS. (Sister) Miss Mary Higgin,
103 Rocky Lane,
Monton, Nr. Eccles,
Lancs, England.

PLAQUES & SCROLLS. (Widow) Mrs. Sarah Heywood,
850-10th Ave., E.,
Vancouver, B.C.

Ser. #987287

MEMORIAL CROSS. (Widow) Mrs. Sarah Heywood,
850-10th Ave. E.,
Vancouver, B.C.

Intelig. 14/15 Star
Elig. U.K.
" B.W.M.

52051

B-

W 46007

APR - 1 1921

Scroll Dept. FEB 20 1924 Reqn. No. 57174

Plasma Dept. AUG 30 1924 Reqn. No. 933

838

Form D.M.S. 1394.
7004.—109M.—5/2/17.

no card
CR 486

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Eastbourne, Oct. 27th 1917.

No. 443619 Rank Pte. Name Higgins, A.

14th Can. Gen. Hospital.

Local Unit (C.A.M.C.) Overseas Unit Age 47

Examination held at Eastbourne.

DISABILITY.
Overseas—Local
(scratch one out).

Injury to Head

PRESENT CONDITION.

Persistent pain over rt Eye.
age.

No. 14 CANADIAN GENERAL HOSPITAL.
31 OCT. 1917
EASTBOURNE, SUSSEX.

BOARD RECOMMENDS:—

1. Fit for Duty Base duty Cat. "A"
2. Fit for duty after ..... weeks' physical training.
3. Fit for Temporary Base Duty Not likely to be required ..... weeks.
4. Fit for Permanent Base Duty in six months
5. Discharge

Signatures:—

Members

Major, C.A.M.C. President.

Capt., C.A.M.C.

Capt., C.A.M.C.

APPROVED

Dated 31 OCT 1917 1917.

Capt., C.A.M.C.
Seaford. For A.D.M.S.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Eastbourne. Oct. 27th 1917

No. 44361/9 Rank Pte. Name Higgins, A.

14th Can. Gen. Hospital.

Local Unit (C.A.M.C.) Overseas Unit Age 47

Examination held at Eastbourne.

DISABILITY.
Overseas Local

PRESENT CONDITION.

BOARD RECOMMENDS:-

1. Fit for Duty

2. Fit for duty after weeks' physical training

3. Fit for Temporary Base Duty weeks

4. Fit for Permanent Base Duty

5. Discharge

Signatures

Members

Major, C.A.M.C.
President

Capt., C.A.M.C.

Capt., C.A.M.C.

APPROVED

Dated 1917.

Capt., C.A.M.C.
Seaford. For A.D.M.S.

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
18/8/15	Vaccinations Result "Pos" J.H.H
" "	Inoculation etc " " "
28/8/15	" " " " "
10/9/15	" " " " "

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

List in the case of Warrant Officers treated in quarters.

s bearing on the cause, nature, or treatment of the case, likely to be of interest or of future ıse. In cases of syphilis, admissions and re-admissions to hospital will be shown. The ubsequent progress, including particulars of treatment out of hospital, transfers, &c., will e given in the special syphilis case sheet.	Signature of Medical Officer

CANADIAN CONTINGENT EXPEDITIONARY FORCE

Amended

LAST PAY CERTIFICATE

DEPT. MILITIA & DEFENCE
MAR 28 1918
OTTAWA, CANADA

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

Regimental No. 443619 Rank Pte. Name Higgin A.

Corps C.O.R.D. 54th Bn. [illegible] No. XI. CASUALTY UNIT Discharged

On Feb 28/1918 191....., to .....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Nov 11th 191...., to Feb 28/1918. 191...., the inclusive date of transfer or discharge.

Dr.	$	c.	Cr.	$	c.
Xmas Allow		25	Xmas Allow.		25
Bal. Dr. from prev. month			Bal. Cr. from prev. month	27	89
Advances by Cheques No. Jan Advances.	40	50	Regt'l Pay 110 days at $ 1 c.	110	
Advances by Cheques No. "A" Post Discharge	33		Field Allow. 110 days at $ c. 10	11	
Assigned Pay and Sep'n Allce. No.			Separation Allowances* (Monthly)		
Other charges R.C.		25	Other Allowances*		
Payment on transfer or discharge No. 161	64		Other Credits* Clothing, All.	13	
Balance Cr. (to be paid by the new unit)			Bal. Dr. (to be deducted by new unit)	73	50
Total	235	64	Total	235	64

*Give particulars.

A monthly stoppage of $.....(†) has.....(‡) been paid on account of Assigned {Pay for the month of.....191.... and Sep'n Allce. for month of .....191....} (to) Assignee.....

(Address) NIL.

.....

(†) 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

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

REMARKS:—

State (1) date of enlistment .....

(2) if married and if a Separation Allowance Card has been submitted A/P & S/A Stopped 31-7-17 Benef. Deceased.

(3) cause of discharge Medically unfit under authority K. R. & O for C.M. 1910 328 (9).

(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 Feb 26/1918.

Place NEW WESTMINSTER

R. Wesley
Captain 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.
100M.—12-17.
H. Q. 1772-39-903.

2nd Page.

Army Form B. 103. Regimental Number 44361 9.

Casualty Form—Active Service.

Regiment or Corps 54th Bn.

Rank Pte. Surname Higgin Christian Name Arnold

Religion ... Age on Enlistment ... years ... months

Enlisted (a) 18/8/15 Terms of Service (a) D. of W. Service reckons from (a) 18/8/15.

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

Extended { ... } Re-engaged { ... } Qualification (b) Iron & Brass Moulder.

or Corps Trade and Rate ...

Occupation ... 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...			
17.4.17	S.O.R.D.	Having reported from France is Taken on Strength.	Seaford.	16 Apr 17	Pte I. No. 36.
					FOR LT: COL: I/C RECORDS, C.O.R.
21.6.17	S.O.R.D.	On Command from S.O.R.D. to #10 Can. Stat. Hosp. Eastbourne	Seaford.	21.6.17	Pte II O.101 d. 21.6.17. A/C Chamberlain Lieut. & Adjutant for O.C. Cadet Nat. Reg. Depot
19/6/17	H.Q. Seaford.	Attached for Duty, etc. to #10 Can. Stat. Hospital.	Eastbourne.	11/6/17	Pt. II O. 172, 21/6/17 Colonel Comd'g No. 10 Stationary Hospital, C.E.F.

(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.

A.F.W.I (4) (4) (4)

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				
		Posted from No 10 Canadian			P.J.O 361 - 31-10-17
17-10-17	A.W.O.	Stationary Hospital to No 14	Eastbourne	17-10-17	
		Canadian General Hpl.			
30/10/17.	DADMS.Sfd.	S.O.S. to C.A.M.C. Depot.	Eastbourne.	1/11/17	Part II O.#264, 1/11/17. Major. for O.C., #14 Can. Gen. Hpl.
4-11-17	C.A.M.C.	TAKEN ON STRENGTH	Shorncliffe	-11-17	Pte D.O. 308
22-11-17	do	On Command to D.D. Buxton pending return to Canada	do	22-11-17	Pte D.O. 326
					Capt. Asst. Adjutant. for O.C., C.A.M.C. Depot
NOV 23 1917		TAKEN ON STRENGTH C.D.D. BUXTON Pt. II ORDER No. 278			Lieut-Col. Commanding Canadian Discharge Depot
		EMBARKED FOR CANADA FROM	LIVERPOOL		Lieut-Col. Commanding Canadian Discharge Depot

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

M. F. W. 54. (A. F. B. 103.)
350m.—5-16
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps 54th Battalion C. E. F.

Regimental No. 443619 Rank Pte Name Higgins Arnold

Enlisted (a) 18/8/15 Terms of Service (a) D.O.W. Service reckons from (a) 18/8/15

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) (Bronze Cross Medal)

Report: Date	Report: From whom received	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
Quebec		T. ON S. No. 11 CASUALTY UNIT PART II. ORDER No. 50	Vancouver	28/2/17	L. A. Elliott Capt. for O.C. No. XI. CASUALTY UNIT Auth A.M.D. 34-4-372
28/2/18		S. OFF S. No. 11 CASUALTY UNIT PART II. ORDER No. 59	New Westminster, B. C.	28/2/18	L. A. Elliott Capt. For O. C. No. 11 Casualty Unit.

(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				

92431.—W6490/1535.—2,000,000—J. J. K. & Co., Ltd.—Forms B. 103/1.

C.H.B. 356

Army Form B. 103.

CERTIFIED CORRECT.
Canadian Record Office
Westminster House,
7, Millbank, S.W.

Casualty Form—Active Service.

Regiment or Corps 54th Kootenay Batt^n C.E.F.

Regimental No. ~~464~~ 3619 Rank Pte. Name Higgins Amos

Enlisted (a) 18/8/15 Terms of Service (a) Duration of War Service reckons from (a) 18/8/15

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) (Iron & Brass Moulder)

Report Date	Report From whom received	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.
~~1916~~					
Nov 22		Embarked Halifax, Canada.	"H.M.T. Saxonia"		
Dec 1		Arrived Plymouth, England.			
		Proceeded for service overseas, with 2nd Batty 18.6.16	R. Holmes à Court Lieut. & Adjt., For O.C. 54th. Battalion, C.E.F.		
19-6-16	C.B.D.	Taken on strength 2nd Bn	C.B.D.	19-6-16	HR.Pt II O.No.26 d/30-6-16
20-6-16	do	Left to join Unit	Field	20-6-16	HR. D.C.S. 326 d/- 6-7-16.
25-6-16	2nd Bn	Joined Unit	do	21-6-16	B. 213 do
29-10-16	182nd Tunn. Co. R.E.	Temp. attached for Duty to 182nd Tunnelling Co. R.E.	Field	25-10-16	B213. Part II. 0.83 d 1-12-16.
25-11-16	3 C.F.A.	Hospital Adm.	3 C.F.A.	12-11-16	A36
Do	Do	Do Discha	To Duty with Camp Reinf^t	14-11-16	A36
19-11-16	2 C.F.A.	" Adm	2 C.F.A.	11-11-16	A36
		To	D.R.S.	12-11-16	
12-11-16.	182nd Tunn. Co. R.E.	Cease to be attached to 182nd Tunnelling Co. R.E.		14-11-16	B213. Part II 0.90 d 16

(a) In the case of a man who has re-enlisted 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				
30.12.16	1st Can Div Con Coy.	Admitted by Order A.D.M.S.	1st Can Div CC	24.12.16	A36
6.1.17	do	By order of A.D.M.S. do	# 3 C.F.A.	26.12.16	a36 6215 8 DCS 414 d/23.1.17
12.1.14	C.B.D.	By Order A.D.M.S "F.B"	Can Base	12.1.17	W.R.
20.1.17	C.B.D.	Forfeits 14 days pay for: ① Being in possession of a Bottle of Spirits ② Riding on the steps of a tramcar. (Contrary to B.S.O. #13.	Havre	13.1.17	B2069 Pt II orders #12 d/3.2.17
21.1.14	do	Attached to Can Base Depot as batman.	Can Base	21.1.17	B216 DCS 419 d/ 6.2.17
2-3-14	do.	Struck off "F.P." "P.B."	do	2.3.17	W.R.
3-3-14.	do.	Sentenced to 4 days F.P. No 2 and forfeits 14 days pay for when on Active Service "Drunk."	C.B.D.	1-3-14	B2069. Pt II Ord 26 d/12-3-14.
11-3-14.	do.	Ceases to be attached to Can Base Depot as batman on return to 2nd Bn	Field	6.3.14.	B213 DCS 433 d/14 3/14
8.3.14.	do.	Taken on. "F.P." "P.B."	Can Base	8.3.14.	W.R.
15.4.14.	O.C Reinforcements Havre	Classified "C" and posted to Eastern Ont Regt'l Depot	Seaford.	15.4.17.	(Authy O.C. Reinfcts Havre W.R. No 11145 d/15.4.17. Ref a a 9. Can Sec G.H.Q. No 89. Pt II Ord 43 d/ 30-4-17.

Chas B. Mafwell, Lieut for Major A.A.G.

Mt 23.3.21 J

R—122.

Rank Pte. Name HIGGIN Amos Reg'l No. 443619

Unit 54th Batt. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Vernon Camp, Aug.18th 1915. Place of Birth Winton near Manchester, England.

11/6

Name and Address, Next-of-Kin Ellen Higgin

191, Worsley Rd. Swinton nr Manchester, Eng. Relationship

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E. R.B. No. 1896
File R.L.
Category Urban

Discharge, Date and Place Reason Character Pte.

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
		Arrived in England Per S.S. Saxonia		2 DEC 1915	
7.3.16	54 Bn	3dy.C.B.O/S/P 5/6.3.16 = 2nd	Bramshott	7.3.16	PII 10.066
12.6.16	Rdy. 54th	Awrd. 15 days C.B. for when on Active Service Drunk	"	10.6.16	" " 163
24.6.16	" "	Having proceeded overseas is struck off the strength as at that date. (auth H.Q 11 Bgde letter 11B.6-46-640 dated 17.6.16)	"	18-6-16	" " 175.
30.6.16	DC 2nd	T.O.S. 2nd Bn	France	19.6.16	PIII.26
1.12.16	" "	Attd to 182nd Tun Coy R.E.	"	25.10.16	" 83 For Duty Myalgia
12.12.16	" "	No 3 Can Field Amb	"	12.11.16	C.A/536 To Duty 24.11.16
19.12.16	" "	Leases to be attd to 182 Tun Coy	"	11.11.16	P II 90
30.4.17	" "	Classified "C" & Posted to E.O.R.D.	Field.	15.4.17	— 43

161

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 Document
17.4.17	C.O.R.D.	Having reported from France is T.O.S. of C.O.R.D. ceases to be shown in Depot Coy.	Seaford	16.4.17	Pte. II.D/O. 36
21 6/17	"	shown on Comm. to #10. Can. State. Hosp.	Eastbourne	11 6/17	— 101
29 9/17	"	now on Comm. to No 10. State Hosp. is S.O.S. to Camc. Reg. Hosp.	Seaford	26 9/17	— 201
21-6-17.	10 State Hosp	Att for D.Q.R.D. Sete	E'bourne	11-6-17.	— 172.
3-10-17.	CAMC. Depot	T.O.S from C.O.R.D.	Whanger	26-9-17.	— 276 Pte II O. 259 d/9-10-17
3-10-17.	"	S.O.S to No 14 Can Gen Hosp	"	26-9-17.	— 276. 14 Gen Hosp
1-11-17.	14 Gen Hosp	S.O.S to CAMC. Depot	E'bourne	1-11-17	— 264. CAMC Depot. Pte II O. 305 d/4-11-17.
22.11.17	CAMC Depot	On com to C.D.D Buxton	S'cliffe	22.11.17	Pte II O. 326.
19-12.17	"	S.O.S on return to Canada for disposal by A.G. Ottawa	"	7-12.17	— 353.
	D.D. Depot	Class Duty	M.D. "11" Victoria	19/2/17	struck off strength. Kamloops. B.C.

L. L. JCB. 85506 M. & D. 5997.

18-8-15

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

MILITIA AND DEFENCE

SEPARATION ALLOWANCE

144

Name Mrs. Ellen Higgin
Address 191 Worsley Road
Swinton, Nr. Manchester
Lancs. England

Relation to Soldier wife, child or mother } Wife

Name of Soldier Higgin, Amos.
Regtl. No. 443.619
Rank ~~Pte.~~ Lance Sgt. 30.9.15
Corps 5 4th Batt.
To what Corps belonging when called out }

PAYMENTS

ENGLISH

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Duplicate sent to Eng. for payments
Sept.				
Oct.				
Nov.				Dis. 28.2.18 H.2.649-17925.
Dec.				#11 Casualty Unit 6.4.18. WDS.
Jan	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

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

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

18-8-15

2nd Contingent
(Wife)

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

To Whom Mrs Ellen Higgin

Address 191 Worsley Rd. Swinton
Nr. Manchester Lancs. Eng

Rate $ 15.00

NOV 1 - 1915

By Whom Assigned Higgin Amos

Regtl. No. 443619

Rank Pte.

Corps D. Co 54th Battn C.E.F.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			ENGLISH
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				Duplicate sent to England.
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

85-91-A-3

Name Higgin, Amos
Surname Christian Name

E N R

Regimental Number 443619 Rank Pte.

Unit 54th Bn.

Original Unit

District where paid M.D.11.

Date of Discharge 28-2-18.

P. D. P. Filing Number 7-156-11.

Address (in full) 337 Broadway West,
Vancouver, B.C.

Rates:—Regimental pay $ 1.00 per diem: Field Allowance $ .10 per diem. Separation Allowance $ per month.

L. L. 22573—M. & D. 8009.

Total Credits 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Over-payments 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		
100 10	1904	28-3-18	26 60							73 50	26 60

M. F. W. 127.
50M—6 17.
1772 39-1140.

Remarks: $73.50 see amended L.P.C.

File No. 8591-A-19 128-19

WAR SERVICE GRATUITY.

Register No. H1025

443619

Reg. No. Dec'n No. ..... W.S.G. File No.

Name Donald Eggins

Address 380 - 29th Ave East

Vancouver BC

Award ... days at $ ... per day $ ...

S.A. ... months at $ ... per mo. $ ...

Less ... P.D.P. credited ... $ ...

Less further debit balance ... $ ...

Net ... below

TO SOL...	Ag. No.	Amount
0		
1		
2		
3		
4		
5		
6		
	Total	Total

Clerk .....

Dependent Mrs Sarah Jane Stiggins

Address 380 - 29th ave East

South Vancouver BC

Pay Soldier $ .....

Pay Dependent $ .....

"PAB rules with chgable"

Days ..... Rate ..... Due .....

Less P.D.P. credited .....

Less further Dr. Bal. or overpayment. .....

Net .....

Date	Ck. Order	Ck. No.	Amount	Remarks.	Date	Ck. Order	Ck. No.	Amount.
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			

495-D.P.-100M-6-19 (10248).

GEN'L AUDITOR
Posting checked by
.....
Date.....

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

18-8-15 Duplicate 14954

MILITIA AND DEFENCE

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

SEPARATION ALLOWANCE 6928

Name Mrs. Ellen Higgin
Address 191 Worsley Road.
Swinton, Nr. Manchester,
Lancs. Eng.

Relation to Soldier wife, child or mother } Wife

Name of Soldier Higgin, Amos.
Regtl. No. 443619
Rank Pte.
Corps 5th Battn.
To what Corps belonging when called out }

15.00 25.8.16

80 Swinton Manchester

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.		I. 11977.	28 ..	
Oct.				
Nov.				
Dec.			60	
Jan.	1916			
Feb.				
March				

Marriage Certificate Produced

Married NOV 22 1915
~~Dated 16th Nov 1915~~
Married 1 1895

FREE

60 00
cc
1 14 8318/330 1

cc
1 235665/74 60

148 60 / 148 00

6928

MILITIA AND DEFENCE. S. 203.

SEPARATION ALLOWANCE.

Name of Dependant	Higgin. E.	Name of Soldier	Higgin. A.
Relation to Soldier	Wife.	Regtl. No.	443619
191. Worsley Rd., Swinton,	3	Rank	Pte.
		Corps	5th. Bath
P. Nr. Manchester	P.O.	To what Corps belonging when called out	
2	4		
P.O.	P.O.		

Month.	Year.	Cheque No. or Postal Draft Book No.	Amount. $ c.	Amount. £ s. d.	Date.	£ s. d.	REMARKS.
		Brought Forward ...	148 -	✓			
Apl.	1916	B 40073	20 -	✓			
May		B 84999	20 -	✓			
June		B 183833	20 -	✓			
July		B 337557	20	✓			
Aug.		B 433324	20	✓			
Sept.		B 33334	20 -	✓			
Oct.		B 5[illegible]986	20	✓			
Nov.		B 6798	20	✓			
Dec.		B 81981	20	✓			
Jan.	1917	B 95767	20				
Feb.			$ 348 -	✓ ctn			Total Separation Allowance paid to end of January 1917.
Mar.							
Apl.							
May							
June							
July							
Aug.							
Sept.							
		Carried Forward ...					

EXAMINATION POLICE BRANCH NOV 1916 INTINGEN

TRANSFERRED TO ASSIGNED PAY LEDGER

Swinton

ENTERED

CHECKED

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

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

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Duplicate

12203

18-8-15

2nd. Contingent

(Wife)

To Whom Mrs Ellen Higgin

Address 191 Worsley Rd. Swinton
Nr. Manchester Lancs. Eng

By Whom Assigned Higgin Amos

Regtl. No. 443619

Rank Pte

Corps D. Co 54th Battn C.E.F.

Bramshott

Rate $ 15.00

NOV 1 - 1915

PAYMENTS "RECEIVING SEPARATION ALLOWANCE"

RECEIVED F.
DEC 16 1915
OTTAW

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				

RECEIVING SEPARATION ALLOWANCE $20.00 ✓
EFFECTIVE Aug/15 ✓
RELATIONSHIP Wife ✓

checked and found correct
aafed

ASSIGNED PAY.

By whom assigned Higgin Amos. Pte

Regtl. No. 443619. 54th Battn

Month	Year	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Pay Sheet		REMARKS.
Jan.	1916	109313	45			cred to adj Nov 1 Dec 15
Feb.		129910	15 —			
March		155294	15 —			
Apl.		7381	15			
May.		34710	15 —			
June	✓	626 46	15			
July		96564	15			
Aug.		131053	15			
Sept.		164213	15			
Oct.		200684	15			
Nov.	19500	237236	15			
Dec.		278195	15			
Jan.	1917	320630	15	348	00	Total Amt Sepn allce paid
Feb.		360999	15	30		to Jany 31/17 as per Sepn. all. Ledg.
	Cancellation error	~~360702~~	~~15~~	~~30~~	-	
March		~~404465~~	15	20		
Apl.			255	388		
May			360	20		
June			345	468		
July						
Aug.						
Sept.						
Oct.						
Nov.						
Dec.						

P-56

Rank Pte. Name HIGGIN Amos Reg'l No. 443619

Unit 54th Batt. If in perm. Corps, What Unit? Married or Single Married

Place and Date of Enlistment Vernon Camp, Aug.18th 1915. Place of Birth Winton near Manchester, England.

Name and Address, Next-of-Kin Ellen Higgin

191, Worsley Rd. Swinton nr Manchester, Eng. Relationship

Assigned Pay Monthly $15.00 Payable to Next of kin

Relationship

Separation Allowance Payable to

Relationship

Discharge, Date and Place Canada Reason Character

PAY OFFICE FEB 2 1916 CANADIAN CONTINGENTS

Entered on N.E. Card Index
Checked by

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.
1915 Dec. 1	31	31	1	31	31	10	3 10	10	44 10			9 73	15.		24 73	19 37	Clothing bv
Jan 1 1916	31	31	1	31	31	10	3 10		34 10			9 73	15.		11 76	11 71	
Feb. 1	29	29	1	29	29	10	2 90		31 90			~~11 03~~ 14 60	15		29 60	~~22 87~~ 14 01	B/2 20 for f B/10 66 7/3/16
Mch 1	31	31	1	31	31	10	3 10		34 10			14 60	15.	2 20	31 80	16 31	

BALANCE TRANSFERRED TO NEW LEDGER

Carried forward to Large Ledger sheet

Checked

		127			12 70 10		44 70			65	69	60	2 20	127	89	16	31

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						

MARRIED OR SINGLE M

PLACE OF BIRTH Winton Lancashire Eng

NAME AND ADDRESS OF NEXT OF KIN Ellen Higgens.
191 Worsley Rd Swinton Manchester

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ ~~20.00~~ EFFECTIVE (DATE) Aug 1915

PAYABLE TO Mrs Ellen Higgin
191 Worsley Rd Swinton Manchester

RELATIONSHIP OF DEPENDANT Wife

a/P & S/a. chicked and found correct.
aaJed

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 443619 RANK Pte NAME Higgin Amos

IF IN PERMT. CORPS WHAT UNIT UNIT 54th Bn. TRANSFERRED TO 2nd 58th Bn. DATE 19 6/16 AUTHORITY [illegible] 175 6/16

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 6 DRD SS DATE 16-1-17 AUTHORITY Debit notes

PLACE OF ATTESTATION Vernon Camp TRANSFERRED TO E.O.R.D DATE 11-8-17 AUTHORITY A.R. 14/6

DATE OF ATTESTATION 18 Aug 1915 TRANSFERRED TO Pay 2D DATE 11/11/17 AUTHORITY A.G.2.1.29

✓ W.O.B.K.

PAY OFFICES OF BRANCH FEB 22 1918 CANADIAN CONTINGENTS

ASSIGNED PAY MONTHLY $ ~~1.50~~ DATE EFFECTIVE Nov 1-1915

PAYABLE TO Ellen Higgin 191. Worsley Rd Swinton Manchester RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 15.8.17. EFFECTIVE 1-8-17. W.O.B.K. REASON Death.

DISCHARGE DATE AND PLACE 10/11/17 Canada REASON AND AUTHORITY A.G.2.1.29 Final Disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on N.E. Card Index

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by T. J. Sullivan

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
			122				12 70							10	144 20									65 69				60	220	127 89	16 31				
																15/11/16	30/4/16																	
															33	405	HHG							730	973			15		3203	17 28				
															34 10	488	15/5	541	31/5					243	14 60			15		3203	19 35				
															19 80	575	15/6							730				15		2230	16 85				
															13 20																	30 05			
															34 10			1138	1/7					262				15		1762	4653				
															34 10	1178	16/2	1209	4/8					262	262			15		2024	6039				
															33	1247	18/8	1308	13/9					348	262			15		2110	7229				
															34 10	1321	29/9							349				15		1849	8790				
															33					1243 28/10 0313 1478 4/11 3FA 2088 1st R.H.2.85. 29/10						175 174 264		15		1849	10741				
															34 10					1439 " " 12/10						349		15		2111	11540				
															16 50													15		15	11690				
															463 20									931	32 19	960		210	220	34630				

Drawn to 6 DRD SS 16-1-17 Debit notes

P. 697. EXTRACTS FROM ACTIVE SERVICE PAY BOOKS.

443619 Pte Higgin A.

Date of Payment.	No. of Acq. Roll	AMOUNT. Francs	£	s	$	¢	Place of Payment.	Name of Paymaster	Remarks.
	142								
	339								
	2234								
	2245								
	884								
					46 40				
					153 53	✓			

Small Endorsement noted.

MARRIED OR SINGLE M

PLACE OF BIRTH Winton Manchester Eng

NAME AND ADDRESS OF NEXT OF KIN Ellen Higgens.
191 Worsley Rd Swinton Manchester

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ ~~20~~ 00 EFFECTIVE (DATE) Aug 1915

PAYABLE TO Mrs Ellen Higgin
191 Worsley Rd Swinton Manchester

RELATIONSHIP OF DEPENDANT Wife

a.P & S.A. chicked and found correct.
aa Ford

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 443619 RANK 9[illegible] NAME

IF IN PERMT. CORPS WHAT UNIT UNIT 54th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Vernon Camp

DATE OF ATTESTATION 18 Aug 1915

ASSIGNED PAY MONTHLY $ ~~15 00~~ DATE EFFECTIVE Nov 1-

PAYABLE TO Ellen Higgin 191. Worsley

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 15.8.17.

DISCHARGE DATE AND PLACE 10/11/17 Canada

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
			122				12 70							10	144 20									65 69				60	220	127 8
Apr 1/30	30	1	30		20	10	2								32	405	15/4/16	444	30/4/16					7 30	9 73			15		32 0
May 1/31	31		31		31		3	10							34 10	488	15/5	541	31/5					2 43	14 60			15		32 0
June 1/18	18		18		18		1	80							19 80	575	15/6							7 30				15		22 3
June 19/30	12		12		12		1	20							13 20															
July 1/31	31		31		31		3	10							34 10		1138 1/7								2 62			15		17 62
Aug 1/31	31		31		31		3	10							34 10	1178 16/7		1209 4/8						2 62	2 62			15		20 24
1/9 30/9	30		30		30		3								33	1247 18/8		1308 13/9						3 48	2 62			15		21 10
1/10 31/10	31		31		31		3	10							34 10	1321 29/9								3 49				15		18 4
Nov 1/30	30		30		30		3								33											175		15		18 4
1/31 12/12	31		31		31		3	10							34 10											3 49		15		21 1
			391 0				12 30																							
1917			27 50				27 50																							
Jan 1/15	15	110	16 50												16 50													15		15
			453 20											10	463 20									933 33	19 960			210	220	3463

1247 28/10 0 58
1478 24/11 35 8
2088 15 T.H. 2.55. 29/11
1439 " " 12/12

MARRIED OR SINGLE M

PLACE OF BIRTH Wiriton Manchester Eng

NAME AND ADDRESS OF NEXT OF KIN Ellen Higgens.
191 Worsley Rd Swinton Manchester

RELATIONSHIP OF NEXT OF KIN

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ ~~20.00~~ EFFECTIVE (DATE) Aug 1915

PAYABLE TO Mrs Ellen Higgin
191 Worsley Rd Swinton Manchester

RELATIONSHIP OF DEPENDANT Wife

a.P.& S.a. chicked and found correct.
aa Ford

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L NO. 443619 RANK Pte NAME Higgin Amos

IF IN PERMT. CORPS, WHAT UNIT — UNIT 54th Bn

PERMANENT FORCE ALLOWANCES

PLACE OF ATTESTATION Vernon Camp

DATE OF ATTESTATION 18 Aug 1915

ASSIGNED PAY MONTHLY $ ~~1.50~~ DATE EFFECTIVE Nov 1-1915

PAYABLE TO Ellen Higgin 191. Worsley Rd Swinton Manchester RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 15.8.17. EFFECTIVE 1-8-17. REASON Death.

DISCHARGE DATE AND PLACE 10/11/17 Canada REASON AND AUTHORITY AO 2.1.29 For Disposal

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Entered on N.E. Card Index

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Checked by T. Sullivan

TRANSFERRED TO 2nd 58th Bn DATE 19/6/16 AUTHORITY G.O. 175 6/16

TRANSFERRED TO 4th D.O.R. DATE 16-8-17 AUTHORITY Debit Notes

TRANSFERRED TO E.O.R.D DATE 11-8-17. AUTHORITY A.R. 14/6

TRANSFERRED TO Pay & D DATE 11/11/17 AUTHORITY AO 2.1.29

do W.O.B.A.

PAY OFFICE 1ST DIV. CANADIAN CONTINGENTS FEB 22 1918

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 0	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
			122				12 70							10	144 20									65 69				60	220	127 89	16 31				
Apr 1/30	30	1	30		30	10	3								33	405	15/4/16	449	30/4/16					7 30	9 73			15		32 03	17 28				
May 1/31	31		31		31		3	10							34 10	488	15/5	541	31/5					2 43	14 60			15		32 03	19 35				
June 1/18	18		18		18		1	80							19 80	575	15/6							7 30				15		22 30	16 85				
June 19/30	12		12		12		1	20							13 20																30 05				
July 1/31	31		31		31		3	10							34 10			1138 1/7						2 62				15		17 62	46 53				
Aug 1/31	31		31		31		3	10							34 10	1178 16/2		1209 4/8						2 62	2 62			15		20 24	60 39				
1/9 30/9	30		30		30		3								33	1247 18/8		1308 13/9						3 48	2 62			15		21 10	72 29				
1/10 31/10	31		31		31		3	10							34 10	1321 29/9								3 49				15		18 49	87 90				
Nov 1/30	30		30		30		3								33											175		15		18 49	102 41				
1/12 31/12	31		31		31		3	10							34 10											264		15		21 11	115 40				
			3970				12 70																			349									
			2750				2 50																												
1917																																			
Jan 1/15	15	110	16 50												16 50													15		15 11	690				
			45320											10	463 20									931 30	19 960			210	220	346 30					

Transfer to 4th D.O.R. 16-8-17 Debit notes

Small

443619. Pte Higgins A. — W.P. Stopped 1/8/17

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
			45	30										1000	463 30									9231	3219	960		210.00	220	346 30	116 90				
Jan 16-31	16	1.10	17	60	H										17 60					1 S.H. 255						11 34				14 83	119 67			Forfeits 14 days Pay B.O. 12 3/1/17
Feb 1-28	28	100	30	80											30 80					2171 17 M.M.						3 49								
		10																		2285 30/17 CCAS						6 98								
																				10758 13/1 CAS						4 36								
																				11165 30/1 - 30						4 36								
																				28827 16/1 R/C														
Mar. 1-31	31	1.100																		11960 27/1/17 BBA						4 36								
Mar	31	10	34	10			4 88								522 10					11/1/17						4 36		15 4 88	15 40	43 48	97 61			7 days 9 P.M. Forfeit to Pay pay Book 12 3/1/17
																				12431 19/3						4 36								
Apr	30		33				20								53													15 20		35	115 61			
May	31		34	10			20								54 10					H.I. 0.B.B. 9/4		4671				4 36		15 20		39 36	130 35			
June	30		33				20								53							0.0.6833						15 20		35 -	148 35			
July	31		34	10			20								54 10							0.0.9056						15 20		35 -	167 45			
Aug 1/10	10	-	11				-								11													- -		- -	178 45	15		a 3m 1/10/17 Effect 1/8/17
Aug	21	1.10	23	10			5 6 8	90						10	1258 90	7	14/6			1279 27/1				92 31	32 19	5 11 95		300	5 6 8	33 00	1080 45			
															23 10					1022 Hosp.				1460		9 73				24 33	177 22			
Sept			33												33					1710 20-7						24 33								
																				15-24 12-7						4 87								
																				11-3-9 18-6						38 94				68 14	142 08	30		

MONTH	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED PAY	SER. ALLCE. ENG.
		~~142 08~~							142 08	30	
Oct 31	1.10	34 10		AR 2468 15/9/17 BoRD		9 73					
				26255 AR 163 4/9/17 6th Rcs		48 67			117 78	45	
Nov 10 Pte R.		11 00							128 78		
		45 10		34781 AR 2234 29/8/17 10 Staff Hosp		4 87			123 91		
						63 27					
Nov.				D.R.A.R 2039 15/9/17 10th Staff Hosp		4 87					
"				" 147 3/9/17 6 Res.		14 60					
"				" 86 1/9/17 "		4 87					
"				" 2578 28/9/17 10th Staff Hosps		4 87					
"				" 2662 12/10/17 14th Gen. do		4 87					
"				" 2796 27/10/17 do.		9 73			80 10		
						43 81					
Jan.				D.R.A.R 864 5/1/18 6 am C.D. Schuckhoff		4 87			75 23		
						4 87					

Balance transferred to N. E. Branch. Nil

MONTH	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE
	Trans to Pay 20					Nil
July 1918	Pte A Board Ruling 709/1754 V.O. 30/13			24 33		
Aug 1/9				24 33		

A3M. FORM REN'D 1/8/17 EFFECT 1/8/17
DISCHARGED TO Can DATE 10/11/17
PAYBOOK VERIFIED 75.23 1/11/17
FINAL ~~70.~~ L.P.C. REN'D 9/11/17
DEF. ALLCE. PAY HELD 4.87 - 29

For Disposal
Cr. Bal. 75.23

Checked H.V. Williams

Dis. Canada 10/11/17 24 33 — Nil

L.P.6

B2B6 7-8-18 Cr Bal 50 33 A/B
Cr note 7-8-18 for 24 33 A/B

Advise Note Pro 24 33 9/4/18
P8796 N issued 24 33 23 4.18 9.0ff

This space to be for numbers.

M

4

DEPT. MILITIA & DEFENCE
APR -9 1918
H.Q. CANADA

Proceedings on Discharge.

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

No. 443619.

Rank Private.

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

Corps (Squadron, Battery or Company) No 11 Casualty Unit, C. E. F.

Date of Discharge 28th February 1918.

Place of Discharge New Westminster, B. C.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 47 years — months.
Height 5 feet 7 inches.
Complexion Fresh.
Eyes grey
Hair Black
Trade Iron moulder
Intended place of residence (To be given as fully as practicable.) General Delivery Vancouver. B. C.

Descriptive Marks

1 Vac L.

2. The above-named man is discharged in consequence of Medically unfit- under K R & O. for the C. M. 1910. para 322. (9). Disability pre-existed enlistment, not-due to nor aggravated by service, Authority 11 M. D - 34 - H. 342. dated 4. 2. 18.

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

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

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

Good

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

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

Moulder

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

Nil.

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

6. Medals and Decorations..... France 10 months.

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

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

(Place) New Westminster, B.C. L. a. Ecrott Capt.
For O. C. No. 11 Casualty Unit

(Date) 28th February, 1918. *Commanding* .....

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

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

(Place) New Westminster, B.C. Amos Higgs *(Signature of Soldier.)*

(Date) 28th February, 1918. L. a. Ecrott *(Signature of Witness.)*

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

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

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

/

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

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed) 2 years 194 days.

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

11. **Confirmation of Discharge.**

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

(Place) New Westminster, B.C.

(Date) 28th February, 1918.

L. a. Ecrott Capt.
(Signature) ..... For O. C. No. 11 Casualty Unit

Reservations referred to at Para. 8.

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

No Reservations

Amos Higgin

(OVER)

List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263.	Attestation Paper, Militia Form B. 233.
Squadron / Battery / Company } Conduct Sheet, " B. 263a.	Proceedings on Discharge " B. 218.
Copies of Convictions, by C. P. in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of
Med. Hist. Sheet, Militia Form B. 313	(a) Proceedings on Discharge.
Medical Report for Invalid* " B. 227.	(b) Attestation.
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	(c) Medical History Sheet (in the event of such having been prepared.)
*Only if discharged "Medically unfit."	

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

Sister Miss Mary Higgin
103 Rocky Lane
Monton, Manchester Eng.

(Medical Officers will please read this Form carefully before using it. See instructions, page 4.)

FORM TO BE USED FOR WARRANT OFFICERS, N.C.O'S, AND MEN

Copy Duplicate

MEDICAL HISTORY OF AN INVALID

No Xl C/C. STATION Vancouver, B.C. DATE Jan. 17th. 1918

1. (a) Unit 54th Batt. C.E.F. (b) Regimental No. 443619 (c) Rank Pte.

(d) Surname Higgin (e) Christian name Amos

2. Age last birthday 47 Date of birth May 31--1870

3. Enlisted at Vernon, B.C. on Aug 18-1915

4. Personal description :—

(a) Height 5' 7" (b) Weight 170 lbs. (stripped) (c) Complexion Fresh

(d) Colour of hair Black (e) Colour of eyes Grey (f) Identification marks l.vac.L. arm. Scar L. Thumb.

5. Address after discharge (for the use of the Board of Pension Commissioners.)

General Delivery, Vancouver, B.C.

6. Former trade or occupation Iron Moulder

7. (a) Service — Years 2 5/12 — Days

	Periods	
	From	To
Canada	Aug. 1915	Nov. 1915
England	Nov. 1915	June 1916
France	June 1916	Apr. 1917
England	Apr. 1917	Dec. 1917
Canada	Dec. 1917	Present.

(b) Has he been Overseas ? Yes to France.

8. Present disease or disability (use authorized nomenclature if possible) (1) Over age (2) Pain over right eye.

(a) Date of origin (1) 28/12 yrs. ago (2) Oct. 1916. (b) Place of origin France

(c) Cause* Injury- wheel of transport truck ran over head.

*(Here include original disease or injury)

9. Present condition. (Important, to be a full description of the present disabling condition or conditions).

A well nourished ~~xxxx~~ healthy appearing man who looks his stated age. States that he met with accident- a transport truck running over head about Oct. 1916. Was rendered unconscious for a few minutes. Since then has felt no disability except pain over right eye-which is rather severe at times.-He states that this has improved somewhat of late, and he does not now regard ~~this~~ it as a disability .

[After describing all abnormalities, anatomical and functional, contributing to present incapacity (see section 11) state whether such incapacity is directly due to (*a*) weakness, (*b*) loss (complete or partial) of an organ or member or of its functions, or (*c*) to the necessity for rest of the body or of some of its parts.]

M. F. B. 227.

150M.-6-17.
1772-39-117.

10. History ;

Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination

No scars --no wounds.

11. To what extent, state in percentages, is capacity to earn a livelihood in the untrained labour market reduced? If there is more than one disabling condition, estimate the incapacity due to each, and that due to all combined.

(1) nil. (2) nil.

12. Did the disability arise on or off duty ? n.a.

13. Was a Court of Inquiry held ? No.

14. If the disabling condition had its origin before enlistment, has it been aggravated on service ? No

Yes..... No.....

(If the answer is in the affirmative, state in percentages, to what extent the soldier is incapacitated by that aggravation.)

15. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment ? no

(If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

16. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one ? (1) permanant. (2) 3 months diminishing.

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

none

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

no

19. Can the former trade or occupation be resumed ? Yes.

20. Recommendations

That he be placed in Class "A" for discharge.

By the Medical Board.

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier.)

I, the undersigned.....have heard the description of my disability read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of

Amos Higgin

Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

21. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Yes.

22. Is the soldier fit for

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

23. It is certified that the soldier

(a) ~~Does require treatment~~ ---- a.
(b) Does not require treatment.
(c) Should pass under his own control.
(d) ~~Should not pass under his own control~~ ... d.

(Strike out condition not applicable).

24. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

That he be placed in class "E" for discharge.

A S Fuller Capt — *President.*

H E Langmuir Capt
W S Turnbull Capt — *Members.*

STATION Vancouver, B.C.

DATE Jan. 17th. 1918

APPROVED BY

DATE JAN 29 1918

Hunter Lieut. Colonel M.D. 11
Assistant Director of Medical Services.

APPROVED BY

DATE

Director-General of Medical Services.

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned,.....understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness..... Signed.....

Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

INSTRUCTIONS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of pages 1 and 2 of this Form. The President of the Board of Medical Officers is responsible for the proper completion of the space, of page 3, reserved for recording the Proceedings of a Board of Medical Officers.
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. If a complete answer to any question requires more space than that reserved for it, the answer may be continued on the blank space on this page.
5. The nomenclature of diseases to be followed is that described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison and Sons.