

15th O/S Brigade C. F. A.  
**ATTESTATION PAPER.**

**ORIGINAL**

No. 332918  
 Folio.

**CANADIAN OVER-SEAS EXPEDITIONARY FORCE.**

**QUESTIONS TO BE PUT BEFORE ATTESTATION.**

(ANSWERS.)

1. What is your surname?..... *Hollyer*
- 1a. What are your Christian names?..... *Christopher William*
- 1b. What is your present address?..... *708 Suffolk St. Victoria B.C.*
2. In what Town, Township or Parish, and in what Country were you born?..... *London England*
3. What is the name of your next-of-kin?..... *Fredrick Hollyer*
4. What is the address of your next-of-kin?..... *9 Paultrotel Square Kensington*
- 4a. What is the relationship of your next-of-kin?..... *Uncle London W*
5. What is the date of your birth?..... *August 29<sup>th</sup> 1866, England*
6. What is your Trade or Calling?..... *Printer Shipper*
7. Are you married?..... *no*
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *yes*
9. Do you now belong to the Active Militia?..... *yes no*
10. Have you ever served in any Military Force?..... *5<sup>th</sup> Regt. 21 years.*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?..... *yes*
12. Are you willing to be attested to serve in the }  
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *yes*

**DECLARATION TO BE MADE BY MAN ON ATTESTATION.**

I, *C. W. Hollyer*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *May 22<sup>nd</sup>* 1916 *Chris W. Hollyer* (Signature of Recruit)  
*J. H. [Signature]* (Signature of Witness)

**OATH TO BE TAKEN BY MAN ON ATTESTATION.**

I, *C. W. Hollyer*, 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.

Date *May 22<sup>nd</sup>* 1916 *Chris W. Hollyer* (Signature of Recruit)  
*J. H. [Signature]* (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 *Victoria* this *22* day of *May* 1916

*J. H. [Signature]* (Signature of Justice)



# Description of Christopher William Holley on Enlistment.

Apparent Age... 49 years 8 months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

Height..... 5 ft. 9 1/2 ins.

Chest measurement. { Girth when fully expanded..... 34 ins.  
 Range of expansion..... 4 ins.

Complexion..... Fair

Eyes..... Grey

Hair..... Grey

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... May 9<sup>th</sup> 1916

H. D. Savelle  
Capt. C. O. M. C.  
 Medical Officer.

Place..... Victoria, B.C.

\*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.

C. W. Holley..... 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.

H. C. G. G. G...... (Signature of Officer)

Date..... JUN 22 1916 1916

O/C 15th O/S Brigade C. F. A.



REGIMENTAL DOCUMENTS

NAME HOLLIFER CHRISTOPHER WM REGT. NO. 332918 UNIT 15. U Bde HQ FILE NO.

**H**

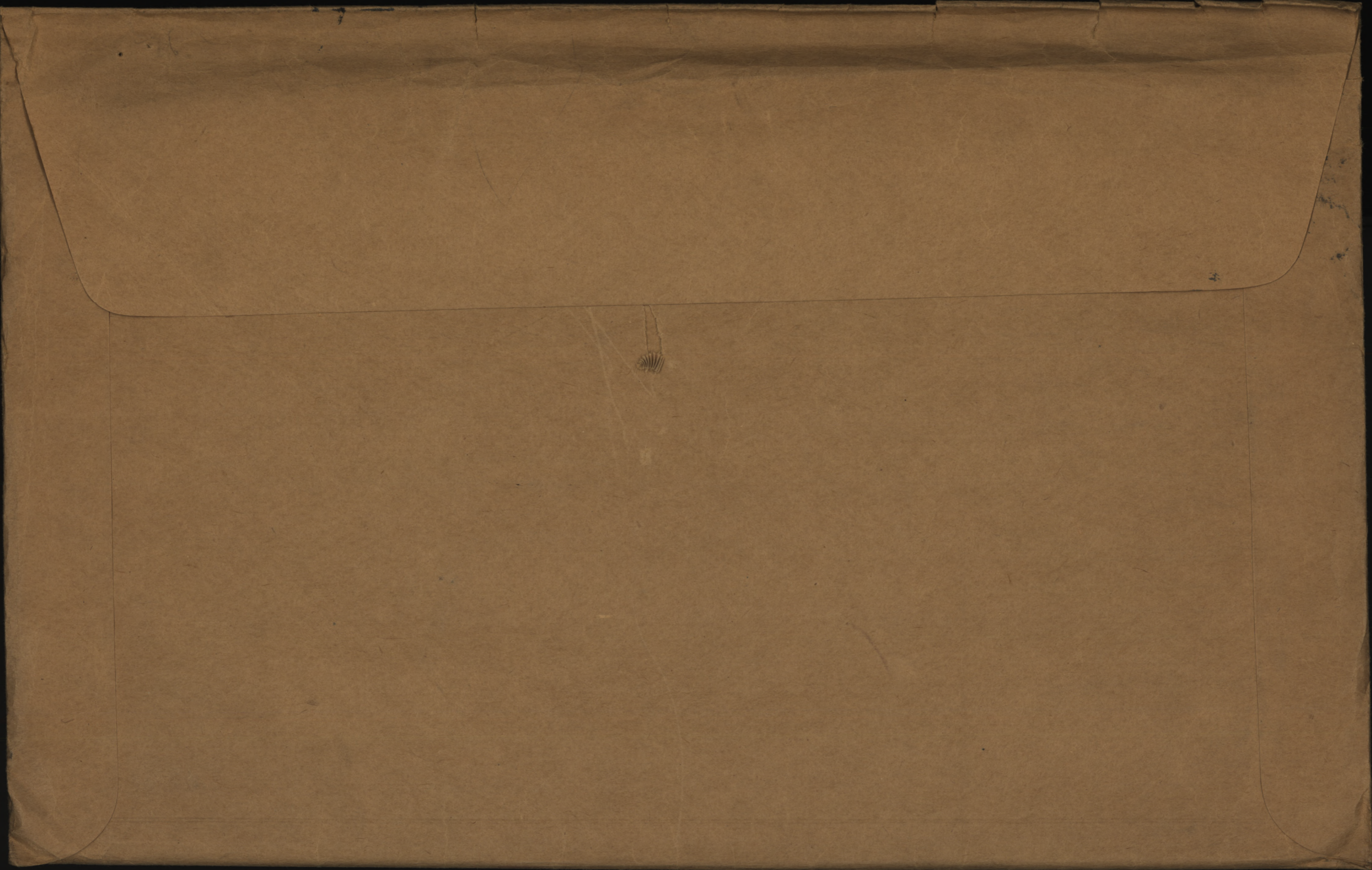
CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)					DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)				30035	
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)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
3 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demor</i>
1 MEDICAL EXAMINATION (M.F.W. 129)					
1 TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
1 LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
1 PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 20 ent cert					
2 20 ent cert					
1 SB R 2127					
2 29 M.S. 1394					
2 1 AF I-1237					
1 20 ent card					
1 20 ent 3212					
1 20 ent by					
1 86					
1 Pay Card					

**H**

**H**

2 - 27  
21 - 24  
33 - 28  
50







NAME

*Hollyer*

*Sgt.*

REGT'L No. 332918.  
H. Q. FILE NO. 649.

RANK AND CORPS

*Sgt.*

*Caw Army Pay Corps Det.*

CABLE

FOLLOWS  
NO.

NO.

DATE

NATURE OF CASUALTY

FOLLOWS



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
79.	2nd London Gen Chelsea	9-5-17	Sow ankle.
79.	Disch	25-5-17	" "
90	Mil Warlingham	20-6-17	V.D.G.
61 <sup>2</sup> .	Lo Ban. Com. N. Hillingdon House. Uxbridge.	30-8-17.	" " "
022	Disch.	28-9-17	V. D. G.
C157	King Geo Stamford St. E.	6-3-18.	Diarrhoea
693	2nd London Gen Chelsea S. W.	19-8-18	For Circumcision
0135	Disch	5-10-18.	" "



HERB  
Number 332918 Rank Sgt

Surname HOLLIER

Christian Name Christopher Williams

Units C. F. A. Theatre of War England

Date of Service 22-9-16

Remarks

Latest Address 708 Suffolk St.  
Victoria West. B. C.

Roll No. A Page 3696

200m.-2-21.M.



DESP. DEC 22 1922  
REGN. 24-195











NO.

RANK. P. Sergt.

NAME Hollyer C. W.

T.O.S.

UNIT. 5th (B.C.) Regt. Canadian Garrison Artillery -

M.P. 11.

PAID FROM	PAID TO.	SIG. OR. REPT	PROMOTIONS, TRANSFERS, DISCHARGES, E.T.C.	
			PARTICULARS.	AUTHORITY.
1916. Jan. 1.	1916. Jan. 31.	✓	Transf. to 15th Bde.	Ord. 76 of 23-5-16
Feb.		✓		
Mar.		✓		
Apr.		—		
May 1	May 21	✓		



No.

RANK

O. Sengt.

NAME

Holleyer C W.

T. O. S.

UNIT

5th (Bl) Regt. Canadian Garrison Artillery

M. D. //

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
1914				
Aug 2	Aug 31	✓		
Sept		✓		
Oct		✓		
Nov		✓		
Dec		✓		
1915	1915			
Jan 1	Jan 31	✓		
Feb		✓		
Mar		✓		
Apr.		✓		
May		✓		
June		✓		
July		✓		
Aug		✓		
Oct	Sept.	✓		
Nov.		✓		
Dec.		✓		



R 2307  
W 113  
R II 41  
H 17

Name **Hollyer Christopher** A/Sgt.  
**William**

Reg. No. **332918**

Unit **C.A.P.C Eng**

Next of Kin **Frederick Hollyer 9 Pembroke Sq. Kensington Lon**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1917						
9-5-17	2nd. Lon. Gen. Hosp.	Chelsea	S.W. Sore Ankle	Q.	79	
25-5-	Discharged	Do.	Do.		79	
20-6	Mil. Hosp.	Warlingham	V.D.G.	90		
30-8	Can. Cons. Hosp.	Millington	do			6 1253
28. 9	Discharged		do			455







No 332919 RANK

Lgt.

NAME

Holley, Chris. W.

T. O. S. Trans. from 5<sup>th</sup> Regt.S. S. C. 22-5-16 to 20.31 of  
22-5-16.

UNIT

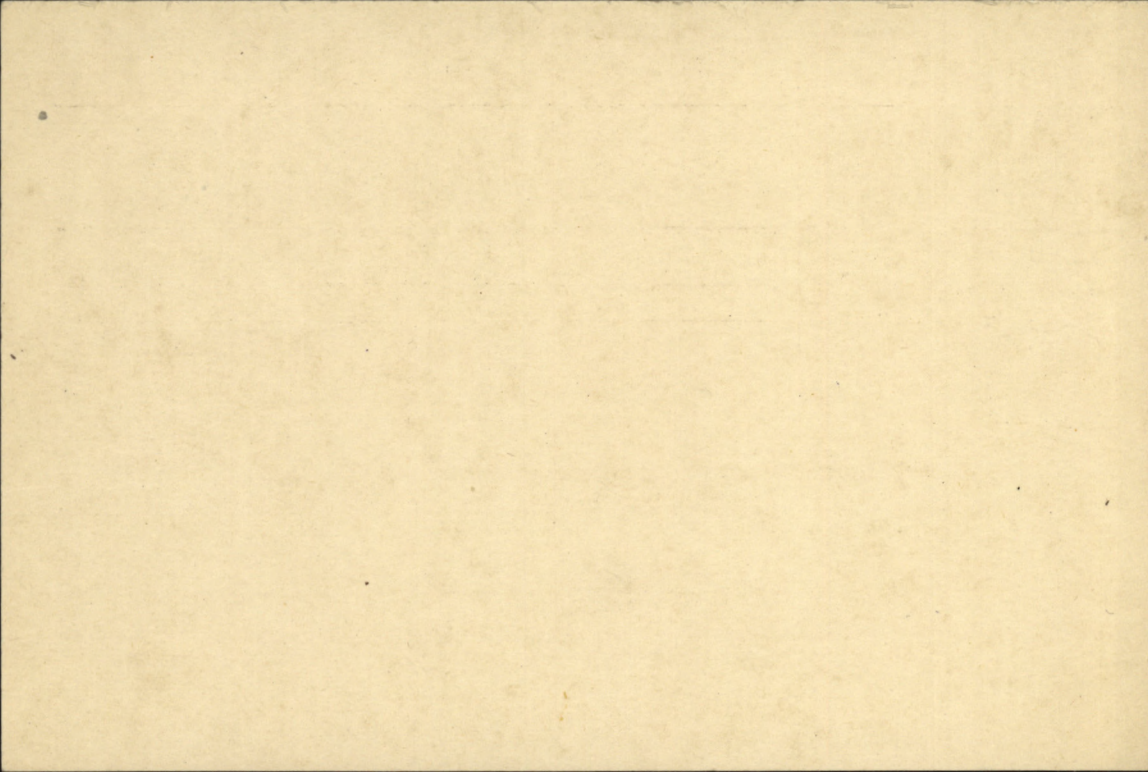
15<sup>th</sup> Co. Brigade, C. F. A.  
62<sup>nd</sup> Battery & Amm. Col.

M. D. 11-3

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY

1916 May 22	1916 May 31	✓	25 <sup>¢</sup> per day extra duty pay as per Lgt.	
June.		✓		
July.		✓		
Aug.		✓		
Sept.		✓		







Surname **Hollyer.** Christian Name or Names **C. W.** Reg. No. **332918.**  
Rank **Sgt.** (ICAPC) Unit **Eng. Misc** Co. Troop Batty.

Hospital **2nd. Lon. Gen. Chelsea.** Date of Admission **9-5-17.**

Transferred **Warrington. Mil** Hosp. **20. 6. 17.**

**Care Camp. Millington Lee. Ubridge** Hosp. **30. 8. 17.**

**King Geo., Hoo., Stamford St., S.C.** Hosp. **6-3-18**

**2. London - G. Chelsea.** Hosp. **19. 8. 18.**

Diagnosis **Sore ankle. Q.**

(1) Later Diagnosis (if changed) **VD G. YL**

(2) **Diarrhoea by**

(3) **For Circumcision not**

Additional Diagnosis: if more than one state present

DISPOSITION

Date

Disch. 25-5-17. **Dis 28. 9. 17**

REMARKS

**Dis:- 2-4-18**

**Dis:- 5.10.18.**

A.M.D. 2 DEPT.

Reg. of D.M.S. O.M.F.C. London.

C.L. 6-6-17. 79.

23 6. 17 #90

5. 9. 17. C-1. (2)

2. 10. 17 6284

11-3-18 6/157-1.

5-4-18 6/177-2.

20. 8. 18 693.

8.10.18 6135.



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



MEDICAL HISTORY SHEET.

332918

Surname Hollyer

Christian Name Christopher William

Examined on 9<sup>th</sup> day of May 1916  
at Victoria B.C.

Approved by H.D. [Signature]

Birthplace { City or Town London  
County Eng

Rank Capt. C.P.T.M.C. M.O.

Apparent age 49-8

Trade or occupation Shoemaker

Height 5 Feet 9 1/2 Inches.

Weight 160 Lbs.

Chest measurement { Minimum 33 inches.  
Maximum expansion 37 inches.

Physical development good

Small-Pox Marks none

Vaccination Marks { Arm Right 2 Left 2  
Number 4

When Vaccinated last 1915

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
<u>15-1-18</u>		<u>[Signature]</u> M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Date.	Result.	VACCINATIONS.
<u>11-4-15</u>	<u>+</u>	<u>[Signature]</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>12-7-16</u>		<u>[Signature]</u> M.O.
<u>24-7-16</u>		<u>[Signature]</u> M.O.
<u>16-8-16</u>		<u>[Signature]</u> M.O.

Enlisted on 22<sup>nd</sup> day of May 1916 at Victoria B.C.

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Headquarters 15<sup>th</sup> Brigade C.F.A.</u>	<u>332918</u>		<u>May 22<sup>nd</sup>, 1916</u>
Transferred to	<u>C.P.C.</u>			<u>Decr 1/1916</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott Camp, Hants.</u> <u>15 FEB. 1917</u>	<u>[Signature]</u>	<u>S.A. 76</u>	<u>[Signature]</u> PRESIDENT, MEDICAL BOARD, BRAMSHOTT.
<u>APPROVED.</u> <u>[Signature]</u>	<u>19.9.17</u>	<u>Debilty</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>20-11-17</u>	<u>[Signature]</u>	<u>[Signature]</u>
<u>[Signature]</u>	<u>9/6/19</u>	<u>[Signature]</u>	<u>[Signature]</u>

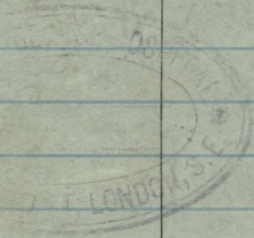
N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



Christian Name

Surname

STATION.	Date of Arrival at the Station.	DATES OF						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.
		Admission into Ho-pital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
Canadian General Hospital, Hillingdon House, Uxbridge.		19	6	17	29	8	17	Gonorrhoea	72	Rontgen treatment.	J. P. Justice Capt. Rawns
		29	8	17	28	9	17	D.	31	Boarded and classify C iii <sup>Sept.</sup> <del>June</del> 1917	L. R. Murray, Major C.A.M.C.
		7	3	18	2	4	18	Diarrhoea	29	Reported sick 6-3-18 suffering Diarrhoea. On admission - no evidence of organic disease. 13-3-18 Diarrhoea improving. Discharged. Fil. to Pevin. rec'd Furlo.	G. H. Mann St. Lt. Col. R.A.M.C.
2nd London General Hospital, St. Mark's College, King's Road, CHELSEA, S.W.		17	8	18	<del>24</del> 9	18			<del>28</del>		
					5	10	18	Phimosis	49	Circumcision	M. W. C.





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

3304

3304

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

250M.-1-16.

H. Q. 1772-39-970.

Casualty Form—Active Service.

Unit, Regiment or Corps

15th O/S Brigade G. F. A.

Regimental No. 332918 Rank. Sergeant Name (Christopher W) Hollister  
 Enlisted (a) 22 May 1916 Terms of Service (a) War + 6 mos Service reckons from (a) 22 May/1916  
 Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
 Extended. Re-engaged. Qualification (Lumber shipper) Pay Sgt.

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				
		Embarked Canada	Halifax	13-9-16	
		Disembarked England	Liverpool	22-9-16	
		Appointed As Sgt.	Witley		Part II Orders
1/12/16.	OC. 15 Bde C.A.P.C.	Transferred to care #4 Detachment.	Liphook.	1/12/16.	P. 50. + Para 11 for W. Garrison Capt Paymaster, Canadian Troops, Bramshott Area.
		Transferred to No 1 Detachment C.A.P.C.	London	28-3-17	P.T.O.
15-5-17	OC 4 Det C.A.P.C.	Admitted to 2nd London Det. Fore Axle	London	9-5-17	At II O. 114
16-5-17	"	Disch'd from Hoop-	"	25-5-17	" O. 124
20-6-17	"	Adm. to Court Farm Mil. Hoop. H.D.S.	"	19-6-17	" O. 145
1-8-17	OC No. 1 Det C.A.P.C.	T.O. on trans from Cas Act Reg Dep	London	1-12-16	Part II 180.
8-7-17	CBARD.	Robson Com C.A.P.C.	Liphook	4-4-17	P. 11. 121

(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.



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				
30.8.17	OC. 1 CAPC	Trans from Genl. Form Mil Hospital Cobden Barr Hospital, Leybridge	London	30.8.17	Pt. 2. 214.
29.9.17	"	Discharged from Hospital	"	28.9.17	— 231.
6.3.18	"	Adm King Geo Hosp	"	6.3.18.	— 57
3-4-18	"	Dis King Geo Mil Hosp	London	2-4-18	— 77
20.8.18	"	Adm. 2nd London Hosp	"	17.8.18	— 194
21-9-18	CAPC. 1	S.O.S. on being posted to General Depot and reverts to Pte. (see below)	London	17-9-18	Pt. 11. DO. 222  w w w w w w Capt., OC., No. 1 Det'mt., CAPC.
26.9.18	C.G.D	<del>I.C.B., CANADIAN GENERAL DEPOT.</del>	<del>SHORNCOTE</del>	17.9.18	<del>SHORNCOTE Pt. 0. 219.</del>
11.10.18	"	P.I.O. 229. CANCELLED	"	17.9.18	Pt. 0. 242
8.10.18	OC. No. 1. Act CAPC.	Part II DO. 222 is hereby Cancelled.	London	8.10.18	Pt. 11 DO 236.  Alpha Oct 1918
8.10.18	"	Discharged 2nd London General	"	5.10.18	— 236
24-12-18	CAPC. 1	On Command to Canadian Segregation Camp, Rhyl.	London	24-12-18	Pt. 11 D.O. 301
1.19	"	S.O.S. 15-C.A.P.C. #16 det	"	24.12.18	P.I.O. 17  w w w w w w

CAPTAIN,  
OFFICER COMMANDING,  
NO. 1 DETACHMENT,  
G.A.P.O., O.M.F.O.



25 5 17  
MEDICAL CASE SHEET.\*

27301K

No. in Admission and Discharge Book. 25-5-17 Year	Regimental No.	Rank.	Surname.	Christian Name.
	332918	Sgt.	Hoffgen	Christopher
		Unit.	Age.	Service.
		C. F. A.	57	28

Station and Date 10/5/17	Disease
	Abrasion of skin over internal malleolus Abscess arose on 7th inst. H.B.F. 3hr. R. M. Feniet Quin 3i G.H. Swab taken Inoculated on April 28th.

R. W. Carbery

Discharged 25-5-17 Unit.



Station  
and Date.

MEDICAL CASE SHEET

Form  
100

Address  
No.  
City

Station  
and Date



**MEDICAL CASE SHEET.\***

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
T 770	332918	Sgt	Hollan	C. W.
Year	Unit.		Age.	Service.
1917	C. O. P. S.		57.	15/12
Station and Date.	Disease <i>C. D. G. &amp; Scabidity</i>			
Canadian Convalescent Hospital, Hillingdon House, Uxbridge.	<i>Admitted to hospital 19 June</i>			
29-8-17	<i>1917 at Warlingham with gonorrhoea remained in hospital to Aug 29<sup>th</sup> 1917</i>			
	<i>Discharged cured &amp; sent to Aldershot Can Corp. Hosp one of the specimens this man had no gonorrhoea but a Balantidium coli in contracted from skin S.R. M. M. M. M. M.</i>			
19.9.17	<i>Discharged Sent to the Medical for classification S.R. M. M. M. M. M.</i>			







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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

M.D. 11.

NAME OF SOLDIER (Block Letters)

HOLLYER C.W

REGIMENT

C.A.P.C.

RANK

Sgt.

No.

332918.

Date of Examination in England

4/6/19.

Date of Examination in France

DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.

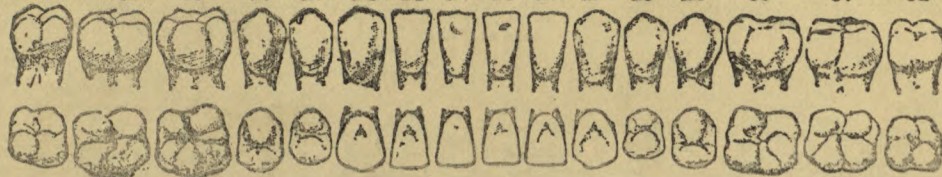
2. Figures as per chart will be used to designate teeth concerned.

3. In reference to Partial Dentures the numbers of teeth thereon will be stated

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16



17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

2. EXTRACTIONS

18 30.

3. CROWNS

4. DENTURES

(a) Full Upper

(b) Part Upper

(c) Full Lower

(d) Part Lower

18.19 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, NORTH WALES.

Signature of Dental Officer

J.W. Reid Capt



WILLIAM C. WILSON  
MAY 11 1882

23 /

1882

1882



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.

*Headquarters*

(1) Name of Overseas Unit which Soldier joins... *15th O/S Brigade C. F. A.*

(2) Regimental Number... *352 918*

(3) Full Name of Soldier... *Christopher William Hallyer*

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

(5) Are you married, or not? ... *No*

(6) If married, state,  
(a) Full name of your wife... *✓*

(b) Present Postal Address... *✓*

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

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

If so, give number of boys and girls... *✓*

Also their names and ages... *✓*



STAGATE

(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.

*Frederick Dollyer*  
*9 Pembroke Square*  
*Kensington London W.*

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

15) Are you insured? *No* ✓

If so, in what Company? ✓

Have you made arrangements for payment of your Insurance premium? ✓

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

Date *Jul 10/16*

*A. J. Agnew H. Coe*  
*9c*  
Officer Commanding.



# CANADIAN EXPEDITIONARY FORCE

## DISCHARGE CERTIFICATE

332918 A/Sergeant.

THIS IS TO CERTIFY that No. \_\_\_\_\_ (Rank) \_\_\_\_\_

Name (in full) HOLLYER, Christopher, William. enlisted in  
the 15th. Brigade. Canadian Field Artillery.

CANADIAN EXPEDITIONARY FORCE at Victoria on the 22nd.  
day of May 19 16

HE served in Canadian Army Pay Corps. in England

and is now discharged from the service by reason of Demobilization.  
~~Medical Unfitness.~~

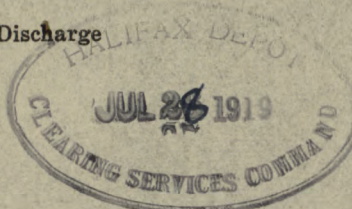
---

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

Age <u>52 years, 10 months.</u> Height <u>5 ft. 9½ in.</u> Complexion <u>Fair.</u> Eyes <u>Grey.</u> Hair <u>Grey.</u>	Marks or Scars _____ _____ _____ _____ _____
--	--

Chris W. Hollyer  
Signature of Soldier

Date of Discharge



[Signature]  
Issuing Officer

[Signature]  
Rank

Date 18-7 1919

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.







# SERVICE AND CASUALTY FORM (Part I).

Army Form B, 107-I,  
Part I.

(1) *Substantive rank *Acting rank [To be entered in pencil to facilitate alteration.] (4) Surname <i>Hollyer</i> (5) Christian Names <i>Christoper W.</i> (6) Army Form, number of, Attestation Form or Record of Service paper (7) Whether of British or of Alien origin [vide A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps           	(3) Regtl. No.           332918
--	---	--

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) of conditions of service	

Initials and Rank of an Officer.
----------------------------------

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (vide Army Order 93 of 1917)
				Industrial Group No.
				Trade or Calling
				Married or Single
				Particulars of Trade Test
				Occupation Cards despatched on (date)
				Second Occupation Card despatched on (date)

(17) Next of Kin	(18) Demobilizer (f)	(Place)	
(19) Pivotal-man (f)		(Date)	(Signature of Posting Officer)
(20) Qualifications (g)		or (21) Corps trade and rate	
(22) Extended {		(23) Re-engaged {	

(24) Miscellaneous entries:—

**NOTES.**—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [vide A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c. [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoing-smith, &c.

**Army Form B. 103 (II.) to be gummed on here if required. Nothing to be written in this margin.**

W1889—PP 1150 IM 5/18 G.W.P.Co.(3490)



**Sheet 2.**

(A) Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer
17.1.19.	16 Det. CAPC.	No. 1.	TOS. on posting from No.1 Det. CAPC. as Sergeant Clerk.	Kinmel Park	24.12.18.	<i>M. G. Watson Capt. for Major.</i> Officer Commanding No.16 Det., C.A.P.C.
		<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     CERTIFIED CORRECT                      4<sup>th</sup> MAY 1919                      CAN. RECORDS, LONDON.                 </div>		<i>J. J. G. G. G.</i> ..... FOR LT. COL. I/C RECORDS. C.O.M.F.		LIEUT. .....
26.6.19	Do.			S.O.S on posting to No. 1 Det CAPC.	Kinmel Park	26.6.19
26.6.19.	CAPC 1.	Pt.2 DO.146.	TOS. from No.16 Det 'mt	London.	26.6.19.	
26.6.19.	CAPC 1.	Pt.2 DO.146.	SOS. to Cdn. Concentration Camp, Witley, Wing "J" for demobilization. (Auth; C.O. 50, d/26.6.19.)	London.	26.6.19.	<i>W. C. M. M.</i>
11-7-19	"J" Wing		<i>O.M.F.C</i> SOS <del>"J" Wing</del> on proceeding to Canada for demobilization per S.S. Cedric	WITLEY	11-7-19	Pt2.DD.No. 33..

Nothing to be written in this margin.

S. O. S. of Halifax Depot clearing services command  
 part II Order No. 202 Dated 21/7/19

S. O. S. of Halifax Depot clearing services command  
 part II Order No. 202 Dated 21/7/19



*J. J. G. G. G.*  
 Lt. Col  
 O. C., HALIFAX DEPOT  
 CLEARING SERVICES COMMAND



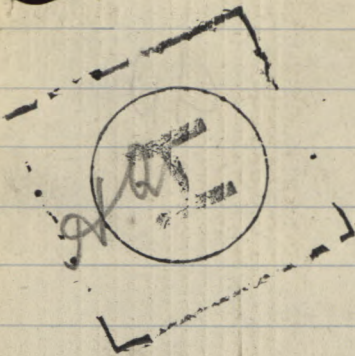
LTR

Rank *A.P. Sgt.* Name HOLLYER, Christopher William Reg'l No. 332918  
 Unit 15th Bde, C.F.A. H'Qrs. If in perm. Corps, }  
What Unit? Married or Single *Single.*  
 Place and Date of Enlistment *Victoria, 22nd, May, 1916.* Place of Birth *London, England.*  
 Name and Address, Next-of-Kin *Frederick Hollyer.*  
*9 Pembroke Square, Kensington, London, W. England.* Relationship *Uncle.*  
 Assigned Pay Monthly \$ Payable to Relationship  
 Separation Allowance \$ Payable to Relationship  
 Discharge, Date and Place *X* Reason Character

NJE. R.B. No. *1745*  
 File R.L. ....  
 Category *ORCA*

H. W. & V., Ld. - 7165-16.

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.				
<b>ARRIVED IN ENGLAND S S CAMERONIA 22-9-16</b>					
<i>3/10/16</i>	<i>OC 15th Bde. C.F.A.</i>	<i>Command to C.A.P.C. Detail, Liphook.</i>	<i>Witley Camp</i>	<i>3/10/16</i>	<i>Pt II D.O. # 100.</i>
<i>1. See Pt. II D.O. # 104/19-1-17</i>	<i>do.</i>	<i>Appointed A/Pay Sgt.</i>	<i>Witley Camp</i>	<i>11.9.16</i>	<i>Pt II D.O. # 100</i>
<i>27.12.16</i>	<i>#4 Det. B.A.P.C.</i>	<i>taken on strength</i>	<i>Liphook</i>	<i>1.12.16</i>	<i>Pt II D.O. # I (appendix)</i>
<i>31.12.16</i>	<i>15th Bde. C.F.A.</i>	<i>The date of apptmt is amended to read 22-5-16.</i>	<i>Witley</i>	<i>22.5.16</i>	<i>Pt II D.O. # 184</i>
<i>6.1.17</i>	<i>15th Bde. C.F.A.</i>	<i>transferred to C.A.P.C. corps</i>	<i>do.</i>	<i>1.12.16</i>	<i>" " .6</i>
<i>9.3.17</i>	<i>C.A.P.C. #4</i>	<i>adm. to School of Army Sanitation Aldershot</i>	<i>Liphook</i>	<i>7.3.17</i>	<i>" " 35 (meningococcal infection)</i>
<i>28.3.17</i>	<i>"</i>	<i>Disch</i>	<i>"</i>	<i>28.3.17</i>	<i>" " 23</i>
<i>2.4.17</i>	<i>" #1</i>	<i>Attach: as Clerk S.O.S on trans to HQ1</i>	<i>London</i>	<i>29.3.17</i>	<i>" " 79</i>
<i>11.4.17</i>	<i>" 4</i>	<i>HQ's Detachment</i>	<i>Liphook</i>	<i>29.3.17</i>	<i>" " 49</i>



*99*

*Examined see Pt II D.O. # 2085*



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.				
15.5.17	CA PB #1	Admitted to No 2 General H.	London	9.5.17	Sore ankle. Pt. D 0114 CL 79
26.5.17	"	Disch	"	25.5.17	" " 124 CL 79
20.6.17	" " "	Adm. Court <sup>Warrington</sup> <sup>Tr. Mil. Tech.</sup>	"	19.6.17	CL 200 23/6/17 24/9/45 U.D.G.
<del>8.7.17</del>	<del>CA PB #1</del>	<del>Admitted to No 2 General H.</del>	<del>London</del>	<del>25.11.17</del>	<del>CL 200 23/6/17</del>
1.5.17	CA PB 1	108 from CA R.D. / Sgt.	London	1.12.16	Pt. 180
<p style="text-align: right;">C.F.A.</p> <p>Entries Prior-To-4 4 17, Should. Read, To. Show, On Strength Of R.D. &amp;</p> <p>Attached To C A P C-Auth'y Office-Instruction 154-Dated 4/2/17</p>					
5.9.17	Misc.	To. C.C.A. Hellingam Home	Uxbridge	30.8.17	CL 61
1.10.17	do.	Dischd.	do.	24.9.17	CL 622 U.D.G.
17-4-18	C.A.P.C.I	Assumes duties as Sgt clerk	London	1-4-18	Pt. 0 59
<del>21.9.18</del>	<del>C.A.P.C.I</del>	<del>Reverts to term Gen. Lt.</del>	<del>do.</del>	<del>17.9.18</del>	<del>222</del>
<del>21.9.18</del>	<del>C.A.P.C.I</del>	<del>S.O.S. to Gen. Deb. Lt.</del>	<del>do.</del>	<del>17.9.18</del>	<del>222</del>
11.10.18	Gen. Deb. Lt.	CL 0239 of 26/9/18 in hurry cancelled.	Saliff		CL 0242
17.1.19	C.A.P.C.I	S.O.S. from Dept. 1	Off Rhyl.	24.12.18	Pt. 01. CL 012 of 15/1/19
26.6.19	C.A.P.C.I	SOS to C.A.P.C.I	Off Rhyl.	25.6.19	Case C I D 0146 of 26.6.19 DO 47
26.6.19	C.A.P.C.I	SOS to SWing for R.T.C.	do London	26.6.19	SWing DO. 32 of 5.7.19 DO 146
24.7.19	SWing	SOS to Canada	Witley	11.7.19	DO A D I



MARRIED OR SINGLE

PLACE OF BIRTH *London England*

NAME AND ADDRESS OF NEXT OF KIN *Frederick Holleyer  
9 Pembroke Sq. Kensington, London.*

RELATIONSHIP OF NEXT OF KIN *Uncle*

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY \$

EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Graded Clerk Class I</i>	<i>1-4-17</i>	<i>00210</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
<i>19/6/17</i>	<i>28/9/17</i>	<i>V</i>	<i>King George</i>
<i>100781</i>	<i>100781</i>		
<i>10057</i>			
<i>6/3/18</i>			

DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS								
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS				RATE	AMOUNT		1		2		3	
			\$	C.			\$	C.						\$	C.	NO.	DATE	NO.	DATE	NO.	DATE
<i>1916 Aug Sept</i>	<i>30</i>	<i>1.50</i>	<i>45</i>		<i>30</i>	<i>20</i>	<i>6</i>					<i>51</i>				<i>1</i>	<i>29-9-16</i>				
<i>Oct</i>	<i>2</i>	<i>1.50</i>	<i>3</i>		<i>2</i>	<i>20</i>	<i>40</i>					<i>3 40</i>									
<i>3-31</i>	<i>29</i>	<i>"</i>	<i>43 50</i>		<i>29</i>	<i>20</i>	<i>5 80</i>					<i>49 30</i>	<i>102 13 10</i>	<i>107 28 10</i>							
<i>Nov 1-30</i>	<i>30</i>	<i>v</i>	<i>45</i>		<i>30</i>	<i>v</i>	<i>6</i>					<i>51 -</i>	<i>116 13 10</i>	<i>126 30 10</i>							
<i>Dec 1-31</i>	<i>31</i>	<i>v</i>	<i>46 50</i>		<i>31</i>	<i>v</i>	<i>6 20</i>					<i>52 70</i>		<i>138 21 10</i>							
<i>Jan 1-31</i>	<i>31</i>	<i>v</i>	<i>46 50</i>		<i>31</i>	<i>v</i>	<i>6 20</i>					<i>52 70</i>	<i>148 14 10</i>	<i>159 30 10</i>							
<i>Field All: 7d</i>			<i>30 60</i>				<i>30 60</i>														
<i>Feb end</i>	<i>28</i>	<i>120</i>	<i>47 60</i>									<i>47 60</i>	<i>174 14 10</i>	<i>187 10 10</i>							
<i>1-15</i>	<i>15</i>	<i>"</i>	<i>25 50</i>									<i>25 50</i>									
<i>16-31</i>	<i>16</i>	<i>120</i>	<i>27 20</i>									<i>27 20</i>				<i>219 28 10</i>					
<i>April</i>			<i>360 40</i>									<i>370 40</i>									
<i>April 1st - 29th</i>	<i>33</i>	<i>170</i>	<i>56 10</i>					<i>33 100</i>	<i>33</i>			<i>89 10</i>	<i>107 107</i>	<i>15 4</i>	<i>330</i>	<i>30 4</i>					
<i>May 1-31</i>	<i>31</i>	<i>170</i>	<i>52 70</i>					<i>31 100</i>	<i>31</i>			<i>83 70</i>									



OPTIONS. &c.  
 EFFECTIVE DATE: 1-1-17  
 AUTHORITY: 00210

REG'L. NO. 332918 RANK Sergh. NAME Hollyed, Christopher, Williams  
 IF IN PERMT. CORPS | UNIT 16th Brigade C.F.C. TRANSFERRED TO CAPC Detail DATE Oct 3<sup>rd</sup> 1916 AUTHORITY 80 136  
 WHAT UNIT  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO P.R.O. DATE 29/3/17 AUTHORITY 10792/4/17  
 PLACE OF ATTESTATION Victoria B.C. TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION May 23/1916. TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON H  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) Pay 2 ... no Book  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) Clerical

HOSPITAL. &c.  
 NAME OF HOSPITAL George

ACQUITTANCE ROLLS						CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	1	2	3	4	CREDIT	DEBIT									
No.	DATE	No.	DATE	No.	DATE	No.	DATE										
1	29-9-16							24 33		24 33	10 00	36 67					Balance from Canadian Pay List
											40 07.						
07	28 <sup>th</sup> 16							48 67	38 93	87 60	1 77						
26	30/11							24 33	26 77	57 10	1 67						
38	2 <sup>nd</sup> 12								53 53	53 53	84						
59	30/1							26 76	26 77	53 53	01						
87	26 <sup>th</sup> 17							24 33	21 90	46 23	1 38						
								12409	192 23	<del>31632</del>	26 81						
19	28/3								53 53	53 53	55						
										5 10	5 10	4 55					Overpaid 29/3/17 to 31/3/17. 3 Days to 170 = 5.10
07	15/4	330	30/4					24 33	48 67	373 95	11 55						Trans. P.R.O. 29/3/17. By Request 1079 2/4/17
										16 00	16 00	79 25					16 <sup>th</sup> = Stop Chgs 19/5/17 - 2575/17







Canadian victory war loan \$100,000 purchased. To be charged to this account as follows: 10% Dec. 1917, 10% Jan'y 1918, 20% monthly Feb. to May inclusive.

H PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
2	3	4	CREDIT				DEBIT				
66											
						48 66	111 59				
							195 29				
							278 99				
				173 40							173 <sup>no</sup> Hosp staff 102 da @ 12 <sup>o</sup> ✓
				1 03		174 43	185 56				10 <sup>o</sup> issue in Hosp. C.F.M.

ARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFER- PAY	SEP. ALLGE. ENG.

~~18-2-18 ✓~~  
 18-2 ✓

15 to 31. 3. 18  
 8 15 ✓  
 8 30 ✓



\* Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.
EFFECTIVE DATE:--		EFFECTIVE DATE:--
AMOUNT:--		AMOUNT:--
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A WORD "SAME" O

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF BY INSERTION OF D	
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.
				6.3.18	3.4.18/16
				17.8.18	5.10.18/2

PARTICULARS OF RENDERING NON-EFFECTIVE: *Doct Canada*

MONTH	PARTICULARS	CR. 1	CR. 2.
<i>1918</i>			
<i>Moct</i>	<i>Brought Forward</i>		
<i>Apr. 30</i>	<i>Serg C Pra 2.85</i>	<i>85.50</i>	
<i>May 31</i>	<i>do do</i>	<i>85.50</i>	<i>88.35</i>
<i>June 30</i>	<i>do do</i>	<i>85.50</i>	<i>88.35</i>
<i>July 31</i>	<i>do do</i>	<i>85.50</i>	<i>88.35</i>
<i>Aug 31</i>	<i>do do</i>	<i>88.35</i>	<i>88.35</i>
<i>Sept. 1-17</i>	<i>17 Days @ 1.85</i>	<i>31.45</i>	
<i>" 18-30</i>	<i>13 " @ 1.10</i>	<i>14.30</i>	
<i>13 "</i>	<i>@ 40</i>	<i>5.20</i>	
		<i>50.95</i>	
<i>Oct 1-5</i>	<i>2.50</i>	<i>12.50</i>	
<i>6-31</i>	<i>2.85</i>	<i>7.10</i>	
<i>Nov 30</i>	<i>Serg C Pra</i>	<i>86.60</i>	
<i>Dec 31</i>	<i>✓</i>	<i>85.50</i>	<i>88.35</i>
<i>Jan 31</i>	<i>✓</i>	<i>57.35</i>	<i>28/20</i>

COMPILED BY *John Doo*  
CHECKED BY *Staan*

*508*  
*W. C. ...*



5100 5100 5100 5100 5100 5100 5100 5100 5100 5100

SEPARATION ALLOWANCE. ENGLAND OR CANADA.

NAME: **HOLLYER Christopher William**  
 NUMBER: **332918**

EFFECTIVE DATE:-

PARTICULARS OF RANK OR APPOINTMENT

AMOUNT:-

AUTHORITY DATE EFFECTIVE RANK OR APPOINTMENT

WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.

DO 210	1. 4. 17	1 <sup>st</sup> Class Clerk
DO 89	1. 4. 18	Serjt Clerk
DO 222 21.9	18. 9. 18	Private
DO 236 8-10.19	18. 9. 18	Private
DO 236 8-10.19	6. 10. 18	Serjt Clerk
DO 301 24.12	25. 12. 18	Serjt Clerk

UNIT AND TRANSFERS  
 ORIGINAL UNIT: **15<sup>th</sup> Brigade CFA**  
 DATE ACCOUNT FIRST OPENED: -

UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DO 79 2.4.17	29.3.17	RAO Pay II
DO 222	18.9.18	Genl Depot
DO 236	18.9.18	Genl Depot
DO 301 24.12	25.12.18	Genl Depot

UNIT PAID BY

DAILY RATES OF PAY AND ALLOWANCES

318 2.4.18	H. G. M. H.	57 77 1/4
818 5.10.18	2 <sup>nd</sup> London Gen	194 236

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 20	50		1
DO 89 17.4.18	1 35	50		1
DO 222 21.9	1	10		
DO 236 8.10	1 35	50		1
DO 301 24.12.18	1 35	50		

Book Canada 20/19 NR 10562. RPK KR mo 5

CR 1	CR 2.	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
							17306 140		
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		W Loan Apr May 100 C/W 19 40						40	
		AR 1879 154 Lao	3893						
		✓ 3978 304 ✓	3893						
		Ofc 28 days Sub 63 to 2.4.18	142 19	28.			8837		
8550		AR 6080 155 Lao	2433	28					
8835		✓ 8133 305 ✓	2433				12806		
8835			4866						
8550		AR 10507 14.6 ✓	2920						
		AR 13301 - 25.6.18	3893				14543		
8550		AR 16118 12.7 ✓	3893						
8835		✓ 18824 25.7 ✓	4867				14618		
8835		AR 23969 16.8 ✓	4867				18586		
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3145		Over 6 15 Days Sub allow		1500					
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1250		✓ 05649 8 31.10 "	4867				21107		
7410			9734						
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		AR 83750 14.12 Lao	4380						
		Over 17 Days Sub allow							
		25.12 to 31.12.18							
5735		AR 88649 21 12 Lao	4380						
28120			23637	7			199		

Forward

23629



NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR
Feb.	Bal fwd.	<del>114</del> 51.80			
Mar.		57.35			
Apr.		109.15			
May		55.50		277 4 <sup>4</sup> / <sub>19</sub> Km (10)	97
June		57.35		Deduct 20-4-19 Km (20)	14
		112.85			111
		55.50			
	Interest on Defund pay 30.6.19	14.40			
		70.40			

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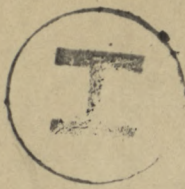
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km (28)	1460				22112		
					2784		
	11193				33395		
					34887		

524





SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)

1. No. 332918  
2. Rank. Acting Sergeant  
3. Name. HOLLYER, Christopher, William.  
4. Unit. Canadian Army Pay Corps.

5. Date of Discharge *HALIFAX DEPOT* Place *Halifax*  
6. Reason for Discharge *JUL 28 1919* *Medically Unfit*  
*DEMOLITION SERVICES COMMAND*

7. Authority. *Halifax Clearing Depot 50 #202*

8. Proposed Residence after Discharge.....  
708 Suffolk St.,  
Victoria West, B.C.  
Canada.

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.?

Signature of Soldier.

10. CONFIRMATION.  
The discharge of the above named man is hereby confirmed.

Place.....  
Date.....  
*HALIFAX DEPOT*  
*JUL 28 1919*  
*DEMOLITION SERVICES COMMAND*

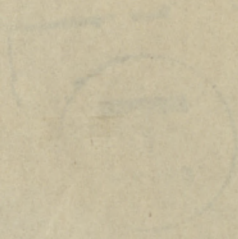
MEDICAL DOCUMENTS  
FORWARDED TO  
S. C. R. U. B. P. G.  
ON *2-8-19*  
*JP*

Signature.....  
(O. C. Discharging Unit.)

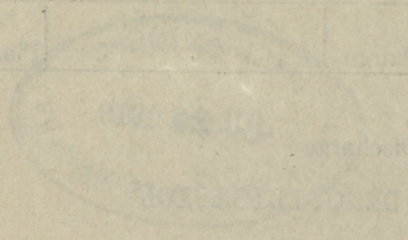


REPORT FORM  
PROCEEDINGS ON DISCHARGE

Demobilization



1. Name	
2. Grade	
3. Branch	
4. Station	
5. Date of Discharge	
6. Reason for Discharge	
7. Authority	
8. Proposed Residence after Discharge	
9. Proposed Residence after Discharge	
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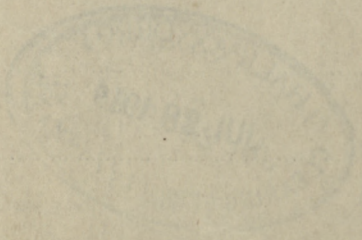


CERTIFICATE TO BE SIGNED BY SOLDIER  
I hereby acknowledge that on the aforesaid date and date I received my discharge Certificate

Signature of Soldier

CONFIRMATION

The contents of the above named form is hereby confirmed.



(U. S. Discharge Unit)



LIST OF DISCHARGE DOCUMENTS

Attestation Paper, Testator	1850
or Partitioners of Realty	1850
Field Conduct Sheet	1850
Causally Form	1850
Last Pay Certificate	1850
Certificate that missing documents are on file	1850
Medical History Sheet	1850
Proceedings of Medical Board	1850
Final History Sheet	1850
Medical Report	1850
Reimbursement Conduct Sheet	1850
Company Conduct Sheet	1850



**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

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103),
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a),
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 35a),
10. Dispersal Certificate (C.D. 8).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2),
12. Last Pay Certificate (P. 851), *1257*
13. Pay Book (A.B. 64),
14. War Service Gratuity (Form M.F.W. 2595),
15. Sundry Documents.

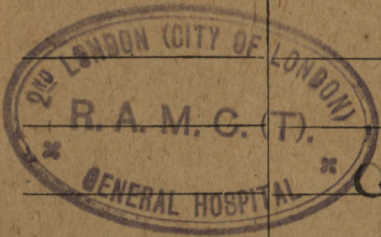
Group..... *B*

Checked by No..... *JAR*

Date..... *JUL 10 1919* *16*



MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
5.10.18 Year	3329/8	Sgt	Holliday	G.
	MK 139	Unit.	Age.	Service.
		L.V.P.C.	52	37 years
Station and Date.	Disease Pharynx - 727			
	Lungs - admitted to 2 days for 2 days,			
	pharynx since infancy			
	op. Circumcision			
	26 Healing - Fetus			
	Post-natal for 1/2 hr			
	Sep 1 Healing			
	<del>Cavalry</del> <del>Regiment</del> <del>Brookley</del> <del>Wants</del>	Wants		
	Sep 15 Regent Depot			
	Sep 19/11 Wants			
	Transf to Bromley			
	3.10.18			
	J.M. Byrnes C.S.			

\* The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.  
 (6365) W2944/P138 2,950,000 1/18 McA & W Ltd Forms/I. 1237/13 (E 2349) [P.T.O.]



Station  
and Date.



# PROCEEDINGS OF A MEDICAL BOARD.

Dated at Uxbridge Sept. 17th 1917

No. 332918 Rank Sergt Name Hollyer C N

Local Unit C.A.P.C. Overseas Unit None Age 51

Examination held at Uxbridge Can. Hosp.

DISABILITY: ~~Overseas~~ Local General Debility.  
(scratch one out).

### PRESENT CONDITION.

Complains of feeling weak, appetite fair. Eyesight poor, has to use glasses. Some anaemia. On account of this man's age, would recommend him for work here in England.

Not likely to be raised in category within six months.

### BOARD RECOMMENDS:—

1. Fit for Duty No
2. Fit for duty after No weeks' physical training.
3. Fit for Temporary Base Duty No weeks.
4. Fit for Permanent Base Duty Yes C 111
5. Discharge No

### Signatures:—

L.P. Munnery Tray Camp President.

Members { Sharkey Capt Camp

L.M. Morton Capt Camp

### APPROVED

Dated Monday Sept. 15 1917. L.P. Munnery Tray Camp



PROCEEDINGS OF A MEDICAL BOARD

United States of America  
Rank  
Location  
Overseas Duty  
Disability

PRESENT CONDITION

Condition of health  
On account of  
work requirements  
not fit for duty

BOARD RECOMMENDS:

- 1. Fit for Duty
- 2. Fit for duty for \_\_\_\_\_ weeks, physical training
- 3. Fit for Temporary Base Duty \_\_\_\_\_ weeks
- 4. Fit for Permanent Base Duty
- 5. Discharge

Signatures

President  
Members

APPROVED

Dated 1917



147053

**EXAMINATION**  
BY  
**STANDING MEDICAL BOARD, BRAMSHOTT.**

No. 332918 Rank Spl- Name Halliday G. W. <sup>15-2-</sup> 191 7  
Local Unit 15th Assk Coy Overseas Unit \_\_\_\_\_ Age 50

Examination held in Bramshott area.

DISABILITY. A.A. 16

Overseas—Local.  
(scratch one out)

PRESENT CONDITION.

Tachycardia pulse 150 per min

Board recommends: Dis

1. Fit for Duty.
2. Fit for duty after \_\_\_\_\_ weeks physical training.
3. Fit for Base duty \_\_\_\_\_ weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures :

Members { [Signature] Pres.  
[Signature]  
[Signature]

Approved.

Bramshott 15 2 191 7 G. A. Paul Capt. came  
for A.D.M.S. and G.O.C.,  
Canadian Troops, Bramshott.



137058

# EXAMINATION BY STANDING MEDICAL BOARD, BRAMSHOTT.

191

No. Rank Name  
Local Unit Overseas Unit Age

Examination held in Bramshott area.

### DISABILITY

Overseas - Local  
(scrub one out)

### PRESENT CONDITION

Board recommend:

1. Fit for Duty.
2. Fit for duty after weeks physical training.
3. Fit for Base duty weeks.
4. Fit for Permanent Base Duty.
5. Discharge.

Signatures

Pres

Members

Approved

191

Bramshott

for A.D.M.S. and G.O.C.  
Canadian Troops, Bramshott.



C.A.P.C.

THIS FORM WILL BE USED FOR ALL RANKS  
MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid'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 invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as 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 & Sons.

STATION Kume Park DATE 4-6-19

1. 1 (a) Unit CAC (b) Regimental No. 332918 (c) Rank Act. Sgt.  
 (d) Surname Holleyer (e) Christian name Christopher William  
 (f) Home address 708. Suffolk St. Victoria N. B.C.  
 (g) Next of Kin Frederick Holleyer (h) Relationship uncle  
 (i) Address of Next of Kin 9. Pembroke Sq. Kensington London W8  
 2. Age last birthday 52 Date of birth Aug 27. 1866  
 3. Enlistment, or Appointment (if an Officer) (a) Place Victoria B.C. (b) Date 22-5-16.  
 4. Personal description:  
 (a) Height 5.9 1/2 (b) Weight 148 (c) Complexion fair  
 (d) Colour of hair grey (e) Colour of eyes Blue (f) Identification marks, Scars, etc. nil  
 5. Former trade or occupation Lumber Shipper

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
	<u>3</u>	<u>10</u>

	PERIODS	
	From	To
Canada	<u>May 22 - 1916</u>	<u>Sep 12 - 1916</u>
England	<u>Sep 22 - 1916</u>	<u>June 4 - 1919</u>
France or other theatres of War	<u>nil</u>	

7. Original disease, or injury Act. Debility

(a) Date of origin 1919 (b) Place of origin England  
 (c) Cause age & service



8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

General weakness, & Cough

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective

Cardiovascular System: Radial & temporal arteries palpable with increased tension & evidence of arterial sclerosis. Heart sounds somewhat roughened, normal rhythm & without actual murmur. apex & interface, ruffle line.

Respiratory System breath sounds somewhat roughened with occasional coarse rales. expiration rather prolonged and wheezy with cough at times.

Subjective. Complains of general weakness & inability to perform work. Cough also is present with cough at times - otherwise OK.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

- Nervous System no Cardio-Vascular System no Genito-Urinary System no  
(If pulse rate is abnormal, B. P. will be taken.) (Albumen and Sugar will be excluded.)
- Special Senses no Respiratory System no Integumentary System no
- Disturbances of Mentality no Digestive System no Muscular System no
- Osseous and Joint Systems no Any other general condition no

10. (a) History (of the condition referred to in Section 9 (a).)

When enlisted he states he was in good physical condition, but after arrival in England he was boarded 15-2-17 for D.A.H. and on 19-9-17 for disability. Has not rec'd Hospital treatment for above.



OPINION OF THE MEDICAL BOARD

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

*We concur.*

19. Is the invalid fit for

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

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~  
(Strike out condition not applicable.)

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

*No Category B ii and return to Canada  
Auth. B ii telegram 9083*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Kimelfl Wales*      *Staples Karp* President.  
 DATE *4/6/19*      *H. B. Smith* } Members

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

..... President.  
 PLACE..... }  
 DATE..... } Members

APPROVED BY *[Signature]*      APPROVED BY  
*Assistant Director of Medical Services.*      *Director-General of Medical Services.*  
 DATE *4-6-1919*      DATE.....



10.-(b) (Here give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Had pleurisy taken 21 yrs ago, operated on for Peruna in 1904 - Since enlistment has had 6-8 diarrhoea

(c) (Here give a description of wounds, scars and deformities.)

nil

11.-(a) Did the disabling condition have its origin before enlistment? NO

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

N.A.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? A.S. NO.

The regimental documents will be referred to. (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.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? 6 mos.

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

nil

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO. (If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? YES. (If not, briefly state why)

17. Recommendations B T

Archibald Cameron  
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, C.W. Hollyer, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of  
with  
HPL

Chris W. Hollyer Rank. 1st Sgt.  
Signature of invalid examined.

1905



**Cedric. 18. 7. 19.**  
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING  
 DAILY RATE OF PAY AND ALLOWANCES

AUDITOR *R.M.* PAYMASTER *V.*

M. OR S.

REGT. No. **332918**

RANK **SGT. CLERK.** NAME (IN FULL) **HOLLYER. C.W.**

IF IN P.F. WHAT UNIT? BLOCK LETTERS SURNAME FIRST

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	PLACE OF ATTESTATION	TRANSFERRED TO	DATE	AUTHORITY
ADDRESS		<i>English L.P.C. adjusted to.</i>	<i>30.6.19</i>						
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				ASSIGNED PAY \$		DATE EFFECTIVE		
<i>No.</i>					<i>Nil</i>				
TO WHOM PAID	RELATIONSHIP				PAYABLE TO		RELATIONSHIP	ANY CHANGE IN ASSIGNEE OR ADDRESS	
ADDRESS					ADDRESS		<i>Christopher William Hollyer.</i>	<i>Royal Bank of Canada. W. Branch Victoria.</i>	
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE		EFFECTIVE		
					DISCHARGED	<i>MD No. XI.</i>	<i>28.7.19</i>	REASON	AUTHORITY
									IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS	
	NO. OF DAYS	RATE	AMOUNT		\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.		
			\$	C.																				NO.
<i>30.6.19</i>	<i>185</i>				<i>348.87</i>	<i>348.87</i>																<i>348.87</i>		
<i>26.7.19</i>	<i>26</i>	<i>185</i>	<i>48.10</i>	<i>35-</i>					<i>8.3.10</i>	<i>Boat Train cheque</i>	<i>4.87</i>	<i>5-</i>	<i>488.20</i>						<i>498.07</i>	<i>66.10</i>			<i>33.20</i>	<i>Other expdit. Clothing</i>
<i>28.7.19</i>	<i>2</i>	<i>185</i>	<i>3.70</i>			<i>3.70</i>														<i>62.40</i>	<i>(102)</i>			
<b>War Service Gratuity</b>																								
<i>Service 3 years months</i>																								
<i>183 days</i>		<i>420</i>			<i>420-</i>														<i>62.40</i>	<i>62.40</i>	<i>357.60</i>			
									<i>Aug 22</i>	<i>1141.828</i>			<i>77.60</i>						<i>77.60</i>	<i>280.00</i>				
									<i>Sept 28</i>	<i>1571.588</i>			<i>70.3</i>						<i>70.3</i>	<i>210</i>				
									<i>Oct 28</i>	<i>1581.374</i>			<i>70.4</i>						<i>70.4</i>	<i>140</i>				
									<i>Nov 20</i>	<i>1596.832</i>			<i>70.5</i>						<i>70.5</i>	<i>70</i>				
									<i>Dec 28</i>	<i>1602.390</i>			<i>70.7</i>						<i>70.7</i>	<i>70</i>				
					<i>420.00</i>														<i>420.00</i>	<i>P.M.</i>				

Certified that all payments made on this account for which covering authority has been received to date. *R.M.*  
 Paymaster, Demobilization M.D.

I certify that all payments of War Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2595 received. *R.M.*

Paymaster, War Service Gratuity M.D. No. 11



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