

12 M. D. 1st. Depot Battalion Sask. Regiment

Regtl. No. 268807

PARTICULARS OF RECRUIT Co 1  
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class One)

DUPLICATE

24  
26/6/18.

- 1. Surname.....Kimmerly
- 2. Christian name.....Walter Wilfred
- 3. Present address.....R.R. No 2 Carievale Sask.
- 4. Military Service Act letter and number.....L.C. 453757
- 5. Date of birth.....July 21 1896
- 6. Place of birth.....Carievale Sask.  
(town, township or county and country)
- 7. Married, widower or single.....Single
- 8. Religion.....Methodist
- 9. Trade or calling.....Farmer
- 10. Name of next-of-kin.....Stellman Kimmerly
- 11. Relationship of next-of-kin.....Brother
- 12. Address of next-of-kin.....Carievale P.O. Sask R.R.No. 2
- 13. Whether at present a member of the Active Militia.....No
- 14. Particulars of previous military or naval service, if any.....None
- 15. Medical Examination under Military Service Act:—  
(a) Place Regina Sask (b) Date May 21 1918 (c) Category A 2

DECLARATION OF RECRUIT

I, Walter Wilfred Kimmerly, do solemnly declare that the above particulars refer to me, and are true.

*Walter Wilfred Kimmerly* (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age.....21 yrs.....10 mths.  
 Height.....5 ft.....5 ins.  
 Chest measurement } fully expanded.....33 ins.  
                           } range of expansion.....3 ins.  
 Complexion.....Medium  
 Eyes.....Blue  
 Hair.....fair

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

*N. J. Blinn*  
O. C. 1st Depot Battn. Sask. Regt.  
Regt.

Place Regina Sask. Date May 21 1918







ds  
P  
RS

~~VAR~~

Number 268807 Rank Pte

Surname KIMMERLY

Christian Name Walter Wilfred

Units S.R. Theatre of War England

Date of Service 15-8-18

Remarks

Latest Address Carriwale  
last

Roll No. A Page 3280

200m.-2-21.M.

DESP. JUN 23 1926

REGN. No. 23747

# ORIGINAL MILITARY SERVICE ACT, 1917.

268807

## MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

- 1. Surname Himmerly Christian name Walter Wilford
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule 1.6453757
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) \_\_\_\_\_
- 4. Address (including street and number, if any) R.R.#2. Canivale. Sask.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 21 day of May 1918 by the undersigned medical board sitting at Regina

- 5. Age as stated 21 Years 10 Months. 6. Apparent age 21 Years 10 Months
- 7. Height 5 Feet 5 Inches. 8. Weight 124 Pounds.
- 9. Chest measurement { Minimum 30 Ins. Maximum 33 Ins. 10. Complexion Med. { Eyes blue Hair Fair
- 11. Physical development Fair. { Good Fair Poor 12. Smallpox marks none
- 13. Number of vaccination marks { Right arm \_\_\_\_\_ Left arm \_\_\_\_\_ 14. When vaccinated last never.
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease \_\_\_\_\_

16. Slight defects but not sufficient to cause rejection  
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis  
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category A2

Eyes 20 20  
20 20  
Ears Normal

Signature of Man Walter Wilford Himmerly

Walter Wilford Himmerly Member. Walter Wilford Himmerly President. H. H. Hogg Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
22/5/18	+	<u>D. Summary</u> M.O.	22/5/18	+	<u>D. Summary</u> M.O.
		M.O.	11/6/18	+	M.O.
		M.O.	18/6/18	+	M.O.

Joined 21 day of May 1918 at Regina

Joined on enlistment	CORPS	REG'TL NUMBER	HABITS	DATE
	<u>1st Depot</u>	<u>268 804</u>		<u>21/5</u>
Transferred to.....	<u>15th Can. Div. Res. Bn.</u>			<u>15 AUG 1918</u>

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

N. B.—This sheet is 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.





# DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION.....12.

NAME OF SOLDIER.....**Kimberly, W.W.**

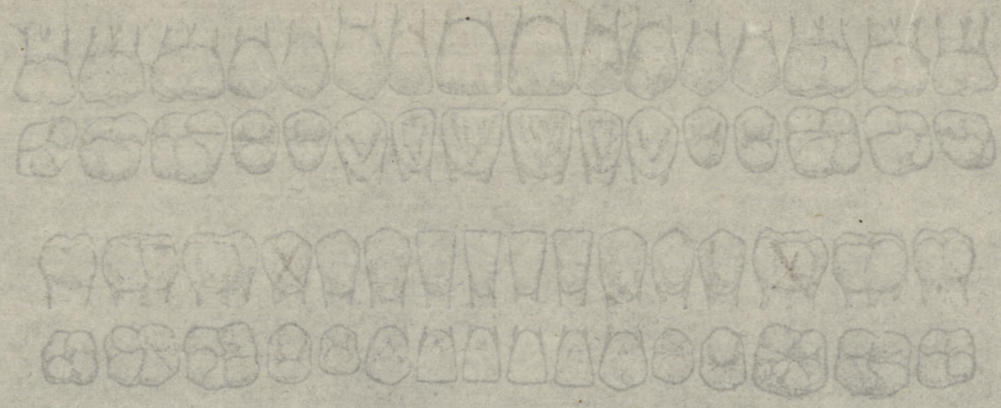
REGIMENT.....**1st Depot Batt. Sask. Reg.**

Pte.

No. 268807.

DATE	No.	FILLINGS				Extracted	Anesthetic	Treated	Crowns	Cleaned	As 2'3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											
1918 July 3		<i>No previous history</i>													<i>Examined by Lieut. R. Ross</i>	<i>Ext 2/19.29</i>
July 3					<i>2</i> <i>19.29</i>										<i>Lieut. R. Ross</i>	<i>Completed 3/7/18.</i>





№ 100

ДИАРТОН

# ЛАТИНСКИЙ ИСТОРИЧЕСКИЙ

СЛУЖИВШИЙ ВЪМЪ ДЕЙСТВУЮЩЕГО

ВЪ СЛУЖБѢ СЪ 1812 ПО 1825 ГОДА

ИЗДАНО

1825

n. i x

H. Q. ....

M. D. No. ~~12~~ 0-12

Surname *Kimmerly*

T. O. S. *May 21st 1918*

Christian names *Walter Wilfred*

D. O. Pt. II *140* of *20-5-18*

Regtl. No. *268807* Rank *Pvt.*

S. O. S. *Slis 26-6 1919*

Unit *Sask. Regt. 1st Dps Bn 83rd*

Reason *Unmob.*

Auth. *No. 1783 27-6-19*  
*#12-0-10*

Next of kin *Kimmerly Stellanor*

Relationship *Brother*

Address *R. R. No 2 Carrierevale, Sask.*

Also notify: .....

BORN—Place *Canada Carrierevale Sask*

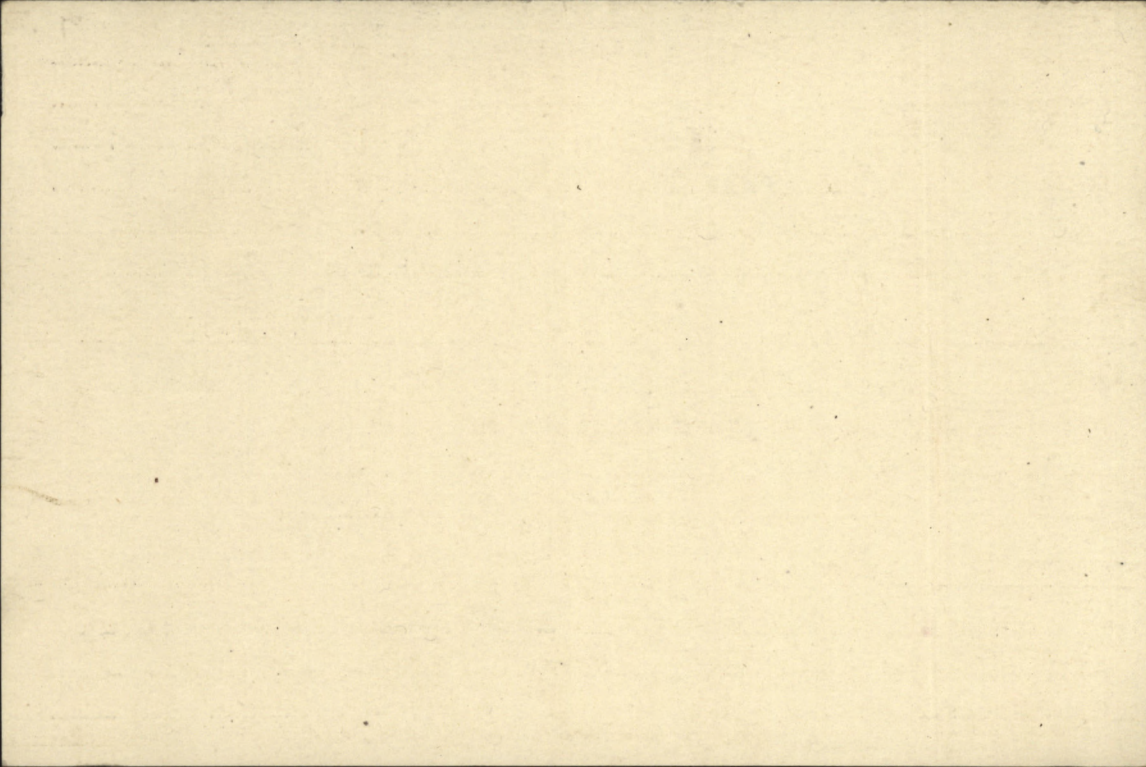
Date *July 21st 1896*

ATTESTED—Place *Regina Sask*

Date *July 21st 1918*

O/S *29-7-18 1350*  
*78*

R/C *20-6-19 321*  
*146*



# CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

### DIRECTIONS TO DENTAL OFFICERS

NAME OF SOLDIER (Block Letters) KIMMERLY, W.  
 REGIMENT 15th Res Bn RANK PTE No. 268808  
 Date of Examination in England \_\_\_\_\_ Date of Examination in France \_\_\_\_\_

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



### PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS 2-
- 2. EXTRACTIONS \_\_\_\_\_
- 3. CROWNS \_\_\_\_\_
- 4. DENTURES \_\_\_\_\_
  - (a) Full Upper \_\_\_\_\_
  - (b) Part Upper \_\_\_\_\_
  - (c) Full Lower \_\_\_\_\_
  - (d) Part Lower \_\_\_\_\_

*E. W. M. Owen*  
 A.D.D.S., C.A.D.C., M.D.S.  
 Ripon

HAS HE EVER REFUSED DENTAL TREATMENT? No

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

- (a) In Canada yes
- (b) In England \_\_\_\_\_
- (c) In France \_\_\_\_\_

Signature of Dental Officer *M. Barbey*



# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 268807 Rank Pte. Surname KIMMERLY  
(Given name in full)  
Halter Hilfid  
 Unit or Corps 15<sup>th</sup> Res. Birthplace Barievale Sask.

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

**I. GENERAL DESCRIPTION:**

Physique Good Weight 135 lbs. Height 5 6 ft. Colour of Eyes Blue  
 Nutrition Good  
 Pulse 72  
 Condition of arteries Good  
 Vision Rt. 6/6 Left 6/6  
 Hearing (conversational voice) Rt. n1 ft.  
 Left n1 ft.

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

Opinion as to general health and physical condition Good

**2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)**

Nervous System No Genito Urinary System No Cardio-Vascular System No  
 Special Senses No Integumentary System No Respiratory System No  
 Disturbance of Mentality No Muscular System No Digestive System No  
 Osseous and Joint System No Any other general condition No

**3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.**

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at         *Ripon*         (Overseas)

Date         *9. 5. 19*         Signed         *J. S. Coyle*         M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature         *J. S. Coyle*        

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

## THIS SECTION FOR USE IN CANADA—

Examined at ..... (Canada)

Date ..... Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

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

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



mbd S. Hamilton - 10/18-14 6 19  
 Webb's Halifax

W. S. B. Class C

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

M. F. W. 54. (A. F. B. 103.)  
 350M.—5-16  
 H. Q. 1772-30-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps. 1st Depot Bn. Can. Exp. Coy. Lt.  
 Regimental No. 268807 Rank Private Name Kimmerly, Walter Wilfred  
 Enlisted (a) May 21/18 Terms of Service (a) DURATION OF WAR Service reckons from (a) May 21/18  
 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) Military Nil Farmer.

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				
AUG 22 1918		Embarked Montreal		28 JUL 1918	
		Disembarked Liverpool		15 AUG 1918	
		Taken on the Strength of the 15th Can Res Batta.		15 AUG 1918	
14/6/19	O.C. 15th RES. BATT.	STRUCK OFF STRENGTH TO	RIPON		Pt 234.
		REGINA DISPERSAL AREA "O"			PART II DAILY ORDERS No. 165 ADJUTANT, 15th RESERVE BATTALION.
		T.O.C. R.O. 1420 (D.D.O. 178) Para 1048			
		S.C.C. R.O. (D.D.O. —) Para 1044			
		MEDICALLY UNFIT, DEMOBILIZATION.			
		<u>L. Graafore</u>			
			LIEUT.		

(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.]



RB. Rank *RB.* Name *KIMMERLY WALTER WILFRED* Reg'l No. *268807*  
 Unit *Dft 83 Sask Rgt* If in perm. Corps, }  
 What Unit? } Married or Single *Single*  
 Place and Date of Enlistment *Regina May 24/18* Place of Birth *Sask*  
 Name and Address, Next-of-Kin *Stillman Kimmerly*  
*Carrvale P.O. Sask R.R. No 1* Relationship *Brother*

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

14561  
 N/E. R.B. No  
 File R.L.  
 Category *O.R. Cab*

Discharge, Date and Place

Reason

Character

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.				
		<i>Arrived in England.</i>			
<i>22. 8. 18</i>	<i>15 Res</i>	<i>T.O.S FROM Canada</i>	<i>Bramshott</i>	<i>16, 8</i>	<i>HMT CASSANDRA 17 Ft. I: O 234</i>
<i>14 6 19</i>	<i>15 Res</i>	<i>S O S to Canada</i>	<i>Ripon</i>	<i>14 6 19</i>	<i>Pt. II 164</i>
		<i>To Canada 85-0-301</i>		<i>14.6.19</i>	



**CANADIAN EXPEDITIONARY FORCE**  
**DISCHARGE CERTIFICATE**

THIS IS TO CERTIFY that No. 268807 (Rank) Pte.

Name (in full) Walter Wilfred Kimmerly enlisted in  
the 1st Depot Batt'n Sask.

CANADIAN EXPEDITIONARY FORCE at Regina. on the twenty first  
day of May 19 18.

HE served in Sask. Regt. 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 22 yrs 10 mos.

Height 5 ft 5 ins.

Complexion Medium

Eyes Blue.

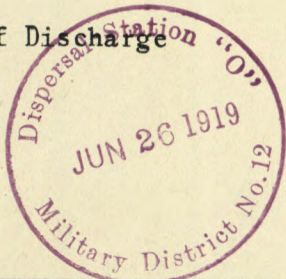
Hair Fair.

Marks or Scars.....

W. Kimmerly  
Signature of Soldier.

W. A. Bradburn  
Issuing Officer.

Date of Discharge



Issuing Officer.

Rank MAJOR

Date..... 19.....

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.

Pte.

288887

often filled with

1st Depot in Bank.

Region.

10.

Way

Bank. Way. in England.

22 yrs 10 mos.

3 ft 6 ins.

Medium

Blue.

Black.

*Handwritten signature*

MATUGA

HOCHTIEF



NUMBER 268807

RANK Pte.

NAME KIMMERLEY

W. W.

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
				Swed.					17110		
				Alt. 545 3/5					15163		
				Region.	1947						
					1947						
				S. O. Canada. 14.6.19. S. X. 85							



WAR SERVICE BADGE

CLASS No. *C*

SHORT FORM.

Dispersal Area No. *0* PROCEEDINGS ON DISCHARGE.

Occupational Group No. *1* (Demobilization.)



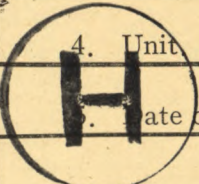
RTM St. Hamilton - 1918-14  
REBK'd Halifax  
20 10 1918

1. No. *268807*

2. Rank. *Private*

3. Name. *KIMMERLY* *Walter Wilford*

4. Unit *15<sup>th</sup> Can Res Bn* *1<sup>st</sup> Sask Depot Bn*



5. Date of Discharge *REGINA, SASK. JUN 26 1919* Place

6. Reason for Discharge *On Demobilization.*

*Service in France - 7 1/2* DEMOBILIZATION

Category *A2* Religion *Methodist*

*Next of Kin - Brother* Occup *Farmer*

7. Authority. *R.O. 1420.....(D.D.O 178... Para 1044)*

8. Proposed Residence after Discharge.....

*CARIEVALE Sask*

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.? .....

*W. Kimmerly*

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place.....

Date.....



Signature.....

*W. Bradburn*

MAJOR (O. C. Discharging Unit.)

CLASS No. ....

Disposal Area No. ....

Occupational Group No. ....



1. Name: *Walter Wilcox*  
 2. Grade: *Private*  
 3. Branch: *Infantry*  
 4. Component: *1st Cavalry Div.*



5. Date of Discharge: *June 2, 1919*  
 6. Place of Discharge: *Demobilization*  
 7. Address after Discharge: *Demobilization*

8. Signature of Soldier: *Walter Wilcox*

9. Signature of Officer: *[Signature]*

10. Signature of Discharging Unit: *[Signature]*



LIST OF DISCHARGE DOCUMENTS



1. Last Day Certificate  
 2. Certificate that certain documents are unobtainable  
 3. Medical History Sheet  
 4. Report of Physical Examination  
 5. Report of Psychological Examination  
 6. Report of Neuropsychological Examination  
 7. Report of Neuropsychological Examination  
 8. Report of Neuropsychological Examination  
 9. Report of Neuropsychological Examination  
 10. Report of Neuropsychological Examination

Bank

Signature

Signature

**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

Group.....  
Checked by No. *22*  
*Oct 11*  
Date..... *12/16/19*

No. 12 DISTRICT DEPOT

File K327 1/2 Aquitania 20 1/19  
 REGT. No. 26880<sup>8</sup> RANK *Pte* NAME (IN FULL) *KIMMERLEY, W. W.*  
 AUDITOR *[Signature]* PAYMASTER *[Signature]*

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

M. OR S. \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS *Bank of Hamilton  
Carrievale, Sask*

ORIGINAL UNIT C.E.F. *210<sup>th</sup> Bn* IF IN P.F. WHAT UNIT? \_\_\_\_\_

DATE OF ATTESTATION *2/5/18* TRANSFERRED TO \_\_\_\_\_ DATE \_\_\_\_\_ AUTHORITY \_\_\_\_\_

ASSIGNED PAY \$ \_\_\_\_\_ DATE EFFECTIVE \_\_\_\_\_

TO WHOM PAID *Mil* RELATIONSHIP \_\_\_\_\_ ANY CHANGE IN ASSIGNEE OR ADDRESS \_\_\_\_\_

DISCHARGED *Regiment* PLACE *JUN 26 1919* DATE *Dunk* REASON *50178* AUTHORITY *[Signature]* IF ENTITLED TO POST DISCHARGE PAY *Yes*

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	COL. NO. 1	COL. NO. 2	COL. NO. 3	COL. NO. 1	COL. NO. 2					COL. NO. 3	DEBIT	
BALANCE FROM PREVIOUS ACCOUNT																	
3/5/19				151 63													151 63 <i>151 63 deposit</i>
									4 87								<i>Post</i>
									5 00								<i>"</i>
1/2 4/2	34	110 37	40 35 00		72 40				78 16								<i>Cheque</i>
				37 40	126 63				194 03								880 paid 27/6 4/19
					224 03				294 03								3500 clo - 03
																	<i>CAPTAIN</i>
																	<i>FOR ASST. DIRECTOR OF PAY SERVICES</i>
																	<i>MILITARY DISTRICT No. 12</i>
	122			280 =	280 =												<i>WAR SERVICE GRATUITY M.D. 12</i>
																	<i>78 80</i>
																	<i>Soldier</i>
																	<i>12 11</i>
																	<i>63 00 21</i>
																	<i>JUL 26 1919</i>
																	<i>63 27 5</i>
																	<i>AUG 26 1919</i>
																	<i>64 85 02</i>
																	<i>SEP 26 1919</i>

GENERAL AUDITOR'S DEPT.  
 AUDITED  
 OCT 21 1919  
 DISTRICT AUDITOR M. D. 12

