

REGIMENTAL DOCUMENTS

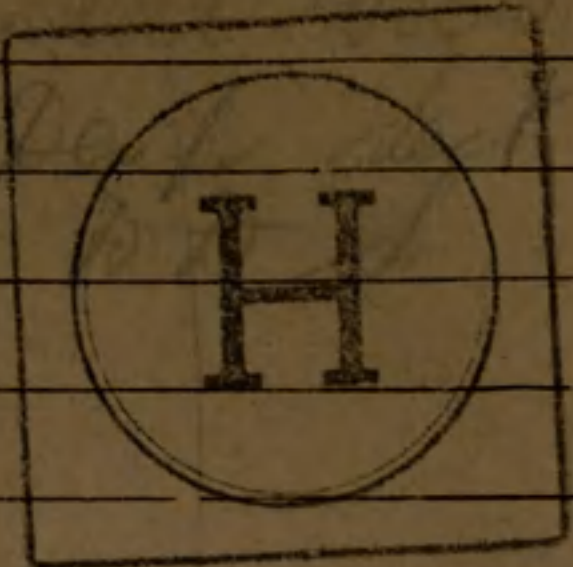
NAME *ACKERMAN, WILLIAM*

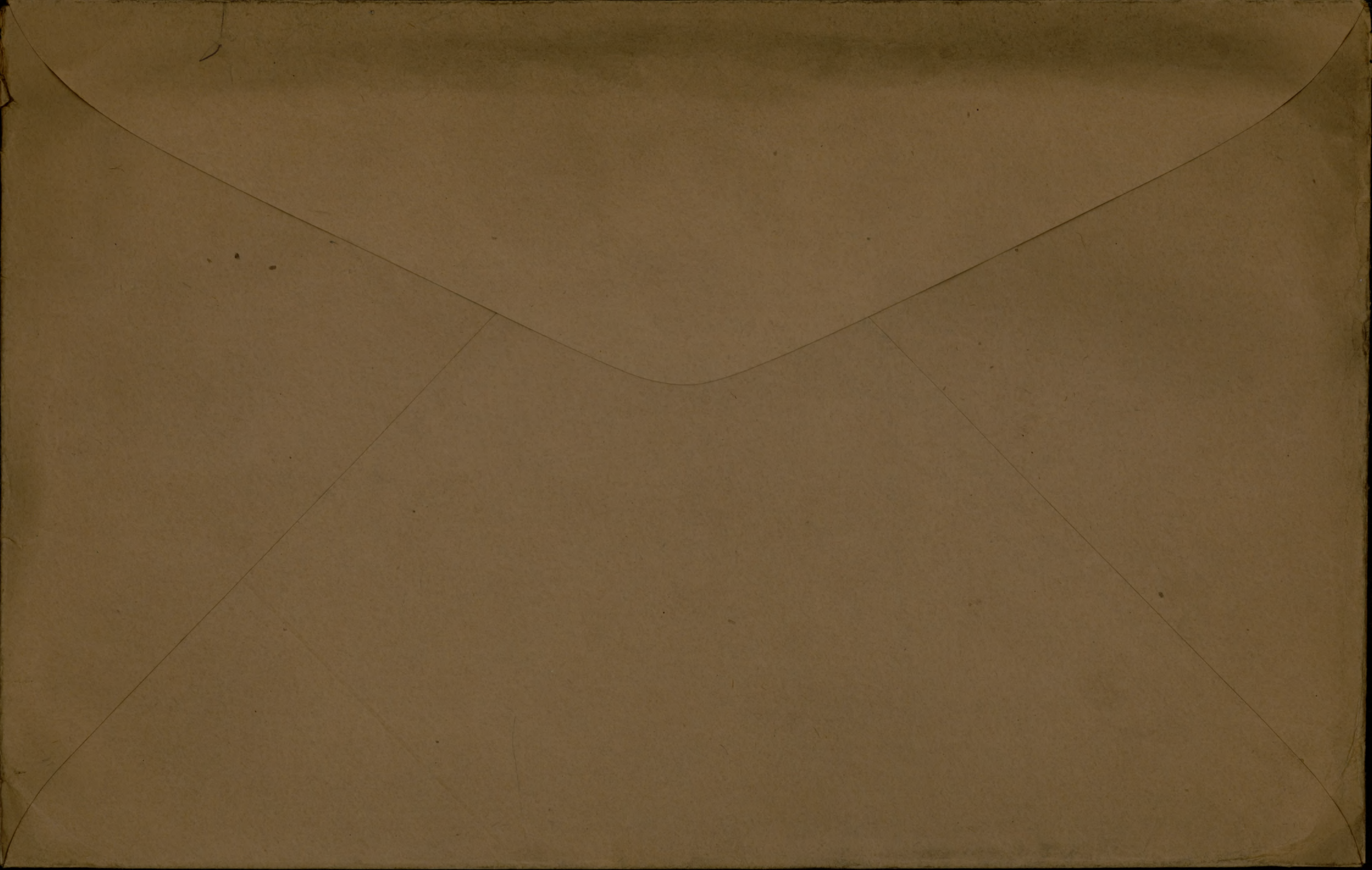
REGT. NO. *4080342* UNIT *29th*

H. Q. FILE NO.

754

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 <i>271</i> APPEAL PAPER (M.F.W. 23, 133, or 51)					DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
1 TRAINING HISTORY SHEET (M.F.W. 113) <i>Record Sheet</i>					
1 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)					
2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
1 DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Dental</i>
1 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
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>BADG 5009A</i>					
3 <i>Misc</i>					
2 <i>BD 9</i>					
<i>Copy Sheet</i>					





11 M. D. 1st. Depot Battalion B Co. Regiment
Regtl. No. 408034 ✓

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1)

1. Surname..... *Ackerman*

2. Christian name..... *William*

3. Present address..... *G. D. P.O. Minnola, B.C. Canada*

4. Military Service Act letter and number..... *Did not Register*

5. Date of birth..... *August 14th 1899*

6. Place of birth..... *St. Louis, Missouri, U.S.A.*
(town, township or county and country)

7. Married, widower or single..... *Single*

8. Religion..... *Presbyterian*

9. Trade or calling..... *Labourer*

10. Name of next-of-kin..... *Mrs. Sadie Ackerman*

11. Relationship of next-of-kin..... *General Delivery P.O. Rossland, B.C. Canada*

12. Address of next-of-kin..... *Mother sufficient address*

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..... *Vancouver B.C. Canada* (b) Date..... *April 23/1918* (c) Category..... *D 2*

DECLARATION OF RECRUIT

I, *William Ackerman*, do solemnly declare that the above particulars refer to me, and are true.

W Ackerman (Signature of Recruit)

DESCRIPTION ON CALLING UP

Apparent age..... *18* yrs..... *9* mths.

Height..... *5* ft..... *4 1/2* ins.

Chest measurement } fully expanded..... *36* ins.
 range of expansion..... *13* ins.

Complexion..... *Fair*

Eyes..... *Hazel*

Hair..... *Brown*

Distinctive marks, and marks indicating congenital peculiarities or previous disease.
Mole on back of Neck.

Wm. Ackerman Lt. Col.
O. C. *1st.* Depot Btln.
B Co. Regt.
Place..... *Vancouver, B.C. Canada* Date..... *November 11th 1917.*

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

WAR SERVICE BADGE
CLASS "A" No. 304990

THIS IS TO CERTIFY that No. 4080342 (Rank) PRIVATE

Name (in full) ACKERMAN WILLIAM enlisted in
the 1st DEPUT BATTALION

CANADIAN EXPEDITIONARY FORCE at VANCOUVER BC on the Eleventh
day of November 1917

HE served in 29th BATTALION

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 19 9 months

Height 5 4

Complexion Tan

Eyes Hazel

Hair Brown

Ackerman W.
Signature of Soldier.

Marks or Scars

Mole on back of neck

H. Andrews
Issuing Officer.

Date of Discharge

May 24th 1919

Capt.
Rank

Date May 24th 1919

NB.- 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.

MILITARY SERVICE ACT, 1917.

ORIGINAL

MEDICAL HISTORY SHEET.

30

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 ACKERMAN Christian name WILLIAM. **Unregistered**
- 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule..... } **Brought forward by**
- 3. Consecutive number on schedule of men reporting for service (if he appears on it) } **Provost Marshall M.D.X1.**
- 4. Address (including street and number, if any)..... } **Dominion Hotel, Vancouver, B.C.**

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd. day of April 1917, by the undersigned medical board sitting at VANCOUVER, B.C.

- 5. Age as stated 18 Years 8 Months.
- 6. Apparent age 18 Years _____ Months
- 7. Height 5 Feet 4 1/2 Inches.
- 8. Weight 131 Pounds.
- 9. Chest measurement { Minimum 33 Ins. Maximum 36 Ins.
- 10. Complexion fair { Eyes hazel Hair brown
- 11. Physical development. good { Good Fair Poor
- 12. Smallpox marks. 0
- 13. Number of vaccination marks { Right arm 2 Left arm 2
- 14. When vaccinated last 1913
- 15. Distinctive marks and marks indicating congenital peculiarities or previous disease Mole on back of neck.

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**

B. Murphy Capt. Member. J. Buller Capt. President. H. D. Pallen Capt. Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>MAY 23 1918</u>		<u>W. Hulme</u> M.O.	<u>5/5/18</u>		<u>W. J. Hutton</u> M.O.
			<u>MAY 11 1918</u>		<u>W. Hulme</u> M.O.
			<u>MAY 18 1918</u>		<u>W. Hulme</u> M.O.

Joined 11th day of November 1917 at Vancouver BC

CORPS	REG'TL NUMBER	HABITS	DATE
<u>1st Depot Battalion, B. C. Regt. C.E.F.</u>	<u>40803-2</u>		<u>11-11-17</u>
Transferred to.....	<u>29 Bn</u>		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Vancouver BC</u>	<u>MAY 1 1918</u>	<u>A</u>	<u>J. Buller Capt.</u>
<u>"</u>	<u>JUN 4 1918</u>	<u>A2</u>	<u>H. D. Pallen Capt.</u>

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.

20/20 20/20 Hearing; Normal. R.L.

Signature of Man W. Ackerman

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 Ackerman Christian name William
 2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule unregistered Brought forward
 3. Consecutive number on schedule of men reporting for service (if he appears on it) By Provost Marshall
 4. Address (including street and number, if any) Dominion Hotel Vancouver B.C. M.D. XI

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 23rd day of April 1916 1917, by the undersigned medical board sitting at Vancouver B.C.

5. Age as stated 17 Years 9 Months. 6. Apparent age 18 Years _____ Months
 7. Height 5 Feet 4 1/2 Inches. 8. Weight 131 Pounds.
 9. Chest measurement { Minimum 33 Ins. 10. Complexion Fair { Eyes Hazel
 { Maximum 36 Ins. { Hair Brown
 11. Physical development Good { Good Fair Poor 12. Smallpox marks 0
 13. Number of vaccination marks { Right arm 0 14. When vaccinated last 1913
 { Left arm 2
 15. Distinctive marks and marks indicating congenital peculiarities or previous disease
Mole on back of neck

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 A 2
 17. (a) Vision R. 20/20 L. 20/20
 (b) Hearing R. Normal L. Normal

(Syd) A. Buller Capt President.
 (Syd) G. B. Murphy Capt Member. (Syd) W. Patton Capt Member.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		M.O.			M.O.
		M.O.			M.O.
		M.O.			M.O.

Joined 11 day of November 1917 at Vancouver B.C.

CORPS	REG'TL NUMBER	HABITS	DATE
	<u>4080342</u>		<u>11/11/17</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT

Signature of Man

Copy

DENTAL HISTORY SHEET

30

CANADIAN ARMY DENTAL CORPS

DISTRICT

NAME OF SOLDIER

Akerman W.

REGIMENT *1st Depot Battalion, B.C. Regt. C.E.F.* RANK

Fre.

VANCOUVER, B.C.

No. *4080342*



INSTRUCTIONS

1. On examination the condition of patient's mouth to be marked on diagram in red ink.
2. On first line of report record of same to be made in red ink.

Only such entries to be made on this sheet as will show :

1. Condition on examination (in red)
2. Condition on leaving Canada.
3. Condition on discharge.

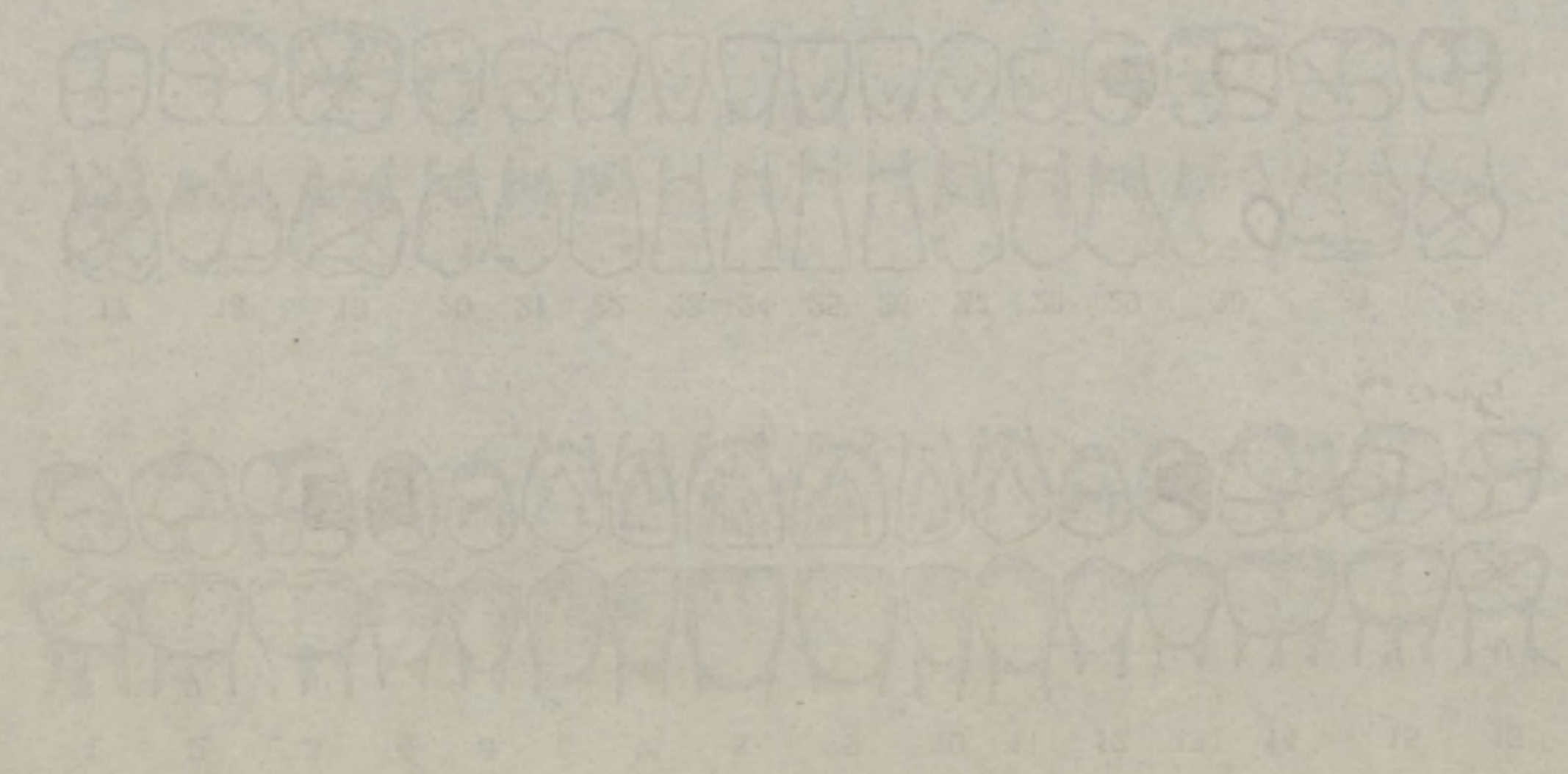
Duplicate

Date	Amalgam		Cement	Treatment Putrescent Pulp	Root Filling	Pulp Cap	Devitalization	Pyrrhœa	Synthetic Porcelain	Extracting	Dentures			Gold Clasp	Gold Filling	Crowns		Bridge Work	OPERATOR	Military Dist.	REMARKS
	(a) G.P.	(b) Cement									U	L	P			Gold	Porcelain				
Condition on first Examination																					
<i>1918.</i>										<i>1-16</i>											
<i>May 1.</i>										<i>17-19</i>									<i>Lieut Beyea</i>	<i>11.</i>	<i>Cavities</i>
	<i>14</i>	<i>3-4</i>	<i>3-4</i>		<i>3-4</i>		<i>4</i>			<i>22</i>								<i>Left Home</i>	<i>11</i>		<i>3.4.13.15.29.30/2</i>

1
DENTAL HISTORY SHEET

UNITED STATES ARMY DENTAL CORPS

NAME: *W. W. ...* GRADE: *...* SERVICE NO: *...*



1. Condition of dentures
 2. Condition of periodontium
 3. Condition of gingiva
- Other notes: *...*

INSTRUCTIONS

DENTAL HISTORY SHEET

CANADIAN ARMY DENTAL CORPS

DIVISION.....

NAME OF SOLDIER.....

REGIMENT..... RANK.....

No.....

DATE	No.	FILLINGS				Extracted	Anesthetic	Treated	CROWNS	Cleaned	As 2 3	Pulp Removed	Put Pulp	Artificial Teeth	OPERATOR	REMARKS
		Amal.	Phosp.	G. Per.	Cement											
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A-13

DENTAL HISTORY SHEET
CANADIAN ARMY DENTAL CORPS

COPY

CADC 5009A

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

DENTAL CERTIFICATE ON DEMOBILIZATION

Directions to Dental Officer.

NAME OF SOLDIER ACKERMAN W.

Regiment

29th Bn

RANK

Pte

NO.

4080342

DATE EX IN ENGLAND.. 19.419

CHART

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. Extractions 30

3. Crowns

4. Dentures

- (a) Full Upper
- (b) Part Upper
- (c) Full Lower
- (d) Part Lower

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 Yes
- (b) In England
- (c) In France

Signature of Dental Officer

E.S. Millett, Capt.

Completed

25-10-20

E. S. Millett

DDO MD 13

Eye, Ear, Nose and Throat Clinic,
Witley Camp, Surrey.

28-4

.....1919.

UNIT *In 1st Group 30*
Reg No *4086342* Rank *Pvt* Name *Ackerman*

Original disease or injury.

Date of origin.

Place of origin.

Cause.

Present Disability.

Ears and hearing normal.

RIGHT.	HEARING.	LEFT.
<i>20'</i>	Voice.....	<i>21'</i>
<u>.....</u>	Weber.....	<u>.....</u>
<i>pos</i>	Rinne.....	<i>pos</i>
.....	Schwabach.....
.....	Upper Lt.....
.....	Lower Lt.....

Category. *A*

Remarks. *S. B.*

~~CONDITION HAS..... PRESENT BEFORE ENLISTMENT, AND HAS.....
BEEN CAUSED BY SERVICE.
HAS..... BEEN AGGRAVATED BY SERVICE.~~

W. J. Macdonald

Captain. C.M.C.
Ear Specialist.
Witley Camp, Surrey.

24th January 1919
A.M.D. 5/22-2-1

From:-The Director General
Medical Services.O.M.F.C.
133 Oxford Street.W.1

To:- A.D.M.S.Canadians.
Witley.

M.F.B.227
M.F.W.129

Para 1.

In accordance with H.C.R.O. 5258 dated 3rd of February 1919 M.F.B. 227 will replace A.F.A.45 and A.F.B. 179 Canada, 1918 and M.F.W. 129 will replace D.M.S.1375 in recording the proceedings of a Medical Board or Medical Examination of Officers (including Nursing Sisters) and Other Ranks in the O.M.F.C.

The above form will be prepared in accordance with Para 37.Vol.1 Canadian Demobilization Instructions.

II The change in type of board proceedings for dealing with Officers will entail no change in the method of approval of Board Proceedings for Officers.

III The enclosed copies of these documents are forwarded for your perusal, and it is suggested that you allow Medical Officers of your Area to become acquainted with these forms and the directions for their use.

GENERAL PRINCIPLES GOVERNING THE USE OF THE
TWO FORMS MENTIONED

IV A.F.W.129
A.F.W. 129 will not be used.

(a) In cases where there is a disability

(b) In cases where the Officer or Other Ranks who is being examined refuses to sign the statement on the last half of the Form.

Each Form (M.F.W.129) will be prepared by one Medical Officer and only one copy need be completed in each case. All sections of M.F.W. 129 will be completed by a Medical Officer of the O.M.F.C. in England, except the last Section marked " This section for use in Canada " The completed M.F.W. 129 should be forwarded to the Officer Commanding the Unit to which the Officer or Other Rank concerned belongs for enclosure with his other documents being forwarded to Canada

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) ACKERMAN W
REGIMENT 29th BATTN RANK PTE No. 4080342

Date of Examination in England 19-4-19 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.



PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS 30
3. CROWNS
4. DENTURES
 - (a) Full Upper
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

[Handwritten signature]
 DENTAL OFFICER (D. No. 11)

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 yes
- (b) In England
- (c) In France

Signature of Dental Officer *[Signature]* Capt.

W. K. KRAMER

MADE IN U.S.A.

100

100

100

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100

Unit Group "30"

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. 4080342 Rank Private Surname ACKERMAN
(Give name in full)
WILLIAM
Unit or Corps 29th Battalion Birthplace St Louis, U.S.A.

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

1. GENERAL DESCRIPTION:

Physique Good Weight 144 lbs. Height 5 ft. 6 in. Colour of Eyes Grey
Nutrition Good
Pulse 72 Regular
Condition of arteries OK
Vision Rt. 6/12 Left 6/12
Hearing (conversational voice) Rt. 21 ft.
Left 21 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)
None back of neck.

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.

none

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

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Overseas)

Date

SignedM.O.

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

Signature

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

THIS SECTION FOR USE IN CANADA—

Examined at.....(Canada)

Date

SignedM.O.

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

Signature

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

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

[OVER]

EYE, EAR, NOSE AND THROAT CLINIC.

Witley Camp, Surrey.

Date 28-4 1919.

4080342

Reg No. Rank Pvt Name Ackermann W

Unit 29th Inf

WITHOUT GLASSES.

WITH GLASSES.

(As per prescription below)

SPH. CYL. AXIS.

Visual acuity Rt. 6/6 with

Visual acuity Lt. 6/6 with

Category recommended is.

Glasses not ordered.

Original disease or injury.

Date of origin.

Place of origin.

Cause.

Present disability.

Remarks.

Nil abnormal

CONDITION WAS..... PRESENT PREVIOUS TO ENLISTMENT AND HAS.....
BEEN CAUSED BY SERVICE HAS..... BEEN AGGRAVATED BY SERVICE.

A. M. Macmillan
Captain, R.A.M.C.
Eye and Ear Specialist.
Witley Camp, Surrey.

S. B.

STATE OF CALIFORNIA

County of _____

Plaintiff _____

vs.

Defendant _____

Case No. _____

Date _____

Plaintiff's Exhibit _____

Defendant's Exhibit _____

Witness _____

Witness _____

Original _____

Date of _____

Place of _____

Case No. _____

Witness _____

Witness _____

Plaintiff's Exhibit _____

Defendant's Exhibit _____

Witness _____

Witness _____

Olympic

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

15214

Service

1 year

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *William* 2. Surname *Ackerman*

3. Rank *Pte* 4. Original Unit *B. C. Regt.* 5. Reg. No. *4080342*

6. Address, in full, to which future payments of gratuity are to be forwarded
S. P. O. Cardston. Alberta

7. Date of enlistment in the C.E.F. ~~*23/4/18*~~ *11/11/17*

8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *No*

9. Relationship of such dependent *not applicable*

10. Address, in full, of such dependent *not applicable*

11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*

12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—

13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States?

14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service

15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *1 Year*
B. C. Regt 6 months
29th Bn 6 months

16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*

17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

MSL

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units. *No.*
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*
20. ~~Have you been issued with a War Service Badge? If so what class?~~
21. Have you, during the present war, served in the Imperial Forces? *No.*
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*
- (b) If so, was such reversion in consequence of misconduct or inefficiency? *not applicable*
24. Are you now serving in the C.E.F.? If not, give:—(a) Date of discharge
(b) Reason for discharge.
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
(b) If so, are you in receipt of full pay and allowances from that Department?

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *W. Ackerman*

Place of Residence: *P.O. Bardston - Alberta.*

Declared before me at: *Witley*

This *Tweeth* day of *April* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

QUESTIONS 12-13-14-20-24-25
26 & 27 ARE UNANSWERED

[Signature]

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....
.....

Certified Correct.

District Paymaster.

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. *64th Div 1st Depot Battalion, B. C. hsgt. C.E.F. VANCOUVER, B. C.*

Regimental No. *4080342* Rank *Pte* Name *Uckerman, William*

Enlisted (a) *11-11-17* Terms of Service (a) *C.E.F. 23 11-11-17* Service reckons from (a) *23 11-11-17*

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os } *civil Labourer*

Extended Re-engaged Qualification (b) *military*

Report Date	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
		Embarked Canada	Halifax	<i>APR 2 1918</i>	
		Disembarked England.	Birkenhead	<i>AUG 16 1918</i>	
<i>AUG 3 1 1918</i>	<i>1st Res Bn.</i>	TAKEN ON STRENGTH OF 1st CAN. RES. BATTN.	Seaford.	<i>16 8.18</i>	<i>Pt. II NO. 210 ✓</i>
<i>AUG 21 1918</i>	<i>1st Res Bn</i>	On Command Bowlay.	Seaford.	<i>AUG 16 1918</i>	<i>D.O. 210</i>
<i>AUG 14 1918</i>	<i>1st Res Bn.</i>	Returned from Command	Seaford	<i>SEP 13 1918</i>	<i>NO. 222</i>
<i>NOV 1918</i>	<i>1st Res Bn</i>	Proceeded on Draft to 29th. O.S. Battalion	Seaford	<i>8.11.18</i>	<i>Pt. 2. D.O. 262 ✓</i>
					<i>Howe Clarke sent for Captain, Adjutant, 1st Canadian Reserve Battalion.</i>
<i>11.11.18</i>	<i>CIBD.</i>	Arr. Reinf. & TCS 29th Bnm	France	<i>9-11-18</i>	<i>DO. 117 d/- 15-11-18.</i>
<i>" "</i>	<i>" "</i>	Left for CCRC2.	Field.	<i>11-11-18</i>	<i>NR 1463</i>
<i>" "</i>	<i>CCRC2</i>	Arr.	"	<i>" "</i>	<i>NR 1794.</i>
<i>19-12-18</i>	<i>OC 29</i>	<i>Left for 29th Bn</i>		<i>9.12.18</i>	<i>W.P. 213.</i>
<i>28-12-18</i>		<i>Arr.</i>			<i>B. 213.</i>

CAN. RESERVE BATTALION
 1870109
 11 NOV 1918

(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				
	Ensign ABC	Proceeded to England.			N/R 1st Lt Aviation Captain In 1st Col 245 Canadian Section.
		S.O.S. OF O.M.F.C. ON PROCEEDING TO CANADA for discharge			D.O.(30) 10-5-19. T. O. S. No 11 DD 10 May 19, S. O. S. C. E, F 24 May 19 Tare & No 11 DD do 148 May 23 19 S. J. O. Davis Lieut. Asst. Adjutant, District Depot, M. D. XI A. J. Martin LIEUT. FOR OFFICER COMMANDING, "M" WING, C.C.G.

Rank _____ Name *Ackerman William* Reg'l No. *4080342*
 Unit *67th dft B.C. Regt* If in perm. Corps }
 What Unit? } Married or Single *Single*
 Place and Date of Enlistment *Vancouver B.C. 11-11-17* Place of Birth *St Louis Mo. U.S.A.*
 Name and Address, Next-of-Kin *Mrs Sadie Ackerman*
Gen Del P.O. Rossland B.C. Can. Relationship *Mother*

Assigned Pay Monthly \$ _____ Payable to _____
 Relationship _____

Separation Allowance \$ _____ Payable to _____
 Relationship _____

N/E. R.B. NO. *20702*
 File R.L. _____
 Category *O E G an*

Discharge, Date and Place _____ Reason _____ Character _____

H. W. V., Ld.—9546-16.

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.				
<i>3-8-18</i>	<i>10th Regt</i>	<i>Arrived in England</i>	<i>15-18</i>	<i>16-8-18</i>	<i>HMT Huntsend</i>
<i>8-11-18</i>	<i>✓</i>	<i>Sent to 29th Bn Open</i>	<i>29th Bn</i>	<i>8-11-18</i>	<i>Pro 269 29th Pro 1174/1578</i>
		<i>29 BATT DO 20 D. 13, 4, 19</i>			
		<i>PROC TO, ENG 10, 4, 19</i>			
		<i>M WING, CCC. DO: 2, D, 12, 4, 19</i>			
		<i>TCS, 11, 4, 19</i>			
<i>10-5-19</i>	<i>on wing 6-8-6</i>	<i>SG to Canada</i>	<i>6 H.T</i> <i>Witley</i>	<i>10-5-19</i> <i>" 10-5-19</i>	<i>DB-30</i>

SURNAME.

Ackerman

117
CARD NO. X
Soldier's Record 24579
FOLL.
NO 148728-5-19
1152

CHRISTIAN NAMES

William

REGL. No.

4080342

RANK

Pte.

UNIT

B. Co. Regt. 1st. Depo. Bn.

T. O. S. Nov. 11. 19. 17

FORMER CORPS

Inf

D.O. Part II No 117

NEXT OF KIN.

NAMES IN FULL

Ackerman, Mrs. Sadie

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

P.O. Rossland, B. Co.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

U.S.A. St Louis, Mo.

DATE

Aug. 14th, 1899.

PLACE OF ATTESTATION

Vancouver, B. Co.

DATE

Nov. 11th, 1917.

c/s. 3-8-18 1371
3.

14616-5-19 324 Pte
6-5

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Date of Enlistment 11. 11. -17

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A

209

1st June 18
1-5-18

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15 ⁰⁰			
------------------	--	--	--

726a
298

PARTICULARS OF SEPARATION ALLOWANCE

No. _____

Rank _____ Promoted _____ Reverted _____ Discharge _____

Soldier's Name _____

Battalion *1st Depot Batta, B. & Regt, Dept 11*

Beneficiary _____

Relationship _____

Address _____

PARTICULARS OF ASSIGNMENT

Name _____

Address _____

Change of Address _____

1 MRS. SADIE ACKERMAN,
GEN. DEL. P.O., CARDSTAN. ALTA.

2 ROSSLAND, B.C. 15 15.00

3 A-C 4080342 PTE WM. ACKERMAN
FIFTEEN DOLLARS

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918 June	J 4047		15	15	
July	X 26015		15	15	
AUG	H 28474		15	15	
SEP	X X X		15	15	
3/19 Dec.	O 3028		120	120	
Jan	B 69285		15	15	
FEB	A 76466		15	15	
Feb	X 79879		15	15	
MAR	D 82270		15	15	
APR	G 143		15	15	
MAY	A 5347		15	15	
			195	195	

69-W-16

J 4047 mailed 4/7/18.

J 4047 Ret'd + bank 22/8/18

X 26015 Ret'd + bank 22/8/18

H 28474 Ret'd + bank 10/9/18

mk 6732

ap. cheque. 1968 may ap. Ret'd. to MD 11 & bank

ap payable from this office as from 1/5/18.

Auth. MD 11 letter 21/11/18 JLB 28/11/18.

X 79879 bank 14685 equaling AP from 1-6-18 to 31-12-18

mailed. re-instalment M.A.D 52998 27-12-28

acc re-opened from 1-5-18 as cheq

mailed from PM MD 11 was returned

- to him for better address see file 67649

AUDITED.

A/c Closed 30579

Ret'd per. Olympic

Date 16-5-79 22-5-79

Clerk [Signature] md 11

no 108326

M. F. W. 128
400M-6-17-1772-38-141
L. L. 2320-M. & D. 7588.

AUTHORITY FOR NEW ACC'T. } N.R.M.D. 14. B.H.
P. Short 29. 6-18

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. 39a).
10. Dental Certificate (C.D. 3).
11. Equipment Statement Q.M.G. Form (D.O.S. 2), and Clothing.
12. Last Pay Certificate (P. 551).
13. Pay Book (V.B. 61).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group.....

Checked by No.....

Date..... 7 MAY 1919


WAR SERVICE BADGE
CLASS "A" No.

SHORT FORM.

PROCEEDINGS ON DISCHARGE.

(Demobilization.)

Sis Ana T.
O.C. Group. 1

1. No.	4080342	
2. Rank.	PRIVATE.	
3. Name.	ACKERMAN	WILLIAM.
4. Unit.	29 th BATTALION	
5. Date of Discharge	May 24 th	Place Vancouver
6. Reason for Discharge	DEMobilization	
7. Authority.	No li dd DO 148 May. 28-1919	
8. Proposed Residence after Discharge	Cassden. Alberta	
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. ?	
	Ackerman W.	
	Signature of Soldier.	
10. CONFIRMATION.	The discharge of the above named man is hereby confirmed.	
	Place.....	
	Date.....	
		
	Signature..... <i>W. Anderson Capt.</i> (O. C. Discharging Unit.)	

Olympic

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

AUDITOR *gd* PAYMASTER

14080342

M. OR S.

REGT. NO. ~~4086342~~ RANK *Cpl*

NAME (IN FULL) ACKERMAN, W.

NEXT OF KIN	RELATIONSHIP	PARTICULARS	EFFECTIVE DATE	AUTHORITY	ORIGINAL UNIT C.E.F.	IF IN P.F. WHAT UNIT?	(BLOCK LETTERS SURNAME FIRST)
ADDRESS		<i>English L.P.C. aa to 30/4/19</i>			PLACE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
IS SEPARATION ALLOWANCE PAID?	DATE EFFECTIVE				DATE OF ATTESTATION	TRANSFERRED TO	DATE AUTHORITY
TO WHOM PAID <i>no</i>	RELATIONSHIP				ASSIGNED PAY \$ <i>15⁰⁰</i>	DATE EFFECTIVE <i>16/19 class</i>	
ADDRESS					PAYABLE TO	RELATIONSHIP	ANY CHANGE IN ASSIGNED OR ADDRESS
					ADDRESS		<i>G.P.O. Cardston, Alberta.</i>
					STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE	EFFECTIVE	
					DISCHARGED <i>M.D.XI</i>	PLACE	DATE
							REASON
							AUTHORITY
							IF ENTITLED TO POST DISCHARGE PAY <i>yes</i>

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS			ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGIMENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		\$	C.	\$	C.	COL. NO. 1	COL. NO. 2	COL. NO. 3	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
			\$	C.																				
<i>30/4/19</i>	<i>110</i>				<i>18 55</i>	<i>18 55</i>	<i>000</i>	<i>BI</i>	<i>tr</i>														<i>18 55</i>	
<i>30/5/19</i>					<i>68 00</i>			<i>45/19</i>				<i>9 73</i>	<i>4 89</i>	<i>5 00</i>	<i>15 00</i>					<i>34 60</i>	<i>16 05</i>		<i>35 00</i>	<i>other clothing</i>
												<i>121 95</i>								<i>121 95</i>	<i>70 00</i>			
																		<i>6 60</i>		<i>6 60</i>	<i>76 60</i>	<i>ewd</i>	<i>6 60</i>	<i>other 6 day Pa exp d</i>
																				<i>76 60</i>	<i>20 340</i>			
																				<i>63 40</i>	<i>140</i>			
																				<i>70</i>	<i>70</i>			
																				<i>70</i>	<i>70</i>			
																				<i>280</i>	<i>280</i>			

Certified that all payments have been made on this account for which no other authority has been received to date.

Act. Fund
Lieut.
Paymaster, Demobilization Pay
M.D. No. 11

War Service Gratuity
Service 1 years 4 months

122 days

I certify that all payments for Service Gratuity have been made on this account according to the period of Service shown on the M.F.W. 2500 received.

M. Brumar
Capt.
Officer i/c War Service Gratuity
M.D. No. 11

ASSIGNED PAY: ~~ENGLAND~~ CANADA. SEPARATION ALLOWANCE: 90 ENGLAND OR CANADA. NAME: **ACKERMAN William**
EFFECTIVE DATE: 6/18 EFFECTIVE DATE: NUMBER: **4080 342**
AMOUNT: 15.00 AMOUNT: PARTICULARS OF RANK OR APPOINTMENT

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
<i>Mrs Sadie Ackerman mother</i>		<i>L.P.C.</i>		<i>Pt.</i>
<i>Gen. Del. Res. 1918</i>				
<i>W. D. Robertson 5' 10" 1/2</i>				
<i>W. D. Robertson 5' 10" 1/2</i>				

UNIT AND TRANSFERS
ORIGINAL UNIT: *Att 67, 1 Sep 18 B6R.*
DATE ACCOUNT FIRST OPENED: *1/8/18.*

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T & D	UNIT TRANSFERRED TO
			<i>1st Res. Can. Sect.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>2/4/19</i>	<i>101</i>	<i>29Bw</i>	<i>365</i>			<i>LPC Bal Cr</i>	<i>18.55</i>
<i>4/4</i>	<i>422</i>	<i>Witley</i>	<i>58.40</i>				
			<i>62.05</i>				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS. CE ALL. CE
	<i>1-</i>	<i>10</i>		

PARTICULARS OF RENDERING NON-EFFECTIVE

Trans to Canada 30th 1919 Ref. AR 3659 17th 1919 Witley & Robertson 74D 11

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>31/1/18</i>	<i>bal from Can</i>								<i>17-</i>		
<i>Aug</i>	<i>P. Pay</i>	<i>3410</i>		<i>Cap</i>				<i>15</i>	<i>31.23</i>		
		<i>3410</i>		<i>21 Bourley 29/8</i>	<i>4.87</i>			<i>15</i>	<i>25.93</i>		
<i>Sep</i>	<i>Pte Ptd.</i>	<i>33</i>		<i>Can. AP</i>				<i>15</i>			
				<i>AR 3329 12/9 1st Res</i>	<i>4.87</i>						
				<i>" 3382 20/9 "</i>	<i>9.73</i>						
				<i>" 3538 26/9 "</i>	<i>24.33</i>				<i>10.31</i>		
<i>Oct</i>	<i>Pte Ptd.</i>	<i>3410</i>		<i>AP Can</i>	<i>38.93</i>			<i>15</i>			
				<i>AR 3869 15/10 1st Res</i>	<i>4.87</i>						
				<i>AR 4060 28/10</i>	<i>4.87</i>				<i>19.66</i>		
<i>Nov</i>	<i>PP</i>	<i>3410</i>		<i>b.a.p</i>	<i>9.74</i>			<i>15</i>	<i>37.66</i>		
				<i>AR 4405 11/11/18 1st Res</i>	<i>4.87</i>				<i>32.79</i>		
<i>Dec</i>	<i>✓</i>	<i>3410</i>		<i>✓ 3357 26/11 29Bw</i>	<i>13.66</i>						
				<i>Cap</i>				<i>15</i>	<i>38.83</i>		
<i>Jan</i>	<i>✓</i>	<i>3410</i>		<i>AR 3864 18/12 29Bw</i>	<i>6.49</i>				<i>32.34</i>		
				<i>Cap</i>				<i>15</i>	<i>51.44</i>		
<i>Feb</i>	<i>PP</i>	<i>101.70</i>		<i>Cap</i>	<i>74.42</i>			<i>45</i>			
		<i>30.80</i>						<i>15</i>			
				<i>AR 4201 14-1-19 29Bw</i>	<i>5.03</i>						
				<i>" 5051 27-1-19</i>	<i>3.73</i>						
				<i>A.D.N. 46065 10-1-19</i>	<i>12</i>						
				<i>A.D.N. 48477 10-1-19</i>	<i>18</i>						
				<i>AR 5236 14/2/19</i>	<i>37.3</i>						
<i>1 Mar</i>	<i>P.P.</i>	<i>3410</i>		<i>Cap</i>				<i>15</i>	<i>73.55</i>		
				<i>AR 5936 5th 19 29Bw</i>	<i>7.30</i>				<i>66.25</i>		
		<i>64.90</i>			<i>20.09</i>			<i>30</i>			

NUMBER 4080342 RANK

Pte.

NAME ACKERMAN

William

1917	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Forwardy	6440			2009			30	6626		
				AR 6851 21 3/4 29 Bn	365				6260		
		6490			2374			30			
Apr	P.P.	33						15	8060		
				AR 101 2 1/4 19 29 Bn	365				7695		
				422 14-4-19 ✓	5840				1855		
				1630 4-5-19 ✓	973				882		
		33		and	7178			15			

S. O S. to Canada MD 11 10-5-19 8x4 BCAD