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REGIMENTAL DOCUMENTS

NAME ACKERMAN. William Frederick REGT. NO. 541503. UNIT No 3. Dist Depot H. Q. FILE NO. 755

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W. 2583
100M/11519
1772-39-1377

~~5-2239~~

Original

ATTESTATION PAPER.

No. 541503

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?	Ackerman William Frederick
2. In what Town, Township or Parish, and in what Country were you born?	Belleville Ont.
3. What is the name of your next-of-kin?	C. F. Ackerman (Father)
4. What is the address of your next-of-kin?	2099E 96th Street Cleveland Ohio
5. What is the date of your birth?	September 23rd 1894
6. What is your Trade or Calling?	Mechanic
7. Are you married?	No
8. Are you willing to be vaccinated or re-vaccinated?	Yes inoculated
9. Do you now belong to the Active Militia?	No
10. Have you ever served in any Military Force? If so, state particulars of former Service.	No
11. Do you understand the nature and terms of your engagement?	Yes
12. Are you willing to be attested to serve in the Canadian Over-Seas Expeditionary Force?	Yes

W F Ackerman (Signature of Man).

D. Fetherstonhaugh Capt (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W F Ackerman (Signature of Recruit)

Date Dec 28. 1915 D. Fetherstonhaugh Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William Frederick Ackerman, 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.

W F Ackerman (Signature of Recruit)

Date Dec. 28. 1915 [illegible] (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 Ottawa this 19th day of January 1916.

Rasmuth J.P. (Signature of Justice)
Carleton Co.

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

Gm Hamilton Lt. (Approving Officer)

3rd Div Dy C

M. F. W. 23.
200 M.—5-15.
H. Q. 1772-39-841.

Description of William Frederick Ackerman on Enlistment.

Apparent Age 21 years 3 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 5 ins.

Chest measurement: Girth when fully expanded 32 1/2 ins.

Range of expansion 3 ins.

Complexion Fresh

Eyes Brown

Hair Brown

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

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

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

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 Dec 28 1915 [signature]

Place Ottawa [signature] Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

W. F. Ackerman 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.

[signature] Major, C.E. (Signature of Officer)
O. C. Eng. Trg. Depot.

Date Jan 18 1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 541503 (Rank) Sapper

Name (in full) ACKERMAN William Frederick enlisted in

the Engineers Traning Depot

CANADIAN EXPEDITIONARY FORCE at Ottawa Ont on the 28th

day of December 1915

HE served in Canada & England

and is now discharged from the service by reason of Demobilization R.O. 1343

Auth 3DD-3-A. 206 D/22-1-19

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

Age 24yrs 4 months

Height 5ft 5 ins

Complexion Fresh

Eyes Brown

Hair Brown

Marks or Scars scar left chest

W Ackerman

Signature of Soldier

F. J. Mooney Capt

Issuing Officer

No. 3 District Depot

Rank

Date of Discharge 27-1-19

Appointment

Signed at Kingston, Ont this 27th day of January 1919

in Military District No. 3

File Reference No. 3DD-3-A-206

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

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

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

Unit .....

Address on Discharge .....

Character and Conduct .....

.....

Former Occupation .....

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

.....

Medals and Decorations .....

.....

Remarks .....

.....

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

.....

Name of Officer

.....

Rank

.....

Appointment

On demobilization the particulars called for on this card of this certificate will not be considered.

Ref. R. la 02210

MEDICAL HISTORY SHEET.

ORIGINAL.

Surname Ackerman *Christian Name* William Frederick

Examined { on 28th day of Dec 1915
at Ottawa

Birthplace { City or Town Belleville Ont.
County

Apparent age 21 years and 3 months

Trade or occupation Mechanic

Height 5 Feet 3½ Inches.

Weight 109 Lbs.

Chest measurement { Minimum 29½ inches.
Maximum expansion 32½ inches.

Physical development Fair.

Small-Pox Marks none.

Vaccination Marks { Arm ~~Right.~~ Left.
Number 1

When Vaccinated last childhood

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Approved by [illegible]

Rank Surgeon M.O

Date	Fit or Unfit	Examined for Re-engagement,
		M.O
		M.O.
		M O
		M.O.
		M.O.
		M.O.
		M.O.

Date	Result	Vaccinations.
		M.O.
		M.O.
		M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.
17.2.16		J.W.S. M.O.
2.3.16		J.W.S. M.O.
		M.O.

Enlisted on ..... *day of* ..... 191.... *at* .....

	Corps	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to..	3rd Div Sig Coy.	541503		

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.

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

M. F. B. 313.

100M.—5-15.
H. Q. 1772-39-439

Surname..... Christian Name.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital. Day	Month	Year	Dates of Discharge from Hospital. Day	Month	Year	DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced: if mild or severe: if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer

Form D.M.S. 1394
50M-11478-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at Witley 27 — 11 — 1917.

No. 541323 Rank Baker Name ACKERMAN W E

Local Unit 5th Div Signal Co Overseas Unit ..... Age 22

Examination held at Witley

DISABILITY.
Overseas-Local
(SCRATCH ONE OUT). UNDER SIZE

PRESENT CONDITION.

Man of very small build, and stature 5 ft 4 inches, wt 105 lbs. Would consider him too small to carry the regulation pack for infantry duty. Would suggest he be placed in B category

BOARD RECOMMENDS :-

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

Signatures :-

(..... President.
(
(
Members (.....
(
(
(.....

APPROVED

Dated 27/11/17 1917. ..... For A.D.M.S.

A.D.M.S. 5th Canadian Division.

Form D.A.S. 1914
50M-1143-17-4-17.

PROCEEDINGS OF A MEDICAL BOARD.

Dated at ..... 1917.

No. ..... Rank ..... Name .....

Local Unit ..... Overseas Unit ..... Age .....

Examination held at .....

DISABILITY.
Overseas-Local
(Separate one only)

PRESENT CONDITION

BOARD RECOMMENDS:-

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

Signatures:-

..... President.

..... Members

.....

.....

APPROVED

Dated ..... 1917. ..... A.D.M.S.

S 507739 541503

MEDICAL HISTORY SHEET.

Surname Ackerman. Christian Name William Frederick

Examined on 28th day of Dec 1915 at Ottawa

Birthplace City or Town Belleville Ont. County

Apparent age 21 years 8 mos.

Trade or occupation Mechanic.

Height 5 Feet 3½ Inches.

Weight 109. Lbs.

Chest measurement Minimum 29½ inches. Maximum expansion 32½ inches.

Physical development Fair.

Small-Pox Marks none

Vaccination Marks Arm ~~Right.~~ Left. Number 1

When Vaccinated last childhood.

(*a*) Marks indicating congenital peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

T A B, 6-5-18 Jan

Approved by J M Kenner

Rank Lieut M.O.

Date	Fit or Unfit	Examined for Re-engagement.	
6-5-18	B1	Jan.	M.O.
12.7.18	B1	G.J. Adey	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

Date	Result	Vaccinations.	
5/4/16		C.R.F.	M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
17-2-16		J.W.S.	M.O.
2-3-16		J.W.S.	M.O.
1/2/17	Tet	S.E. Brinkley Capt	M.O.

Enlisted on ..... *day of* ..... *191* ..... *at* .....

	Corps.	Regt'l Number.	Habits.	Date.
Joined on enlistment				
Transferred to..	5th C.D. Signal Co.	541503		January 29th 1917.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Station.	Date.	Disease.	Result.
Witley Camp	26-11-17	Under Sige	Bt A D Stewart Maj
Approved	27-11-17	of GG Cober	Lt Colonel, A.D.M.S. 5th Canadian Division.
Seafer	8-11-18	-do-	Bt Invalided Cay
do	12-11-18-	Poor Physique	Bt Invalided Cay

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

M. F. B. 313.

150M.—8-15.
H. Q. 1772-39-439.

Christian Name.....

Surname.....

STATION.	Date of Arrival at the Station.	Dates of Admission into Hospital.			Dates of Discharge from Hospital.			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.
		Day	Month	Year	Day	Month	Year				

M. & D. Form A. 2 [illegible]
4485 20m. 7/9/18 D340

CANADIAN PRINTING & STATIONERY SERVICES, LONDON

To be rendered in DUPLICATE for Canadian Assignments. To be rendered SINGLY for English Assignments.

N.P. 69-W-17

OVERSEAS MILITARY FORCES OF CANADA

ASSIGNMENT OF PAY (N.C.O.'S AND MEN)

From Paymaster Of 2nd C.E.R.B. C.E.T.C. Unit
Seaford Sussex Eng.

S.A. & A.F. DEC 10 1918 O.B.

To the PAYMASTER-GENERAL
WESTMINSTER HOUSE, 7 MILLBANK, LONDON, S.W. 1

Date Nov. 5th 1918.

I beg to notify the following { New Assignment / Change of Assignee / ~~Change in Amount~~ / Change of Address / Renewal of Assignment

Strike out where inapplicable

Effective from January 1st. 1919

Particulars of Soldier *(In Block Letters)*

No. 5'415'dB

Rank Spr.

Name ACKERMAN William Frederick

Original Unit: 3rd Div. Signallers.

Present Unit: 2nd C.E.R.B.

Particulars of Assignment already in force (if any).

Name of Assignee Mr. L. Ackerman

Address 20 Moira St. Belleville Ontario

Relation of Assignee (Grand-Father)

Amount of Assignment: $20.00

NOTE.—The filling in of the following particulars will cancel all previous assignments unless instructions are given to the contrary

A. 3 M. FORMS ARE NOT TO BE RENDERED

Particulars of New or Change of Assignment

Name of Assignee Mrs. Hilda M. Ackerman

Address 145 Festenian Road Clapham S.W.8 London Eng.

Relation of Assignee (wife)

Amount of Assignment: £20.00

[This Certification may be deleted if inapplicable. Signatures must be appended in any case.]

I certify that the above person to whom I wish assignment to be made is a dependent relative.

W F Ackerman
Signature of Assignor

I have satisfied myself that new Assignee is a dependent relative and have noted same in Active Service Pay Book.

F Weaver
Captain, C.A.P.C.
Paymaster 2nd C. E. Res. Btn.
Signature of Paymaster

INSTRUCTIONS

All new assignments, changes in amounts assigned, assignees' addresses, etc., are to be notified on this form.

Changes of any nature may not be made more frequently than twice a year without the approval of the Paymaster-General.

Notification of all such changes to be in the hands of the Paymaster-General in sufficient time prior to the effective date.

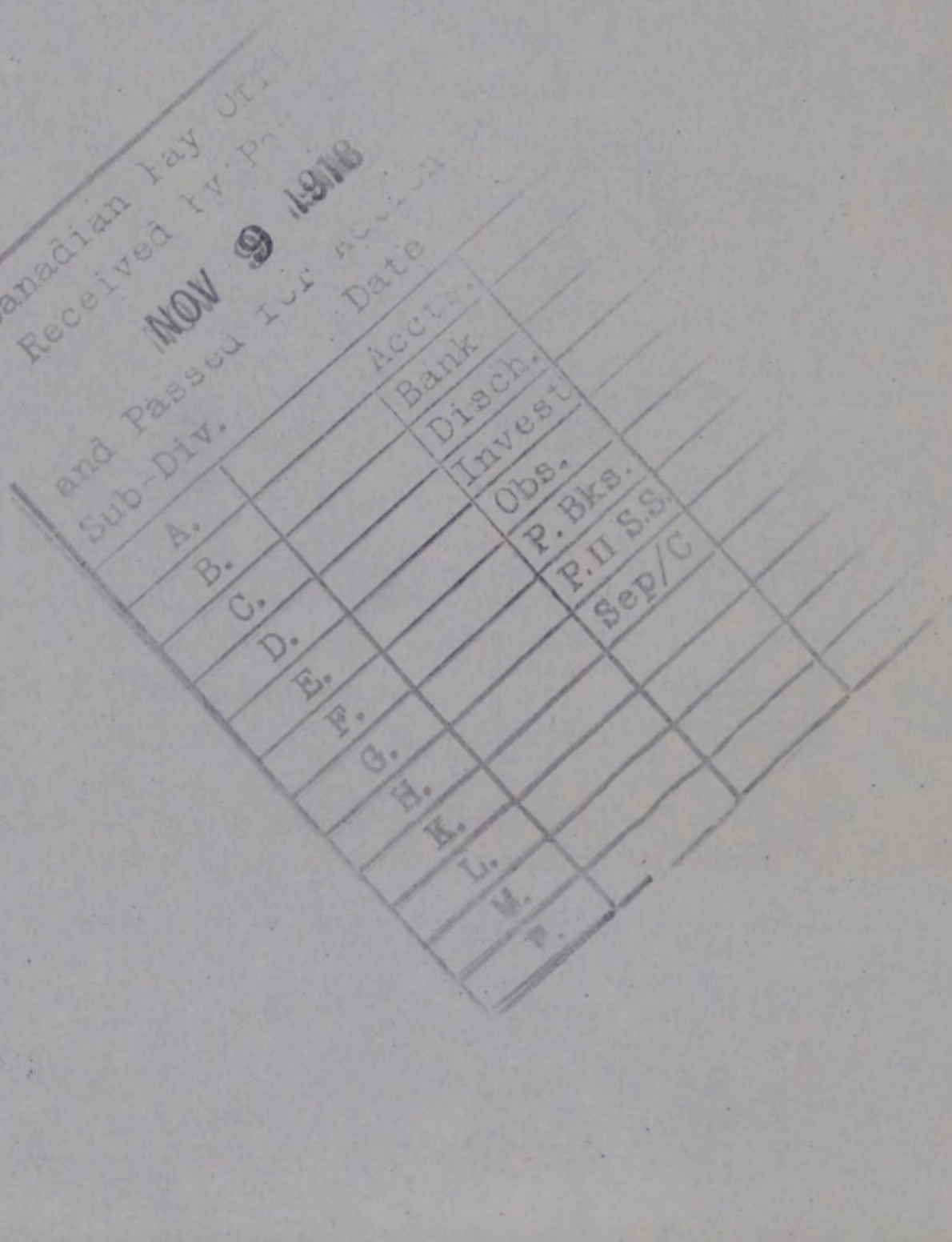
Assignments of N.C.O.'s and men payable in the United Kingdom are allowed in favour of dependent relatives only. Assignments to banks in England are not permitted, but money may be assigned to banks in Canada.

FOR USE OF PAYMASTER-GENERAL ONLY.

Noted on Ledger Sheet 9/11/18 A.L. Bennett (Ledger-Keeper) C.E. Ledger

MAILED NOV 19 1918

Date Mailed to Ottawa NOV 19 1918 *Checked* Eaglesham
For PAYMASTER-GENERAL.


Canadian Pay Office
Received by Paymaster
NOV 9 1918
and Passed for Account
Sub-Div.
Date
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Acctt.
Bank
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Obs.
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P.U S.S.
SeP/C

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A-90

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

OTTAWA, CANADA.

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

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

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 this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names Wm Frederick 2. Surname Ackerman
3. Rank Dapper 4. Original Unit 3rd Div Sig Coy 5. Reg. No. 541503
6. Address, in full, to which future payments of gratuity are to be forwarded 20 W. Moira St. Belleville Ont.
7. Date of enlistment in the C.E.F. Dec 28 1915
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge Mrs W. F. Ackerman
9. Relationship of such dependent wife
10. Address, in full, of such dependent 20 west Moira St. Belleville Ont.
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? no
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:—
Unit in England - 3rd Div. Sig. Shornecliffe
Mar 17/16 to Dec 22/17
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? no
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service not applicable
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 Canada - 3rd Div. Sig. Coy. Dec 28/15
arr. Eng. Mar 17/16 - 3rd Div. Sig. Shornecliffe transf. to C.E.R.D. Seaford
left England Dec 23/18 - arr Canada Jan 4/19
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

M.F.W. 2595.
1772—39—1389.
1160—D.P.—250M-12-18.

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 ? ..... no .....

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.? ..... no ..... If not, give:—(a) Date of discharge Jan. 27. ..... 1919. (b) Reason for discharge ..... Demob: W. .....

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 ..... no .....

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit ..... not applicable .....

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? no..
(b) If so, are you in receipt of full pay and allowances from that Department ? ..... not applicable

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. F. Ackerman

Place of Residence: 20 W. Moira St. Belleville Ont.

Declared before me at: Kingston

This 27 day of January 19 19.

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
			183	£ 600

Certified Correct.

District Paymaster.

/GM

ORIGINAL

CANADIAN EXPEDITIONARY FORCE.

M.F.W. 44.
1133 (D.P.) 250M.-12-18.
1772-39-903.

LAST PAY CERTIFICATE

Regimental No. 541503 Rank Pte. Name Ackerman, W.F.
(Surname first)

Unit C.E. who was* Discharged

On January 27th 1919, to Category "C1"
*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from Dec. 1st/18 to Jan. 27th 1919 the inclusive date of transfer or discharge.

	Dr.	Cr.
Bal. Dr. or Cr. from prev. ~~month~~ L.P.C.	79 73	
Regimental Pay 58 days at $ 1 c		58 00
Field Allowance 58 days at $ c 10		5 80
Separation Allowance		30 00
Clothing Allowance		35 00
Post Discharge Pay		
*Other Credits D.O. 8 Subs.		12 00
Advances		
Separation Allowance and Assigned Pay Cheque No. 2358	30 00	
*Other Charges Overpaid S.A. Jan.	3 00	
Clothing #2489	35 00	
Balance on ~~transfer~~ or on discharge, ~~cheque No.~~ deducted by War Service Gratuity		6 93
Total	147 73	147 73

*Give particulars.

A monthly stoppage of $ 20.00 (†) has (‡) been paid on account of

Assigned Pay for the month of January 1919
and Separation Allce. for month of pd to date of disch 191

(to) Assignee Mrs. H.M. Ackerman,
20 West Moria,
Belleville, Ont.

(Address)

(†) Insert amount to be assigned, whether it has been paid or not.

(‡) Insert "not" if amount has not been paid for period of account.

ON TRANSFER OF AN OFFICER.

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

REMARKS:—

State (1) date of enlistment ..... married or single.....

(2) Separation Allowance, entitled or not Yes (3) Reason for discharge.....

(4) Authority for discharge or ~~transfer~~ 3DD. 3-A-206

NOTE.—S.A. & A.P. Card and Index Card (M.F.W. 71) are to accompany Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay Account of the officer or soldier.

Date January 25th, 1919

Place Kingston, Ont.

W Peters Captain.
OFFICER i/c DEMOBILIZATION PAY DIV.
MILITARY DISTRICT No. 3
Paymaster.

N.B.—(A) This form is to be used for all ranks (vide Article 122-130 and 141) Financial Instructions, C.E.F., 1916.
(B) For purposes of transfer it is to be made out in triplicate. Copies will be disposed of in accordance with instructions as laid down in Routine Order No. 1307, dated 12th Nov., 1918. Payment of the balance will not be made and the words "or on discharge cheque No." will be deleted.
(C) For purpose of discharge it is to be made out in duplicate. One copy to accompany discharge papers, and one copy for retention as a record. As payment of the balance will have been made, the words "on transfer or" will be deleted.
(D) If a man on discharge is entitled to Post Discharge Pay, Last Pay Certificates will be made out as in "C" with an additional copy to be forwarded to the District Paymaster.

CREDITS, ADVANCES, Etc.

Credits, Advances, Forfeitures, Issues on Repayment, etc., since issue of this L.P.C. are to be entered hereunder:

Date	Place	Cheque No. A.R. No. or Other Particulars.	AMOUNT				Signature of Officer Making Payment.
			Dr.		Cr.		
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
.....	.....	.....	.....	....	.....	....	.....
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Army Form B. 103.

Casualty Form—Active Service.

Regimental Number 541503

Regiment or Corps Canadian Engineers Training Depot.

Rank Spr. Surname Ackerman Christian Name William Frederick

Religion Meth. Age on Enlistment 21 years 3 months.

Enlisted (a) 28/12/15 Terms of Service (a) D. of W. Service reckons from (a) 28/12/15

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

Extended { _____ } Re-engaged { _____ } Qualification (b) mechanic

or Corps Trade and Rate _____

_____ Signature of Officer i/c Records.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		Embarked ...	Canada	17-3-16	
		Disembarked ...	England	25-3-16	
24/5/16	C.E.T.D	Taken on strength C.E.T.D	Shorncliffe	19/4/16	P.T.II #95 28
6-2-17	P.E.T.D.	Transferred to 5th Div Sig. Coy. & Witley	SHOWBOROUGH	3-2-17	PART II ORDER NO. 28 [illegible] for Adjutant
9-2-17	O.C. 5th Signal Co.	Taken on strength	Witley	29-1-17	Part II No 1
10-12-17	O.C. 5th Cdn Div. Signal Co.	Struck off strength on transfer to C.E.R.D.	Witley	10-2-17	Part II Ord 133. [illegible] MAJOR O.C. 5TH CAN DIV: SIGNAL COMPANY
10-12-17	C.E.R.D.	T.A.S. C.E.R.D. and Detailed to Dept Coy	Seaford	10-12-17	P.II D.O. 276 [illegible]

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) Signaller, Shoeing Smith, &c.

[P.T.O.

(938). Wt. 15012/5156. 1,000,000. 1/16. P. P. Ltd. Forms/B.103/3.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
6-2-18	C.E.R.D.	Ceases to be detailed to the Depot Coy. On Command C.E.T.D.	Seaford	6-2-18	Pt. II. DO. 37
			..... Capt. & Adjutant, for O.C:, C.E.R.D.		
8.2.18	C.E.T.D.	Attached from C.E.R.D	Seaford	6.2.18	Part II Order No. 34
15-6-18	C.E.R.D.	Ceases C.E.T.D. on Com 2 C E R B.	Seaford. 25-5-18		Part II Do. 164
9-8-18	C.E.R.D.	Ceases 2 C E R B. on Com 3 C E R B.	Seaford.	6-8-18	Pt-II Do. 215.
14-8-19	C E R D.	Ceases 3 C E R B. on Com School Cookery	Seaford.	12-8-18	Part II Do. 219
12-9-18	C.E.R.D.	Ceases School Cookery on Com 2 C E R B.	Seaford.	10-9-18	Part II Do 2444.
			Bristowe Lieut or O.C. CERD		
13.9.18	2 C E R B	Attached from 3 C E R B	Seaford	10.9.18	Pt II Orders 98
16.10.18	2 C E R B	Granted permission to marry	Seaford	15.10.18	Pt II Ord 126

Army Form B. 103. Regimental Number.....

Casualty Form—Active Service.

Regiment or Corps.....

Rank. Spr. Surname. Ackerman Christian Name. W. F.

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

Enlisted (*a*)..... Terms of Service (*a*)..... Service reckons from (*a*).....

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

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

or Corps Trade and rate.....

Occupation..... .....Signature of Officer.

Report		Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked ...			
		Disembarked..			
28-11-18.	2nd C.R.R.B.	Ceases to be attached to 2nd C.E.R.B. from C.E.R.D.	Seaford	28-11-18 3-12-18	R.11 D.O. 168.
			C. Lane Lieut. C.E. for Lieut. Colonel, C.E. Commanding 2nd Canadian Engineers Reserve Bn.		
19-12-18		Attached C.D.D. Buxton for return to Canada, Part 11 Order No. 300 Ceases to be attached C.D.D. Buxton on embarking for Canada.			
			Lt. for Lt. Col. Commanding Canadian Discharge Depot.		

(*a*) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.

(*b*) Signaller, Shoeing-Smith, &c.

W. 5527—M2093 1000m 7/17 (35688) C. F. & S., Ltd. Forms B./103 E/1555.

[P.T.O.

Report		Record of promotions, reductions, transfers, casualties. &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
Date	From whom received				
23-12-18.		Embarked for Canada. Sailing No 101 - S. S. Tunisian. J. J. Fallon Capt and. Adjt. for O.C. 14. P. T. A.C.S.			
9/1/19		T.O.S. Casualty Company No. 3 District Depot. for Disposal, Part Two D.O. 9.	Kingston.	5/1/19	
27-1-19	D O S	Discharged	Kingston	27/1/19	A. F. B. 28

C.A[redacted].C.5009. 50M-3-5-18.

3

CANADIAN ARMY DENTAL CORPS.

DENTAL CERTIFICATE.

NOTE:- This form will be attached to the Medical History sheet of each Other Rank being returned to Canada for disposal.

REGTL. No. 541503 * NAME ACKERMAN W.FRANK Spr. UNIT CE

Date of Examination	Nov. 18 1918
Present Dental Condition	Unfit
In case of loss, or decay of teeth, is the loss due to wounds, injury, or disease, directly attributable to Active Service?	No
Has he ever declined Dental Treatment?	NO
Recommendation	Treatment

Date Nov. 18 1918

Station Seaford

Signature of Examining Officer [signature] Capt. C.A.D.C.

* Name should be entered in block letters.

*Name Ackerman William Frederick Rank Gnr Regtl. No. 5-4-5-03

Fyle Depot 3A-206

Original unit C.E.R.H.A. Present unit M. or S. Age 25 Religion Meth Ref. H.Q.

Port, ship, and date of arrival Dominion St. John 3-1-19

Next of kin F.J.C. Ackerman 96th Street Cleveland Ohio U.S.A.

Address on leave Belleville Ont

Address on discharge

Transportation issued Yes / No Date Character on discharge

Previous occupation Mechanic Date and place of enlistment 28-12-15 Ottawa

Diagnosis Date of Medical Boards

Date.	Remarks	Pt. 2 Order No.
9-1-19	T.O.S. Casualty Company No. 3 District Depot. From O/S	
	for Disposal, Part Two D.O. 9 Eff 5-1-19	
	Leave & Sub 5-1-19 to 19-1-19	

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

(over)

Date.	Remarks.	Pt. 2 Order No.

M.F.W. 192
150M—6-18.
1772-39-1243.

R—122

RVG Rank Name ACKERMAN. William Frederick Reg'l No. 541503

Unit 3rd Div Signal Coy If in perm. Corps, What Unit? Married or Single Single

Place and Date of Enlistment Ottawa, Dec 28th 1915 Place of Birth Belleville, Ont, CAN

Name and Address, Next-of-Kin C. F. Ackerman,

2099 E. 96th Street, Cleveland, Ohio, U.S.A. Relationship Father

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

N/E R.B. No. 5051
File R.L.
Category CAN.CR

Discharge, Date and Place Reason Character

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
		Arrived in England	25 MAR 1916	Embk. 17.3.16	S.S. Metagama
20-4-16	C.E.T.D.	Taken on strength	Schiffe	19-4-16	P.H.O. # 95
29.1.17	do	S.O.S. to 5th Div. Sig. Co Witley	Crowboro	29.1.17	—— 75
9-2-17	5thDSCo.	T O S From C E T D.	Witley.	29-I-17	P.T.2,DO, I
10.12.17	5th Sig Co.	S.O.S. to C.E.R.D		10.12.17	Pt II O. 133 (T.O.S. Pt II O. 27 C.E.R.D 4-10 12-17
7.2.18	C.E.R.D.	Awarded One Good Conduct Badge	Spr.	Seaford 28.12.17	DO. 38
15.6.18	"	To Com. to 2 C.E.R.B.	"	" 25.5.18	D.O. 164 2/C.E.R.B. 1/22 6/18
9.8.18	—"—	Ceases on Comm to 2nd C.E.R.B Will be shown on Comm to 3rd C.E.R.B.	"	" 6.8.18	D.O. 210
12.8.18	2 C.E.R.B.	Ceases attach from C.E.R.D. proceeding to 46th Comm Can School of Cookery London	"	—"— 12.8.18	D.O. 70.

Report. Date.	Report. From whom received.	Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
		Ceases on/com 3rd C. 2 R.B. to/com School. J. Cooksey Lond.	Seaford		
14.5.18	C.2.R.D.		S/L	12.5.18	D.O. 219
12.9.18	-"-	Ceases on com School Posting. to/com. 2. C. 2. R.B.	"	10.9.18	D.O. 244 +2 C.2/R.B 98 & 13 9/18.
16.10.18.	2 C.2.R.B.	Granted permission to marry	"	15.10.18	D.O. 126.
13.12.18	C.2.R.D.	Ceases T/com. 2 C.2.R.B	"	9.12.18	D.O. 322. +2 C.2.R.B. 173/10 12/18.
20.1.19	-"-	S.C.S. to Canada M.D.3 (N.S.E.)	"	23.12.18 SOS, 27.1.19	D.O. 20.

649-a-8080

SURNAME. Ackerman,

CHRISTIAN NAMES William, Frederick,

REGL. NO. ~~502239~~ RANK Spr. 541503,

UNIT 3rd. Div. Signal Co.,

FORMER CORPS Fld.

3.

CARD NO.

D.O.S. Dis 27-1-19
Demob FOLL.
DD 28 of 28-1-19 ASH
3402

NEXT OF KIN.

NAMES IN FULL Ackerman, C. F.

RELATIONSHIP TO SOLDIER (Father)

ADDRESS 96th. St., Cleveland, Ohio, U. S. A.

Also notify.
CHANGE OF ADDRESS

Mrs. H'n Ackerman
20 W. Maura
Belleville, Ont.

Sag P 8-1-19 mw

COUNTRY OF BIRTH Canada, Belleville, Ont., DATE Sept 23rd 1894

PLACE OF ATTESTATION Ottawa, Ont., DATE Jan. 19th 1916.

d/c 11-3-16 330/1

R/C 4-1-19 244/21 3

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

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

MARRIED SINGLE Yes, WIDOWER

TRADE OR CALLING Mechanic, RELIGION Methodist

DESCRIPTION.

APPARENT AGE 21 YEARS 3, MONTHS

HEIGHT 5 FEET — INCHES

CHEST MEASUREMENT — INCHES EXPANSION — INCHES

COMPLEXION Fresh EYES Brown, HAIR Brown.

DISTINGUISHING MARKS Nil.

MEDICAL EXAMINATION. PLACE Ottawa, Ont., DATE Dec. 28th. 1915.

L. L. 289 M. & D. 8368.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12.
25m.—10-17.
H. Q. 1772-39-819.

To Whom Mrs. Hilda Ackerman

Address 145 Jentiman Rd.
Clapham S.W. 8
London
Eng.

Rate

By Whom Assigned W.J. Ackerman

Regtl. No. ~~502239~~ 541503

Rank Spr.

Corps 3rd Div. Sig. Co.

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		X 16741	20 —	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

M. F. W. 12a.
25m.—10-17.
1772—39—819.

Sheet No. 2.
(Assignee)

Name of Soldier Ackerman W. F.

L. L. 28913—M. & D. 8368.

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	K 44	20 —	
May		K 3245	20 —	
June		L 6476	20 —	
July		a 7032	20 —	
Aug.		a 10821	20 —	
Sept.		a 15370	20 —	
Oct.		a 19780	20 —	
Nov.		a 24558	20 —	
Dec.		a 34563	20 —	
Jan.	1917	a 38424	20 —	
Feb.		a 43401	20 —	
March		a 49323	20 —	
April		B 170	20 —	
May		B 6147	20 —	
June		B 14069	20 —	
July		B 21225	20 —	
Aug.		C 26185	20 —	
Sept.		C 33457	20 —	
Oct.		B 50202	20 —	
Nov.		B 51903	20 —	
Dec.		B 57504	20 —	
Jan.	1918	B 63948	20 —	
Feb.		B 90189	20 —	
March		9 97409	20 —	
April		9 7190	20 —	
May		a 10115	20 —	
June		B 13071	20 —	
July		9 26016	20 —	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918	A 28475	20	L.P.C. Compiled Dec. A.P. Eff. 1/12/18 - therefore is not charged on Ledger. ak
Sept.		A 35065	20	
Oct.		A 41693	20	
Nov.		A 49799	20	
Dec.		B 62283	20	Asst. trans. to unit in Eng. 1-1-19
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

2 C E R Bn.

~~No Cert~~ RP

Canadian Pay Office.
Received by Pay II.

AN 13 1919

and Passed for Action to

Sub-Div.		Date	
A.		Accts.	
B.		Bank	
C.		Disch.	
D.		Invest	
E.		Obs.	
F.		P. Bks.	
G.		P. & S.S.	
H.		Sep/C	
K.			
L.			
M.			
P.			

L. L. Job 85095—M. & D. 5953.

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

P. 17/1
2nd Contingent

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

To Whom S. Ackerman

Address 20 West Moira St
Belleville
Ont

Rate 20 00

MAR 1 1916

By Whom Assigned Ackerman W. J.

Regtl. No. 502239 (541503)

Rank Spr.

Corps 3rd Div Sig Co.

ENLISTED

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			Consolidated account
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March		X16741	30 ✓	

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

P. 2nd Contingent 17½ to 20

M. F. W. 12a.
60m.—12-15.
1772—39—819.

Sheet No. 2. S. Ackerman.

L. L. Job 89002.—Req. 6213.

PAYMENTS. 502239 Spr. Name of Soldier Ackerman W. H. 3rd Div Sig Co.

MAR 1 1916

Month.	Year.	Cheque No.	Amt.	Remarks.
			£ 20 00	
April	1916	J44	20 –	
May		R3245	20	
June		L6476	20	
July		a7032	20	
Aug. ✓		a10821	20	
Sept.		A15370	20	
Oct.		A19780	20	
Nov. RWA ✓		A24558	20	
Dec.		A34563	20	
Jan. 21	1917	A384,24	20	
Feb.		a43401	20	20 R
March		A49323	20	20. L.
April		B170	20 ✓	20. E.
May		B6147	20	
June		B [illegible]69	20	20. S
July		B21225	20	S
Aug.		C26185	20 – Cu	
Sept. B		C33457	20 – Cu 380 00 ✓	
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier.....

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

P—56

Rank Name ACKERMAN, William Frederick. Reg'l No. 541503.

Unit C.E.T.D. If in perm. Corps, What Unit? Married or Single Single.

Place and Date of Enlistment Ottawa, Dec.28th 1915. Place of Birth Belleville, Ont. Can.

Name and Address, Next-of-Kin C. F. Ackerman.

2099 E. 96th Street, Cleveland, Ohio, USA. Relationship Father.

Assigned Pay Monthly $ Payable to

Relationship

Separation Allowance $ Payable to

Relationship

Discharge, Date and Place Reason Character

Date 1916 From	To	PAY No. of Days	Rate	Amount	Field Allowance No. of Days	Rate	Amount	Other Credits	Total Credits	Voucher No.	Date	Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
~~Overall~~	~~31~~	~~31~~	~~100~~	~~31~~	~~31~~	~~10~~	~~3 10~~	~~5 00~~	~~39 10~~			~~9 73 20~~			~~29 73~~	~~9 37~~	~~b/f from Canada~~
		31					3 10	5 00	39 10			9 73 20			29 73	9 37	
1916																	
March 31st		31	100	31 -	31	10	3 10	10 * -	44 10			9 43 20 -			29 43	14 37	* b/f from Canada

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.	
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date							

FORM P.305.
22857½M-6/12/16

Ref. No. Last 1317
R.

MILITIA AND DEFENCE

ASSIGNED PAY.

To whom Mrs H. M. Ackerman
Address 145 Fentiman Rd
Clapham S.W.8

By whom assigned ACKERMAN W.F
Regtl. No. 541503.
Rank Spr.
Corps, &c. R.E.

	ASSIGNED PAY	SEPARATION ALLOWANCE
Rate	20	30
Date to commence	1.12.18	1/12/18

ASSIGNED PAY AND SEPARATION ALLOWANCE BE CONTINUED IN ENGLAND UNTIL ADVICE FROM OTTAWA OF DISCHARGE OF SOLDIER NAMED HEREIN. Voted on L.P.R.

PAYMENTS.

Month.	Year.	Cheque No.	ASSIGNED PAY Amt.	SEPARATION ALLOWANCE Pay Sheet Deduction.	REMARKS.
Jan.	1918 1916				DISCHARGED TO CANADA. N. Roll.
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1917	E45809 20 D89406	— 30		4 mon. Charge to Sy II Sailed to Canada 31. 1 18
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					

ASSIGNED PAY.

By whom assigned

Regtl. No.

Month.	Year.	Cheque No.	Amount.	Pay Sheet.	REMARKS.
Sept.	1917				
Oct.					
Nov					
Dec.					
Jan	1918				
Feb.					
Mar.					
April					
May					
June					
July					
Aug.					
Sept					
Oct.					
Nov.					
Dec.					
Jan	1919				
Feb.					
Mar.					

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch A

OVERSEAS CONTINGENTS

Date of Assignment 210 Mar. 1/16

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

20-			

PARTICULARS OF SEPARATION ALLOWANCE

No. 502239 (541503)

Rank Spr. Promoted Reverted Discharge

Soldier's Name W. F. Ackerman

Battalion 3rd Div. Sig. Co.

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name ~~S. Ackerman~~

Address ~~20 West Moore St. Belleville Ont~~

Change of Address

1 ① Mrs. Hilda M. Ackerman Wife.

2 145 Fentiman Rd.

3 Clapham S.W.8

4 London Eng.

ENGLAND

Date	Cheque No.	Amount S/A	Amount A/P	Total		REMARKS
Sept 30 - 17.			380	380		69-W-17.
Oct	B 50202		20	20		
Nov.	B 57903		20	20	K	
Dec.	B 57504		20	20	S	
Jan/18.	B 63948		20	20	c S	
Feb	B 90189		20	20		
Mar	G 97409		20	20	✓ b	
apr	G 7190		20	20	b	
May	A 10118		20	20	b	
June	B 13071		20	20	b	
July	V 26016		20	20	✓ b	
AUG	A 28473		20	20	b	
SEP	A 35063		20	20	b	
OCT	A 41693		20	20	b	
NOV	A 49799		20	20	b	
DEC	B 62283		20	20	b	
JAN			680	680		

① ap Trans. to wife in Eng. Eff 1/1/19 2m o/s 4/18.
JAB 12/12/18.
MRO 53625

ap A/c Closed 31/12/18.

Ret'd per Tunisian

MDJ Date 4/1/19 EX. 7/1/19.

Clerk J Ballis

CANADIAN
ASSIGNED PAY AUDITED
Qc. ok 6-30-11-18
J. Mulock
AUDIT CLERK
DATE 15-5-19

CONSOLIDATED ACCOUNT

M. F. W. 128
400M.—6-17—177230-1141
L. L. 22320—M. & D. 7893.

Date of Enlistment

MILITIA AND DEFENCE

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

Date of Assignment

RATE OF SEPARATION ALLOWANCE

RATE OF ASSIGNMENT

PARTICULARS OF SEPARATION ALLOWANCE

No.

~~Rank~~ Promoted Reverted Discharge

Soldier's Name

Battalion

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name

Address

Change of Address

1

2

3

4

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

M. F. W. 128
400M.—6-17—1772-39-1141
L. L. 22320—M. & D. 7493.

OTTAWA. Oct 27/20

From;

The Adjutant-General,
Canadian Militia.

To ; #54153 H. J. Ackerman
Belleville, Ont

Sir;

Enclosed herewith please find Military Will executed by you while in the C.E.F., and returned, the same being your own property.

H. Rogers

Lieutenant,
for Lieut,-Col.
Director of Records.
for Adjutant-General.

D-1A.
LHP.

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

SHORT FORM.

PROCEEDINGS ON DISCHARGE. 202683

(Demobilization.)

1. No. 541503
2. Rank. Spr
3. Name. ACKERMAN William Frederick
4. Unit. No. 3 District Depot
5. Date of Discharge 27-1-19 Place Kingston Ont
6. Reason for Discharge Demobilization R.O. 1348
7. Authority. 3DD-3-A-206 D/22-1-19
8. Proposed Residence after Discharge Belleville Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.

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

M. F. W.? 39

W Ackerman

Signature of Soldier.

10. CONFIRMATION.

The discharge of the above named man is hereby confirmed.

Place Kingston, Ont

Date 27-1-19

Signature F.J. Money Lieut (O. C. Discharging Unit.)

MILITIA & DEFENCE H.Q. CANADA

M.F.B. 218a—300M.-11-18—1772-39-113.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, etc.

Date	Brief details, and signature
17/2/16	Anti-Typhoid Inoc etc. J.N.S.
2/3/16	" " " J.N.S.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

DUPLICATE

541503

ARMY FORM B. 178.

To be used (*a*) for recruits enlisting direct into the Regular Army and (*b*) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 178A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

RVG

MEDICAL HISTORY of

Surname A C K E R M A N *Christian Name* William Frederick

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Belleville County Ontario, Canada

Examined ... ... on 28th day of December 191 5
at Ottawa, Ont, Canada

Declared Age ... ... 21 years 3 months days.

Trade or occupation ... Mechanic

Height ... ... 5 feet 3½ inches.

Weight ... ... 109 lbs.

Chest Measurement — Girth when fully Expanded 32½ inches.
Range of Expansion 3 inches.

Physical Development ... Fair

Vaccination Marks — Arm ... Right / Left
Number ... 1

When Vaccinated ... Childhood

Vision ... ... R.E.—V=
L.E.—V=

(*a*) Marks indicating congenital peculiarities or previous disease ... (*a*)

(*b*) Slight defects but not sufficient to cause rejection ... ... (*b*)

Approved by (*Signature*) F. McKinnon, M.O. for A.M.C.
(*Rank*) *Medical Officer.*

Enlisted ... ... at
on day of 191 .

Joined on Enlistment ... / Transferred to ...	Corps.	Regtl. No.
	3rd Div Sig Coy	541503

Became non-effective by

This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

OR day of 191 .

(*Signature*) W. Timmins Betty

(*Rank*) Lieut.-Col.
In Charge of Records Canadian Contingent.

Forms B. 178 30

(5506.) W. 14971/M. 89. 750m. 1/16. C. P., Ltd.

P.T.O.

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.

yes.

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

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.)

C I. No D.D.S.

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.

R. [illegible] Capt. ..... President.

PLACE 21-1-19.

DATE Kingston. } 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 21-1-19.

DATE Kingston. } Members

APPROVED BY

.....
Assistant Director of Medical Services, M.D.

DATE 21-1-19

APPROVED BY

.....
Director-General of Medical Services.

DATE.....

GCC.

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 initialled 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 Kingston, Ont. DATE Jan 21/19.

1. 1 (a) Unit 3rd. C.C.D.D. (b) Regimental No. 541503 (c) Rank Spr.
(d) Surname Ackerman (e) Christian name William Frederick.
(f) Home address 20 West Moira, Belleville, Ont.
(g) Next of Kin Mrs. H.M. Ackerman (h) Relationship Wife.
(i) Address of Next of Kin 20 West Moira, Belleville, Ont.

2. Age last birthday 24 Date of birth Sept. 23rd., 1894.

3. Enlistment, or Appointment (if an Officer) (a) Place Ottawa. (b) Date 28-12-15.

4. Personal description:
(a) Height 5' 5" (b) Weight 105 (stripped) (c) Complexion Fair.
(d) Colour of hair dark (e) Colour of eyes brown (f) Identification marks, Scars, etc. .....

5. Former trade or occupation Mechanic.

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
	3 yrs. 1 month.	

	Periods	
	From	To
Canada	28-12-15	7-3-16.
England	7-3-16	23-12-18.
France or other theatres of War	23-12-18	To date.

7. Original disease, or injury Poor physique.

(a) Date of origin Congenital (b) Place of origin Canada.
(c) Cause n/a

M. F. B. 227.
300M.—8-18.
1772-39-117.

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.)

Poor Physique.

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.)

Subj. Weight 105. Height 5' 5". Chest 27½ x30½". Poor muscular develpemtn. Complains of loss of weight. Loss of strength, appetite not very good, no cough, no previous serious sickness. Sleeps well, can walk as far as ever, no shortness of breath. Has never been in France, & has been ~~kmix~~ doing Base duty in England for 2 9/12 years Was never in hospital during that time.

Obj. Has the stature of a boy of 16 or 17 yrs. Poor muscular development, bones small. No evidence of any disease. Heart normal chest negative. Other systems neg.

(*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 (If pulse rate is abnormal, B. P. will be taken.) — Genito-Urinary System no (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 nil.

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

Has always been of poor physique. No previous illness (except LaGrippe in Ottawa 1916) No family history of disease.

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*).)

nil

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

Scar of blister, left chest, from mustard plaster, 5 days ago.

11.—(*a*) Did the disabling condition have its origin before enlistment? yes

(*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.) no

12. Was the disability caused, or aggravated; (*a*) by intemperance, or improper conduct; or (*b*) by unreasonable refusal to accept treatment? 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? Permanent.

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?
(If the answer is "yes" state nature of treatment required and probable duration)

no

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

17. Recommendations Category C I No D.D.S.

W. Egan Capt.
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, 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

W. Egan Kennedy Rank.
Signature of invalid examined.

PART III.

Statement of the Soldier

(This is to be completed only in the case of the Soldier taking his Discharge in England.)
(Sections 1, 2, 5, and 6 are to be read to the Soldier.)

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

W Ackerman
Signature of Soldier examined.

Instructions to Medical Officers

Question 1.—State the disability in terms of a diagnosis, that is, a diagnosis of the existing condition as distinguished from the disease or injury which caused it. It should be noted that in medical cases the disability may be the actual disease; for example, Tubercle of Lung, Chronic Bronchitis, Myalgia, Gastric conditions and so forth. (Follow the nomenclature as laid down in the "List of Diseases" of 1915, and amended by A. C. I. No. 1587 of 1917.)

Question 2.—The cause of the disability when known should be stated and care should be taken to establish as correctly as possible the place and date of origin. This is important in view of the relationship of Questions 3 and 4 to Question 5.

Questions 3 and 4.—*NOTE*—By Active Service is meant Service with the Colours, in Canada, the United Kingdom or elsewhere during the present war, (since the 4th August, 1914.)

Question 5.—MEDICAL HISTORY.—State concisely the essential points of the history of the case as supported by documentary evidence. If further evidence is considered necessary to complete the Medical History, the same not being supported by documents, this should be obtained by questioning the soldier, but should be distinctly shown as "Patient's Statement." It is considered advisable that these latter statements be grouped apart from the evidence supported by documents available to the Medical Officer.

Extracts should be made from all entries on the Medical History Sheet.

If answers to Nos. 2, 3 or 4 show that the Soldier is suffering from some condition which pre-existed enlistment, it is advisable that these answers be substantiated as far as possible by statements obtained from the Soldier showing history of previous illness or injury.

Question 6.—PRESENT CONDITION.—As this question is primarily intended for the Medical Officer's report, in answering show clearly the condition of the Soldier at the time of examination.

It is directed that the objective and subjective matter be arranged in separate groups. The objective matter is considered to be the more important, in that it consists of a statement of the Medical Officer's actual finding.

Specialists' reports bearing on the PRESENT CONDITION should be attached.

In addition to description of the disability, a report on "all systems" is required in order that the whole when completed may be a true pen portrait of the Soldier's condition.

The Medical Officer in charge of the case will fill out pages 1 and 2 of this Form. The original must be wholly in the handwriting of the Medical Officer. The copies may be typewritten but must be signed by the Medical Officer who must be responsible that these are true copies of the original.

Finally the O. C. Hospital or S. M. O. or an Officer delegated for such duty by the A. D. M. S., is required to sign a certificate at the bottom of page 2, which reads as follows :—

"I have satisfied myself of the general accuracy of this report and concur therewith, except....."

This is a most important part of the paper and one to which the attention of the Officers concerned should be frequently drawn as it is by such strict supervision that the accuracy and good results of Medical Board work can be assured.

ENTRIES OF RECATEGORIZATION

Date	Station	Category	Signature of M. O.	Date	Station	Category	Signature of M. O.

PART I.

A.F.B. 179 Canada (Revised 1918). 40266 10/8/18 D. 343

Reserved for M.H.C.

Regt. No. 541503. Rank SAPPER Surname ACKERMAN Christian Name WILLIAM E.

Unit or Corps—(*a*) Overseas from United Kingdom C Div S Co (*b*) in United Kingdom CERD (2).

Born at—Town BELLEVILLE County or Province ONT Country CANADA

Date of Birth—Day 22 Month SEPT Year 1894 Age 24 yrs. 1 months.

Joined at OTTAWA Date 25 DEC 1915

Former trade or occupation MECHANIC

Permanent Marks or any peculiarity that will serve for future identification :—
VACCINATION SCARS: L2.

Height—feet 5 inches 3½ Colour of eyes BROWN

Signature of Soldier (*for identification purposes*) W Ackerman

Medical Report

☞ *Read carefully the instructions on last page of this form.*

1. DISABILITY.

Group the disabilities, placing those resulting from separate causes in separate groups.

Disabilities Group (*a*)	DEBILITY
Disabilities Group (*b*)	
Disabilities Group (*c*)	

2. CAUSE OF DISABILITY

		Place of origin.	Date of origin.
(*i.*) As to Group (*a*) above.		POOR PHYSIQUE	CANADA 1913
(*ii.*) As to Group (*b*) above.			
(*iii.*) As to Group (*c*) above.	(b) Invalid to Canada ? (c) Discharge from the Service as permanently unfit ?	(a) Fit for duty ? (state category)	

3. Is the disability due to disease contracted or injuries received prior to Active Service ?

(*i.*) As to Group (*a*) above ? YES If yes, has Active Service aggravated it ? NO.

(*ii.*) As to Group (*b*) above ? If yes, has Active Service aggravated it ?

(*iii.*) As to Group (*c*) above ? If yes, has Active Service aggravated it ?

4. Is the disability due to disease contracted or injuries received while on Active Service ?

(*i.*) As to Group (*a*) above ? NO

(*ii.*) As to Group (*b*) above ?

(*iii.*) As to Group (*c*) above ?

PART I. (continued).

5. MEDICAL HISTORY. Has not been in France; boarded as unfit when ready for France. Doing light duty for some months. Had typhoid in Ottawa, 1915; Patient's Statement: Had a operation & trauma & thinks that this is the cause of his dyspepsia. Ears bothered him at times. Boarded as unfit: under size.

6. PRESENT CONDITION. Does not feel fit.
Exam: Small bone and stature; poor development; Lungs clear; heart OK. Others system normal.

7. OPERATION. (i.) Was one performed? No (ii.) If so, state what.
(iii.) Was one advised and declined?

NOTE.—Loss of teeth on or immediately after Active Service should be attributed thereto, unless there is evidence to the contrary.

8. (i.) Is there loss or decay of teeth attributable to Active Service?
(ii.) If so, describe.

9. DO YOU RECOMMEND:— (a) Fit for duty? (state category) C1 (b) Invalid to Canada? No (c) Discharge from the Service as permanently unfit? No

Date of Report Nov. 19 191.8 Signed [illegible] Officer in medical charge of case.

Station Seaford

I have satisfied myself of the general accuracy of the above Report, and concur therein* except

Dated at [illegible] Station, on [illegible] 191..... {Officer i/c Hospital / S.M.O. Brigade} Strike out one of these

*Delete if inapplicable.

PART II.

Proceedings of a Medical Board on the Soldier mentioned in Part I.

10. Is the diasbility fully described in Part I. (1)? No.
If not, describe it. Poor Physique

11. Is the cause of the disability fully described in Part I. (2)?
If not, describe it. Before enlistment.

12. From the medical information now adduced, was the disability caused or aggravated by:— (a) Negligence of the Soldier {Caused? No / Aggravated? No} (b) Misconduct of the Soldier {Caused? No / Aggravated? No.}

13. THE ENTIRE DISABILITY.—Without regard to his regular occupation, to what extent is his capacity lessened at present for earning a full livelihood in the general market for untrained labour?
(*Estimate at none, 5%, 10%, 15%, 20%, etc.*) None

14. THE DISABILITY DUE TO SERVICE.—(*See Part I. (3). Aggravation on Active Service of a disability existing previous to joining is to be included in this estimate.*)
What part of the entire disability estimated next above (13) is due to causes arising during Active Service?
(*Estimate at none, 1/10, 2/10, 3/10, etc., or all.*) None

15. Permanency of the Disability due to Service estimated next above in (14).
(i.) Is it permanent? Not appl.
(ii.) If not permanent, what is its probable minimum duration (*in months*)? Not appl.

16. If an operation was advised and declined, do you consider the refusal to have been unreasonable? Not appl.

17. Can the former trade or occupation be resumed? No

18. REMARKS:— Cat. C2 - 20 - 9043 11-19-18

19. RECOMMENDATION:— (a) Fit for duty? (state category) C1 (b) Invalid to Canada? No (c) Discharge from Service as permanently unfit? No

Date of Board 19 NOV 1918 Signatures of the Board: [illegible] President.

Date	Signature of M. O.	Category	Station
			Seaford, Sussex

Approved [illegible] A.D.M.S.

Dated at Seaford, Sussex Station 19 NOV 1918 191

AUDITOR | PAYMASTER

M. OR S. M.

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

REGT. No. 541503 RANK Spr. NAME (IN FULL) Ackerman W. F. (BLOCK LETTERS, SURNAME FIRST)

NEXT OF KIN Mrs. H. M. Ackerman RELATIONSHIP Wife

ADDRESS 20 West Moira Belleville, Ont.

IS SEPARATION ALLOWANCE PAID? Yes DATE EFFECTIVE 1-1-19

TO WHOM PAID as above RELATIONSHIP

ADDRESS paid to the 31-12-18 + tobe continued by new Unit

PARTICULARS	EFFECTIVE DATE	AUTHORITY
$ 1.10		
Spr. Ackerman, Wm. Frederick,		
20 W.	Moira St.,	
	Belleville, Ont.	

ORIGINAL UNIT C.E.F. 6. Engs. IF IN P.F. WHAT UNIT?

PLACE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

DATE OF ATTESTATION TRANSFERRED TO DATE AUTHORITY

ASSIGNED PAY, $ 00 $ 20. DATE EFFECTIVE 1-2-19

PAYABLE TO S. Ackerman, RELATIONSHIP N.S.

ADDRESS 20 West Moira St. Belleville Ont.

STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE EFFECTIVE

ANY CHANGE IN ASSIGNEE OR ADDRESS Wife Mrs A. M. Ackerman, 20 West Moira Belleville, Ont.

DISCHARGED PLACE Kingston DATE 27-1-19 REASON AUTHORITY per M.7.W 187. IF ENTITLED TO POST DISCHARGE PAY

MONTH	PAY AND F. A. NO. OF DAYS	RATE	AMOUNT $	AMOUNT C.	OTHER CREDITS $	OTHER CREDITS C.	TOTAL CREDITS $	TOTAL CREDITS C.	ACQUITTANCE ROLLS COL. NO. 1 NO.	COL. NO. 1 DATE	COL. NO. 2 NO.	COL. NO. 2 DATE	COL. NO. 3 NO.	COL. NO. 3 DATE	CASH PAYMENTS COL. NO. 1 $	COL. NO. 1 C.	COL. NO. 2 $	COL. NO. 2 C.	COL. NO. 3 $	COL. NO. 3 C.	ASSIGNED PAY $	ASSIGNED PAY C.	REGIMENTAL CHARGES $	REGIMENTAL CHARGES C.	OTHER CHARGES $	OTHER CHARGES C.	TOTAL DEBITS $	TOTAL DEBITS C.	BALANCE DEBIT $	BALANCE DEBIT C.	BALANCE CREDIT $	BALANCE CREDIT C.	PARTICULARS OR REMARKS.
Balance from previous account							29	07																							29	07	110
	Nov									17/12/18		25/12/18		31/12/18																			
1.12.18	Jan 19	58	1 19/100	63	90	35 - 30 -	12 -	140	90						38	93	4	87	25	00	40	00					108	80	79	73			2358 Dpt Subsist dys
								6	93						35 -						30 -						68 -		6	93			Overpaid a/c 2499
								176	80																	176	80					Issued Clothing a/c
Jan 27/19	183 days							600	00	A5641	A5642				70	00	30	00															Yp 70 2545 Reed
Mar. 4/19										G235507 - 235508					70		30										300		210		90		#315562 #315563 Mch 27/19
															70		30										400		140		60		Apl 21/19 # 320751 to 320752
															63	07	30						6	93			500		70		30		28/5/19 # 337089 # 337090
															70		30										600						27/6/19 G38265-266.

60m.-11-18. L. L. 51777. M. & D. 9585.

MARRIED OR SINGLE S.

PLACE OF BIRTH Belleville, Ont.

NAME AND ADDRESS OF NEXT OF KIN C. F. Ackerman,
2099, E. 96th Street, Cleveland, Ohio, U.S.A.

RELATIONSHIP OF NEXT OF KIN Father.

NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN

SEPARATION ALLOWANCE MONTHLY $ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

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

REG'L. NO. 541503 RANK Spr NAME Ackerman H.O.

IF IN PERMT. CORPS WHAT UNIT UNIT C.E.R.D. TRANSFERRED TO R.C.A.S.C. DATE 2-7-17 AUTHORITY

PERMANENT FORCE ALLOWANCES TRANSFERRED TO 15th Bde H.Q.S. DATE 21.6.17 AUTHORITY Nominal roll 15 SDHQSS

PLACE OF ATTESTATION TRANSFERRED TO 5 Sig Coy DATE 4.1.17 AUTHORITY "

DATE OF ATTESTATION TRANSFERRED TO C.E.R.D. DATE 1.2.18 to 12.17 AUTHORITY 2/6 10/2/17

ASSIGNED PAY MONTHLY $ 20.00 Lab DATE EFFECTIVE

PAYABLE TO S. Ackerman 20 West Moira St, Belleville, Ont RELATIONSHIP

ASSIGNED PAY MONTHLY $ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

DATE 1916	PAY No. OF DAYS	PAY RATE	PAY AMOUNT $	PAY AMOUNT c.	FIELD ALLOWANCE No. OF DAYS	FIELD ALLOWANCE RATE	FIELD ALLOWANCE AMOUNT $	FIELD ALLOWANCE AMOUNT c.	WORKING OR SPECIAL PAY No. OF DAYS	WORKING OR SPECIAL PAY RATE	WORKING OR SPECIAL PAY AMOUNT $	WORKING OR SPECIAL PAY AMOUNT c.	ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS 1 NO.	1 DATE	2 NO.	2 DATE	3 NO.	3 DATE	4 NO.	4 DATE	CASH PAYMENTS 1	2	3	4	ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE CREDIT	BALANCE DEBIT	PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS
Mar. 31	31	1.00	31	..	31	.10	3	10						10 ..	44 39 10											973	20 ..		29 73	14 34				P. 1
April 1-30	30	1.00	30	-	30	.10	3	-							33 -												20 -		20 -	24 34				
May 1-31	31	-	31	-	31	-	3	10							34 10	955	15/6/16	1023	30/6/16	1				4 84 4 84 4 84	2	43		20 -		34 04	24 43				
June 1-30	30	-	30	-	30	-	3	-							33 -												20 -		20 -	37 43				
July 1-31	31		31		31		3	10							34 10	1180	15/6/16	1274	30/7/16					4 87	9	73		20		34 60	36 93				
August 1-30	31	"	31	-	31	"	3	10							34 10	1535	8/8/16	1369	17/7/16					4 86 9 73	4	84		20 -		39 46	31 57				
Septr	30	"	30	-	30	"	3	-							33 -	1658	31.8.16	1870	15.9.16					9 73	4	87		20 -		34 60	29 97				
Octr.	31		31	-	31		3	10							34 10	1916	30.9.16	2073	15/10/16					4 86	4	87		20 -		29 73	34 34				
Nov.	30		30	-	30		3								33 -	2180	31/10							9 74				20		29 74	37 60				
Dec.	31		31		31		3	10							34 10	2307	15/11	2500	30/11					9 73 4 86				20 00		34 59	3 x 7 11				
Jan	31	1.00 10	27 3 34	50 10			27	50							34 10	2567	15-12	2772	30-12					4 87	9	73		20		34 60	36 61				
Feb	28		30	80											30 80	2897	15-1-17							4 87				20	57	35 44	41 97				
Mch	1	1.10	1	10											1 10												20		20	23 07				
			402	60										10 .	412 60									7786	3894	248	973	260	57	38953					

Job 403 - 24/1/17
Transmitted 26 Rec'd 27/1/17

P 820
12474 —375M.—13-2-18.

* Strike out whichever mapplicable

ASSIGNED PAY. * ~~ENGLAND~~ OR CANADA.	SEPARATION ALLOWANCE. * ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-3-16 1/1/1919	EFFECTIVE DATE:- 26/10/18
AMOUNT:- 20.00	AMOUNT:- 30.00

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.

S. Ackerman

20 West Moira St Belleville Ont

MRS. HILDA M. ACKERMAN (Wife)

145 FENTIMAN ROAD

CLAPHAM S.W.8. LONDON

A&M 5/11/18

Auth. P.702 11/11/18

NAME:- ACKERMAN W. J.

NUMBER:- 541503

PARTICULARS OF RANK OR APPOINTMENT

AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		Sapper

UNIT AND TRANSFERS

ORIGINAL UNIT:- CETD

DATE ACCOUNT FIRST OPENED:- 1-3-16.

AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'SF'D	UNIT TRANSFERRED TO
276 10/1/17	1/2/18		CERD

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

DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R	UNIT PAID BY	AMOUNT
14/11/18	2731	2nd CERB. £3.	~~14 65~~				

DAILY RATES OF PAY AND ALLOWANCES

AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1 00	10		

PARTICULARS OF RENDERING NON-EFFECTIVE Trans. to Canada 1/12/18 AR. 1 23/18 2nd CERB. C.Bd 29.07 2.P.C.

MONTH 1918	PARTICULARS	CR. 1	CR. 2.	PARTICULARS	DR. 1	DR 2.	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
Mar 31	Bal Forward								27 74		
April	Spr. Pay	33		C.A.P.				20			
				AR. 27 C&2D. 15/4/18	9 73						
				AR 427 " 29/4/18	9 73				21 28		
May	Spr P	33 34 10		C.A.P.	19 46			20 20			
				AR. 727 CERB. 15/5/18	4 87						
				AR 96 3 C & Res Bn. 28/5/18	4 87				25 64		
June	Spr Pay	34 10 33		C.A.P.	9 74			20 20			
				AR. 342 2/CERB. 14/6	4 87						
				" 549 " 27/6	9 73				24 04		
		33			14 60			20			
July	Spr's Pay	34 10		C.A.P.				20			
				AR. 767 2 CERB. 15/7	4 87						
				" 938 2 " 25/7	9 73				23 54		
Aug.	Spr's. Pay.	34 10 34 10		C.A.P.	14 60			20 20 -			
				AR. 1219 2nd CERB. 9/8/18	14 60				23 04		
Sept.	"	34 10 33 -		C.A.P.	14 60			20 - 20 -			
				" 1846 2nd CERB. 12/9/18	4 87						
				" 1979 " " 26/9/18	9 73				21 44		AR agreed 30/9/18
Oct		33 - 34 10		C.A.P.	14 60			20 - 20.			
				2212 2nd CERB. 10/10/18	4 87				30 67		
NOV		34 10 33		C.A.P.	4 87			20 20			
				E 19717							30 96
				2731 2nd CERB. 15/11/18	14 60						
				999 Regt. Debts Grant. 17/12/18	38 93	Endorsed on L.R.?		9 86			
		33			53 53			20			30 96
	S.O.S. Canada 23/2/18. D.O. 20 CERB 20/9										

CANADIAN
ASSIGNED PAY AUDITED
C.A.P.
AUDIT CLERK
DATE 19. 5. 19.

Permission to Marry 15/10/18 D.O. 26 16/10/18 2nd CERB