

901472  
222616

I.D. number  
No. d'identification

Open ATIP

Allan

Surname  
Nom de famille

KIA 26/06/17

William Douglas

Given names  
Prénoms

**NATIONAL PERSONNEL RECORDS CENTRE**  
**CENTRE NATIONAL DES DOCUMENTS**  
**DU PERSONNEL**

**PERSONNEL RECORDS ENVELOPE**  
**ENVELOPPE DES DOSSIERS DU PERSONNEL**

Location  
Lieu

Box 112

« CONTENTS CONFIDENTIAL »  
« CONTENU CONFIDENTIEL »







REGIMENTAL DOCUMENTS

901442

5086

NAME

ALLAN. William Douglas

REGT. NO.

222616-1st

UNIT

193rd Bn

H. Q. FILE NO.



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DATE RECEIVED

TO WHOM FORWARDED

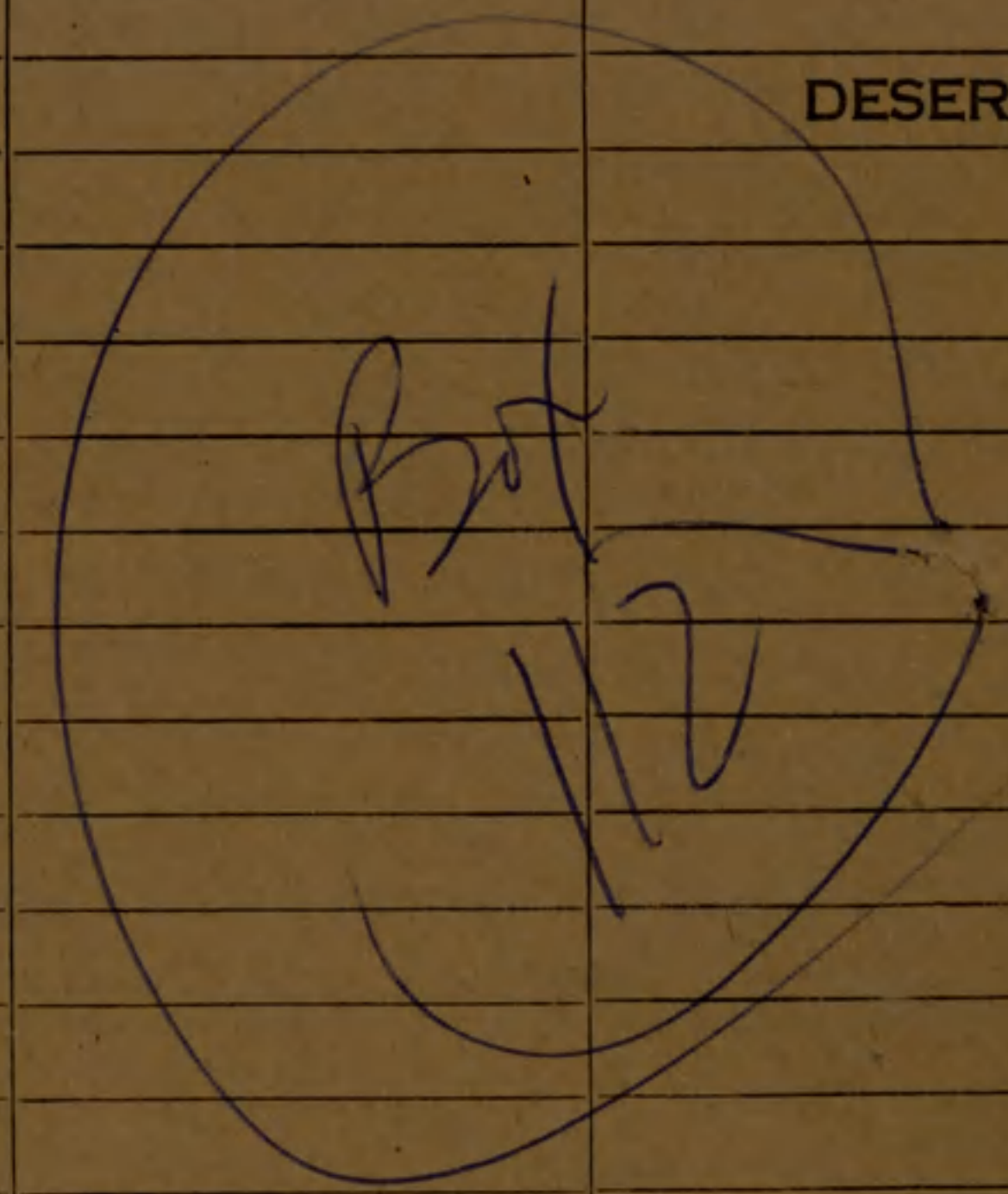
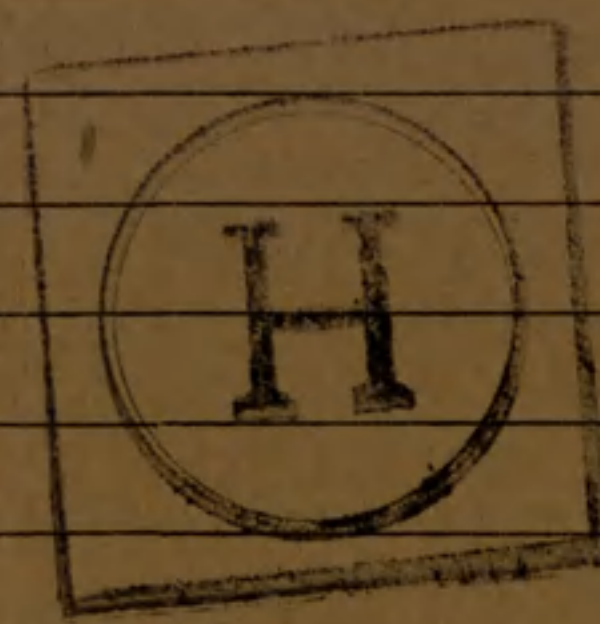
DATE FORWARDED

M. F. W. 2505 REFERENCE

NON-EFFECTIVE BY

- 4 3 ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- 1 / CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- / TRAINING HISTORY SHEET (M.F.W. 113)
- / FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- / REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)
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- 2 MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
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DEATH

Category

2nd Killed in Action  
26-6-17

DISCHARGE

Category

1st Med Dispt

DESERTION



ORIGINAL

ATTESTATION PAPER.  
~~193rd. BAT.~~  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE.  
C. E. F.

No. 901472  
Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.  
(ANSWERS.)

1. What is your surname? *Allan*
- 1a. What are your Christian names? *William Douglas*
- 1b. What is your present address? *Pegwash, Nova Scotia*
2. In what Town, Township or Parish, and in what Country were you born? *Bayside New Brunswick*
3. What is the name of your next-of-kin? *Mrs. Carrie Allan*
4. What is the address of your next-of-kin? *Pegwash, Cumberland County, Nova Scotia*
- 4a. What is the relationship of your next-of-kin? *Wife*
5. What is the date of your birth? *6th January 1881*
6. What is your Trade or Calling? *Fisherman*
7. Are you married? *Yes*
8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
9. Do you now belong to the Active Militia? *No*
10. Have you ever served in any Military Force? *No*  
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement? *Yes*
12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*



DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

*William Douglas Allan* (Signature of Recruit)

Date *28 - 3 - 1916* *Robert Donaldson* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Douglas Allan*, 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.

*William Douglas Allan* (Signature of Recruit)

Date *28 - 3 - 1916* *Robert Donaldson* (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 *Pegwash* this *28th* day of *March* 191*6*

*A. Hollis* (Signature of Justice)



Description of Alban William D. on Enlistment.

Apparent Age 36 years 2 months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

Height 5 ft. 6 ins.

Chest measurement { Girth when fully expanded 34½ ins.  
 Range of expansion 2 ins.

Weight 123 lbs.

Complexion Rose

Eyes Brown

Hair Brown

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



CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date MAR 27 1916 191  
 Place Pugwash NS

Edm. McKeown  
193 Batt. O.S. C. E. F.  
 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.

William Douglas Allan 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.

John Stanfield Lieut. Col. (Signature of Officer)  
 Comd'g. 193rd Overseas B'n. C. E. F.

Date APR 20 1916 191

Slipendary Magistrate in and for the Municipality of the County of Cumberland



ATTESTATION PAPER.

No. 222616

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your name? *William D. Allen*
- 2. In what Town, Township or Parish, and in what Country were you born? *Port Elgin, Ont.*
- 3. What is the name of your next-of-kin? *Miss Alice Allen*
- 4. What is the address of your next-of-kin? *Lyngrove, Ont.*
- 5. What is the date of your birth? *1881*
- 6. What is your Trade or Calling? *Shipman*
- 7. Are you married? *Yes*
- 8. Are you willing to be vaccinated or re-vaccinated? *and vaccinated Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*  
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

*William D. Allen* (Signature of Man.)  
*R. J. [unclear]* (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ....., 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.

.....(Signature of Recruit)

Date.....191 . .....(Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ....., 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.

.....(Signature of Recruit)

Date.....191 . .....(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.....this.....day of.....191 .

.....(Signature of Justice)

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

.....(Approving Officer)



Description of \_\_\_\_\_ on Enlistment.

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

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

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

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

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

Complexion .....

Eyes .....

Hair .....

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

**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\*.....for the **Canadian Over-Seas Expeditionary Force.**

Date.....191 .

Place.....

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.**

.....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 of Officer)

Date.....191 .



A. B. 18

DUPLICATE  
No. 222616

# ATTESTATION PAPER.

Folio.

## CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

### QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *Wm. D. Allen*
  2. In what Town, Township or Parish, and in what Country were you born?..... *Lowellville, N.B.*
  3. What is the name of your next-of kin?..... *Mrs. Sarah E. Allen, wife*
  4. What is the address of your next-of-kin?..... *Presman, N.S.*
  5. What is the date of your birth?..... *6th July 1881*
  6. What is your Trade or Calling?..... *Blacksmith*
  7. Are you married?..... *yes*
  8. Are you willing to be vaccinated or re-vaccinated?..... *and vaccinated W.D.A. yes*
  9. Do you now belong to the Active Militia?..... *no*
  10. Have you ever served in any Military Force?..... *no*  
If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement?..... *yes*
  12. Are you willing to be attested to serve in the }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }..... *yes*
- ..... *William D. Allen* (Signature of Man.)  
..... (Signature of Witness.)



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

I,....., 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.

..... (Signature of Recruit)

Date.....191 . ..... (Signature of Witness)

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

I,....., 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.

..... (Signature of Recruit)

Date.....191 . ..... (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.....this.....day of.....191 .

..... (Signature of Justice)

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

..... (Approving Officer)



Description of Wm. D. Allan on Enlistment.

Apparent Age 34 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

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

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

Complexion .....

Eyes .....

Hair .....

Religious denominations. { Church of England.....  
 Presbyterian.....  
 Wesleyan.....  
 Baptist or ~~Congregationalist~~ yes.....  
 Other Protestants.....  
 (Denomination to be stated.)  
 Roman Catholic.....  
 Jewish.....

*Eyes not good*



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\* unfit for the Canadian Over-Seas Expeditionary Force.

Date 18-10 1915.

Place Halifax N.S. Sgt. Joseph Hayes  
Lieut. Col. 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:—

*Defective Eyes*

CERTIFICATE OF OFFICER COMMANDING UNIT.

.....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 of Officer)

Date.....191 .



ATTESTATION PAPER.

No. 222616

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

1. What is your name?..... *Wm D. Allen*

2. In what Town, Township or Parish, and in what Country were you born?..... *Low River, NB*

3. What is the name of your next-of kin?..... *Mrs. Fanny E. Allen (wife)*

4. What is the address of your next-of-kin?..... *Low River, NB*

5. What is the date of your birth?..... *6 July 1881*

6. What is your Trade or Calling?..... *fisherman*

7. Are you married?..... *yes*

8. Are you willing to be vaccinated or re-vaccinated?..... *and vaccinated W.D.A. yes*

9. Do you now belong to the Active Militia?..... *no*

10. Have you ever served in any Military Force?..... *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*

..... *William D. Allen* (Signature of Man.)

..... (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, ....., 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.

..... (Signature of Recruit)

Date.....191 . ..... (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, ....., 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.

..... (Signature of Recruit)

Date.....191 . ..... (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.....this.....day of.....191 .

..... (Signature of Justice)

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

..... (Approving Officer)



# Description of Allen William on Enlistment.

Apparent Age 34 years ..... months.  
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

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

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

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

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

Complexion .....

Eyes .....

Hair .....

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

*Eyes not good*

## 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\* Unfit for the Canadian Over-Seas Expeditionary Force.

Date 18-10 1915 *Joseph Hayes*

Place Halifax N.S. *Lieut Col*  
 Medical Officer.  
*B. C. Brown*

\*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:—

*Defective eyes*

## CERTIFICATE OF OFFICER COMMANDING UNIT.

.....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 of Officer)

Date.....191 .



# ORIGINAL ORIGINAL MEDICAL HISTORY SHEET.

901472

Surname <sup>W.S.</sup> Allen ALLAN Christian Name William Douglas

Examined { on 27<sup>th</sup> day of March 1916 Approved by E. O. Maclean  
 at Pugwash N.S.

Birthplace { City or Town Boyside Rank Capt M.O.  
 County N. B. Canada

Apparent age 35 years 2 mos.

Trade or occupation Fisherman M.O.

Height 5 Feet 6 Inches M.O.

Weight 123 Lbs. M.O.

Chest measurement { Minimum 32 1/2 inches M.O.

{ Maximum expansion 2 inches M.O.

Physical development Good M.O.

Small-Pox Marks None M.O.

Vaccination Marks { Arm Right Left  
 Number 0 1

When Vaccinated last years ago 5.7.16 Good E. O. Maclean M.O.

(a) Marks indicating congenital peculiarities or previous disease None M.O.

(b) Slight defects but not sufficient to cause rejection None M.O.

| Date.           | Result.     | ANTI-TYPHOID INOCULATIONS, ETC. |
|-----------------|-------------|---------------------------------|
| <u>22.8.16</u>  | <u>Good</u> | <u>E. O. Maclean</u> M.O.       |
| <u>15.5.16</u>  | <u>Good</u> | <u>E. O. Maclean</u> M.O.       |
| <u>25-10-16</u> | <u>Good</u> | M.O.                            |

Enlisted on 25<sup>th</sup> day of March 1916 at Pugwash N.S.

|                      | CORPS.                    | REG'TL NUMBER. | HABITS. | DATE.                  |
|----------------------|---------------------------|----------------|---------|------------------------|
| Joined on enlistment | <u>198 Bn. C. I.</u>      | <u>901472</u>  |         | <u>March 25, 1916.</u> |
| Transferred to       | <u>42nd Bn. Can. Inf.</u> | <u>901472</u>  |         | <u>5-12-1916.</u>      |

### 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.







*Duplicate*

**DUPLICATE.**

**MEDICAL HISTORY SHEET.**

Surname ~~Allen~~ *ALLAN* Christian Name ~~Wm.~~ *WILLIAM DOUGLAS*

Examined { on 27<sup>th</sup> day of March 1916 Approved by Edm Maclean  
at Pugwash, N.S.

Birthplace { City or Town Bayside Rank Capt M.O.  
County N.B.

Apparent age 35 yrs 7 mths

Trade or occupation fisherman M.O.

Height 5 Feet 6 Inches M.O.

Weight 123 Lbs. M.O.

Chest measurement { Minimum 32 1/2 inches M.O.  
Maximum expansion 2 inches M.O.

Physical development grad M.O.

Small-Pox Marks none M.O.

Vaccination Marks { A r m. Right. Left. M.O.

Number 0 1

When Vaccinated last year ago 5-7-16 Edm Maclean M.O.

(a) Marks indicating congenital peculiarities or M.O.

previous disease none M.O.

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

none 2-7-16 Edm Maclean M.O.

15-5-16 Edm Maclean M.O.

M.O.

Enlisted on 25 day of March 1916 at Pugwash, N.S.

|                      | CORPS.                             | REG'TL NUMBER. | HABITS. | DATE.                  |
|----------------------|------------------------------------|----------------|---------|------------------------|
| Joined on enlistment | <u>193 Bn. C.E.F.</u>              | <u>901472</u>  |         | <u>March 25, 1916.</u> |
| Transferred to       | <u>42<sup>nd</sup> Bn. Can Inf</u> | <u>901472</u>  |         | <u>5/12/16.</u>        |

**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.







DUPLICATE

To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins 193rd. BAT.  
C. E. F.

(2) Regimental Number 901472

(3) Full Name of Soldier William Douglas Allen

(4) Place of Birth Westmorland Co.

(5) Are you married, or not? Yes

(6) If married, state,  
(a) Full name of your wife Barrie May Allen

(b) Present Postal Address

(7) Are you a widower? —

(8) Have you any children? Yes

If so, give number of boys and girls Two boys four girls

Also their names and ages

|                        |                     |
|------------------------|---------------------|
| <u>Doughass Joseph</u> | <u>Allen 11 yrs</u> |
| <u>Earle</u>           | <u>5 yrs</u>        |
| <u>Perle</u>           | <u>13 "</u>         |
| <u>Flourence</u>       | <u>9 "</u>          |
| <u>Eva</u>             | <u>3 "</u>          |
| <u>Willina</u>         | <u>1 "</u>          |



(9) Is your Father alive?

Yes

If so, state name and address

Thomson R. Allen

(10) Is your Mother alive?

Yes

If so, state name and address

Pangwash  
Cumberland

as above  
Co.

(11) If your Mother is a widow

Are you her sole support, or not?

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

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

Yes

(15) Are you insured?

No

If so, in what Company?

Have you made arrangements for payment of your Insurance premium?

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

AUG 2-5 1916

Date

*R. J. Stanfield*  
R. J. Stanfield, Lieut. Col.  
Officer Commanding  
Comd'g. 103rd Overseas B'n. C. E. F.

AUG 5 1916



# FORM OF WILL

I, William Douglas Allen (Name in full)

Regimental Number 901472 serving in the 193rd Battalion

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

.....  
.....  
.....  
Name and Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Carrie May Allen  
.....  
Pugwash  
.....  
N.S.  
.....  
Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

### NOTE

This space for the appointment of Executor if necessary.

### IMPORTANT NOTE

this 29th day of November A.D. 191 6

This must be signed and Dated by THE SOLDIER HIMSELF.

W.D. Allan

Signature of Soldier.

\*N.B. Personal estate includes p.y, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness H.W. Murdock

Address of Witness B. Coy 193rd Bn. London Army P.O.

THE TWO WITNESSES

Occupation of Witness A/Sergt.

MUST SIGN HERE

Signature of Second Witness G. Max Watting Sergt.

Address of Witness B. Coy . 193rd Bn. London Army P.O.

Occupation of Witness A/Sergt.



FORM OF WILL

Testamentary Number: \_\_\_\_\_

of the County of \_\_\_\_\_ State of \_\_\_\_\_

do hereby declare this to be my last Will.

I declare all my will to be as follows:

Name and Address of person to whom I leave my property: \_\_\_\_\_

Name and Address of person to whom I leave my property: \_\_\_\_\_

Name and Address of person to whom I leave my property: \_\_\_\_\_

Name and Address of person to whom I leave my property: \_\_\_\_\_

Name and Address of person to whom I leave my property: \_\_\_\_\_

Name and Address of person to whom I leave my property: \_\_\_\_\_

Name and Address of person to whom I leave my property: \_\_\_\_\_

NOTE

This form for the preparation of a will is intended to be used by a person who is not a lawyer.

IMPORTANT NOTE

This must be signed by the testator in the presence of two witnesses.

This will is acknowledged by the Testator as and for his last Will in the presence of two witnesses at the time and place hereinafter stated.

Signature of Testator: \_\_\_\_\_

Address of Testator: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_



15106

FORM OF WILL.

73795

I, William Douglas Allen. (Name in full)  
Regimental Number 901472 serving in the 193<sup>rd</sup> Battalion  
of the Canadian Expeditionary Force, do hereby revoke all former Wills  
by me made and declare this to be my last Will.

I bequeath all my real estate unto

.....  
.....  
..... } Name & Address  
of person or  
persons to whom  
it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Carrie May Allen.  
Pugwash  
N.S. } Name & Address  
of person or  
persons to receive  
personal estate\*  
(see note).

In Witness whereof I have hereunto set my hand  
this 29<sup>th</sup> day of November A.D. 1916.

W D Allen Signature.

\* N.B.—Personal estate includes pay, effects, money in bank, insurance policy, in fact  
everything except real estate.

ESTATES BRANCH,

NOV 12 1917

MILITIA DEPT.

Signed and acknowledged by the Testator as and for his last Will in  
the presence of us both present at the same time, who in his presence, at  
his request, and in the presence of each other have hereunto subscribed  
our names as Witnesses.

Name of Witness W. A. Murdoch  
Address of Witness B. Coy. 193<sup>rd</sup> Bn Army P.O. London.  
Occupation of Witness A/ Sgt.  
Name of Witness G. Max. Witting  
Address of Witness B. Coy. 193<sup>rd</sup> Bn Army P.O. London.  
Occupation of Witness A/ Sgt.



FORM OF WILL

I, E. J. [Name] of the County of [County] in the Province of [Province] do hereby certify that the contents of this will are true and correct and that I am of sound mind and memory at the time of making this will.

Name of Address  
of person or  
person to whom  
it is to go

Name of Address  
of person or  
person to receive  
personal estate  
(see art.)

In witness whereof I have hereunto set my hand and seal this 1st day of April 1911 at [City] in the Province of [Province].

Witness my hand and seal this 1st day of April 1911 at [City] in the Province of [Province].

[Signature]  
[Signature]  
[Signature]



FORM OF WILL.

I, William Douglas Allen (Name in full.)

Regimental Number 901472 serving in the 193rd Battalion

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I bequeath all my real estate unto

Name and address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Mrs. Carrie May Allen. Pugwash N.S.

Name and address of person or persons to receive personal estate. (See note.)

In Witness whereof I have hereunto set my hand

this 29th day of November A.D. 1917.

W D Allen

Signature.

N.B. Personal estate includes pay, effects, money in bank, insurance policy in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Name of Witness H W. Burdock

Address of Witness B Coy 193rd Bn. London Army P.O.

Occupation of Witness A/Sergt.

Name of Witness G Max. Witting Sergt.

Address of Witness B Coy 193rd Bn Army P.O.

Occupation of Witness A/Sergt.

I hereby certify the above to be a true copy of the original Will now on file in Estates Branch.

.....August 1917.

..... Lieut. for Officer i/c Estates. O.M.F.G.

NOTE. Died--- Killed in Action 26-8-1917.

Transferred from living 18-8-1917.

W D Allen, No. 901472, 95th Battalion.



I hereby certify that the above is a true copy of the original Will now on file in the office of the Registrar of Wills.

Name and address of person to whom copy is to be sent.

In witness whereof I have hereunto set my hand and seal this 1st day of July 1911.

Name and address of person to receive copy of Will.

In witness whereof I have hereunto set my hand and seal this 1st day of July 1911.

Witness and acknowledged by the Registrar as and for his office in the presence of two witnesses, and in the presence of such other persons as may be required by law.

- Name of Witness
- Address of Witness
- Qualification of Witness
- Name of Witness
- Address of Witness
- Qualification of Witness

I hereby certify that the above is a true copy of the original Will now on file in the office of the Registrar of Wills.

For Registrar of Wills

Registered from office



85th. "Overseas" Battalion, C. E. F.  
"Nova Scotia Highlanders".

Halifax, N. S.

Dec 22/15

This is to certify that No. 222616

Pte William D. Allen served in the 85 th.

"Overseas" Battalion, C. E. F. "Nova Scotia Highlanders" from the

30<sup>th</sup> of September until the Eighteenth October and is now

discharged therefrom Medically unfit

A. H. Parsons Lt. Colonel,  
Comd'g 85 th. "Overseas" Batt'n. C. E. F.  
"Nova Scotia Highlanders"

Absent on duty







*Handwritten signature*  
*Handwritten initials*

RECEIVED  
U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D.C.

RECEIVED  
U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D.C.

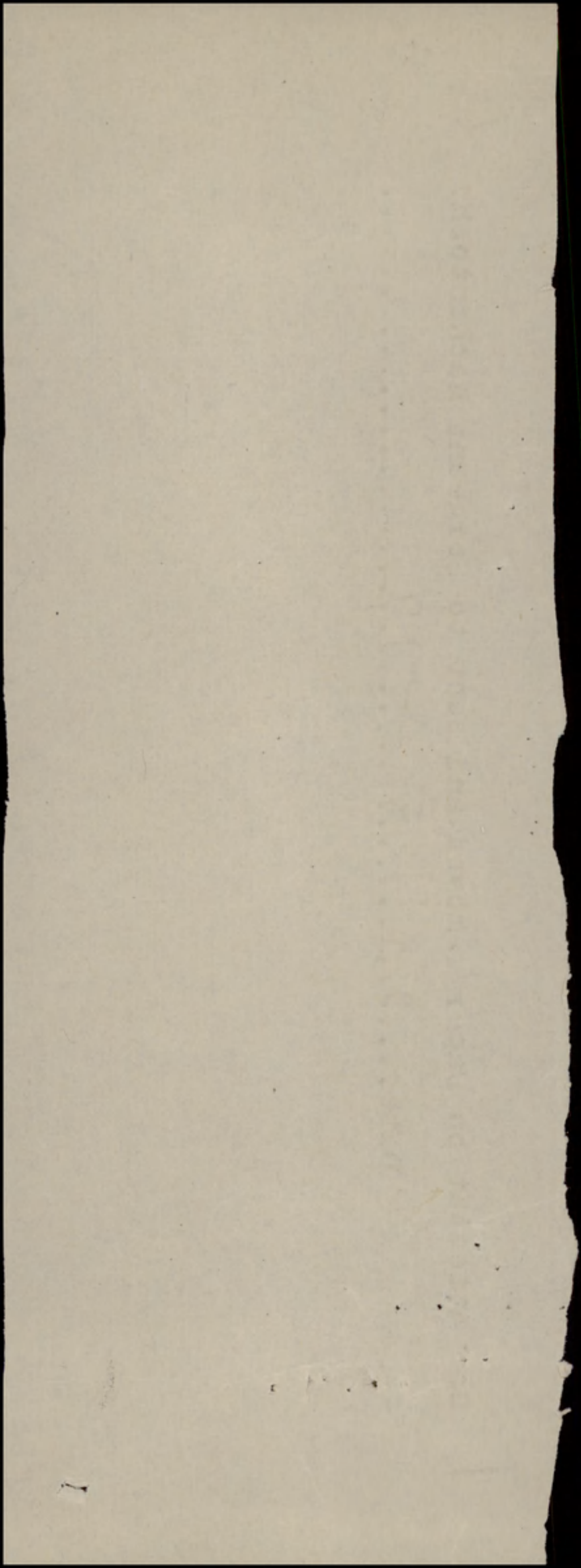
RECEIVED  
U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D.C.



One Attestation Paper removed and sent to Sergeant MacKintosh.

Date . . . 22 - 8 - 17 . . . . .







Reg. No. 222616  
Rank. Pvt  
Name. Allan Wm D.  
Unit. 85<sup>th</sup> Bn

This form, after completion, is to be attached  
to the documents of the man and filed in envelope.

H.Q. File Reference. Goyle  
Date Struck off Strength. 18/10/15  
Reason. Med Disfit  
Military District. 6

Clerk's Initials. EPV

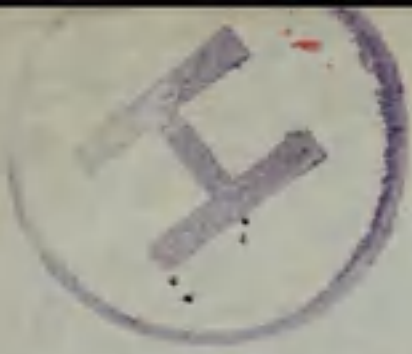
Date. 13/12/18

Doc. S.F. 10.  
500/11-18.



BOOK 1111  
DO NOT WRITE





Allen

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. **193rd. BAT.**

Regimental No. **201472** Rank **Private** Name **William Douglas Allen**  
C. E. F.

Enlisted (a) **28/3/16** Terms of Service (a) **War Emblems aft** Service reckons from (a) **28/3/16**

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

Extended ..... Re-engaged ..... Qualification (b) .....

CERTIFIED CORRECT.  
18 Dec. 1916  
CAN. REC. L. J. CON.

| 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 |
|---------------------------|---|------------|----------|---|
|                           | Embarked Canada Halifax   |            | 12/10/16 |   |
|                           | Disembarked England Liverpool   |            | 19/10/16 |   |
| Ob 193rd                  | Proceeded for service Overseas with 42nd Bn Gen Inf.  | Witley     | 12-16    | Part II No # 3940<br>1st Rivald<br>Capt. & Adjt<br>193rd. Overseas B'n, C. E. F.  |
| O.C.C. B. D.              | Landed in France. Taken on strength 42nd Cdn. Bn.   |            | 6/12/16  | Nom. Roll d/ 6/12/16  |
| do                        | Left for Unit   |            |          | PL II D.O. d/ 12/12/16  |
| O.C. 42nd Bn.             | Arrived Unit for duty   |            |          | Nom. Roll d/ B. 213 d/  |
| 11/12/16                  | 7 Constab. Influenza sent?  | 7 Constab. | 11/12/16 | w. 3034(153)  |
| 12/16                     | CBP Struck off strength, CBP. to  | do         | 12/14/16 | n. n.   |
| 10/1/17                   | 7 Constab. Influenza.   | To Duty    | 10/1/17  | N.V. 3034(183)  |
| 11/1/17                   | Taken on strength 'A'   | CBP.       | 11/1/17  | n. n.   |
| A.A.G. Cdn Sect. 3rd Ech. | Transf. to 85th Cdn Bn.   |            | 24/2/17  | K.R. 1-390 x 27 24/2/17<br>O.C.R. 1192/7745 d 25/2/17<br>P.O. 27 27 2/17          |



(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, Shoing 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<br>taken from Army Form B. 213, Army Form A. 36, or other official documents |
|---------|--------------------|---|--------|---------|--|
| Date    | From whom received |   |        |         |  |
| 24/2/17 | A.A.G.             | Taken on strength   | C.B.D. | 25-2-17 | Part II Orders 58 dt-7-3-17.   |
| 6-3-17  | Can. Sect.         | do  | Field  | 5-3-17  | N.R.   |
| 8-3-17  | O.C. 4 Ent. Bn.    | Left for unit -   | Field  | 8-3-17  | N.R.   |
| "       | O.C. 85 Bn.        | joined unit -   | "      | "       | O.C. 85 Part I Orders 8.3.17 19685   |
| 10.5.17 | - do -             | Forfeits 4 days pay 9.5.17 for losing by neglect - biscuits of iron ration. Value 6d.   | "      | 8.5.17  | B2069 Part II O. 71 d/23/5/17.   |
| 27.6.17 | - do -             | Killed in action  | Field  | 26.6.17 | Letter K.S. 16-12081, Dec. 48.<br>Part II Order 84 dt-5.7.17.                        |

*J. M. ...*

Lieut. for Lt-Col., A. A. G.  
Canadian Section G. H. Q. 3rd Echelon. B. E. F.



*Original Not Available*  
 Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)  
 500M.—9-16  
 H. Q. 1772-39-920.

**Casualty Form—Active Service.**

Unit, Regiment or Corps. *85<sup>th</sup> Bn*  
 Regimental No. *222616* Rank *Sgt* Name *Allen W<sup>m</sup> D.*  
 Enlisted (a) *30.9.15* Terms of Service (a) *C. E. F. D of War* Service reckons from (a) *30.9.15*  
 Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }  
 Extended. Re-engaged. Qualification (b).

| 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     |   |                |                 |   |
| <i>Oct 1915</i> | <i>85<sup>th</sup></i> | <i>S.O.S. Med unfit</i>   | <i>Halifax</i> | <i>18.10.15</i> | <i>Oct pay list</i>   |

*Chapman*  
*Sgt J. R.*

(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.]







85th Bn



A.G.R.

Rank *Pvt* Name ALLAN, William Douglas

Reg'l No. 901472

Unit 193rd Bn. If in perm. Corps, }  
What Unit? }

Married or Single Married

Place and Date of Enlistment Pugwash, 28th March, 1916. - Place of Birth Bayside, New Brunswick,

Name and Address, Next-of-Kin Mrs. Carrie Allan, Pugwash, Cumberland Co., Nova Scotia, Can. Relationship Wife.

Assigned Pay Monthly \$ Payable to

Separation Allowance \$ Payable to

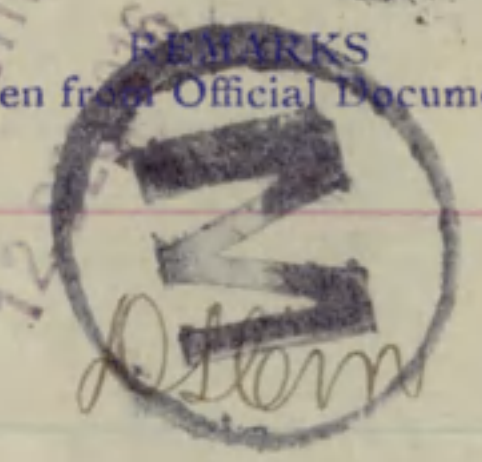
Relationship  
Relationship

COPIES Archived COPIES  
N/E. R.B. No 2054  
File R.L. 25. A. 1275  
Category KA.

Discharge, Date and Place Reason Character

| Report.     |                       | Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case. | Place.     | Date.      | REMARKS<br>Taken from Official Documents. |
|-------------|-----------------------|--|------------|------------|---|
| Date.       | From whom received.   |  |            |            |   |
|             | <i>a/c</i>            |  |            |            |   |
|             | Arrived in England    | S.S. Olympic   |            | 18/10/16.  |   |
| 5-12-16     | 193 <sup>rd</sup> Bn. | S.O.S. to 42 <sup>nd</sup> Bn.   | Witley     | 5-12-16    | Pt. II. D.O. 40.                          |
| 12, Dec, 16 | 42*BN                 | Taken on Strength,   | Field.     | 3: 12. 16] | Pt, 2, O-86                               |
| 19. 12. 16  | oc. 42 <sup>nd</sup>  | Adm No 7. Can Stationary Hosp  | Starve.    | 11. 12. 16 | ELASIK Influenza 108                      |
| 18. 1. 17   | oc 42 <sup>nd</sup>   | Discharged No 7. Can Stationary Hosp   | Starve     | 11. 1. 17  | ELASIK do.                                |
| 5. 3. 17    | oc. 42 <sup>nd</sup>  | L.O.S. to 85 <sup>th</sup> Bn.   | Field      | 24. 2. 17  | ELASIK D.O. 27                            |
| 7. 3. 17    | oc. 85 <sup>th</sup>  | Job. from H. 2nd Bn  | Field      | 25. 3. 17  | ELASIK 38                                 |
| 10. 7. 17   | ✓                     | Killed in Action   | Front Base | 26. 6. 17  | ELASIK H 95: Pt II. O. 84<br>d. 3. 7. 17. |

A.F.B. 103 CHECKED  
12









22-4-21

# MEDICAL EXTRACT OF INFORMATION FORM

Regt'l No. <sup>901472</sup> 222616

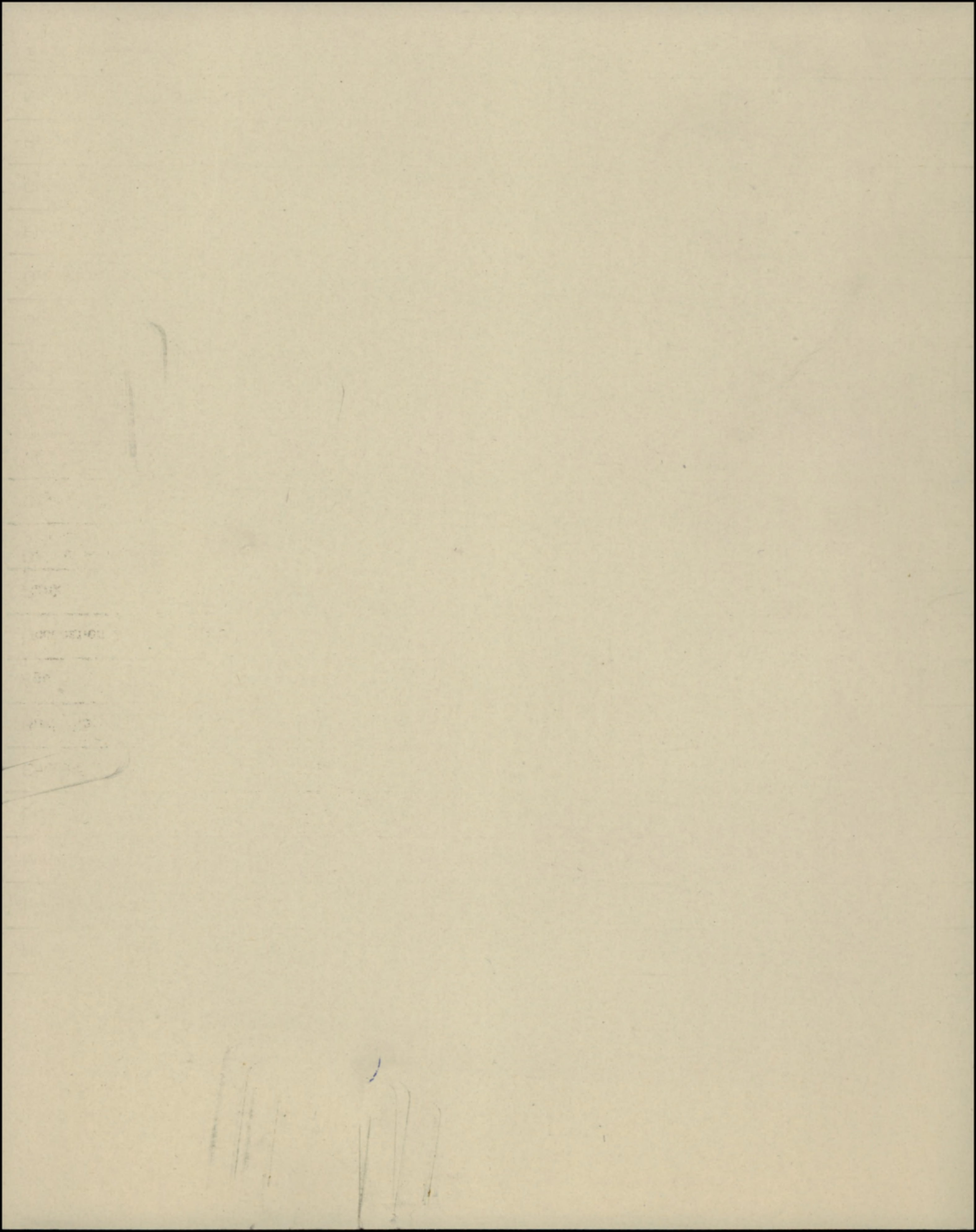
NAME Surname Allan

Christian Names William Douglas

|                               | CODE No. | 1         | 2         | 3 | 4 | 5 | 6 |
|-------------------------------|----------|-----------|-----------|---|---|---|---|
| No. of Admissions             | 1        | 1         | 0         |   |   |   |   |
| Invalided to Canada           |          | <i>no</i> | <i>no</i> |   |   |   |   |
| Married or Single             | 2        | 1         | 1         |   |   |   |   |
| Unit                          | 3        | 042       | 055       |   |   |   |   |
| Enlisted at                   | 4        | 651       | 651       |   |   |   |   |
| Birth Place                   | 5        | 07        | 07        |   |   |   |   |
| Age                           |          | 35        | 36        |   |   |   |   |
| Occupation                    | 6        | 16        | 16        |   |   |   |   |
| Rank                          | 7        | 3         | 3         |   |   |   |   |
| Date of Admission to Hospital |          | 11 12 3   | 26 6 4    |   |   |   |   |
| Days off Duty                 |          | 0 30      | <i>no</i> |   |   |   |   |
| W. or D.                      | 8        | 0         | 1         |   |   |   |   |
| Wound (or Disease)            | 9        | 0 0 5 4 7 | 0 0 0 0 0 |   |   |   |   |
| (Wound or) Disease            | 10       |           |           |   |   |   |   |
| Operation                     | 11       |           |           |   |   |   |   |
| Operation                     |          |           |           |   |   |   |   |
| Place of Treatment            | 12       | 0         | 0         |   |   |   |   |
| Check                         |          |           |           |   |   |   |   |
| Results                       | 13       | 0         | 6         |   |   |   |   |
| No. of times a Casualty       | 14       | 0         | 2         |   |   |   |   |

10.1.17 *no*







# Extract of Information Coded for Hollerith

9.1

Regtl. No. 222616

Name

Surname Allen

Christian Names William D.



Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.  
 A.P.C., Attestation Paper and Pay-roll Card.  
 Cas., Casualty Form and Record Sheet.  
 P.D., Proceedings on Discharge.

Extracted by: 3/2

Coded by: 3/2

Checked by: 3/2

|   | SOURCE OF INFORMATION | CODE USED        | LONGHAND EXTRACT                  | CODE NO. |
|---|-----------------------|------------------|-----------------------------------|----------|
| A. No. of Card 1, 2, 3, 4, 5, 6             |                       |                  | Cards to be punched <u>one</u>    | 1        |
| B. Professional Soldier                     | A.P.                  | 1                | <u>nil</u>                        | 0        |
| C. Theatre of Service                       | Cas.                  | 2                | <u>Canada</u>                     | 6        |
| D. Personnel Seconded to W.O., R.A.F., etc. | Cas.                  | 3                | <u>nil</u>                        | 0        |
| E. Rank on Discharge                        |                       | P.D. 4           | <u>O.R.</u>                       | 1        |
| F. Date Discharged                          |                       | P.D. 5           | <u>Oct. 18<sup>th</sup> 1915</u>  | 22       |
| G. Disposition on Discharge                 |                       | P.D. 6           | <u>med. unfit</u>                 | 21       |
| H. Place proceeding to                      |                       | P.D. 7           | <u>nil</u>                        | 1        |
| J. Unit Enlisted in                         | A.P.C.                | 12 (a)<br>12 (b) | <u>85<sup>th</sup> Bn</u>         | 3085     |
| K. Country of Birth                         | A.P.                  | 8                | <u>N.B.</u>                       | 07       |
| L. Occupation                               | A.P.                  | 9                | <u>Fisherman</u>                  | 16       |
| M. Date of Enlistment                       | A.P.C.                | 5                | <u>Sept. 30<sup>th</sup> 1915</u> | 21       |
| N. Place of Enlistment                      | A.P.C.                | 13               | <u>Halifax, N.S.</u>              | 641      |

M.C. 5



|   |      |        |         |     |
|---|------|--------|---------|-----|
| O. Age on Enlistment                      | A.P. | Years  | 34      | 34  |
| P. Religion                               | A.P. | 10     | Baptist | 5   |
| Q. Rank when left Canada                  | Cas. | 4      | ✓       | 0   |
| R. Unit left Canada with                  | Cas. | 12 (b) | ✓       | 000 |
| S. Date left Canada                       | Cas. | 5      | ✓       | 00  |
| T. Unit in England                        | Cas. | 12 (b) | ✓       | 000 |
| U. Date first proceeded to Theatre of War | Cas. | 5      | ✓       | 00  |

Source of Information—Casualty Form.

1st Unit in T. of W.

|   |   |   |
|---|---|---|
| 0 | 0 | 0 |
|---|---|---|

Period of Service

Months: ✓

|   |   |
|---|---|
| 0 | 0 |
|---|---|

2nd Unit in T. of W.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Period of Service

Months:

|  |  |
|--|--|
|  |  |
|--|--|

3rd Unit in T. of W.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Period of Service

Months:

|  |  |
|--|--|
|  |  |
|--|--|

4th Unit in T. of W.

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Period of Service

Months:

|  |  |
|--|--|
|  |  |
|--|--|

X. Check Column

~~CHECK~~

Z. Casualties

Cas.

11

*n.g.*

1

YA. Honours and Awards

Cas.

~~1. Yes.~~  
2. No.

~~1~~  
2

YB. Married or Single

A.P.

4. M.  
~~5. S.~~  
~~6. W.~~

4  
~~5~~  
~~6~~

YC. Service Unit Transfer

Cas.

7. Subsequent Unit or Units.

8. First Unit.

All cards subsequent to 1st.

Last or only card.

WATCH



# Extract of Information Coded for Hollerith

71

Regtl. No. 901472

Name

Surname Allan  
Christian Names William Douglas

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.  
A.P.C., Attestation Paper and Pay-roll Card.  
Cas., Casualty Form and Record Sheet.  
P.D., Proceedings on Discharge.



Extracted by: DA Coded by: CH Checked by: JM

|   | SOURCE OF INFORMATION |      | CODE USED        | LONGHAND EXTRACT              | CODE NO.     |
|---|-----------------------|------|------------------|-------------------------------|--------------|
| A. No. of Card 1, 2, 3, 4, 5, 6             |                       |      |                  | Cards to be punched <u>tw</u> | <u>2</u>     |
| B. Professional Soldier                     | A.P.                  |      | 1                | <u>nil</u>                    | <u>0</u>     |
| C. Theatre of Service                       |                       | Cas. | 2                | <u>European</u>               | <u>0</u>     |
| D. Personnel Seconded to W.O., R.A.F., etc. |                       | Cas. | 3                | <u>NS</u>                     | <u>0</u>     |
| E. Rank on Discharge                        |                       |      | P.D.             | <u>OR</u>                     | <u>1</u>     |
| F. Date Discharged                          |                       |      | P.D.             | <u>June 26 1917</u>           | <u>42</u>    |
| G. Disposition on Discharge                 |                       |      | P.D.             | <u>K.m.d. Inf W</u>           | <u>01</u>    |
| H. Place proceeding to                      |                       |      | P.D.             | <u>not app</u>                | <u>0</u>     |
| J. Unit Enlisted in                         | A.P.C.                |      | 12 (a)<br>12 (b) | <u>193rd Bn</u>               | <u>3193</u>  |
| K. Country of Birth                         | A.P.                  |      | 8                | <u>W.B.</u>                   | <u>07</u>    |
| L. Occupation                               | A.P.                  |      | 9                | <u>Fisherman</u>              | <u>16</u>    |
| M. Date of Enlistment                       | A.P.C.                |      | 5                | <u>Mar 28 1916</u>            | <u>27</u>    |
| N. Place of Enlistment                      | A.P.C.                |      | 13               | <u>Regwash</u>                | <u>NS651</u> |

1-3-21



|   |      |        |            |     |
|---|------|--------|------------|-----|
| O. Age on Enlistment                      | A.P. | Years  | 35         | 35  |
| P. Religion                               | A.P. | 10     | Baptist    | 5   |
| Q. Rank when left Canada                  | Cas. | 4      | OR         | 1   |
| R. Unit left Canada with                  | Cas. | 12 (b) | 193rd Bn   | 193 |
| S. Date left Canada                       | Cas. | 5      | Oct 1916   | 34  |
| T. Unit in England                        | Cas. | 12 (b) | 193rd Bn   | 193 |
| U. Date first proceeded to Theatre of War | Cas. | 5      | Dec 5 1916 | 36  |

Source of Information—Casualty Form.

1st Unit in T. of W.

42nd Bn  
0 4 2

Period of Service

Months: 3  
0 3

2nd Unit in T. of W.

85th Bn  
0 8 5

Period of Service

Months: 4  
0 4

3rd Unit in T. of W.

Period of Service

Months:

4th Unit in T. of W.

Period of Service

Months:



X. Check Column

CHECK

Z. Casualties

Cas.

11

Killed

9

YA. Honours and Awards

Cas.

~~1. Yes.~~

2. No.

~~1~~

2

YB. Married or Single

A.P.

~~4. M.~~

~~5. S.~~

~~6. W.~~

4

~~5~~

~~6~~

YC. Service Unit Transfer

Cas.

7. Subsequent Unit or Units.

8. First Unit.

All cards subsequent to 1st.

Last or only card.

WATCH



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.-6-16.  
 1772-39-819.

Sheet No. 2.

L. L. Job 4503. - Req. 6952.

*Mrs W. D. Allen*

PAYMENTS.

Name of Soldier

*Allen W. D.*

*901472*

*Pte*

*193rd Bn*

| Month.         | Year. | Cheque No.     | Amt.      | Remarks.  |
|----------------|-------|----------------|-----------|---|
|                |       |                |           | <i>20<sup>00</sup> Oct 1st/16.</i>                  |
| April          | 1916  |                |           |   |
| May            |       |                |           |   |
| June           |       |                |           |   |
| July           |       |                |           |   |
| Aug.           |       |                |           |   |
| Sept.          |       |                |           |   |
| Oct.           |       |                |           |   |
| Nov.           |       |                |           |   |
| Dec.           |       | <i>035894</i>  | <i>60</i> | <i>Oct., Nov + Dec.</i>                             |
| Jan. <i>60</i> | 1917  | <i>935807</i>  | <i>20</i> |   |
| Feb.           |       | <i>942378</i>  | <i>20</i> | <i>20 R</i>   |
| March          |       | <i>948523</i>  | <i>20</i> | <i>20 R</i>   |
| April          |       | <i>H184</i>    | <i>20</i> | <i>20 R</i>   |
| May            |       | <i>H6357</i>   | <i>20</i> |   |
| June           |       | <i>H12918</i>  | <i>20</i> | <i>20 R 67x. 31/7/17 200<sup>00</sup> Newark 18</i> |
| July           |       | <i>H19958</i>  | <i>20</i> | <i>He ass= dependent - 7</i>                        |
| Aug.           |       | <i>8 27149</i> | <i>20</i> | <i>Continue Account Newark 17</i>                   |
| Sept.          |       |                |           |   |
| Oct.           |       |                |           |   |
| Nov.           |       |                |           |   |
| Dec.           |       |                |           |   |
| Jan.           | 1918  |                |           |   |
| Feb.           |       |                |           |   |
| March          |       |                |           |   |
| April          |       |                |           |   |
| May            |       |                |           |   |
| June           |       |                |           |   |
| July           |       |                |           |   |

Pension Granted... *1/9/17* ...  
 B.P.C. to Recover \$.....  
 Clerk *MCH*... Date *13/8/17*.

F. X. Rend. Date... *Total* BY *220.*  
 E.F.X. " Date... *8-12-17* BY *J.M.*



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.   |       |            |      |          |



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

*21 1/2*  
*P 450*

M. F. W. 12.  
50m.—6-16.  
H. Q. 1772-39-819.

To Whom *Mrs W.D. Allen*  
Address *Puquash*  
*M. S.*

By Whom Assigned *Allen W.D.*  
Regtl. No. *901472*  
Rank *Pte*  
Corps *193rd Bn*

Rate *20.<sup>00</sup> Oct 1st '16*

*2 M. 21 1/2 a.p.d. 19 13/16* 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 |      |            |      |         |

*Consolidated acct*

Dismissions Notified Date *18. 7. 14*  
 Killed in Action } Date *26. 6. 14*  
 Died of Wounds }  
 Missing }  
 O. L. *5* } *11/7/14*  
 Date Noted *18. 7. 14*



*[Faint, illegible markings]*

GE

82PHH

*[Faint, illegible markings]*





MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 OVERSEAS CONTINGENTS

M. F. W. 11a.  
 15m-3-16.  
 H. Q. 1772-39-818.

Sheet No. 2.

L. L. Job 95618-M. & D. 655.

*Carrie Mary Allen* <sup>A</sup> *wife*  
**PAYMENTS.**

Name of Soldier *Allen Wm Douglas*  
*901472*

| Month. | Year. | Cheque No.                            | Amt.          | Remarks.      |
|--------|-------|---------------------------------------|---------------|---------------|
| April  | 1916  | H 11617                               | 24            | 24            |
| May    |       | R 6092                                | 20            | 20            |
| June   |       | C 1824                                | 20            | 20            |
| July   |       | K 9685                                | 20            | 20            |
| Aug.   |       | A 11573                               | 20            | 20            |
| Sept.  |       | C 15034                               | 20            | 20            |
| Oct.   |       | D 17402                               | 20            | 20            |
| Nov.   |       | D 20545                               | 20            | 20            |
| Dec.   |       | D 24553                               | 20            | 20            |
| Jan.   | 1916  | C 28730                               | 20            | 20            |
| Feb.   |       | C 31613                               | 20            | 20            |
| March  |       | <del>P 35093</del> <del>C 24790</del> | <del>20</del> | 20 <i>287</i> |
| April  |       | D 141                                 | 20            | 20            |
| May    |       | A 2970                                | 20            | 20            |
| June   |       | F 7070                                | 20            | 20            |
| July   |       | D 10949                               | 20            | 20            |
| Aug.   |       | F 13939                               | 20            | 20            |
| Sept.  |       |                                       | 20            | B             |
| Oct.   |       | X                                     | X             | X             |
| Nov.   |       |                                       |               |               |
| Dec.   |       |                                       |               |               |
| Jan.   | 1918  |                                       |               |               |
| Feb.   |       |                                       |               |               |
| March  |       |                                       |               |               |
| April  |       |                                       |               |               |
| May    |       |                                       |               |               |
| June   |       |                                       |               |               |
| July   |       |                                       |               |               |

Pensions Notified Date *13/4/14*  
 Killed in Action }  
 Died of Wounds } Date *26/6/14*  
 Missing }  
 C. L. (5) *11/4/14* Clerk *A. S. G. L.*  
 Date Noted *13/4/14* 191*4*

Pension Granted *1-9-17*  
 B.P.C. to Recover \$.....  
 Clerk *J. P. L.* Date *13-8-17*

*634790* *Can N.A.S. New*

**ACCOUNT CLOSED**  
 DATE..... PER.....



MILITIA AND DEFENCE  
**SEPARATION ALLOWANCE**  
 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. 337  
133  
M. F. W. 11.  
15m.—3-16.  
H. Q. 1772-39-818.

SEPARATION ALLOWANCE

Name *Carrie Mary Allen<sup>A</sup>*

Name of Soldier *Allen Tom D.<sup>A</sup>*

Address *PUGWASH.  
Pugwash N.S.*

Regtl. No. *901472*

Rank *Pte*

Corps *193rd Battr*

Relation to Soldier }  
wife, child or mother } *wife*

To what Corps belonging }  
when called out }

PAYMENTS

| Month | Year | Cheque No. | Amt. | REMARKS |
|-------|------|------------|------|---------|
| Aug.  | 1914 |            |      |         |
| Sept. |      |            |      |         |
| Oct.  |      |            |      |         |
| Nov.  |      |            |      |         |
| Dec.  |      |            |      |         |
| Jan.  | 1915 |            |      |         |
| Feb.  |      |            |      |         |
| March |      |            |      |         |
| Apl.  |      |            |      |         |
| May   |      |            |      |         |
| June  | 1916 |            |      |         |
| July  |      |            |      |         |
| Aug.  |      |            |      |         |
| Sept. |      |            |      |         |
| Oct.  |      |            |      |         |
| Nov.  |      |            |      |         |
| Dec.  |      |            |      |         |
| Jan.  |      |            |      |         |
| Feb.  |      |            |      |         |
| March |      |            |      |         |



ACCOUNT CLOSED  
DATE..... PER. *W*

*mm*

*W*



Handwritten mark

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MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

M. F. W. 12.  
25m-4-17.  
H. Q. 1772-39-819.

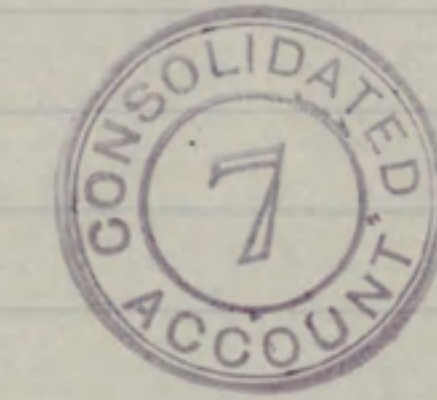
To Whom *Mrs. Carrie Allan* By Whom Assigned *Allan W. M.*  
 Address *Springhill Mines* Regtl. No. *901472.*  
*N.S.* Rank *pte*  
 Corps *85th Bn.*  
 Rate *2500*

SPECIAL REMITTANCE

*Sched 385 22<sup>6</sup>/17.*

PAYMENTS

| Month | Year        | Cheque No.     | Amt.       | REMARKS                 |
|-------|-------------|----------------|------------|-------------------------|
| Aug.  | 1914        |                |            |                         |
| Sept. |             |                |            |                         |
| Oct.  |             |                |            |                         |
| Nov.  |             |                |            |                         |
| Dec.  |             |                |            |                         |
| Jan.  | <i>1915</i> |                |            |                         |
| Feb.  |             |                |            |                         |
| March |             |                |            |                         |
| April |             |                |            |                         |
| May   |             |                |            |                         |
| June  |             |                |            |                         |
| July  |             |                |            |                         |
| Aug.  |             | <i>Q 15190</i> | <i>25-</i> | <i>mailed, 20/7/17-</i> |
| Sept. |             |                |            |                         |
| Oct.  |             |                |            |                         |
| Nov.  |             |                |            |                         |
| Dec.  |             |                |            |                         |
| Jan.  | 1916        |                |            |                         |
| Feb.  |             |                |            |                         |
| March |             |                |            |                         |









Register No. DA 164 A

WAR SERVICE GRATUITY

A.P. File No. 0239-W-3

TO  
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 901472 Name William Douglas Allan  
(Christian Name) (Surname)  
Unit 193rd Bn. Rank Pvt. Date of enlistment.....  
Date of casualty 26.6.17 B.P.C. File No. 13890  
Was service performed overseas? yes

DEPENDENT

Name Mrs. Carrie M. Allan Relationship Widow  
Address 11 Dwight St.  
Boston, Mass.  
U.S.A.

Amount of Special Pension Bonus \$ 80. Abstracted by A. Quinn

Eligible for Gratuity ..... \$ 180<sup>00</sup>  
Less amount of Special Pension Bonus paid..... \$ 80<sup>00</sup>  
Less Debit Balance of S. A. or A.P..... \$ .....

Total deductions \$ 80<sup>00</sup>

Balance due \$ 100<sup>00</sup>

Cheque No. G. 18930 30 Date issued 21.7.22

REMARKS :  
.....  
.....  
.....  
.....

Clerk A. Quinn

Audited by  
[Signature]  
Date 19.7.22

M.F.W. 2652  
25M-6-20.  
H.Q. 1772-89-1473

Des 17



# POST DISCHARGE PAY OFFICE

Three months pay and allowances after discharge.

Name

Surname

Christian Name

Regimental Number

Rank

Address (in full)

Unit

Original Unit

District where paid

Date of Discharge

P. D. P. Filing Number

Rates:—Regimental pay \$ \_\_\_\_\_ per diem; Field Allowance \$ \_\_\_\_\_ per diem. Separation Allowance \$ \_\_\_\_\_ per month.

L.L. 53961—M. & D. 9721

| Total Credits<br>91 days | FIRST PAYMENT   |      |                   | SECOND PAYMENT  |      |                   | FINAL PAYMENT   |      |                   | Balance Overpayments<br>to be<br>Recovered | Total Amount<br>Paid |
|--------------------------|-----------------|------|-------------------|-----------------|------|-------------------|-----------------|------|-------------------|--|----------------------|
|                          | Cheque No.<br>A | Date | Amount<br>30 days | Cheque No.<br>B | Date | Amount<br>30 days | Cheque No.<br>C | Date | Amount<br>31 days |  |                      |
|                          |                 |      |                   |                 |      |                   |                 |      |                   |  |                      |

Remarks:

M. F. W. 127  
 300M-1-19  
 1772-39-1140



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

25-3-16

# Separation and Assigned Pay Branch

Oct 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

|    |  |  |  |
|----|--|--|--|
| 20 |  |  |  |
|----|--|--|--|

RATE OF ASSIGNMENT

|    |  |  |  |
|----|--|--|--|
| 20 |  |  |  |
|----|--|--|--|

*122213  
1457*

### PARTICULARS OF SEPARATION ALLOWANCE

No. 901472  
 Rank Pte Promoted Reverted Discharge  
 Soldier's Name W. S. Allen  
 Battalion 193 Bn.  
 Beneficiary Mrs Carrie May Allan  
 Relationship Wife  
 Address

### PARTICULARS OF ASSIGNMENT

Name Mrs W. S. Allen  
 Address Rugwash  
 Change of Address N.S.  
 1  
 2  
 3  
 4

| Date                | Cheque No. | Amount S/A | Amount A/P    | Total         | REMARKS   |
|---------------------|------------|------------|---------------|---------------|---|
| <del>Sept.</del>    |            |            | <del>75</del> | <del>75</del> |   |
| <del>Feb 1914</del> |            |            |               |               |   |
| <del>July</del>     |            | 175        |               | 175           | <u>f.</u>   |
|                     |            |            |               |               | <u>Acct closed - Pensions Granted 1-9-17</u><br><u>To adj. Sa from 11/9/17 to 18<sup>4</sup>/18, Pap Meeting.</u> |



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

### Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

RATE OF ASSIGNMENT

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

#### PARTICULARS OF SEPARATION ALLOWANCE

#### PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

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

M. F. W. 128  
 400M-617-1772-38-1141  
 L. L. 2320-M. & D. 7993.



Surname **Allan** Christian Name or Names **A.** Reg. No. **901472**  
 Rank **Pte.** Unit **42nd Bn.** *85<sup>th</sup> B<sup>n</sup>* Troop Batty  
 Hospital **7 Can. Stat. Havre** Date of Admission **11.12.16**

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis **Influenza.**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*Reported from Base  
 Killed in Action 26-6-17 R.  
 Dis. 10-1-17.*

DISPOSITION

Date

C.L. 19.12.16 A314

REMARKS

*18-7-17. A330.*

**A.M.D. 2 DEPT.**

*Ch. 10-7-17 A95-*

**Bch. of D.G.M.S. O.M.F.C. London.**

*Am*



# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm

1.

2.

3.

4.

5.

6.

7.



No. 222616 RANK *Pte*

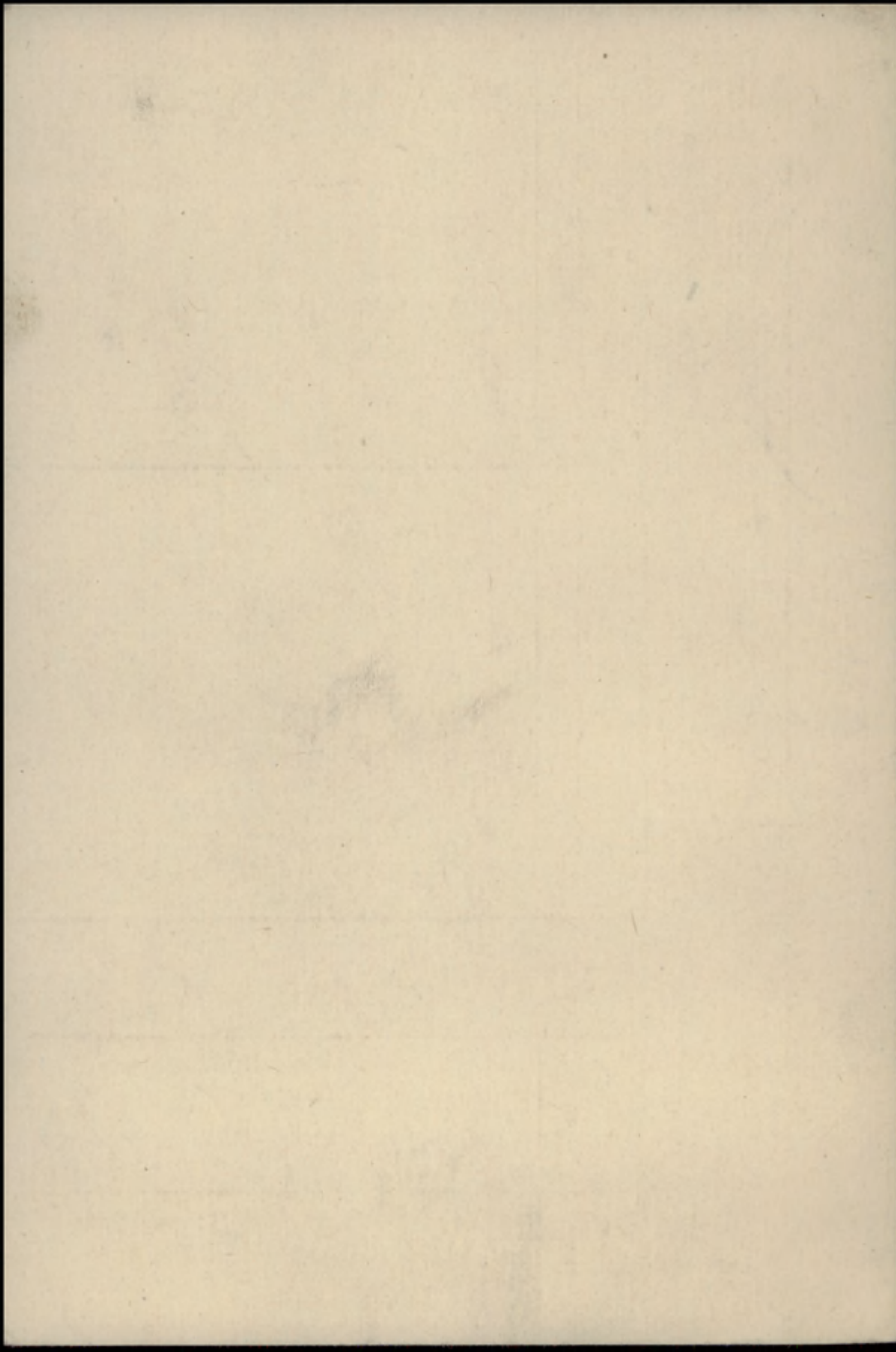
NAME *Allan H. D.*

T. O. S. *13-9-15* UNIT *85<sup>th</sup> Battalion C. E. F.*  
*Oct. payroll*

M. D. *6*

| PAID FROM                | PAID TO                 | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. |   |
|--------------------------|-------------------------|---------------|---|---|
|                          |                         |               | PARTICULARS                             | AUTHORITY   |
| <i>1915<br/>Sept. 30</i> | <i>1915<br/>Oct. 18</i> | <i>✓</i>      | <i>Dischgd. M. U. 15-10-15</i>          | <i>Oct. payroll</i>   |
|                          |                         |               |   | <p><b>UNIT SAILED</b></p> <p><b>OCT 12 1916</b></p> <p><i>a/c closed by payment (s)</i></p> |







ALLAN, Pte. William D, #901472, 85th BN.  
649-A-4935

3712

*Not dig for 1914-15 Star*

*M*

MEDALS & DECORATIONS.....Widow, Mrs. Carrie M. Allan,  
11 Dwight St.,  
Boston, Mass.,  
U.S.A.

APR 0 - 1920

Scroll Desp.

Reqn. No. *23454*

PLAQUE.....Widow, as above

*(Ser. #998444)*

Plaque Desp.

JAN 19 1920

Reqn. No. *P 25758*

O. of S......Widow, as above

Mother, Mrs. Elizabeth Allan,  
Pugwash, Cumb. Co.,  
N.S.

Desp APR 19 1920 (W) C 5296

Desp APR 19 1920 (M) C 5250

*ES*

*h*



W

W

1850

1850



















No. 701472 RANK Pte

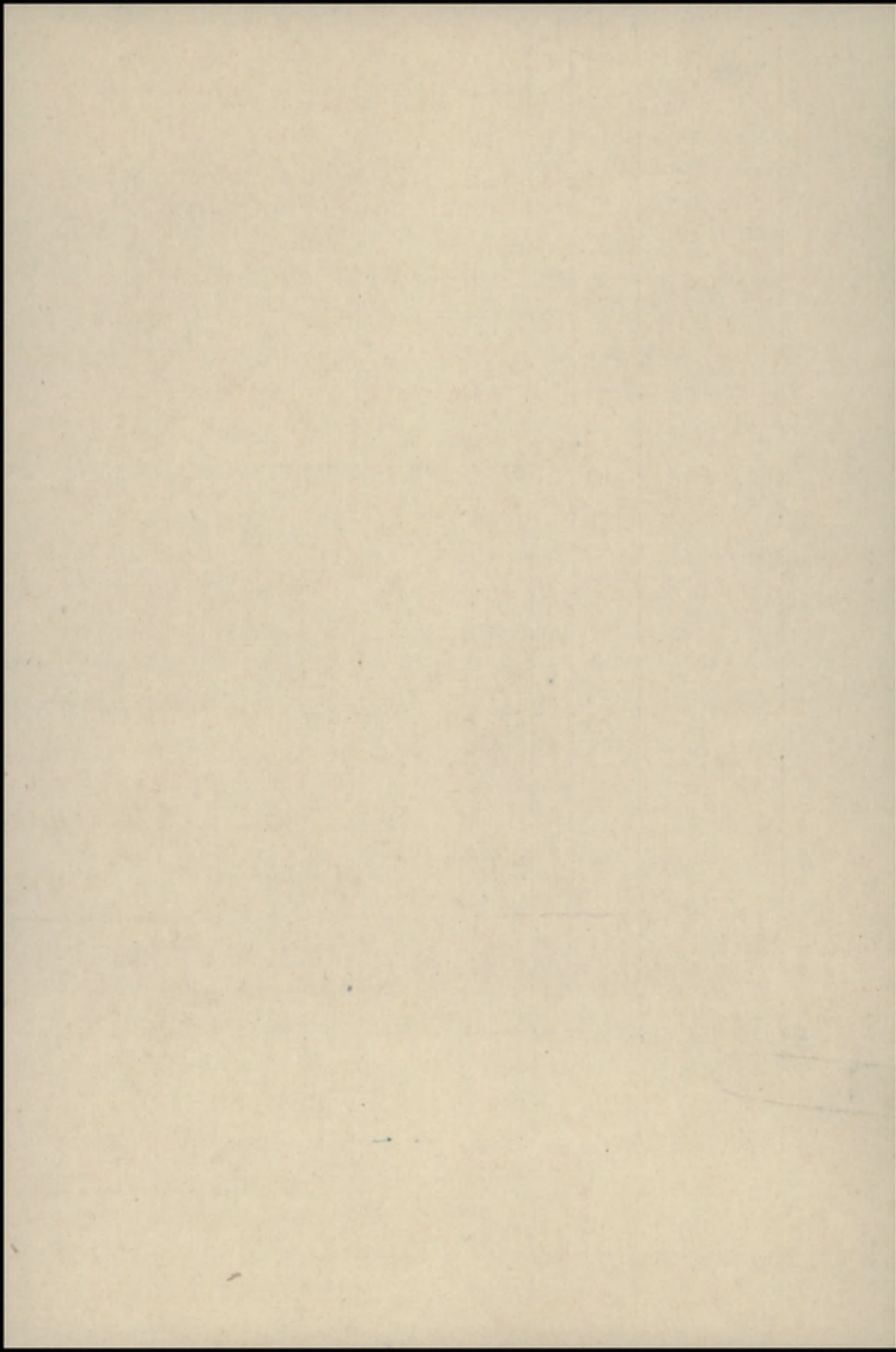
NAME Allan Wm D

T. O. S. 28-3-16 UNIT 193rd Battalion  
(No. 28 of 1-4-16)

M. D. 6

| PAID FROM | PAID TO | SIG. OR REC'T | PROMOTIONS, TRANSFERS, DISCHARGES, ETC. |           |
|-----------|---------|---------------|---|-----------|
|           |         |               | PARTICULARS                             | AUTHORITY |
| 1916      | 1916    |               |   |           |
| Mar 28    | Apr 30  | ✓             |   |           |
| May       |         | ✓             |   |           |
| June      |         | ✓             |   |           |
| July      |         | ✓             |   |           |
| Aug.      |         | n.            |   |           |
| Sept      |         | n             |   |           |
| Oct       |         | n             |   |           |







P. 559  
MARRIED OR SINGLE *m*

PLACE OF BIRTH *Bayville n.s.*

NAME AND ADDRESS OF NEXT OF KIN *Carrie Allen  
Pugwash n.s.*

RELATIONSHIP OF NEXT OF KIN *wife*

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           |
|-------------------------|----------------|---------------------|
| <i>Killed in Action</i> | <i>26/6/17</i> | <i>6/a 95 10/17</i> |

REG'L NO. *901472* RANK *Private* NAME *Alan William Douglas*

IF IN PERM. CORPS; WHAT UNIT; UNIT *193rd Bn.* TRANSFERRED TO *42nd Bn* DATE *5/12/16* AUTHORITY *870.40*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *85th Bn.* DATE *21-4-17* AUTHORITY *5/3/17*

PLACE OF ATTESTATION *Pugwash n.s.* 13 JUL 1917 TRANSFERRED TO *Pugwash* DATE *1.7.17* AUTHORITY *6/a 95 10/17*

DATE OF ATTESTATION *28/3/16* TRANSFERRED TO DATE AUTHORITY

As per A 2nd Form rendered 20/11/16 effect. 11/10/16

ASSIGNED PAY MONTHLY \$ *20* DATE EFFECTIVE *Oct 1/16*

PAYABLE TO *Mr W A Allan Pugwash n.s.* RELATIONSHIP *Wife*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *12/4/17* EFFECTIVE *1/8/17* REASON *Killed in Action 26/6/17 (6/a) 95-4-10/17*

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Entered on N.P. Index *T.W.*

Checked by *H. Lillotson*

| DATE            | PAY         |             | FIELD ALLOWANCE |    | WORKING OR SPECIAL PAY |           | ASSIGNED PAY CREDITS | OTHER CREDITS | TOTAL CREDITS | ACQUITTANCE ROLLS |                                 |     |      | CASH PAYMENTS |             |             |             | ASSIGNED PAY | OTHER CHARGES | TOTAL DEBITS | BALANCE     |      | PAY WITHHELD OR DEFERRED               | PAY AVAILABLE FOR ISSUE   | REMARKS |        |       |
|-----------------|-------------|-------------|-----------------|----|------------------------|-----------|----------------------|---------------|---------------|-------------------|---------------------------------|-----|------|---------------|-------------|-------------|-------------|--------------|---------------|--------------|-------------|------|--|---------------------------|---------|--------|-------|
|                 | NO. OF DAYS | RATE        | AMOUNT          |    | NO. OF DAYS            | RATE      |                      |               |               | AMOUNT            |                                 | 1   |      | 2             |             | 3           |             |              |               |              | 4           |      |  |                           |         | CREDIT | DEBIT |
|                 |             | \$          | C.              | \$ |                        | C.        |                      |               |               | No.               | DATE                            | No. | DATE | No.           | DATE        | No.         | DATE        |              |               |              | No.         | DATE |  |                           |         |        |       |
| <i>31/16</i>    |             |             |                 |    |                        |           |                      | <i>4 10</i>   | <i>14 10</i>  | <i>13 26%</i>     |                                 |     |      |               | <i>9 74</i> |             |             | <i>14 10</i> |               |              |             |      |  | <i>From Canada Shute.</i> |         |        |       |
| <i>30 1/16</i>  | <i>30</i>   | <i>1 00</i> | <i>30</i>       |    | <i>30</i>              | <i>10</i> | <i>3</i>             |               | <i>33</i>     | <i>60 15%</i>     | <i>111 30%</i>                  |     |      |               | <i>4 87</i> | <i>4 87</i> | <i>20</i>   | <i>39 48</i> | <i>7 82</i>   | <i>5</i>     | <i>2 62</i> |      |  |                           |         |        |       |
| <i>5 1/16</i>   | <i>5</i>    | <i>1 00</i> | <i>5</i>        |    | <i>5</i>               | <i>10</i> | <i>50</i>            |               | <i>5 50</i>   |                   |                                 |     |      |               |             |             | <i>20 ✓</i> | <i>20</i>    | <i>6 88</i>   |              |             |      | <i>Trans to 42nd Bn 5/12/16 870.40</i> |                           |         |        |       |
| <i>5 3/16</i>   | <i>5</i>    | <i>3 20</i> | <i>20</i>       |    | <i>20</i>              |           | <i>2 60</i>          |               | <i>28 60</i>  |                   |                                 |     |      |               |             |             |             |              |               |              |             |      | <i>21 74</i>                           |                           |         |        |       |
| <i>1917</i>     |             |             | <i>6 10</i>     |    | <i>6 10</i>            |           |                      |               |               |                   |                                 |     |      |               |             |             |             |              |               |              |             |      |  |                           |         |        |       |
| <i>Jan 1-31</i> | <i>31</i>   | <i>1 20</i> | <i>34 10</i>    |    |                        |           |                      |               | <i>34 10</i>  |                   |                                 |     |      |               |             |             | <i>20 ✓</i> | <i>20</i>    | <i>35 82</i>  |              |             |      | <i>35 82</i>                           |                           |         |        |       |
| <i>Feb 1-28</i> | <i>28</i>   |             | <i>30 80</i>    |    |                        |           |                      |               | <i>30 80</i>  |                   | <i>1122 31/1 268</i>            |     |      |               |             |             | <i>20 ✓</i> | <i>33 33</i> | <i>35 29</i>  |              |             |      |  |                           |         |        |       |
| <i>Mar 1-31</i> | <i>31</i>   |             | <i>34 10</i>    |    |                        |           |                      |               | <i>34 10</i>  |                   | <i>198 26 17/1</i>              |     |      |               |             |             | <i>20 ✓</i> |              |               |              |             |      |  |                           |         |        |       |
| <i>1-20</i>     |             |             |                 |    |                        |           |                      |               |               |                   | <i>12002 28/2</i>               |     |      |               |             |             | <i>20 ✓</i> |              |               |              |             |      |  |                           |         |        |       |
| <i>April 20</i> | <i>10</i>   |             | <i>22</i>       |    |                        |           |                      |               | <i>22 -</i>   |                   | <i>235 4 1/2 26 6/10</i>        |     |      |               |             |             | <i>20 ✓</i> | <i>20</i>    | <i>36 13</i>  |              |             |      |  |                           |         |        |       |
| <i>20-30</i>    | <i>10</i>   |             | <i>11</i>       |    |                        |           |                      |               | <i>14 10</i>  | <i>207 20</i>     | <i>478 2067 22 65 A 31/1/17</i> |     |      |               |             |             | <i>20 ✓</i> | <i>20</i>    | <i>36 13</i>  |              |             |      |  |                           |         |        |       |
| <i>May 31</i>   |             |             | <i>34 10</i>    |    |                        |           |                      |               | <i>34 10</i>  | <i>6 3/16</i>     | <i>419 950 20/5</i>             |     |      |               |             |             | <i>20 ✓</i> | <i>20</i>    | <i>36 13</i>  |              |             |      |  |                           |         |        |       |
| <i>June 30</i>  |             |             | <i>33 00</i>    |    |                        |           |                      |               | <i>33 00</i>  |                   | <i>1122 31/1 268</i>            |     |      |               |             |             | <i>20 ✓</i> | <i>20</i>    | <i>36 13</i>  |              |             |      |  |                           |         |        |       |
|                 |             |             | <i>266 20</i>   |    |                        |           |                      |               | <i>280 30</i> | <i>11 10</i>      | <i>1122 31/1 268</i>            |     |      |               |             |             | <i>20 ✓</i> | <i>20</i>    | <i>36 13</i>  |              |             |      |  |                           |         |        |       |
|                 |             |             |                 |    |                        |           |                      |               | <i>280 30</i> | <i>11 10</i>      | <i>1122 31/1 268</i>            |     |      |               |             |             | <i>20 ✓</i> | <i>20</i>    | <i>36 13</i>  |              |             |      |  |                           |         |        |       |

REMARKS

*Assign Pay for Oct paid by A.P. Branch & recovered on Oct Pay Roll (Canada)*

*Trans to 42nd Bn 5/12/16 870.40*

*Trans to 85th Bn 2/1/17 870.27 5/3/17*

*Trans to 42nd Bn 5/12/16 870.40*

*Killed in Action 26/6/17*

*Trans to Pay B.L. 1/7/17*

*Carried forward,*

Statement of  
DEC 10 1917.  
Account rendered

Statement of  
OCT 16 1917  
Account rendered



