

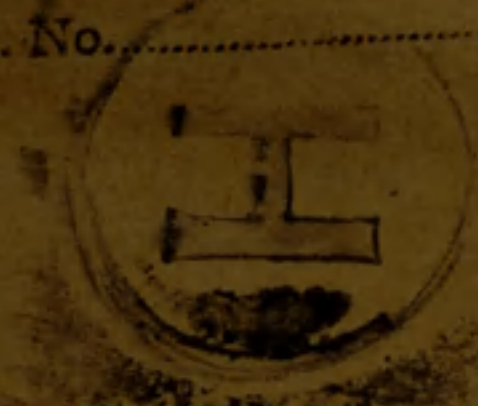
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Arrestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... *2*
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

*misc. - 1*  
*A. 2. B. 122 - 1*

*M. F. W. 62.*  
*2012 20*

## DISCHARGE DOCUMENTS

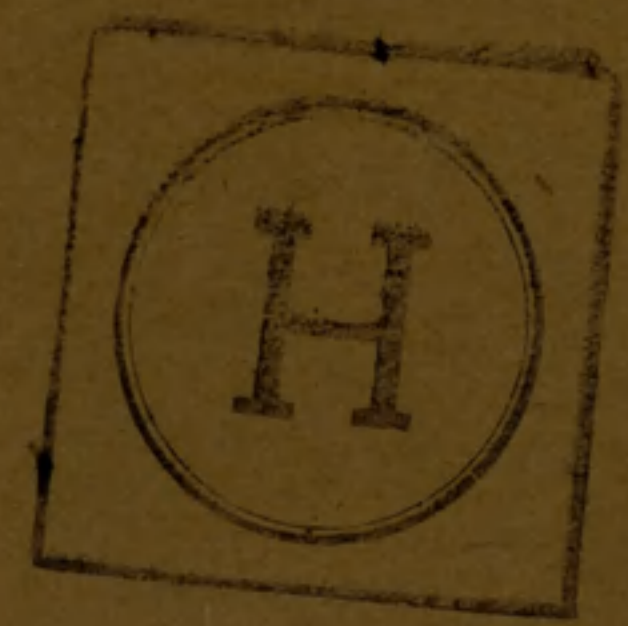
R. Q. No. ....  
 H. Q. No. ....



Name Bowers Hugh Jeffrey  
 Regt. No. 687114 Rank Pte.  
 Corps 172nd Bn.  
*K. in A. 1.3.17.*

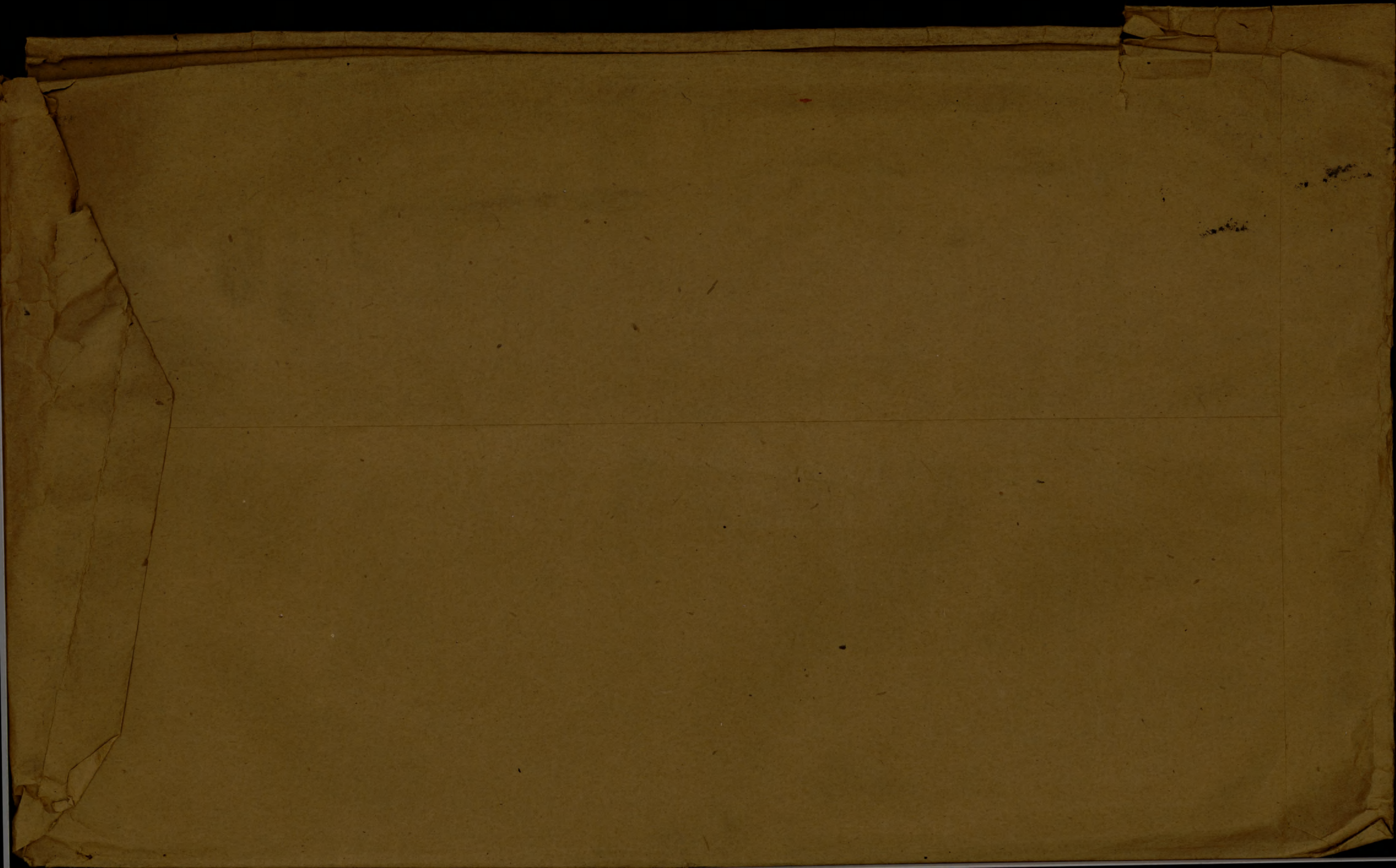


*32003*  
*32828*



*11/8*  
*24-8*  
*32-11*  
*2*







Duplicate

# ATTESTATION PAPER.

No. 687114

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio.

Card  
No. 2  
Mar. 18/16

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- Bowers*
1. What is your surname? *Bowers*
  - 1a. What are your Christian names? *Hugh Jeffrey*
  - 1b. What is your present address? *Endersby*
  2. In what Town, Township or Parish, and in what Country were you born? *Shelburne N.S.*
  3. What is the name of your next-of-kin? *Christian R Bowers*
  4. What is the address of your next-of-kin? *Shelburne N.S.*
  - 4a. What is the relationship of your next-of-kin? *Father*
  5. What is the date of your birth? *13 August 1883.*
  6. What is your Trade or Calling? *Lumberman*
  7. Are you married? *No*
  8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
  9. Do you now belong to the Active Militia? *Yes 102 R. M.R.*
  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*

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

Date *29 Nov* 1915 *Hugh Jeffrey Bowers* (Signature of Recruit)  
*W. W. W. W. W.* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Hugh Jeffrey Bowers*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *29 Nov* 1915 *Hugh Jeffrey Bowers* (Signature of Recruit)  
*W. W. W. W. W.* (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 *Kamloops* this *29<sup>th</sup>* day of *November* 1915.  
*W. W. W. W. W.* (Signature of Justice)

R.A.



# Description of *Hugh Jeffrey Bowers* on Enlistment.

Apparent Age *37* years *3 1/2* 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. *8 1/4* ins.

Chest measurement { Girth when fully expanded..... *38* ins.  
 Range of expansion..... *2* ins.

Complexion ..... *dark*

Eyes ..... *grey*

Hair ..... *dark-brown.*

*Scar at base of left little finger*

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

## CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date..... *Nov 29<sup>th</sup>* 191*5*.

Place..... *Kamloops B.C.*

*W. G. Archibald*  
 Capt. M.C.  
 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.

*Hugh Jeffrey Bowers* ..... 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.

*F. R. O'Connell* ..... (Signature of Officer)

Date..... *22 Jan* 191*6*.

*F. C. 1726 EF*



Transferred from  
Army Special

• Bn. •

Don as possible,  
and state whether

evacuated, please  
re train by which

In this case,

Captain,

First Army.



B

Bowers



172ND BATT. C.E.F.

MEDICAL HISTORY SHEET.

Surname Bowers Christian Name Hugh Jeffrey

Examined { on 24 day of Jan 1916  
 at Kamloops

Approved by W. Aschibalt  
 Rank Capt M.O.

Birthplace { City or Town Shelburne  
 County Nova Scotia

Apparent age 32 = 37

Trade or occupation Seaman

Height 5 Feet 8 1/4 Inches

Weight 174 Lbs.

Chest measurement { Minimum 36 inches  
 Maximum expansion 38 inches

Physical development no

Small-Pox Marks no

Vaccination Marks { Arm Right Left 1  
 Number 1

When Vaccinated last 10 yrs ago

(a) Marks indicating congenital peculiarities or previous disease Scar at base of left little finger

(b) Slight defects but not sufficient to cause rejection

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.
<u>6/9/16</u>	<u>Positive</u>	<u>W. Campbell</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>30/12/16</u>		<u>W. Campbell</u> M.O.
<u>5/7/16</u>		<u>W. Campbell</u> M.O.
<u>16/8/16</u>		<u>W. Campbell</u> M.O.

Enlisted on 1<sup>st</sup> day of January 1916 at Kamloops B.C.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>172 C.E.F.</u>	<u>687114</u>		
Transferred to	<u>64th Bn.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>VERNON. B. C.</u>	<u>SEP 21 1916</u>	<u>Di-</u>	<u>W. Manclark Capt. Ave.</u> <u>R. G. Eldon "</u> <u>R. Carruthers "</u>

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



Surname *Powers* Christian Name *Hugh Jeffrey*

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
R.F.B.		19	1	17	22	1	17	Wd. Contus face Perforated lt. Eye	To Duty	Duplicate Medical History Sheet posted to here. <i>Mc</i>	A130-A136



To Headquarters 9<sup>th</sup> Can. Div. through 11<sup>th</sup> Can. Inf. Bde

## Report on Accidental Wounds

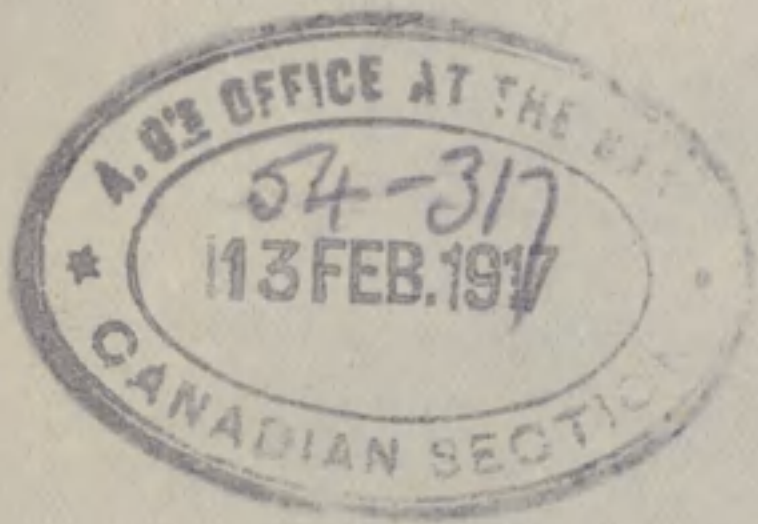
1. Number, Rank, Name, Unit No. 687114 Pte. Bowers, H.J.  
59<sup>th</sup> Canadian Inf. Bde

2. Date of Casualty January 18<sup>th</sup> 1917

3. Location, nature and severity of wounds Contusion of face and lacerated sclerotic left eye.

4. Whether likely to render unfit for further service No

5. Particulars Witnesses Has injured by splinters caused by the premature discharge of a rifle by No. 688012 Pte. Preston, J.



### Witnesses

442528 Sgt. Savage, W.G., 59<sup>th</sup> Can. Inf. Bde  
211266 C.Q.M.S. Mills, L.E., 75<sup>th</sup> Can. Inf. Bde

6. Whether the man is considered to blame No

7. What action has been taken

Date. January 21<sup>st</sup> 1917

H.Q. First Army "A"

Forwarded with reference my Casualty Wire A.B.431 of 19-1-17.

28-1-17.

Chas. Menzies Major

Major-General,  
Commanding 4th Canadian Division.



La. Department of State

Report on Occidental Members

T. James, Clerk  
James, Secy.

of Report of Occidental  
and account of  
of Occidental, notes

of Occidental, notes  
of Occidental, notes  
of Occidental, notes

of Occidental, notes  
of Occidental, notes  
of Occidental, notes

has suffered by opinion caused  
in the formation of a wife  
by the formation of a wife

Witnesses

811500 Mrs. Mills, A.L.  
603257 Sgt. George H. G.  
24th Co. 24th Regt.  
24th Co. 24th Regt.  
24th Co. 24th Regt.

of Occidental, notes  
of Occidental, notes  
of Occidental, notes

of Occidental, notes  
of Occidental, notes  
of Occidental, notes

of Occidental, notes



FORM OF WILL.

Name in full.

I Hugh. J. Bowers

Regimental Number 687114 serving in 54<sup>th</sup> Bn

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

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

I DEVISE and BEQUEATH all my real estate unto

My mother and my assurance Policy which is in her name

Name & Address of persons or person to receive personal estate (see Note 1.)

absolutely, and my personal estate I bequeath to my mother

Mrs Mary Jane Bowers  
Sheburne Co. Nova Scotia

Fill in Date and Year.

IN WITNESS WHEREOF I have hereunto set my hand this fifth day of February A.D. 1914.

Hugh. Jeffrey Bowers  
(Signature)

Signed by the said Testator as his last Will and Testament, the same having been read over and explained to him, in the presence of us both present at the same time who at his request and in his presence and in the presence of each other have subscribed our names as witnesses.

Name of Witness Bryan Oppock

Address of Witness

Occupation of Witness Sergh. 54<sup>th</sup> Battr. C.E.F.

Name of Witness Walter James Fisher

Address of Witness

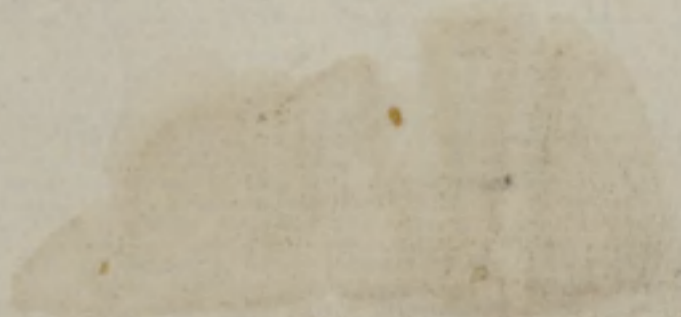
Occupation of Witness Lieut 54<sup>th</sup> Bn C.E.F.

N.B.—Personal Estate includes pay, effects, money in Bank, insurance policy, in fact everything except real Estate.



FORM OF WILL

C. C. C.



I, the undersigned, of the County of \_\_\_\_\_ State of \_\_\_\_\_ do hereby certify that the foregoing is a true and correct copy of the original of the same as the same appears from the records of the \_\_\_\_\_ Court of said County.

Witness my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_ 18\_\_\_\_.

Notary Public

H

Notary Public

My commission expires \_\_\_\_\_

Notary Public

H

My commission expires \_\_\_\_\_

Notary Public



# FORM OF WILL.

I, Hugh J. Bowers (Name in full)

Regimental Number 687114 serving in 172. Batt

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

71634

I bequeath all my real estate unto

my Mother and my  
assaurance Policy which  
is in her name

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

absolutely, and my personal estate I bequeath to my Mother

Mrs Mary Jane Bowers  
Shelburne Co Nova Scotia

Name and Address  
of person or  
persons to receive  
personal estate\*  
(See note).

**IMPORTANT  
NOTE**

This must be Signed  
and Dated by  
THE SOLDIER  
HIMSELF.

this Monday day of November 29 A. D. 1916

Signature of Soldier.

\*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.

Signature of First Witness D. J. Caldwell

Address of Witness Bramshott Camp.

Occupation of Witness Captain.

Signature of Second Witness Hubert Maurice Bolam.

Address of Witness Bramshott Camp.

Occupation of Witness Soldier

THE TWO  
WITNESSES  
MUST  
SIGN HERE



FORM OF WILL

I, James M. Smith of the County of Franklin State of Ohio do hereby certify that the within and foregoing is a true and correct copy of the original of the within and foregoing will of the said James M. Smith as the same appears by the records of the County of Franklin State of Ohio in and to which said records I am duly sworn.

Name and Address of Person to whom the same is to be delivered

James M. Smith  
Franklin, Ohio

Name and Address of Person to receive the same

James M. Smith  
Franklin, Ohio

Witness my hand and seal of office this 1st day of January 1880 at Columbus Ohio.

Notary Public for the State of Ohio

James M. Smith  
Franklin, Ohio



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..... 172ND BATT. C.E.F. ....

(2) Regimental Number..... 687114.....

(3) Full Name of Soldier..... Hugh Jeffrey Bowers.....

(4) Place of Birth..... Shelburne, Nova Scotia.....

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

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

(b) Present Postal Address.....

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

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

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

Also their names and ages.....



(9) Is your Father alive? *Yes* *Christian Ryer Bowers*  
If so, state name and address *Shelburne, Nova Scotia.*

(10) Is your Mother alive? *Yes*  
If so, state name and address *Mary Jane Bowers*  
*Shelburne, Nova Scotia.*

(11) If your Mother is a widow..... } *mother is not a widow but divorced her*  
Are you her sole support, or not?..... } *husband, & H. J. Bowers is her sole support.*

(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.  
*\$15 to \$20 per month; she receives no support from her husband (whom she divorced) nor from her 3 other sons.*

(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? *Yes*  
If so, in what Company? *Mutual Life Insurance Co., Waterloo, Ontario.*  
Have you made arrangements for payment of your Insurance premium *Not beyond 1<sup>st</sup> Apr. 1917.*  
If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

*J. P. O'Leary* *W. Col.*  
Officer Commanding.

Date *29<sup>th</sup> Sept 1916.*



No. 211266 C.Q.M.S. Mills, L.E., 75<sup>th</sup> Battalion states:-

On the above date about 3 pm. I was in the Tunnel on VINCENT C.T and No. 688012, Pte. Boyd, J., was cleaning his rifle within about four or five yards from me.

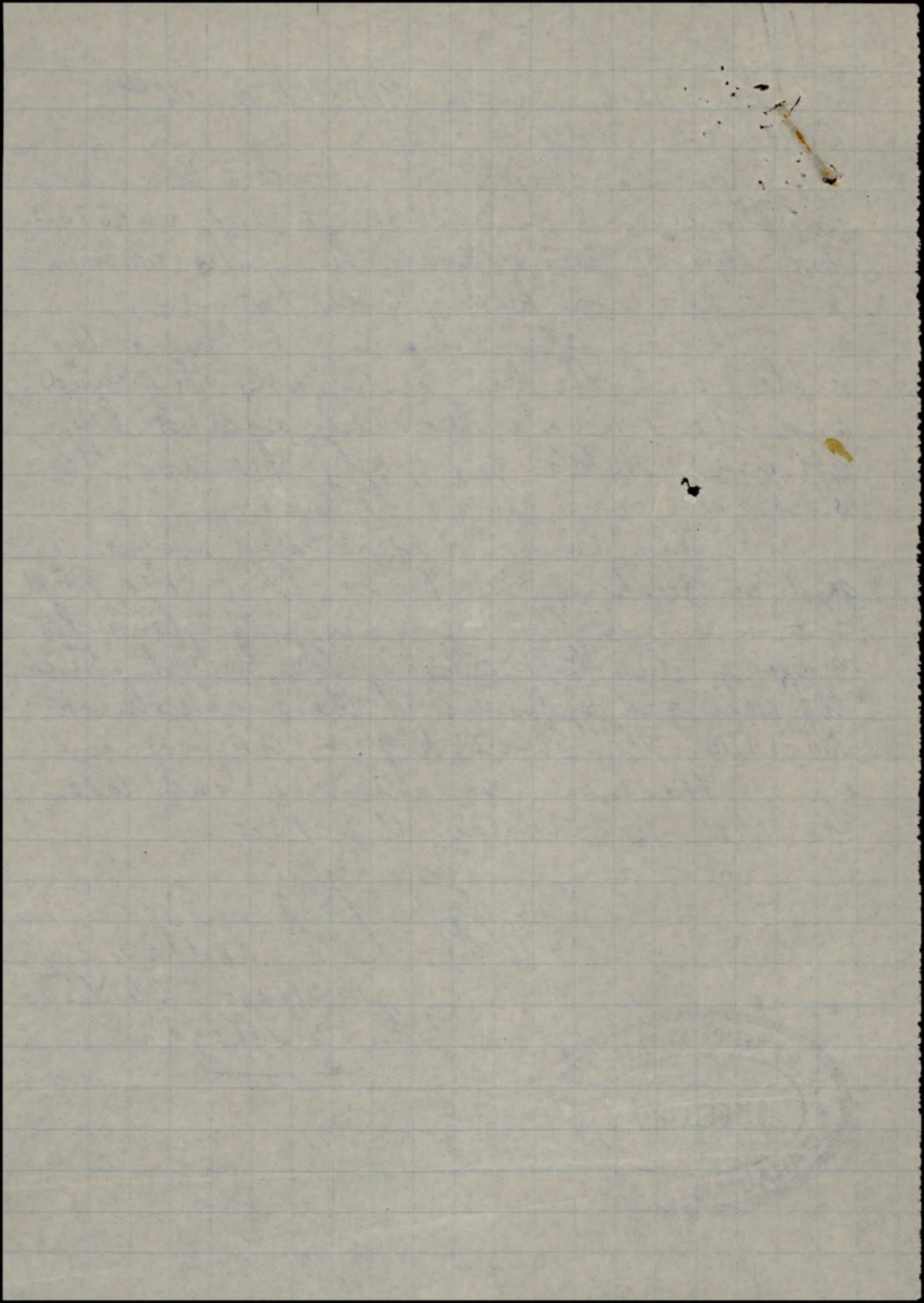
He was standing up holding the rifle with the butt resting on the ground and the muzzle leaning against his left arm. He was apparently cleaning the stock and outside of the rifle.

I then heard a report and scream and on rushing over found that Pte. Boyd had accidentally shot himself, the bullet grazing his left elbow. The bullet struck the wall and splinters of the chalk struck No. 687114 Pte. Bowers, H.G. in the face and eye. The men were attended and taken to the Regimental Aid Post.

Capt L.E. Mills  
No 211266 CQMS  
75<sup>th</sup> Battalion









Statement of Evidence in the cases  
of No. 688012 Pte. Boyd, J and No. 687114,  
Pte. Bowers, H. J.

No. 442528, Sgt. W. G. Savage, 59<sup>th</sup>  
Canadian Inf. Bn, states:

" On the 18<sup>th</sup> inst. about 3 p.m. I was lying  
in the Tunnel on VINCENT C.T.

Hearing the report of a rifle I ran  
forward and found No. 688012 Pte. Boyd, J.  
holding his arm. He told me he had shot  
himself. On examination I found that the  
bullet had grazed his elbow.

I then noticed ~~that he had been~~  
No. 687114 Pte. Bowers, H. J. who was holding  
his hand over his eye.

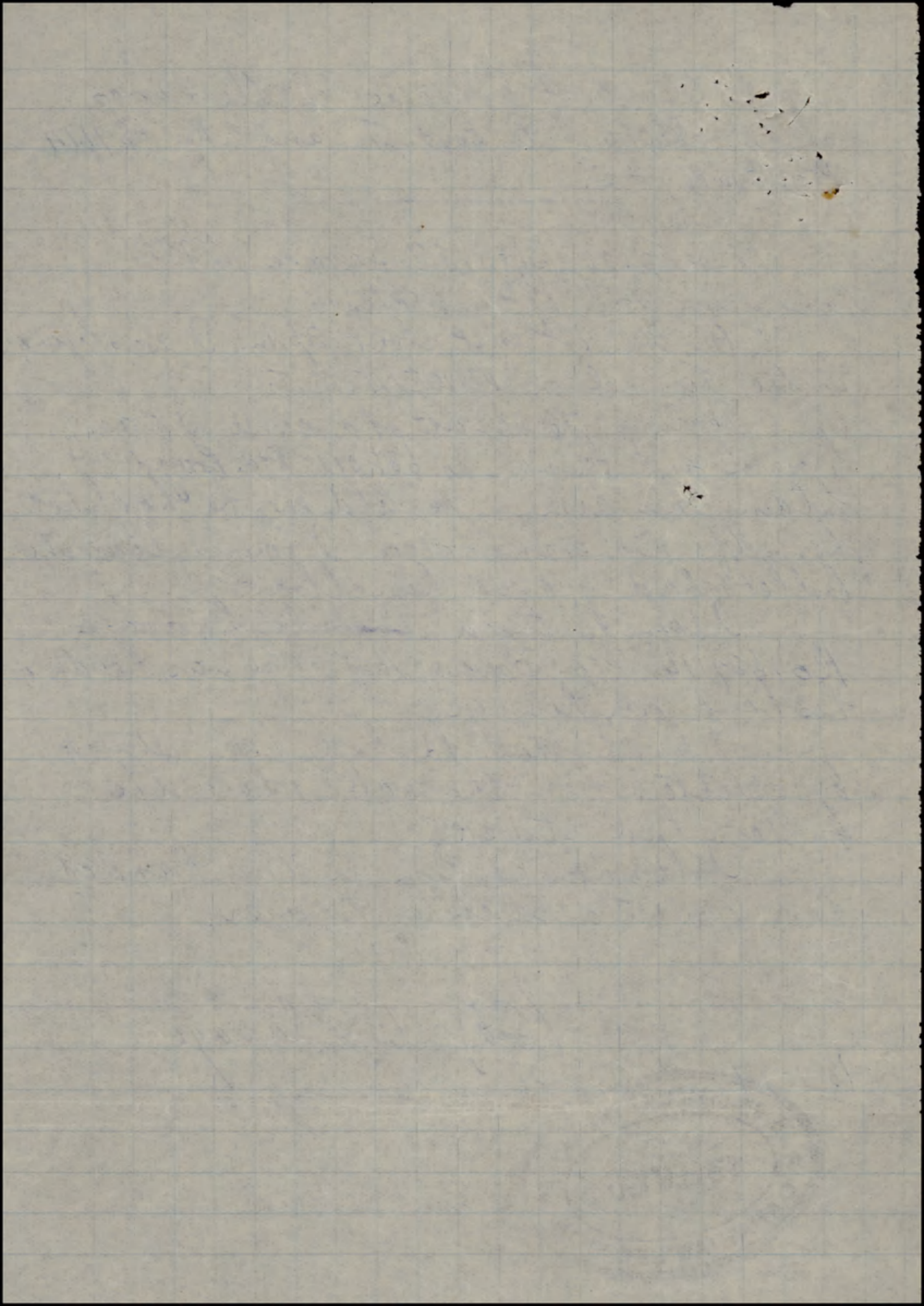
I found that he had been struck  
by splinters from the wall where the  
bullet had struck.

I bandaged him up and handed  
him over to a Stretcher Bearer.

(Sgt.) W. G. Savage









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

*ASBm*

# Casualty Form—Active Service.

M. F. W. 54.  
150M. 10-15.  
H.Q. 1772-39-920.

Unit, Regiment or Corps 172<sup>nd</sup> C.E.F.

Regimental No. 687114 Rank Private Name Bowers, H. J. Hugh Jeffrey

Enlisted (a) 29/11/15 Terms of Service (a) C. E. F. Service reckons from (a) 29/11/15

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).

CERTIFIED CORRECT.  
15 DEC. 1916  
CAN RECORDS, LONDON

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked - Canada	25th Oct. 1916		
		Arrived - England	31st Oct. 1916		
5-12-16	172 Bn.	Proceeded overseas for service with 54th	Bramshott	5-12-16	D.O. Part II No. 277 Adj. Division. Major. C.E. 172nd O.S. Batta. C.E.F.
7-12-16	C. B. D.	ARRIVED C. B. D.	FRANCE	7-12-16	N. R. D. 7-12-16. PART II ORDERS No. 309 D. 15-12-16
<del>13-12-16</del>	C. B. D.	LEFT C. B. D. FOR	<del>54th Bn</del>	<del>13-12-16</del>	N. R. D.
<del>23-12-16</del>	O. C. 54th Bn	ARRIVED 54th Bn.	FIELD	<del>16-12-16</del>	B. 213 D. <del>16-12-16</del>
5-1-17	C. B. D.	Salmon strength from 2nd Coy due power	Field	5-1-17	NA
10-1-17	do.	Left to form unit	Field	10-1-17	NA
20-1-17	54th Bn	joined unit	do	13-1-17	B213 D. 13-1-17
20-1-17	do.	Cont. Sec. Separation & pay plan	do	19-1-17	B213 D. 19-1-17

(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.



Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 33, 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. 33, or other official documents.
Date	From whom received				
27-1-17	54 Am.	From Hospital	Field	22-1-17	B213 11590 9/5-2-17
27-1-17	11 C.S.A.	Cont. W of face & eye (see 9)	11 C.S.A.	18-1-17	11593 9/12-2-17 (Auth. 1st. Army Hqrs. No. 3003/13A. K.D.d. 54-317 1/2)
		So blurry		21-1-17	
2-2-17	1st. Army	It is not proposed to take any further action in this case.			
5-3-17	54 Am	Killed in action	Field	1-3-17	Letter H 1137-3702 M 41 9/12-3-17  Russovauvige Lieut. for Lt. Col. A. A. G.



A.G.R.

Rank

*Plt.*

Name

BOWERS, Hugh Jeffry /

Reg'l No.

687114 /

Unit

172nd Bn.

If in perm. Corps,  
What Unit? }

Married or Single

Single. /

Place and Date of Enlistment

Kamloops, 29th Novr. 1915. /

Place of Birth

*Shelburne*  
~~Sherborne~~, N.S. /

Name and Address, Next-of-Kin

Christian R. Bowers, /

*SHELBOURNE*  
~~Sherborne~~, N.S., Canada. /

Relationship

Father. /

Assigned Pay Monthly \$

Payable to

*R139-59.*

Relationship

*R-L25-B-3112*

Separation Allowance \$

Payable to

*N/E R.B. 6*

Relationship

Discharge, Date and Place

Reason

Character

Report.

Date.

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 S.S. Mauritania 31/10/16.*

5-12-16 172<sup>nd</sup> Bn I.O.S. to transfer to 54<sup>th</sup> Bn Bramshott 5-12-16 Pt. II D.O. 277. D.S. 10m.

15-12-16 54<sup>th</sup> Bn I.O.S. from 172<sup>nd</sup> Bn Yield 7-12-16 Pt II D.O. 309.

3-2-17 " Reported from Base Wounded. " 19-1-17 Contusion Face (acc) Perforation L Eye. Ch A130.

10-2-17 " Rptd from Base to Duty " 22-1-17 ✓ Ch A136.

16-3-17 " Killed in Action " 1-3-17 Ch A165.

12-3-17 " Killed in Action " 1-3-17 Pt II D.O. 41.

A.F.B. 103 CHECKED  
13 DEC. 1916

*in X of 2012*









3  
B

Register No. 9B567

WAR SERVICE GRATUITY

A.P. File No. 1935-H-3

TO  
DEPENDENTS OF DECEASED SOLDIERS

Regt'l No. 687114 Name Henry H. Jeffrey Bowers  
(Christian Name) (Surname)  
Unit 172<sup>nd</sup> Rank Pte. Date of enlistment.....  
Date of casualty March 1<sup>st</sup> 1917 B.P.C. File No. 15-997  
Was service performed overseas? Yes

DEPENDENT

Name Mrs. Mary J. Bowers Relationship Mother  
Address Shelburne Town  
N.S.

M.F.W. 2652  
25M-6-20  
H.Q. 1772-39-4473

Amount of Special Pension Bonus \$ Nil Abstracted by W. Sharp

Eligible for Gratuity ..... \$ 180.00  
Less amount of Special Pension Bonus paid..... \$ ✓  
Less Debit Balance of S. A. or A.P..... \$ ✓

Total deductions \$ ✓

Balance due \$ 180.00

Cheque No. 9.1894042 Date issued 23-7-20

Clerk R. J. Harries

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

Audited by  
[Signature]  
Date 4/1/20 \$180<sup>00</sup>

86



# 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 91 days	FIRST PAYMENT			SECOND PAYMENT			FINAL PAYMENT			Balance Overpayments to be Recovered	Total Amount Paid
	Cheque No. A	Date	Amount 30 days	Cheque No. P	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

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

Remarks.



MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

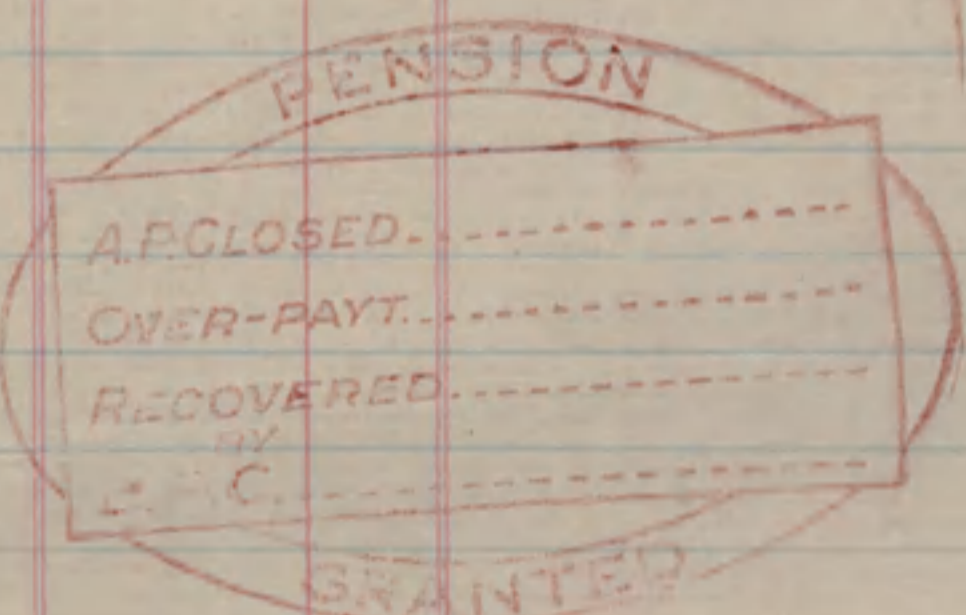

To Whom *Mrs Mary J Bowers*  
 Address *Shelburne*  
*N.S.*

By Whom Assigned *Bowers Hugh Jef*  
 Regtl. No. *687114*  
 Rank *Pte*  
 Corps *172 Bn C.E.F.*

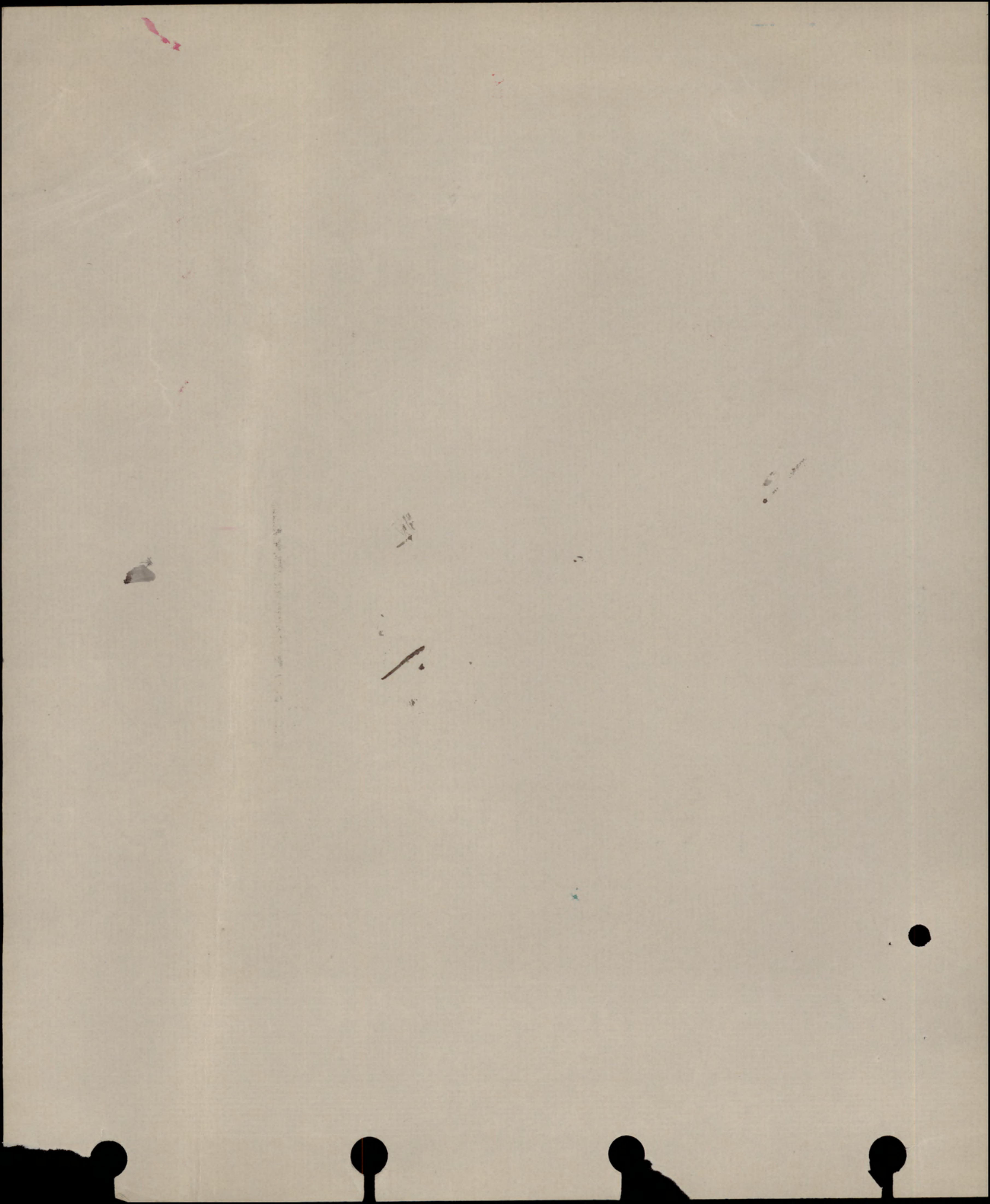
Rate *15<sup>00</sup>*

NOV 1 1916

**PAYMENTS**

Month	Year	Cheque No.	Amt.	REMARKS	
Aug.	1914			<i>Stop Payments April 1/17</i> <i>Killed in Action</i> <i>3M 20/3/17 a.x.c. 25/4/17</i> <i>Prev noted by F.X.</i>	
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1915			<i>Pension notified 10-8-17</i> <i>W. Law 10-8-17</i>	
Feb.					
March					
April					
May					
June				 	
July					
Aug.					
Sept.					
Oct.					
Nov.					
Dec.					
Jan.	1916				<i>Killed in action</i> <i>22/17/3/17 March 1917</i> <i>W. Law</i> <i>28/3/17</i>
Feb.					
March					







MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 50m.—7-16  
 1772—39—819.

Sheet No. 2. *Mrs Mary J. Bowers*  
 (Assignee)

I. L. Job 5470—Req. 6888.

PAYMENTS.

Name of Soldier *Bowers Hugh J*  
*#687114 Pte*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>1500</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>C 30980</i>	<i>15-</i>	
Dec.		<i>X 33853</i>	<i>15-</i>	
Jan.	1917	<i>Z 37972</i>	<i>15-</i>	
Feb.		<i>Z 43281</i>	<i>15-</i>	<i>15</i>
March		<i>A 49846</i>	<i>15-</i>	<i>15</i>
April		<i>G 933</i>	<i>15-</i>	<i>15</i>
May		<i>X 6790</i>	<i>15-</i>	<i>15</i>
June	<i>15 W.</i>	<i>F 13460</i>	<i>15-</i>	<i>15</i>
July		<i>Z 22493</i>	<i>15-</i>	<i>15</i>
Aug.		<i>D 27596</i>	<i>15-</i>	<i>15</i>
Sept.		<i>D 34584</i>	<i>15-</i>	<i>15</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*M.S.*

*M.C.*

*90<sup>00</sup> BFX4 B.F.*  
*#90 P. J. 27/3/17. J.H. Ostrom GMB*  
*Assignee dependent*  
*acct to continue until*  
*pension is granted*  
*28/3/17.*  
*165<sup>00</sup> B.F.*

Pension Granted... *1-10-17*  
 B.P.C. to Recover \$.....  
 Clerk... *[Signature]* Date *2/10/17*



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.				



SEPARATION ALLOWANCE

Name *Mary J Powers*

Address *Shelburne N.S.*

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

Name of Soldier *Powers High J.*

Regtl. No. *687114*

Rank *Pte*

Corps *172<sup>nd</sup> Batt*

To what Corps belonging }  
when called out }

PAYMENTS

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



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







1-3-16

MILITIA AND DEFENCE

M. F. W. 11a.  
50m.-4-16.  
1772-39-818.

SEPARATION ALLOWANCE

OVERSEAS CONTINGENTS

Sheet No. 2

Mary J. Bowers Mother  
PAYMENTS.

Name of Soldier

Bowers Hugh J

L. L. Job 310.—Req. 6574.

Month.	Year.	Cheque No.	Amt.	Pte	Remarks.
April	1916				
May		P 3004	60	60	
June		K 8306	20	20	
July		L 5794	20	20	
Aug.		F 13740	20	20	
Sept.		Q. 14205	20	20	
Oct.		B 18089	20	20	
Nov.		C 21729	20	20	
Dec.		C 25292	20	20	
Jan.	1917	B 28507	20	20	
Feb.		B 31313	20	20	
March		B 34399	20	20	
April		D 320	20	20	
May		C 3891	20	20	
June		F 7289	20	20	
July		C 10707	20	20	
Aug.		Y 13571	20	R	
Sept.					
Oct.		U 19453	20	20 R	
Nov.		X X			
Dec.					
Jan.	1918				
Feb.					
March					
April					
May					
June					
July					

Pension Granted 1-10-17  
 B.P.C. to Recover \$  
 Clerk J. P. Date 2-10-17

Pensions Notified DATE 27/3/17  
 Killed in Action DATE 11/3/14  
 b. L (2) 10/3/14 a.s.

PENSION  
 A. CLOSED 20/9/17  
 OVER-PAYT.  
 RECOVERED BY 11/3/17  
 B.P.C.  
 GRANTED

4-10-17  
 FOR

ACCOUNT CLOSED  
 DATE PER W



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.				



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

*Mar. 1, 1916.*

# Separation and Assigned Pay Branch

*Nov 1-16*

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

<i>20.</i>			
------------	--	--	--

RATE OF ASSIGNMENT

<i>15-</i>			
------------	--	--	--

## PARTICULARS OF SEPARATION ALLOWANCE

No. *687114*  
 Rank *Pte* Promoted Reverted Discharge  
 Soldier's Name *Hugh J. Bowers*  
 Battalion *172 Bn. C.E.F.*  
 Beneficiary *Mary J. Bowers*  
 Relationship *Mother*  
 Address

## PARTICULARS OF ASSIGNMENT

Name *Mrs Mary J. Bowers*  
 Address *Shelburne N.S.*  
 Change of Address  
 1  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i> <i>Sept 30</i>		<i>380</i>	<i>165</i>	<i>545</i>	<i>Pension Granted 1<sup>st</sup> 17, Acct Closed</i>

Pensions Notified Date.....  
 Killed in Action } Date *Mar. 1917*  
 Died of Wounds }  
 Missing }  
 O. L. *(2) 17-3-17* Clerk.....  
 Date Noted *28-3-17* 191

*Account to continue until pension granted. Assignee dependent. 28/3/17*

*184 B15  
MWR*







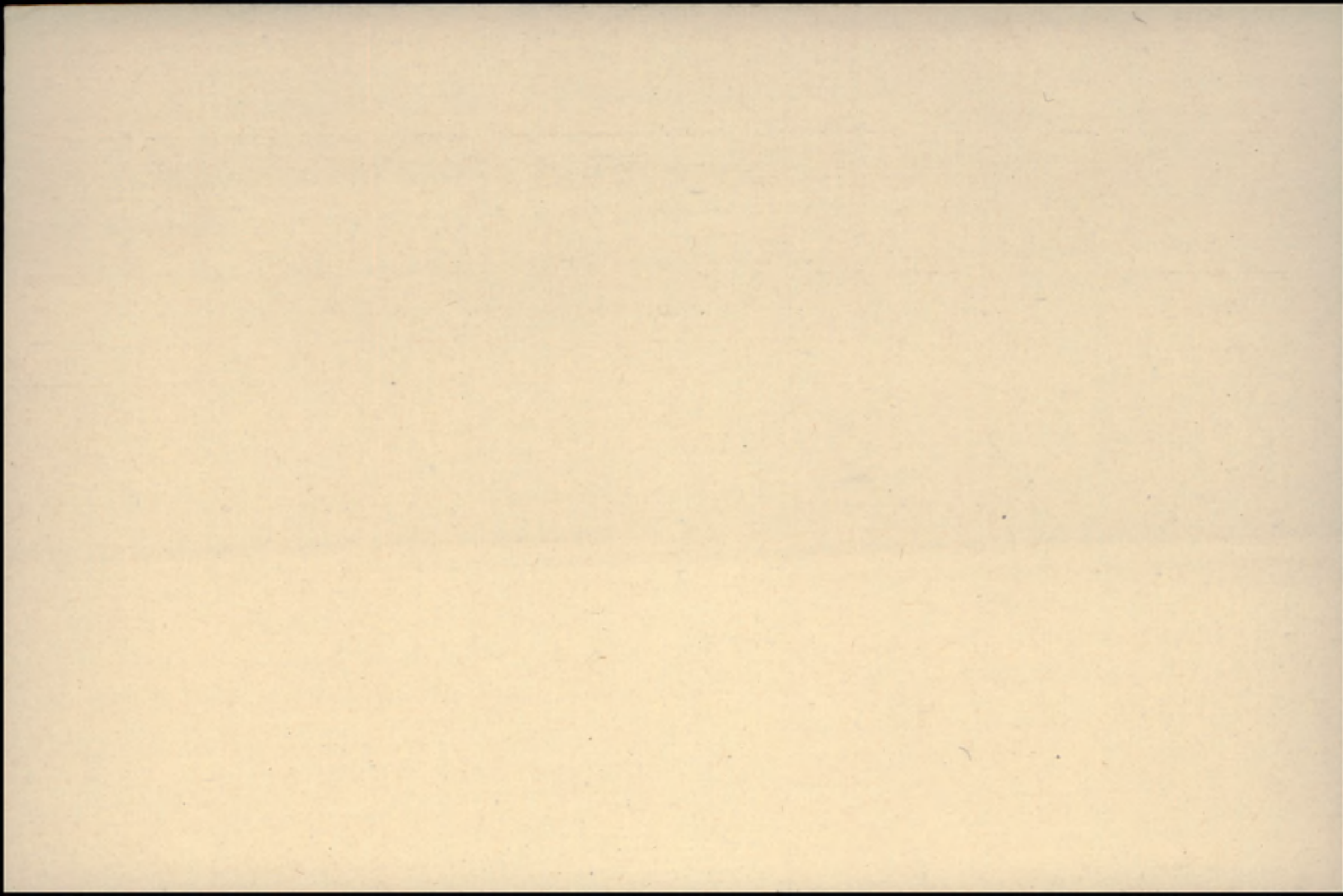
No. 2246

RANK *Pte.*NAME *Bowers, A.**J.*T. O. S. 27-11-15  
(D.O. 12 of - 11-15)UNIT *102<sup>nd</sup> Regt (Rocky Mountain Rangers)*

M. D. 11

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915 Nov 27</i>	<i>1915 Nov 30 Dec.</i>	<i>✓ ✓</i>	<i>Transfd to 172<sup>nd</sup> Bu 3-12-15</i>	<i>D.O. 33 of 1-16.</i>







No 687114

RANK *Pte.*

NAME *Bowers, W. J.*

T. O. S. *Trans. from 102<sup>nd</sup>*

UNIT

*172<sup>nd</sup> Battalion, C. E. F.*

*J. M. R. 1-1-16 D.O. 905  
Jan. 1916.*

M. D. //

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1916 Jan. 1</i>	<i>1916 Jan. 31</i>			
<i>Feb.</i>		<i>✓</i>		
<i>Mar.</i>		<i>✓</i>		
<i>Apr.</i>		<i>✓</i>		
<i>May</i>		<i>✓</i>		
<i>June</i>		<i>✓</i>		
<i>July</i>		<i>n.</i>		
<i>Aug.</i>		<i>✓</i>		
<i>Sept.</i>		<i>✓</i>		
<i>Oct.</i>		<i>✓</i>		

**UNIT SAILED  
OCT 25 1916**







H.Q. 649-B-11750.

BOWERS, Pte. Hugh Jeffry, #687114, 54th Can. Inf. Bn.

*m*

M. & D. (Mother) Mrs. Christian R. Bowers,  
Shelburne, N.S.

P. & S. (Father) Christian R. Bowers,  
Shelburne, N.S.  
*(Serial no. 772377)*

Mem. C. (Mother) Same as above.

Scroll Desp. *27-1-21* Reqn. No. *2-13939*

Phone Desp. *MAR 7 1922* Reqn. No. *P31867*

39974

*not sig 14/15 star.  
6 sig, 0 m.  
2 " 1 B w m*

*B.*



649

M 6.38600

DEC 28 1920



NAME **Bowers Hugh Jeffrey**

REGT'L NO **687114**

RANK AND CORPS **Pte 154th Buffarm**

H. Q. FILE NO. 649-

FOLLOWS NO. **172nd Bn**

CABLE

NATURE OF CASUALTY

FOLLOWS

No. DATE

08387 3-2-17

Rep wounded Jan 19th 1917  
Chin face perforated left eye

M 865 15-3-17

Killed in action March 1st/17

A7.B 2090a Rouen. 11-3-17

Killed in action 1-3-17



LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

LIST No	HOSPITAL	DATE OF ADMISSION	REMARKS
A 130	Rep. from Base.	19-1-17.	Cont face. Perforation L. Eye.
A 136	Rep from base To Duty	22-1-17	Cont face perforation L eye
A 165	Rept from base	1-3-17	Killed in action



Name BOWERS. Hugh. Rank Pte.

Reg. No. 687114

Jeffry.

Unit 54th Batt.

Next of Kin CANADA.

25-B-3112

1917	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
19-1	Reported from Base.	Cont. Face.		A130.	08387.	3-2
		Perforation L. Eye.				
22-1.	To duty.	Do.		A136		
1917 1-3	Reported from Base.	KILLED	IN ACTION	A165	M265	16-3







NAME *Bowers Hugh Jeffrey* 649-B-11750. *RR*

RANK & No. *Pte!* 684114 *D*

CORPS *142nd.* *Batt.*

ENLISTMENT, PLACE *Hamloops, B. C.* DATE *Nov. 29, 1915.*

FORMER CORPS *Nil.*

COUNTRY OF BIRTH *Canada, Shelburne, N. S.*

NEXT OF KIN *Bowers, Christian R. (Father,)*

ADDRESS OF NEXT OF KIN *Shelburne, N. S.*

DISCHARGE, PLACE

DATE

*Off 25-10-16*



From Halifax per S.S. *Mauretania* 20/10/16

MARRIED

SINGLE *yes*

WIDOWER

TRADE OR CALLING

*Lumberman*

RELIGION

*Presbyterian*

DESCRIPTION.

APPARENT AGE

*32* YEARS

*3 1/2* MONTHS

HEIGHT

*5'* FEET

*8 1/4* INCHES

CHEST MEASUREMENT

*38* INCHES

EXPANSION

*2* INCHES

COMPLEXION

*Dark*

EYES

*Grey*

HAIR

*Dark-brown*

DISTINGUISHING MARKS

*Scar at base of left little finger.*

MEDICAL EXAMINATION.

PLACE

*Hamloops, B. C.*

DATE

*Nov. 29, 1915.*

REMARKS:



W.D.  
Number

687114

Rank

Pto

Surname

BOWERS

Christian Name

Hugh Jeffrey

Units

54<sup>th</sup> Bn Can Div Theatre of War France

Date of Service

7-12-16

Remarks

(Mother) Mrs. Christian R. Bowers

Latest Address

Shelburne,  
N.S.

Roll No.

13 Page 19706

200m.-6-21.



DESP. DEC 19 1922  
REAN. NO. 27209



Surname **Bowers** Christian Name or Names **H.J.** Reg. No. **687114**  
 Rank **Pte.** Unit **54th Bn.** Co. Troop Batty.  
 Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

**Cont. Face Perforation L. Eye.**

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

*R.F.B. Killed-in-action, 1-3-17.*

DISPOSITION

Date

C.L. 3-2-17 A130

REMARKS

*10-2-17 a 196*

R.F.B. Wd. 19-1-17

*16-3-17. A165.*

*70 Duty 22-1-17*

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

*R.*



EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.







