

REGIMENTAL DOCUMENTS

NAME Bowyer J. Lorne REGT. NO. 797200 UNIT _____ H. Q. FILE NO. _____

S

14

M

14

H

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DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

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1 card

1 card

1 card

M-X
25-12-90
RR

33509

DEATH

Category

DISCHARGE

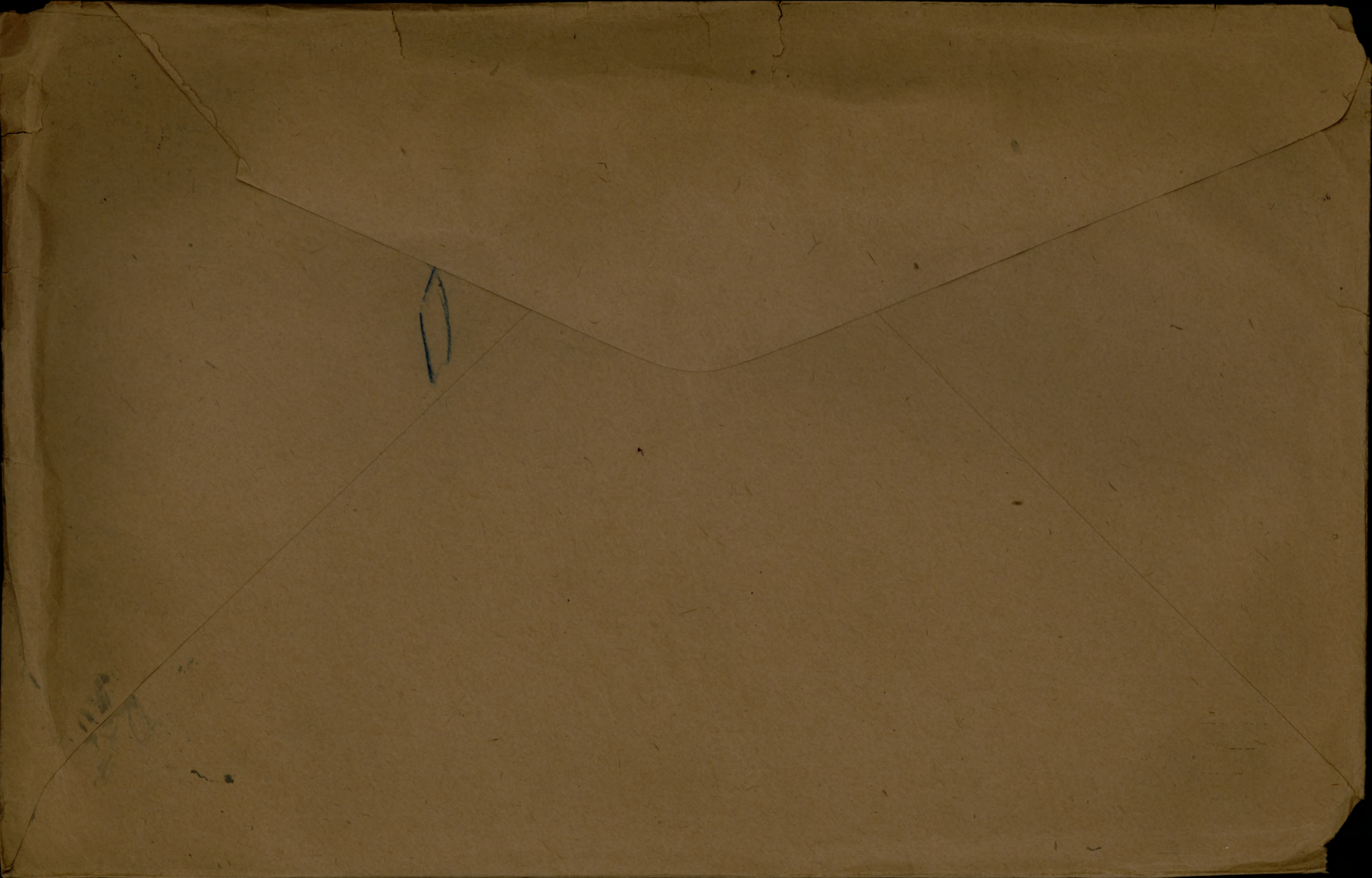
Category

DESERTION

AO-210-966

14-12
21-13
33-13

3



ATTESTATION PAPER.

No. 797200 C

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

1. What is your surname?..... **Bowyer.**
- 1a. What are your Christian names?..... **J. Lorne**
- 1b. What is your present address?..... **Silver Hill. Ont.**
2. In what Town, Township or Parish, and in what Country were you born?..... **North Walsingham. Ont.**
3. What is the name of your next-of-kin?..... **John R. Bowyer**
4. What is the address of your next-of-kin?..... **Silver Hill. Ont.**
- 4a. What is the relationship of your next-of-kin?..... **Father**
5. What is the date of your birth?..... **Aug. 6th. 1895.**
6. What is your Trade or Calling?..... **Farmer**
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?..... **39th. Regt.**
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, **J. Lorne Bowyer**, 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 **May 4th.** 191 **6**. *J. Lorne Bowyer* (Signature of Recruit)
R. G. Mc Dowell Capt (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **J. Lorne Bowyer**, 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 **May 4th.** 191 **6**. *J. Lorne Bowyer* (Signature of Recruit)
R. G. Mc Dowell Capt (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 **Simcoe. Ont.** this **4th.** day of **May** 191 **6**.

L. Fisher (Signature of Justice)

Description of Bowyer. J. Lorne on Enlistment.

Apparent Age.....20.....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.....5 ft. 8 $\frac{1}{4}$ ins.

Chest measurement. { Girth when fully expanded.....39 $\frac{1}{2}$ ins.
 { Range of expansion.....4 ins.

Small scar inner side left knee.

Complexion.....Fair

Eyes.....Blue

Hair.....Light brown.

Religious denominations. { Church of England.....
 { Presbyterian.....X
 { 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.....May 4th......191 6.

Place.....Simcoe. Ont.

[Signature]
 Major. 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.

J. Lorne Bowyer.....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]

(Signature of Officer)

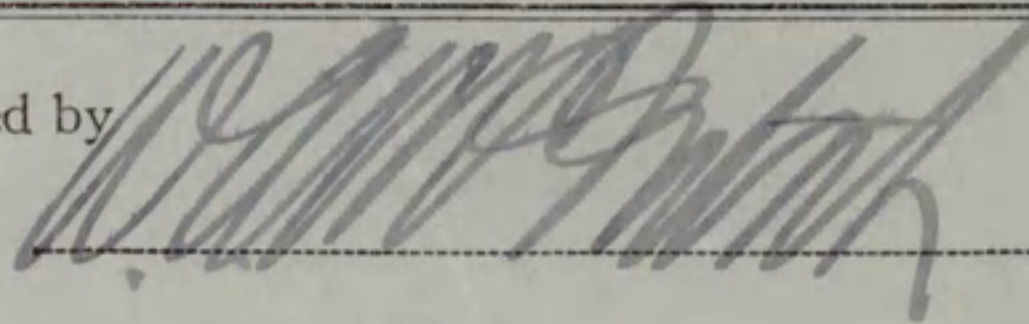
Lt. Col. Command. 133rd. Bn. C.E.F.

Date.....May 4th......191 6.

MEDICAL HISTORY SHEET.

Surname Bowyer Christian Name J. Lorne

Examined { on 7th day of May 1916
 at Simcoe

Approved by 

Birthplace { City or Town N. Walshingham Rank Major M.O.
 County Ontario

Apparent age 20

Trade or occupation Farmer

Height 5 Feet 8 1/4 Inches M.O.

Weight 168 1/2 Lbs. M.O.

Chest measurement { Minimum 34 inches M.O.
 Maximum expansion 39 inches M.O.

Physical development M.O.

Small-Pox Marks M.O.

Vaccination Marks { Arm Right Left
 Number none

When Vaccinated last M.O.

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

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

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>AUG 10 1916</u>		M.O.
<u>Aug 3</u>	<u>"</u>	M.O.
<u>AUG 10 1916</u>		M.O.

Enlisted on 4th day of May 1916 at Simcoe

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>133rd. Batt.</u>	<u>797200</u>		
Transferred to	<u>14th. Bn</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.

FORM OF WILL.

I, J. Lorne Bowyer (Name in full)

Regimental Number 797200 serving in 133rd O.S. Bn.

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 my father

John R. Bowyer
Silver Hill
Ont.

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

absolutely, and my personal estate I bequeath to my father

John R. Bowyer
Silver Hill
Ont.

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

I appoint the said John R. Bowyer my sole Executor

IMPORTANT NOTE

This must be Signed and Dated by THE SOLDIER HIMSELF.

this 11 day of October A. D. 1916

J. Lorne Bowyer 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 C. M. Aitken Esq

Address of Witness Port Rowan, Ont

Occupation of Witness Barrister

Signature of Second Witness A. G. Newcombe Esq

Address of Witness Simcoe Ont.

Occupation of Witness Clergyman

THE TWO WITNESSES MUST SIGN HERE

FORM OF WILL

I, _____ of the County of _____ State of _____ do hereby certify that I am of sound mind and memory and I hereby revoke all former Wills by me made and declare this to be my last Will

I bequeath of my real estate unto

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

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

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

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

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

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

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

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

A.G.R. Rank _____ Name **BOWYER, J. Lorne** Reg'l No. **797200**
 Unit **133rd Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Simcoe, Ont., 4th May, 1916.** Place of Birth **North Walsingham Ont.**

Name and Address, Next-of-Kin **John R. Bowyer,**
Silver Hill, Ont. Relationship **Father.**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

N/E. R.B. No. **9045**
 File R.L. **26. B. 4323**
 Category **Des. 1A**

Discharge, Date and Place _____ Reason _____ Character _____

M-X
28-12-20
R.R.

I
M

Report.		Record or promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England.</i>	<i>S. S. Lapland</i>	<i>11-11-16</i>	
<i>14-11-16</i>	<i>1/2 23rd Bn.</i>	<i>Taken on strength.</i>	<i>Dibgate</i>	<i>12-11-16</i>	<i>Pt. II O. 284</i>
<i>30-11-16</i>	<i>"</i>	<i>Srs. on trans to 14th Bn</i>	<i>"</i>	<i>30-11-16</i>	<i>" " 300</i>
13.12.16	14th Bn	Taken on Strength,	Field.	1.12.16	Pt, 2, O-88
<i>4-8-17</i>	<i>---</i>	<i>Apptd "Lance/corporal"</i>	<i>As ---</i>	<i>17.7.17</i>	<i>Pt II Do 45.</i>
<i>11-9-17</i>	<i>1st Que.</i>	<i>Wounded.</i>	<i>Sppl Field</i>	<i>15.8.17</i>	<i>b2 Q 4. Not Stated</i>
<i>14.9.17</i>	<i>---</i>	<i>Prev Reptd Wounded and</i>			
		<i>Killed in Action</i>	<i>Sppl ---</i>	<i>15.8.17</i>	<i>b2 Q 10 Also Do 89 15.9.17</i>

A.F.B. 103 CHECKED
8 DEC 1916
Amma

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

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

Casualty Form—Active Service.

Unit, Regiment or Corps 133rd O.S. Bn. C.E.F.

Regimental No. 797200 Rank Private Name Bowyer, J. Lorne.
C. E. F.

Enlisted (a) 4-5-16 Terms of Service (a) Duration of war. Service reckons from (a) 4-5-16

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) Farmer.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Embarked	Canada	30-10-16	
		Disembarked	England	11-11-16	
		Taken on strength from 133rd Battalion.	Dibgate	12-11-16	D.P. II O. 284
30-11-16	23rd Bn.	Drafted to 14th Bn.	Field	30-11-16	D.P. II O. 300 A. Humphrey Lieut. for C.C. 23rd Bn. C.E.F.

CERTIFIED CORRECT
 14-11-16
 11 DEC. 1916
 CAN. RECORDS, LONDON

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	C. B. D.	ARRIVED C. B. D.	FRANCE	1.12.16	N. R. D. 1.12.16 PART II ORDERS No. 83 D 13.12.16
	C. B. D.	LEFT C. B. D. FOR	14 Bn	20.12.16	N. R. D. 20.12.16
	C. B. D.	ARRIVED 14 th BN.	FIELD	23.12.16	B. 213 D. 29.12.16 387.
21. 7. 17	Unit	App'd Lance Corporal.	Field	17.7.17	B 213. ho 75-1917.
25. 8. 17	Unit	Wounded.	Field	15.8.17	B 213. 468.
8. 9. 17	do	Now reported Killed in Action.	do	15.8.17	B 213. D.C. 470. Pvt ho 89-1917. Capt. S. Maxwell, Lieut for H. Col. G. G. G.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

Sheet No. 2.

~~Mr.~~ *J. R. Bowyer*

Name of Soldier

Bowyer, J. R.

L. L. Job 4503. -Req. 6832.

PAYMENTS.

797200

plc

133 Balt

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15-xx</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
<i>b</i> Nov.		<i>K 30171</i>	<i>15</i>	
Dec.		<i>X 33873</i>	<i>15</i>	<i>X 33873 corr remailed 11/17/16</i>
<i>60</i> Jan.	1917	<i>A 38864</i>	<i>15</i>	
Feb.		<i>9 43836</i>	<i>15</i>	<i>15R</i>
March		<i>B 48843</i>	<i>15</i>	<i>15B</i>
April		<i>W 357</i>	<i>15</i>	<i>15L</i>
May		<i>Y 7015</i>	<i>15</i>	
June		<i>G 13194</i>	<i>15</i>	<i>15Ch</i>
July		<i>B 21730</i>	<i>15</i>	<i>\$105. Cf 4 30/9/17 J.R.elling 24-917</i>
Aug.		<i>E 27288</i>	<i>15</i>	<i>in case closed Cas 30/9/17 do, do.</i>
<i>22/16</i> Sept.		<i>E 34171</i>	<i>15</i>	<i>2</i>
Oct.				<i>165-00</i>
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

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

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS


To Whom ~~Mr. J. R. Bowyer~~ ^{J. R.} Bowyer
 Address Silverhill
out

By Whom Assigned Bowyer, J. L.
 Regtl. No. 7972007
 Rank plc
 Corps 133 Batt

Rate 15th

NOV 1 1916

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<div data-bbox="1538 963 2356 1326" style="border: 1px solid black; padding: 5px;"> <p>Consents Notified Date <u>24-9-17</u> Killed Action Date <u>15-8-17</u> (3) <u>16/9/17</u> Clerk <u>J. A. Gelling</u> Date Noted <u>24-9-1917</u></p> </div> <div data-bbox="1829 1315 2106 1587" style="text-align: center;">  </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

21 18100 X

18100 X

SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

BOWYER.

J.L.

797200

RANK

UNIT

Co.

TROOP

BATTY.

L/Cpl.
HOSPITAL

1. QUE. 14.

DATE OF ADMISSION

HOSP.

2.

HOSP.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

n.s.

1.

2.

3.

Previously reported Wd., how

Killed in Action 15-8-17

DISPOSITION

DATE

C.L. 11-9-17. A7(4). R.F.B. Wd. 15-8-17.

REMARKS

14-9-17 A100

A.M.D. 2 DEPT.

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

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

NAME

Bawyer, J. Larne

REGT'L No.

4972 ad

RANK AND CORPS

CABLE

NO.

DATE

NATURE OF CASUALTY

FOLLOWS

No.

FOLLOWS

M. 6038.

11-9-17

Rep wounded Aug. 15th 1917 ✓

M. 6055-

14-9-17

prev rep wounded now killed in

A 3371

15-9-17

action Aug. 15th 1917 ✓

Rauen.

killed in action Aug. 15th 1917

Rec'd 31-10-17

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

97⁽⁴¹⁾
A/10⁽¹¹⁾

Rip from Base
prob Rip Wounded

15-8-17
15-8-17

(Suspect)
Wounded Not Stated
in action

M
14th Bn

✓
✓
✓
Bowyer, J. Lorne L/Cpl. ✓ 133rd. Bn.

✓
- 797200 -

Med. and Dec.

Father

✓
John R. Bowyer, Esq.,
Silver Hill, Ont.

D. and S.

Father

Same as above.

(Serial no. 765000.)

Memorial Cross

Mother

✓
Mrs. J.R. Bowyer,
Address as above.

Not Eligible for 14-15 Star

Scroll Desp. JAN 13 1921 Reqn. No. 29635

E. " " N.M.

Plague Desp. 19-8-21 Reqn. No. P3155

E. " " B.W.M.

-12- R.R.

M 6 39802 JAN 5 1921

967

amp
MA

Number 797200 Rank 2/epel

Surname BOWYER

Christian Name J. Lorne

Units 145th Can. Inf. Theatre of War France

Date of Service 1-12-16

Remarks (D) John R. Bowyer, Esq.

Latest Address Silver Hill, Ont.

Roll No. B Page 197/2

DEPT. JAN 3 1923
REGN. No. 15893

Reg. No. 797200 Name Bowyer J. Lorne
Rank Pte Corps 176th Age 21 Service C 4/12
Ledger No. _____ Serial No. _____

HOSPITALS

DATE

DIAGNOSIS

Base Toronto
plus to duty

5-9-16
4-10-16

Otitis media

S

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.

75M.—9-19.

1772-39-1332.

ES.
R. 149.

Name *Bowyer* Rank *1st Lt.*

~~1st Lt.~~
L. Corp.

Reg. No. *794200*

Unit *14th Bn.*

Next of Kin *Canada.*

PL 25-B-7223

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1914. 15-8	Reported from Base	Wounded		A. 4.	6038	
15-8-17	Pre. reptd	Wounded	A.O.		6038	
	Now Killed in action	(Colleg. from Base)				

SURNAME.

Bowyer - 649-B-19383.

CARD NO.

D

CHRISTIAN NAMES

J. Lorne.

FOLL.

REGL. NO.

797200.

RANK

Plt.

UNIT

133rd.

Bn.

FORMER CORPS

39th. Regt.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Bowyer, John, R.

RELATIONSHIP TO SOLDIER

Father.

ADDRESS

Silver Hill, Ont.

COUNTRY OF BIRTH

Canada North Walsingham, Ont.

DATE

Aug. 6th. 1895

PLACE OF ATTESTATION

Simcoe, Ont.

DATE

May 4th. 1916.

O/S 30-10-16

Sailed from Halifax per. [REDACTED] S. S. Lapland 30-10-16

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Farmer.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

20 YEARS

MONTHS

HEIGHT

5 FEET

8 ¹/₄ INCHES

CHEST MEASUREMENT

39 ¹/₂ INCHES

EXPANSION

4 INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Lt. Brown.

DISTINGUISHING MARKS

Small scar inner side of left knee.

MEDICAL EXAMINATION.

PLACE

Simcoe, Ont.

DATE

May 4th 1916

Present address

Silver Hill, Ont.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

Nov. 1-1916

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

<i>95</i>			
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PARTICULARS OF SEPARATION ALLOWANCE

No. *797200*

Rank *Pte* Promoted Reverted Discharge

Soldier's Name *J. L. Bowyer*

Battalion *1133 Battery*

Beneficiary

Relationship

Address

PARTICULARS OF ASSIGNMENT

Name *J. L. Bowyer*

Address *Silverhill Gt.*

Change of Address

1

2

3

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
<i>1917</i> <i>Sept 20</i>			<i>165</i>	<i>165</i>	<i>acc closed 30⁹ 17, Casualty, 15⁸ 17</i>

184 B 16
18 MAR

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Rank

Promoted

Reverted

Discharge

Name

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
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M. F. W. 128
 400M. - 6-17-1772-38-141
 L. L. 2320-M. & D. 7.93.

P. 559.
 MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *"North Walsingham" Ontario Canada*
 NAME AND ADDRESS OF NEXT OF KIN *John R. Bowyer Silverhill Ont Canada*
 RELATIONSHIP OF NEXT OF KIN *Father*
 NAME AND ADDRESS OF NEXT OF KIN

RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Alpha Lt Col</i>	<i>17-7-17</i>	<i>Bo 75 4/8/17</i>
<i>Killed in Action</i>	<i>15-8-17</i>	<i>Ch A 10 13/9/17</i>

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No. *797200* RANK *Private* NAME *Bowyer John Lorne*
 IF IN PERMT. CORPS } UNIT *133rd Bn*
 WHAT UNIT } TRANSFERRED TO *23rd Bn* DATE *12/11/16* AUTHORITY *Bo 182*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO *1st Bn* DATE *16.12.16* AUTHORITY *Bo. 300*
 PLACE OF ATTESTATION *Simcoe Ont Canada* TRANSFERRED TO *1st Bn* DATE *1-9-17* AUTHORITY *Ch A 10 13/9/17*
 DATE OF ATTESTATION *6th May 1916.* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ ~~*15.00*~~ DATE EFFECTIVE *1st Nov. 1916.*
 PAYABLE TO *John R Bowyer Silverhill Ont Can* RELATIONSHIP *Father*
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO RELATIONSHIP
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *24-9-17* EFFECTIVE *1-9-17* REASON *Killed in Action 15/8/17 Ch A 10 13/9/17*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *Entered on N. Card Index Int*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE) *Checked by J. Gillotson*



DATE	PAY				FIELD ALLOWANCE				WORKING OR SPECIAL PAY				ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS												
	NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT		NO. OF DAYS	RATE	AMOUNT					1		2		3		4		ASSIGNED PAY	OTHER CHARGES				TOTAL DEBITS	CREDIT	DEBIT									
			\$	C.			\$	C.			\$	C.				No.	DATE	No.	DATE	No.	DATE	No.	DATE																	
1916																																								
Nov 1-11	11	1.00	11		11	1.10	12.10														15		15	13.10																
Nov 12-30	19		19		19	1.90	20.90																9.73		9.73	21.37														
Dec 1-15	15		15		15	1.50	16.50																4.87		4.87	24.40	13.47									Issue Q4008 735 25/11 Transf to 14 th Bn Bo. 300-39/16				
Dec 16-31	16		16		16	1.60	17.60																		31.07															
Jan 31	1		1		1	1.10	21.10																		31.10															
Feb 28			28		28	2.80	30.80																		30.80															
Mar 31			31		31	3.10	34.10																		34.10															
Apr 30			30		30	3.00	33																		33															
May 31			31		31	3.10	34.10																		34.10															
June 30			30		30	3.00	33.00																		33.00															
July 31			31		31	3.10	34.10																		34.10															
Aug 31			31		31	3.565	75	36.40																	75	36.40														
																									13.85	349.80														
																									23.37	24.65														

Carried forward

Statement of
 DEC 14 1917
 Account rendered

A. J. [unclear] verified

