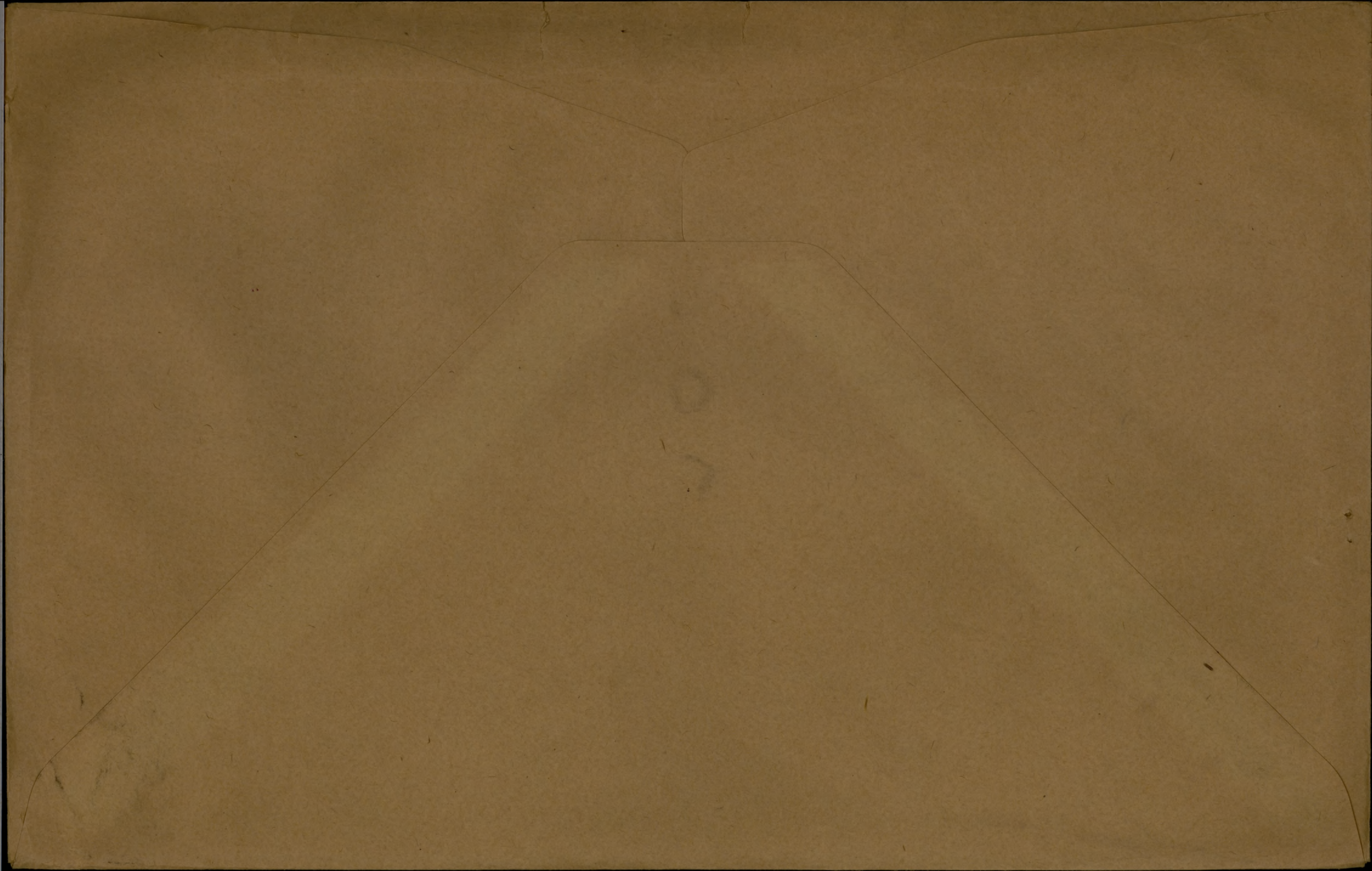


34185

402895



ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

No.

Folio

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?.....
2. In what Town, Township or Parish, and in what Country were you born?.....
3. What is the name of your next-of-kin?.....
4. What is the address of your next-of-kin?.....
5. What is the date of your birth?.....
6. What is your Trade or Calling?.....
7. Are you married?.....
8. Are you willing to be vaccinated or re-vaccinated?
9. Do you now belong to the Active Militia?.....
10. Have you ever served in any Military Force?..
If so, state particulars of former Service.
11. Do you understand the nature and terms of your engagement?.....
12. Are you willing to be attested to serve in the)
CANADIAN OVER-SEAS EXPEDITIONARY FORCE?}

William Dickson Boyd
Lower Fire Island Col. C. U. S.
Gilbert Boyd. Father
Lower Fire Island - Col. C. U. S.
17 Nov. 1893
Farmer
No.
Yes
No.
No.
Yes.
Yes

William Dickson Boyd (Signature of Man).
Wm R Penny (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William D. Boyd, 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.

William Dickson Boyd (Signature of Recruit)
Date June 23 1915 Wm R Penny (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, William D. Boyd, 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 D. Boyd (Signature of Recruit)
Date June 23 1915 Wm R Penny (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 Aldershot, U.S. this 23 day of June 1915

Wm R Penny (Signature of Justice)

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

Wm R Penny (Approving Officer)

Description of William D Boyd on Enlistment.

Apparent Age.....21 years.....8 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. 10 1/4 ins.

Chest measurement { Girth when fully expanded.....35 ins.
Range of expansion.....2 1/2 ins.

Complexion.....Fair

Eyes.....gray

Hair.....Light Brown

Religious denominations. { Church of England.....
Presbyterian.....yes
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*.....fit.....for the Canadian Over-Seas Expeditionary Force.

Date.....June 19.....1915

Place.....Goldershot N.S.

Edgar Douglas
capt. amc.
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 D. Boyd.....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.

Date.....June 23.....1915.....W. Mearns MAJOR (Signature of Officer)
GOMDG 40TH BATTN. C.E.F.

382 C

Army Form I. 1244.

GONORRHOEA CASE-SHEET.

Non-venereal Infection

Regtl. No. 414 209 Rank and Name Boyd W.D. Plt Corps C. E. F.

Whether a fresh infection or relapse } fresh Date of last discharge from hospital for }
Gonorrhoea, if previously admitted }

Probable date of infection 2/15/16 Date of admission 4-2-16 Date of discharge 3/4/1916

STATE ON ADMISSION.

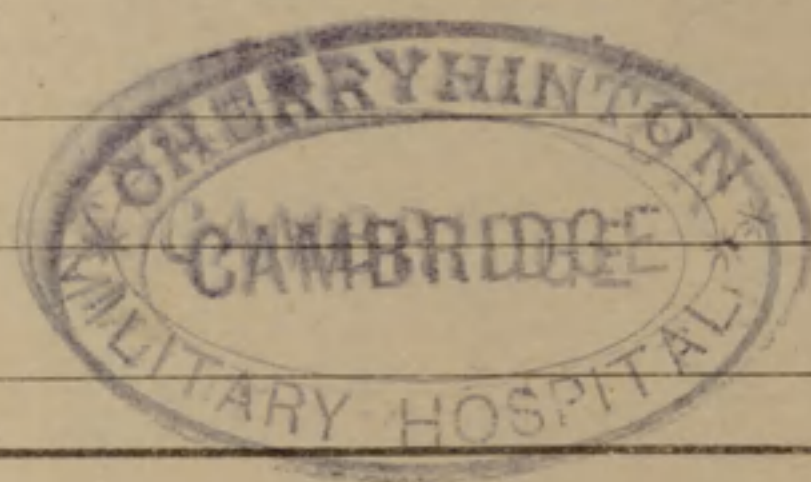
Discharge (character of) none

Gonococci (present or absent, numerous or otherwise) _____

Urine (character of) _____

Whether Anterior or Posterior urethritis _____

Complications _____



PROGRESS.

Date	Discharge	Gonococci	Urine	Complications	Treatment
	<u>nil.</u>			<u>Vaccination</u> <u>1 Schick's</u> <u>Am</u>	<u>1 mg Sulphur</u> <u>Boil for 1 hr</u> <u>Am</u>
		<u>Infection</u> <u>Non-venereal</u>		<u>—ve</u>	<u>Wardman</u>
		<u>Is fillostrachy</u>			
		<u>Am</u>			

281

repaired

414309

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Boyd Christian Name Wm D

Examined	on <u>19</u> day of <u>June</u> 191 <u>5</u>	Approved by <u>E Douglas</u>	MAY 10 1916	
	at <u>Aldershot N.S.</u>			
Birthplace	City or Town <u>Lower River Falls</u>	Rank <u>Capt.</u>	M.O.	
	County <u>Col. N.S.</u>			
Apparent age	<u>21</u>			
Trade or occupation	<u>Farmer</u>		M.O.	
Height	<u>5</u> Feet <u>10 1/4</u> Inches		M.O.	
Weight			M.O.	
Chest measurement	Minimum <u>31</u> inches		M.O.	
	Maximum expansion <u>35</u> inches		M.O.	
Physical development			M.O.	
Small-Pox Marks			M.O.	
Vaccination Marks	Arm <u>Right</u> Left	Date	Result	VACCINATIONS.
	Number			
When Vaccinated last				M.O.
(a) Marks indicating congenital peculiarities or previous disease				M.O.
				M.O.
				M.O.
(b) Slight defects but not sufficient to cause rejection		Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
		<u>2/9/15</u>	<u>E Douglas</u>	M.O.
		<u>11/9/15</u>	<u>E Douglas</u>	M.O.
				M.O.

Enlisted on 19 day of June 1915 at Aldershot N.S.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>40 Bn. C.E.F.</u>	<u>414309</u>		<u>19/6/15</u>
Transferred to.. ..				

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.

The Medical History Sheets of all men proceeding overseas, must be returned by the Officer commanding their unit to the Record Office when they leave England.
In Charge of Record Office
Canadian Contingent
Lieut. Col.
In Charge of Records
Canadian Contingent

Surname.

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				
Longhinton Mil Hospital Cambridge		4	3	16	6	4	16	~~Syphilis.~~ Non-venereal Septicæcemia Erysipelas	33.	Usual treatment, and transferred to Central Mil Hosp. Shorncliffe for disposal.	<i>J. S. [Signature]</i> Capt. R.A.M.C.

Duplicate Medical History Sheet
posted to here.

Rank Pte. Name BOYD, William Dickson,

Reg'l No. 414307

P-56

Unit

60th Bn.
40th Bn.

If in perm. Corps,
What Unit?

Married or Single Single.

Place and Date of Enlistment Aldershot N.S. June 23rd 1915 Place of Birth Tower Five Island

Name and Address, Next-of-Kin Gilbert Boyd,

Col Co. N.S.

Tower Five Island, Col Co. N.S.,

Relationship

Father.

Assigned Pay Monthly \$ 16.00

Payable to Gilbert Boyd

Lower Five Islands Col. Co. N.S.

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason

Character

Date		PAY		Field Allowance		Other Credits		Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc.
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount		No.	Date						
11/1/15	11/30/15	30	1.00	30.00	30	.10	3.00	10.00			12.16	16.00		28.16	14.84	Exp from prev acct
12/1/15	12/31/15	31		31.00	31		3.10	14.84			31.63	16.00		47.63	1.31	
1/1/16	1/31/16	31		31.00	31		3.10	13.1			14.60	16.00		30.60	4.81	
Feb 1	Feb 29	29		29.00	29		2.90	4.81			4.87	16.00		30.60	6.11	
Mar 1	31	31		31.00	31		3.10	31.06			16.00	16.00		136.99	27.07	Trans to 6th Arw Hq 1/10
				152.00					15.20	10.00	77.20	72.99	80.00	152.99	24.21	Settled.

Cash found in effects

Statement of
MAY 23 1917
Account rendered

BALANCE TRANSFERRED TO NEW LEDGER

Small
Ledger Sheet

[illegible]

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 89002.—Req. 6213.

Gilbert Boyd

PAYMENTS.

Name of Soldier.

414309

Boyd, Wm.Pte.2 Co. 40th Batt.

\$16.00

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	L 871	16-	Casualties
May		M 3916	16	
June		N 2530	16	
July		C 6965	16.	
Aug.		E 10420	16	
Sept.		F 16601	16	
Oct.		A 20479	16	
Nov.		M 23914	16	
Dec.		J 31260	16	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

240/-

Acct-Closed

Bos.

total		240.00
Date	27/7/17	By E.H.
E.F.X.	Date	By

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier

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

2nd Contingent

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTSTo Whom *Gilbert Boyd*
Address *Lower Five Islands.*
Colchester Co.
*N.S.*By Whom Assigned *Boyd, Wm. D-*
Regtl. No. *# 414309 / 414307*
Rank *Pte*
Corps *"A" Co. - 40th Battr*Rate *\$16.00*

OCT 1-1915

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Casualties
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			<i>Stop payments</i> <i>Jan 1/17</i> <i>3 M. 28-12-16 J. L. J.</i>
Feb.				
March				
April				
May				
June				<i>Dea of wounds Sept 16th 1916</i> <i>C. L. (8) 21-12-16 E.A.B.</i>
July				
Aug.				
Sept.				
Oct.				
Nov.		<i>43589</i>	<i>32</i>	<i>4.4.9/1/17.</i>
Dec.		<i>Z 5469</i>	<i>16</i>	
Jan.	1916	<i>Z 10387</i>	<i>16</i>	
Feb.		<i>K. 13442</i>	<i>16</i>	
March		<i>D 15594</i>	<i>16</i>	
			<i>96</i>	

STATE OF NEW YORK
IN SENATE
JANUARY 10, 1901

REPORT

OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1899

ALBANY

Rank **Pte.** Name **BOYD, William Dickson,** Reg'l No. **414309,**
 Unit **40th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**
 Place and Date of Enlistment **Aldershot N.S. June 23rd 1915.** Place of Birth **Tower Five Island**
 Name and Address, Next-of-Kin **Gilbert Boyd,** Col Co. N.S.
Tower Five Island, Col Co. N.S., Relationship **Father.**

Assigned Pay Monthly \$ Payable to

Relationship

Separation Allowance \$

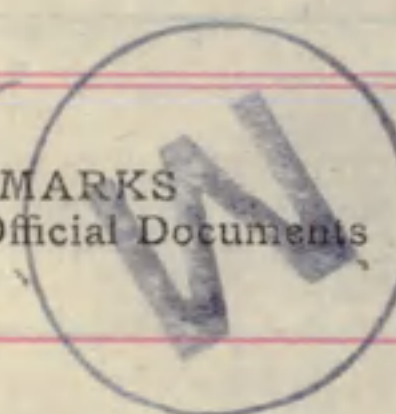
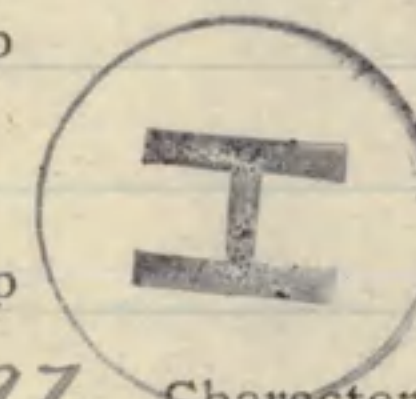
Payable to

Relationship

Discharge, Date and Place

Reason **25.B. 2797.** Character

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents
Date	From whom received				
		<i>Arrived in England.</i>		28 OCT. 1915	
1. 3. 16.	O.C. 17th	admitted Moore Barracks Hosp. Shorncliffe		1. 3. 16.	"Balantis" Part II O. # 57 C.L. 59
26. 3. 16.	C.L. 40th	Transferred Cherry Hinton Hosp. Cambridge		4. 3. 16.	C. L. 59. N. Y. D.
23. 4. 16.	O.C. 40th	Discharged from Hosp.	"	23. 4. 16.	Part II O. 110
23. 4. 16.	"	Embarked for France. 60th Bn		23. 4. 16.	" 110
30. 4. 16	O.C. 60th Bn	Taken on strength.	Field	24. 4. 16	" 9
13/10/16	"	Wounded.	"	16/10/16	C.L. 6172 O.H.
22-12-16	"	Prev. Rept Wounded now Rept. Died of Wounds.	Field.	16-9-16.	C.L. a 224. "Not Stated."
30/12/16	O.C. 60	<i>Do</i>		16/9/16	Part II 88



*MX
30/12/1916*

[illegible]

Casualty Form—Active Service.

CERTIFICATE
 Army Form B. 103.
 Canadian War Office
 Westminster House,
 Millbank, S.W.

Regiment or Corps 40TH Battalion C.E.F.Regimental No. 414309 Rank Private Name Boyd, William DicksonEnlisted (a) 23/6/15 Terms of Service (a) D of W Service reckons from (a) 23.6.15Date of promotion } Date of appointment } Numerical position on }
to present rank } to lance rank } 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				
		<u>Drafted to 60th Bn. as Batt 24-4-16</u>			<u>Immachodhe</u>
		<u>OB 40th Embarked for France</u>		<u>23 4-16</u>	<u>Pt II D O 110.</u>
		<u>EMBARKED FOR FRANCE.</u>		<u>23 4/16</u>	<u>Loopra 1005 A. G. 2. A.</u>
<u>24.4.16</u>	<u>C.B.D.</u>	<u>Landed in France & taken on strength 60th Cdn. Bn.</u>	<u>C. B. D.</u>	<u>24.4.16</u>	<u>101/BD/3/294. Pt. 11 D/O. No. 9 d/30/4/16.</u>
		<u>Left C.B.D. for unit.</u>	<u>Field.</u>	<u>13.5.16</u>	<u>Norm. Roll. D O 153.</u>
<u>20.5.16</u>	<u>Ob Bn.</u>	<u>Joined unit.</u>	<u>✓</u>	<u>14.5.16</u>	<u>OB 213/13. ✓ 61. 25.5.16</u>
<u>23 5.16</u>	<u>"</u>	<u>Wounded in action</u>	<u>"</u>	<u>16.9.16</u>	<u>OB 213 DCS 161 7/10/16</u>
<u>17.11.16</u>	<u>Ob Bn.</u>	<u>Died of wounds.</u>	<u>—</u>	<u>16.9.16</u>	<u>Letter ob Bn. of 7/12/16. ref. has been file. H.C. 25-2617. Pt II of 88 20/12/16.</u>
					<u>James D. May</u> <u>Lieut. for Lt.-Col. A. H. G.</u> <u>Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</u>

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				

No. <u>414209</u>	Name <u>Bond Wm Dickson</u>	Sqn., Batty., or Company <u>A</u>	Corps <u>40th Batta Co E. I.</u>	Date of enlistment <u>19-6-15</u>	G.C. Badges <u>1</u>	Service or Proficiency Pay <u>1</u>
Date of last entry in Company Conduct Sheet <u>31-10-15</u>	No. and date of last drunk <u>line</u>	Period not reckoning towards freedom from extra fine <u>1</u>	Sheet No. <u>one</u>	Signature O.C. Company, etc. <u>And...</u>	Character <u>Good</u>	

[illegible]

Surname

Christian Name or Names

Reg. No.

Boyd.

W.

D.

414309

Rank

Unit

Co.

Troop

Batty.

Plc:

40 Bu

Hospital

Date of Admission

Transferred

Cherry Hill in the Cambridge 4.3.16

Hosp.

Hosp.

Hosp.

Diagnosis

Wounded.

(1)

Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

Died of Wounds.

16-9-16

DISPOSITION

Date

REMARKS

C.S. 13-10-16 A 172 (1)

Rep'd from Base 16-9-16

C.L. 22-12-16 A 224 (1)

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.

LIST No

HOSPITAL

DATE OF
ADMISSION

REMARKS

59 Cherryhinton Mil., 4-3-16 N. Y. H.

Cambridge

a172 Reported from Base 16-9-16 Wounded (not stated)

A224 A.W. rep. wounded now reported from base Dirct of wounds
16-9-16 not stated

#40 Cherryhinton Mil, Cambridge Disch 6-4-16 V.D.G.

NAME

RANK AND CORPS

REGT'L No

H. Q. FILE No. 649-

FOLLOWS

No.

CABLE

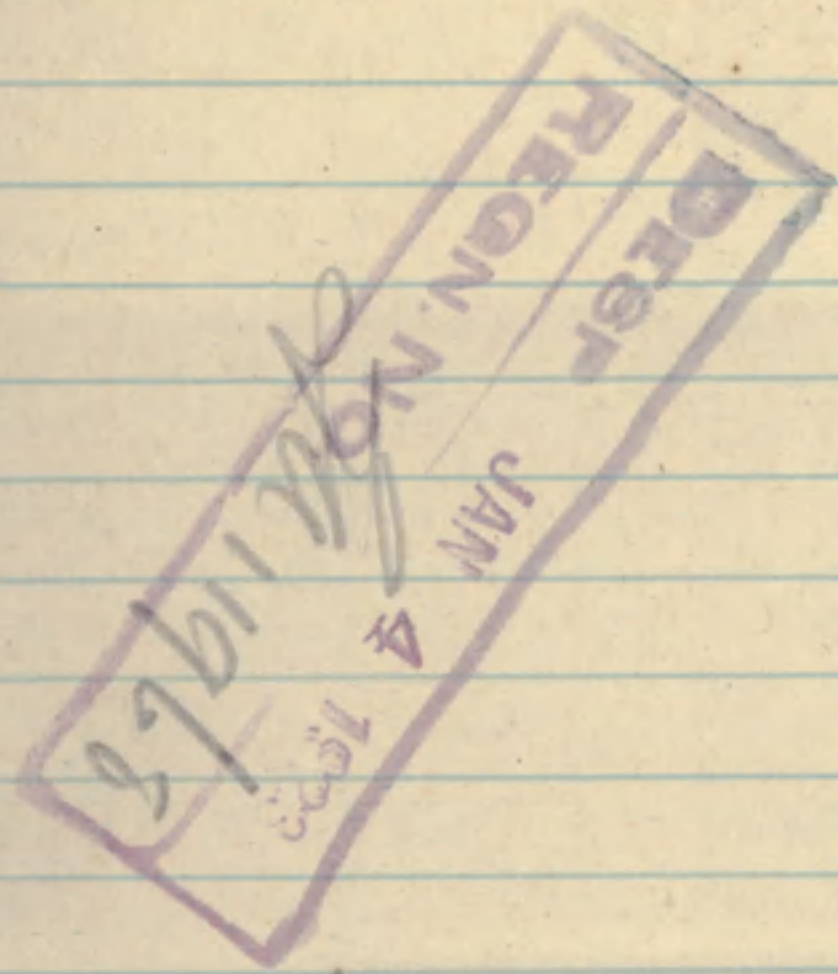
No.

DATE

NATURE OF CASUALTY

FOLLOWS

No.	DATE	NATURE OF CASUALTY
0 2723	13-10-16	Reported wounded Sept. 16 th 1916 ✓
0 5985	8-12-16	Reported wounded enquiries have been made WPM
0 6670	21-12-16	Prw. rep Wounded now off Reported died of wounds Sept 16 th 1916 ✓
9 J 220909		Died of wounds Rec'd in action
Rauen	20-12-16	In the field Sept 16 th 1916 Rec'd 13-3-17



Number

414309

Rank

Pt

Surname

BOYD

Christian Name

William Dickson

Units

60th Bn C Inf

Theatre of War

France

Date of Service

23.4.16

Remarks

(M) Mrs. M. E. Boyd,

Latest Address

Lower Pine Islands,
Colchester Co.,

Roll No.

B. Page 1968 N.S.

[illegible]

Name **BOYD** Rank **Pte.**
William Dickson

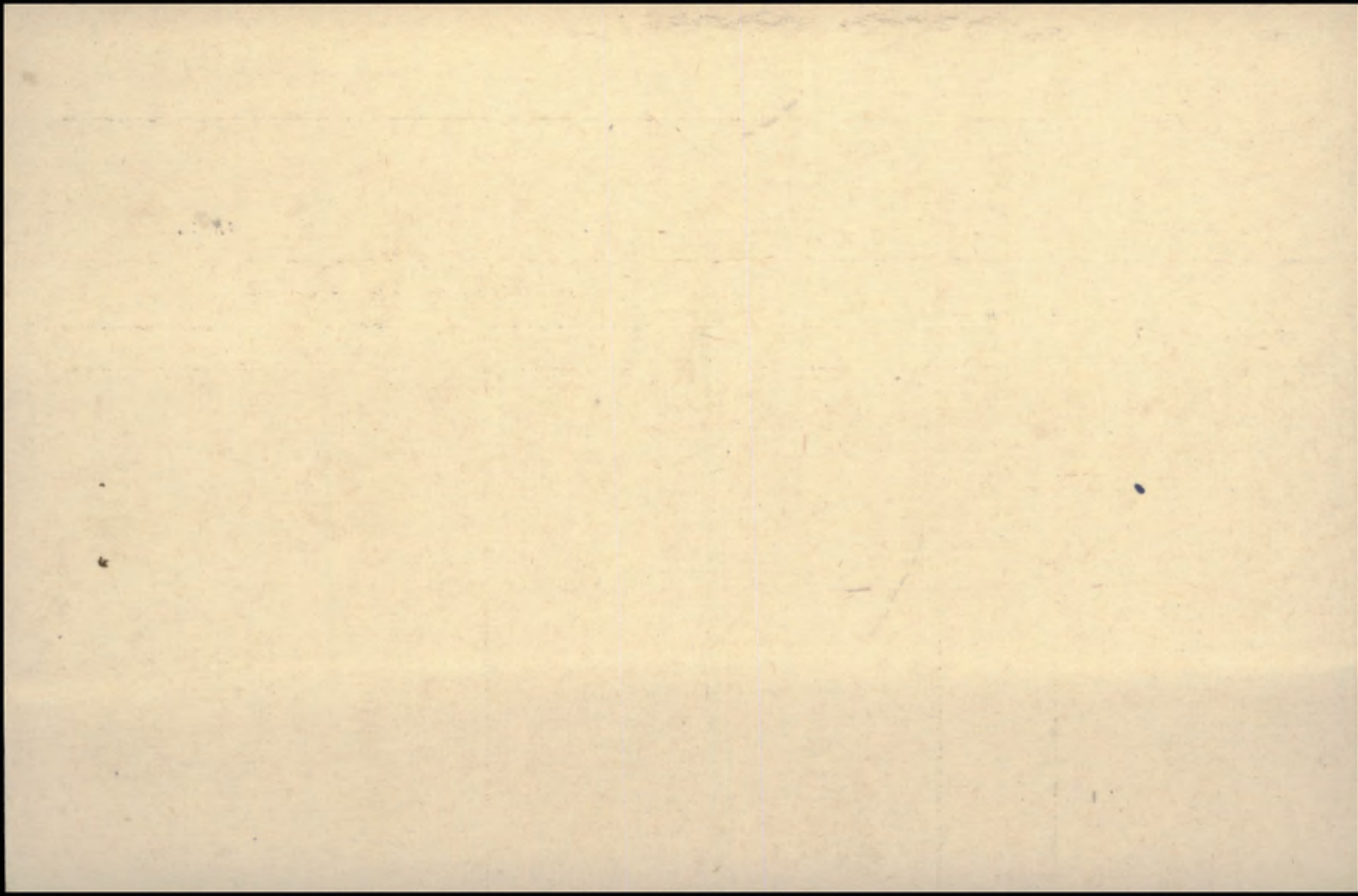
Reg. No. 414309

Unit **60th.Bn.**

R.L. 25-B-2797.

Next of Kin **Canada**

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
Sep. 16	Reported from Base	L-	WOUNDED	A172	⁰ 2732	13/10
16-9	do	Died of Wounds		A224	O. 6670	22/12
	(Letter from Base on file) 17/12/16.					



No 414309 RANK Plt.

NAME

Boyd Wm Dickson

T. O. S. 19-6-15 UNIT 40th Battalion C. E. F.
(DD 87 of 26-6-15)

M. D. 6 Feb

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1915 June 19	1915 July 31	✓		
and		✓		
Sept.		✓		
Oct.		✓		
Nov.		✓		
Dec.		✓		

UNIT SAILED

OCT 18 1915

MARRIED

SINGLE

Yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

21

YEARS

8

MONTHS

HEIGHT

5

FEET

10 1/4

INCHES

CHEST MEASUREMENT

35

INCHES

EXPANSION

2 1/2

INCHES

COMPLEXION

Fair

EYES

Grey

HAIR

Light Brown

DISTINGUISHING MARKS

none

MEDICAL EXAMINATION.

PLACE

Aldershot, N. S.

DATE

June 19th/15.

SURNAME.

Boyd.

(649-B-9166.)

CARD NO.

11289

XKHA

CHRISTIAN NAMES

William, Dickson

FOLL.

D

REGL. No. 414309.

RANK

Pte

UNIT 40th.

Batt.

FORMER CORPS

Nil

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Boyd, Gilbert

RELATIONSHIP TO SOLDIER

Father,

ADDRESS

Lower. Five. Islands Col. Co. N.S.

COUNTRY OF BIRTH

Canada Lower Five Is. Col. Co. N.S.

DATE

Nov. 17th/1893

PLACE OF ATTESTATION

Aldershot, N. S.

DATE

23/6/13

Sailed 18-10-15 "Saxonia" 238

Quebec

[illegible]

Name *Boyd. W. D.* Rank *Pte*Reg. No. *414309*Unit *4th Buffs.* *26th. Res. Bn.*Next of Kin *Canada*

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
<i>4.3.16.</i>	<i>Cherryhinton Mil. Hosp.</i>	<i>Cambridge</i>	<i>H. 2. D. 59</i>			
<i>6-4-16</i>	<i>Dis</i>	<i>"</i>	<i>U. D. 40</i>			

Boyd, W.D.
Pte. #414309-C.E.F. *60 B.W.*

649-B-9166.

Medals
& Dec. (mother)

Mrs. M.E. Boyd,
Lower Five Islands,
Colchester Co., N.S.

P.&S. (mother)

ditto

(Serial no. 765004.)

Mem. C. (mother)

ditto

*Not elig. for star.
" " V.M.
" " B.W.M.
m.f.*

Scroll Desp. *JAN 13 1921* No. *29637*

Plague Desp. *JAN 13 1922* Reqn. No. *3554*

65-5-

M C-40008 JAN 6 1921

No. 414309 Pte. William Dickson Boyd, 40th Bn.

- 20 -

Perforated sheet for Will from Pay Book of Reg.

No. 414309

Name Pte William Dickson Boyd

Unit 40th Battalion

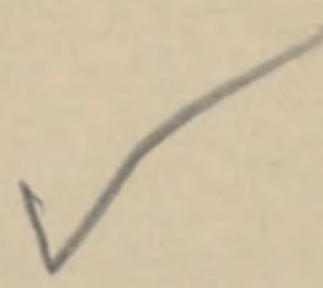
Military Will.

In event of my Death
I give the whole of
my property and
effects to my father
Mr Gilbert Boyd
Lower Pine Islands
Colchester County
Nova Scotia
Canada

Signature Pte William Dickson Boyd

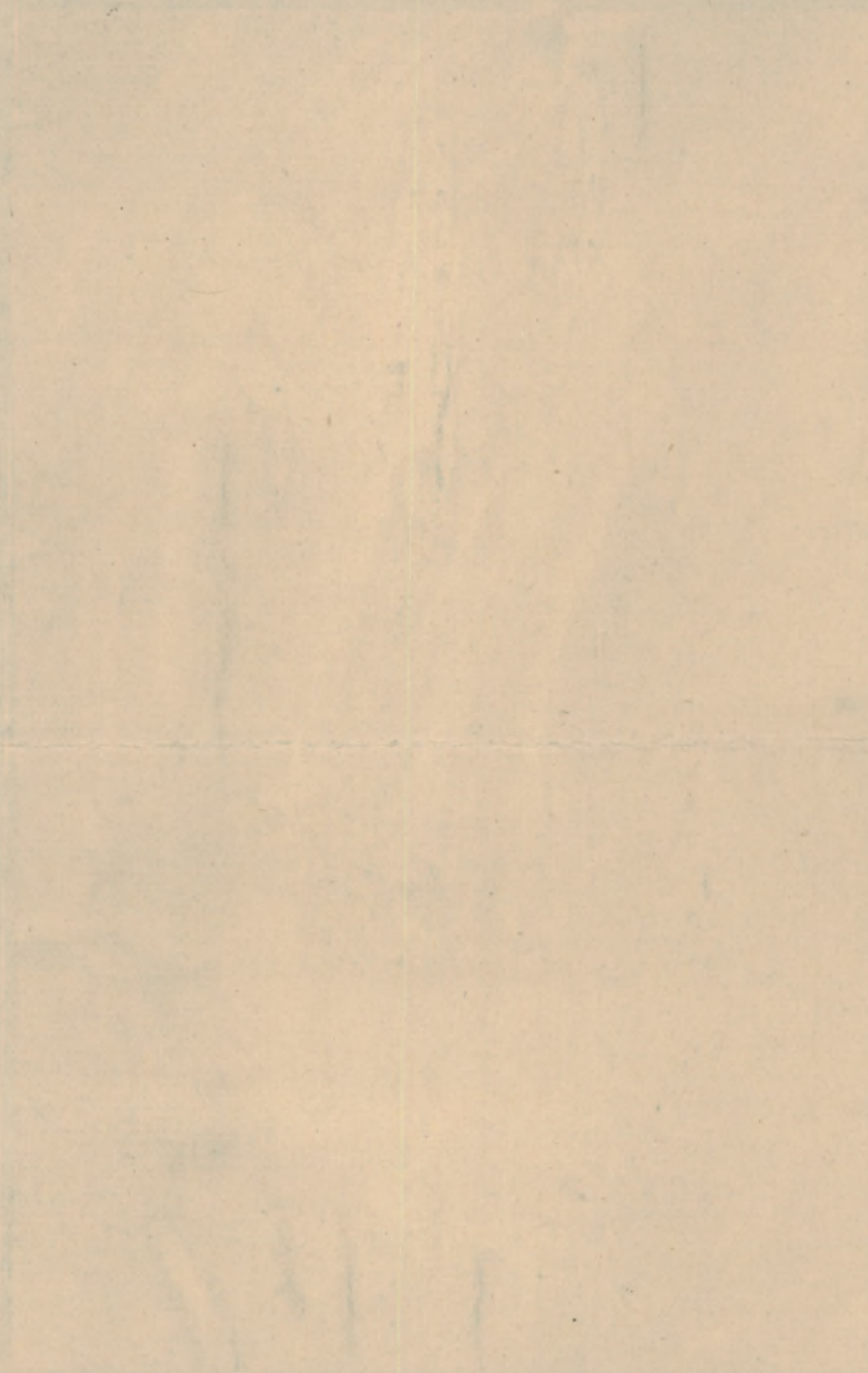
Rank and Regt. Private. 40th Batt

Date Feb 14th 1916.





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RELATIONSHIP OF DEPENDANT

CASUALTIES. PROMOTIONS, &c

[illegible]

ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL
1/11/16	6/11/16	V	No. K. 1485. 1/159.

REG'L NO. 414307 RANK Pte

IF IN PERMT. CORPS
WHAT UNIT

UNIT 40 the

NAME *Doyd, William Jackson*

TRANSFERRED TO *60th Batt'n* DATE *16/4/16* AUTHORITY *BD#110*

TRANSFERRED TO N.E DATE 17/9/16 AUTHORITY CL A 224 22/2/16

TRANSFERRED TO	DATE	AUTHORITY

TRANSFERRED TO _____ DATE _____ AUTHORITY _____

ASSIGNED PAY MONTHLY \$16⁰⁰ DATE EFFECTIVE

PAYABLE TO *Gilbert. Sayd. Lower Pine Island. Colchester Co. N.S.*

RELATIONSHIP

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) 2/8/16 EFFECTIVE 1/1/17 REASON Died of wounds. 10/9/16, CLA 224, 22/12/16

DISCHARGE DATE AND PLACE	16/9/16. Field.	REASON AND AUTHORITY	Died of wounds. 16/9/16. CLA 224. 22/12/16.
--------------------------	-----------------	----------------------	---

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) 17/9/16.

Entered on N.E. Card Index *L.I.*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked by J. E. Wheeler. *em*

[illegible]

NEB July/17

Statement of
MAY 23 1917
Account rendered

Ass Pay

Cash found in effects *MM*

Small
Ledger Sheet

