

31/5/18 and

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation 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.....
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate.....

Name BRYANT WILLIAM M. E.
 Regt. No. 477123 Rank Pvt
 Corps R.L.R.
 P.F. Reg. No. 16016

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

48003

Cards.

~~1 Index. Removed 15/1/18.~~
~~1 Pt II Order~~
~~1 Casualty.~~

Killed in Action 8-10-16



13 - 2
2 - 2
11 - 2

1 pay card

1 pay card
8149 - 2
885 - 1
1 Orig. M.I.E. copy M.I.E.
1 R. 2

M.I.X
14-1-21
R.R.

X - 3

ATTESTATION PAPER.

No. 16016

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. 477/23

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name? No 16016. William Edward Bryant
2. In what Town, Township or Parish, and in what Country were you born? Chalk River Renfrew Ont.
3. What is the name of your next-of-kin? M^{rs} Thomas Bryant (Mother)
4. What is the address of your next-of-kin? Chalk River Renfrew Ont.
5. What is the date of your birth? 28th July 1891
6. What is your Trade or Calling? Fireman
7. Are you married? no
8. Are you willing to be vaccinated or re-vaccinated? yes
9. Do you now belong to the Active Militia? yes
10. Have you ever served in any Military Force? 23rd Regt. (Canada)
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

W. Bryant (Signature of Man).
P. Balde Capt. (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

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

W. Bryant (Signature of Recruit)
 Date 22-8-15 1915 P. Balde Capt. (Signature of Witness)

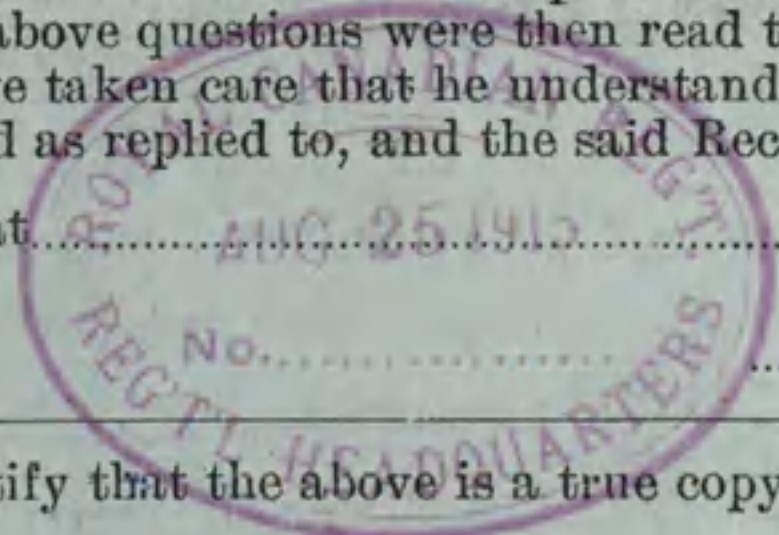
OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

W. Bryant (Signature of Recruit)
 Date AUG 23 1915 1915 P. Balde 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 Chalk River this 25 day of Aug 1915.



[Signature] (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.
 (Approving Officer)

Description of William Edward Bryant Enlistment.

Apparent Age 24 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 4 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 2 ins.

Complexion Fair

Eyes Blue

Hair Brown

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

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

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

R. R. 6/6 D

L. R. 6/6 D

Scars - Right forearm

Tattoo marks;

Blag & Bermuda 1914

Left forearm

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.

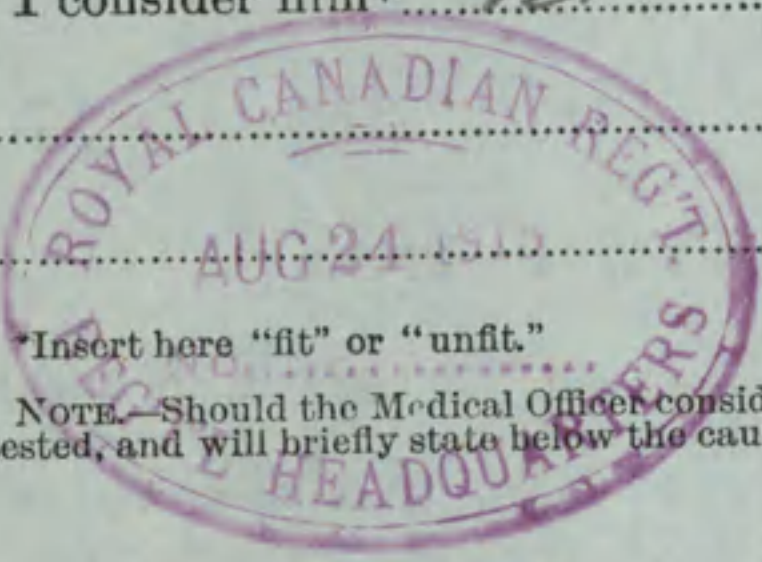
I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date 191 .

Place

*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:—



[Handwritten Signature]

CAPTAIN

Medical Officer.

I-C & R: C: R:

CERTIFICATE OF OFFICER COMMANDING UNIT.

William Edward Bryant 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 191 .



[Handwritten Signature]

(Signature of Officer)

COMDG. R. C. R.

Rank *Pvt.* Name **BRYANT William Edward**

Reg'l No. **477123**

Unit **Royal Canadian Regt.** If in perm. Corps, What Unit?

Married or Single **Single**

Place and Date of Enlistment **23rd August 1915.**

Place of Birth **Chalk River, Renefrew, Ont.**

Name and Address, Next-of-Kin **Mrs Thomas Bryant, Chalk River, Renefrew, Ontario.**

Relationship **Mother**

Assigned Pay Monthly \$ *15.00 from 1st Apr. 16.* Payable to *Mr H. Cunliffe, North Bay, P.O. Box 1256, Ont.*

Relationship

Separation Allowance \$

Payable to

Entered on N.E. Card Index

Discharge, Date and Place

8/10/16 Killed in Action

Reason

Relationship

Checked by *J. J. ...*

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						
1915															
1 Sept	30 Sept	30	1.00	30.00	30	1.00	30.00			33.00			33.00		
1 Oct.	31 Oct.	31	"	31.00	31	"	31.00			14.60		44.43	35.07	97	<i>blotting and necessities</i>
1 Nov.	30 Nov.	30	"	30.00	30	"	30.00			4.46		18.60	22.46	957	<i>in Hosp. 7-11/16 P.O. 224</i>
1 Dec.	31 Dec.	31	"	31.00	31	"	31.00					58.48	43.67		<i>Hosp. 7-15/16 to 30/16 P.O. 2</i>
1 Jan	31 Jan	31	"	31.00	31	"	31.00			8.72		9.60	30.21	47.56	<i>30 days already chgd in Nov/16</i>
1 Feb	29 Feb	29	"	29.00	29	"	29.00			2.61			6.97	72.49	<i>Hosp. Jan 9-22 11/16. P.O. 5</i>
1 Mar	31 Mar	31	"	31.00	31	"	31.00	18.60		2.62			5.24	119.95	<i>credited in error Oct/15 no. P.F.O. 1643. Paid to support this Hosp Ven. charge.</i>
		213 -		21 30 18 60		252.90				76.48	56.47		132.95	119.95	



BALANCE TRANSFERRED TO NEW LEDGER.

J. J. ...

51
PR

Register No. DB51

WAR SERVICE GRATUITY

A.P. File No. 02349-W-4

TO
DEPENDENTS OF DECEASED SOLDIERS

Reg't No. 477123 Name William E. Bryant
(Christian Name) (Surname)

Unit Can. Engineers Rank Pte. Date of enlistment.....

Date of casualty 8-10-16 B.P.C. File No. 254

Was service performed overseas? Yes

DEPENDENT

Name Isabella Bryant Relationship W. Mother

Address Chalk River,
Ontario

Amount of Special Pension Bonus \$ Nil Abstracted by M. Ross

Eligible for Gratuity \$ ✓

Less amount of Special Pension Bonus paid..... \$.....

Less Debit Balance of S. A. or A.P..... \$.....

Total deductions \$.....

Balance due \$.....

Cheque No..... Date issued.....

REMARKS: No S.A. account dependent
not eligible

Clerk R. J. Herreen

Audited by
[Signature]
Date 13/7/20

"Noted"
14-7-20
D.G. 17

M.F.W. 2652
25M-6-20.
H.Q. 1772-39-1473

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. 53061—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. B	Date	Amount 30 days	Cheque No. C	Date	Amount 31 days		

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

Remarks:

Em WE

MILITIA AND DEFENCE
ASSIGNED PAY
OVERSEAS CONTINGENTS

405

To Whom

A. Beunliffe

By Whom Assigned

Bryant Jone E

Address

*P.O. Box 1236
North Bay
Cant.*

Regtl. No.

477123

Rank

Pt

Corps

R.C.R.

Rate

15.00 per m Apr 1916

A.D.

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				

*Stop payment 1st Dec 1916
Missing since Oct 8/16 (31) 25/10/16 Jan
9 M Nov 4/16
In 28/11/16*

*Previously reported missing
Now reported killed in action
8 Oct 16 C 1 (1) 5/2/17*

6.7.16/2/17

21 11-10

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

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

406

Sheet No. 2.

L. L. Job 89002.-Req. 6213

H. Cunliffe

PAYMENTS.

Name of Soldier

Bryant Sr

477123

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>1405</i>	15.	
May		<i>A2742</i>	15.	
June		<i>Q 9771</i>	15.	
July		<i>Q 7743</i>	15.	cancelled
Aug.		<i>7 4110378</i>	15.	
Sept.		<i>J. 10191</i>	15.	
Oct.		<i>Q 217330</i>	15.	
Nov.		<i>Q 21886</i>	15.	
Dec.		<i>H25392</i>	15.	
Jan.	1917	<i>D33690</i>	15.	<i>Stop Dec 31/16 car acc closed 1/12/16 16 JN 28/1/16</i>
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

Cancelled

cancelled

*Stop Dec 31/16 car
acc closed 1/12/16
16 JN 28/1/16*

Pension granted 9/10/16

Total \$ 120.00
 F. X. Rend. Date: *7/9/17* By: *[Signature]*
 E.F.X. " Date: *7/9/17* By: *[Signature]*

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				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

OC R ✓

Rank *Pts* Name BRYANT William Edward Reg'l No. 477123
 Unit Royal Canadian Regt. If in perm. Corps, }
 What Unit? } Married or Single Single
 Place and Date of Enlistment 23rd August 1915. Place of Birth Chalk River, Renefrew, Ont.
 Name and Address, Next-of-Kin Mrs Thomas Bryant, Chalk River, Renefrew, Ontario. *
 Relationship Mother
 Assigned Pay Monthly \$ Payable to N.E.R.B. 7
 Relationship
 Separation Allowance \$ Payable to R.R. 25-B-2459
 Relationship

M.X.
14-1-21
R.R.

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 Taken from Official Documents
Date	From whom received				
	<i>"C"</i>				
18/10/15	<i>w.o.</i>	<i>Disch. to unit (Gen)</i>	<i>From Tent Hosp at montino plain Shorncliffe</i>	<i>21/9/15</i>	<i>cas #2.</i>
18-9-15 2 NOV 1915	<i>R.C.R.</i>	<i>Adm to Hosp Embark for France.</i>	<i>Shorncliffe</i>	<i>17-9-15</i>	<i>Pt # -0 No 227</i>
26 = ¹¹ / ₁₅	<i>w.o.</i>	<i>Admt to no. 9. Stationary Hosp</i>	<i>HAVRE</i>	<i>19-11-15</i>	<i>cas #16. (V.D.S)</i>
29 = ¹¹ / ₁₅	<i>" "</i>	<i>Admt to no 3 Field Ambu</i>	<i>France.</i>	<i>15-11-15</i>	<i>cas #17 (Nyd)</i>
13 = 12 = 15	<i>" "</i>	<i>Adm. Can Clearing Stat.</i>	<i>France.</i>	<i>21-11-15</i>	<i>cas. #22.</i>
30/12/15.	<i>" "</i>	<i>Discharged to camp. Details.</i>	<i>France.</i>	<i>7/1/16</i>	<i>cas. 27.</i>
8-1-16.	<i>O.C. R.C.R.</i>	<i>Forfeits 50¢. Per diem whilst in Hospital. from 15-11-15 to 30-12-15.</i>	<i>In the Field</i>	<i>15-11-15</i>	<i>Pt. II. No 2 V. D.</i>

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				
14/1/16	W.O.	No 2 Genl Hospital	Laure	9-1-16	Cas Rpt 31 (VDS)
18/1/16	Do.	No 9 Staty Hospital	Do.	10-1-16	Do 32 Do.
29-1-16	W.O.	Trans. from no 9. Staty Hospital no 11. Camp	Harfleur.	21-1-16	Cas Rpt 37.
29/1/16	O.C. R.C.R.	Forfeits 50 c per diem whilst in Hosp from 9/1/16 to 22/1/16.	In the Field		Pt II No 5.
16-2-16	C.L. 47 R.C.R.	Disch to unit	France	3-2-16	U.D.S
24 OCT 1916		Missing after action	Field	8-10-16	C.L.A 226. ✓
30-11-16		"	"	8-10-16	Pt II No 73.
6.6.17	R.C.R.	Now Killed in Action	"	8-10-16	C.L.A 308 (P.D. 311 of 3-4-17)

Surname *Bryant* Christian Name *William E*

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				
<i>Bermuda</i>	<i>14-9-14</i>	<i>6</i>	<i>1</i>	<i>15</i>	<i>23</i>	<i>1</i>	<i>15</i>	<i>Gonorrhoea.</i>	<i>18</i>	<i>Contagion mild - also soft sore - 12 OP. Primary inoculation, & Collyer's injections later Recd.</i>	<i>J. A. Mansfield</i> <i>Capt. R.A.M.C.</i>
<i>Prospect</i>		<i>13</i>	<i>4</i>	<i>15</i>	<i>19</i>	<i>4</i>	<i>15</i>	<i>⁷³⁰ Inf of Glans Penis</i>		<i>Balanitis: Boie lotion frequently - Recd.</i>	<i>J. A. Mansfield</i> <i>Captain R.A.M.C.</i>
<i>Prospect.</i>		<i>7</i>	<i>5</i>	<i>15</i>	<i>14</i>	<i>5</i>	<i>15</i>	<i>Inf Lymph Gland</i>	<i>8</i>	<i>Tumor of gland enlarged, & tender - probably due to infected blister on foot - antiphlogistic - later iodine paint. Recovered.</i>	<i>J. A. Mansfield</i> <i>Captain R.A.M.C.</i>

MEDICAL HISTORY SHEET.

Surname Bryant Christian Name William Edward

Examined { on 3 day of Nov 1914
 at Warwick Bermuda

Approved by W. H. Arthur Capt
 Rank C.P.A.M.C. M.O.

Birthplace { City or Town Chalk river
 County Ontario

Apparent age 23

Trade or occupation Fireman

Height 5 Feet 4 Inches.

Weight 126 Lbs.

Chest measurement { Minimum 34 inches.

{ Maximum expansion 36 inches.

Physical Development Good

Small-Pox Marks Nil

Vaccination Marks { Arm Right Left.
 Number nil one

When Vaccinated last 1910

(a) Marks indicating congenital peculiarities or previous disease Nil

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

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.
19 ¹² / ₁₄	Suce.	<u>W. H. Arthur</u> Capt. C.A.M.C. M.O.
		M. O.
		M. O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>10</u> / <u>15</u>	<u>TV</u> / <u>20</u>	<u>(Squad) W. H. Arthur</u> M.O.
		M. O.
		M. O.

Enlisted on * 4th day of November 1914 at Bermuda

	CORPS.	REG'TL NUMBER	HABITS.	DATE.
Joined on enlistment.	<u>R. C. R</u>	16016		<u>4-11-14</u>
Transferred to.....		<u>16016</u>		
		<u>494123</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.

M. F. B. 313. * Service Recs from 5th Sept 1914

FORM OF WILL.

I, William Edward Bryant (Name in full)
Regimental Number 477123 serving in Royal Canadian Regt.
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

M^{rs} Thomas Bryant (Mother) } Name & Address
Chalk River } of person or
Ontario } persons to receive
personal estate*
(see note).

In Witness whereof I have hereunto set my hand
this 13th day of October A.D. 1915.

W. Bryant 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 Ch Wood
Address of Witness The RCR
Occupation of Witness lieut
Name of Witness Quider
Address of Witness RCR
Occupation of Witness lieut

FORM OF WILL

I, _____ (Name in full)

of the County of _____ State of _____

do hereby declare that I am of sound mind and memory

and that I am not under any legal disability

I hereby give, devise and bequeath

Name & Address

of person or

persons to whom

it is to go

absolutely and my personal estate I bequeath to

Name & Address

of person or

persons to whom

it is to go

I hereby declare that I have not made any other will

and that this is my last will and testament

and I hereby ratify and confirm the same

in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

and in presence of the following witnesses

Casualty Form—Active Service.

Regiment or Corps Royal Canadian Regiment

Regimental No. 477123 Rank Pte Name BRYANT William E.

for 1 year or

Enlisted (a) 23-8-15 Terms of Service (a) duration of war Service reckons from (a) 23-8-15

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				
DISEMBARKED BOULOGNE					
1-11-15	ob. R & R	2 11 15		1-11-15	n Roll
19/11/1915.	O.C. 26 Gen.	V.D.S.	Admitted	26 General.	19/11/15. W. 3034. (287) 19/11/15
20/11/1915.	O.C. 9 Coy	N.Y.D	Admitted	9 Coy Hoop.	20/11/15 W. 3034 (252) 20/11/15
20/11/1915.	O.C. 9 Coy	Sick	Admitted	No 3. G.A	15/11/15. A.F.B 213. (3) 20/11/15.
20/11/1915	O.C. 3 Coy	N.Y.D	Trans.	Coy 1 G.A	15/11/15 A. 36.
21/11/1915	O.C. 1 Coy	Bubo	Admitted	Coy 1 G.A	15/11/15 A. 36
21/11/1915	O.C. 1 Coy	Bubo	Trans	Cas Coy Det	17/11/15 A. 36.
30/12/1915.	O.C. 9 Coy	V.D.S.	Disch to	Coy 1 Camp Detail	30/12/15 W. 3034.
6/1/16.	O.C. C.B.D.	Taken on strength. Can Base Depot.		C. Base Depot.	4/1/16. 101/B.D/3/178.
10/1/16.	Coy 2 Gen Hoop	V.D.S.	Trans.	Coy 9 Coy Hoop.	10/1/16. W. 3034. (10)
10/1/16.	Coy 9 Coy	N.Y.D. Sick.	Admitted	Coy 9 Coy Hoop.	10/1/16. W. 3034 (303)
9/1/16.	Coy 2 Gen	N.Y.D.	Admitted	Coy 2 General.	9/1/16 W. 3034 (9)
10/1/16.	O.C. C.B.D.	Left. Can. Base. Depot. for		Coy 6 Coy Hoop.	10/1/16. 101/B.D/3/186.
22/1/16.	O.C. C.B.D.	Taken on strength Can Base Depot		C. Base Depot	22/1/16 400/12/1/16
22/1/16	Coy 9 Coy Hoop	V.D.S.	Dischd.	Coy 11 Camp. Harflaw	22/1/16. W. 3034.
4/2/16.	C.B.D.	Left. C.B.D. for unit.		Field	2/2/16. 101/B.D/3/209
5/2/16.	ob. R & R			Field.	3/2/16. B 213

(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., and special qualifications in technical or other duties.

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				
11/10/16	O.C. R.C.M.	Reported Missing after Action	Field	8/10/16	N. S. 137/1740. Part II orders 72 d/20 7/11/16
6-2-17	R.C.M.	Now killed in Action	Field	8-10-16	<p><i>[Signature]</i></p> <p>Canadian Section, G. H. Q. 3rd Echelon, B. E. F. <i>[initials]</i></p> <p>Ch. 308 & Ptd 349/3-4-17.</p> <p><i>[Signature]</i> LIEUT.</p> <p>FOR LT: COL: I/C RECORDS, C.O.M.F.</p>

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1. *No 11 Camp Bayshore*

22-1-16

2.

3.

4.

5.

6.

7.

Surname

Christian Name or Names

Reg. No.

Bryant

W. E.

477173

Rank

Unit

Co.

Troop

Batty.

Ht

Royal Can. Reg.

Hospital

4 Genl. Hospital Martins Plains

Date of Admission

Transferred

109 St. Havre
Can. Clearing Station
9 St. Havre
2 Genl. Havre

Hosp.

Hosp.

Hosp.

Hosp.

21.9.15
19.11.15
21.11.15
10.1.16
9.1.16

Diagnosis

Gonorrhoea
V.D.S. Butte

(1) Later Diagnosis (if changed)

(2)
(3)

Additional Diagnoses, if more than one state present

Prev. Rep. missing now

Killed in Action 8.10.16

Dis to Unit 3-2-16

DISPOSITION

Date

Dis.
Dis. to Camp Details 21.9.15
30.12.15.

REMARKS

6/11.10.15
Miss after action 8.10.16
Base Rep.

13.12.15. 22.

26.11.15 16

29.11.15 14

7.1.16. 27.

14.1.16. 31.

18.1.16. 32.

29.1.16 37

16.2.16 41

Ch 24.10.16 H226

6.2.17 A 308.

A.M.D. 2 DEPT.
Bch. of D.G.M.S. O.M.F.C. London.

100

Name Bryant W.E Rank Pte

Reg. No. 477123

Unit Royal Canadian Regt.

Next of Kin Canada,

1915.	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
21 9	Dis Ex	Tent Hospital	Gon	2		
19-11	9. Stat. Hosp.	Havre Bre 26 G. H.	V.D.S.	16		
15 11	No 3 Field Amb.		N.Y.D.	17		
21 11	Can. Clear. Station		V.D.S. Bubo.	22		
30 12	Disced. to Camp	Details		27		
9-1-16	No 2 General Hosp.	Havre	V.D.S.	31		
10-1	No 9 Stationary	Havre	V.D.S.	32		
22-1	No 11 Camp	Harfleur	V.D.S.	37		
3-2	Disced. to Duty		V.D.S.	A47		

Q 36604 Sep.

1261
10 1921

Q- 4185- Wep

1921

Number... 477123 Rank... Pte. B

Surname... BRYANT M

Christian Names... William Edward

Unit... R.C.R. Theatre of War... France

Dates of Service... 20/9/14... 14/11/15... 8/10/16 D

Remarks... mother

Latest Address... Mrs. Thos. Bryant.
Chalk River Ont.

R.C.R. Page 551

M. G. 41901 JAN 20 1921

10/2

H.A.P.

H.Q. 649-B-9106.

✓ ✓ ✓ ✓
Bryant, Pte. W.E., #477123, The Royal Can. Regt.

M. & D. (Mother) Mrs. Thos. Bryant, Chalk River, Ont.

P. & S. " Ditto.
(Ser. #798654.)
Mem. C. " Ditto.

Scroll Des. APR 9 - 1921 Reqn. No 2.34628

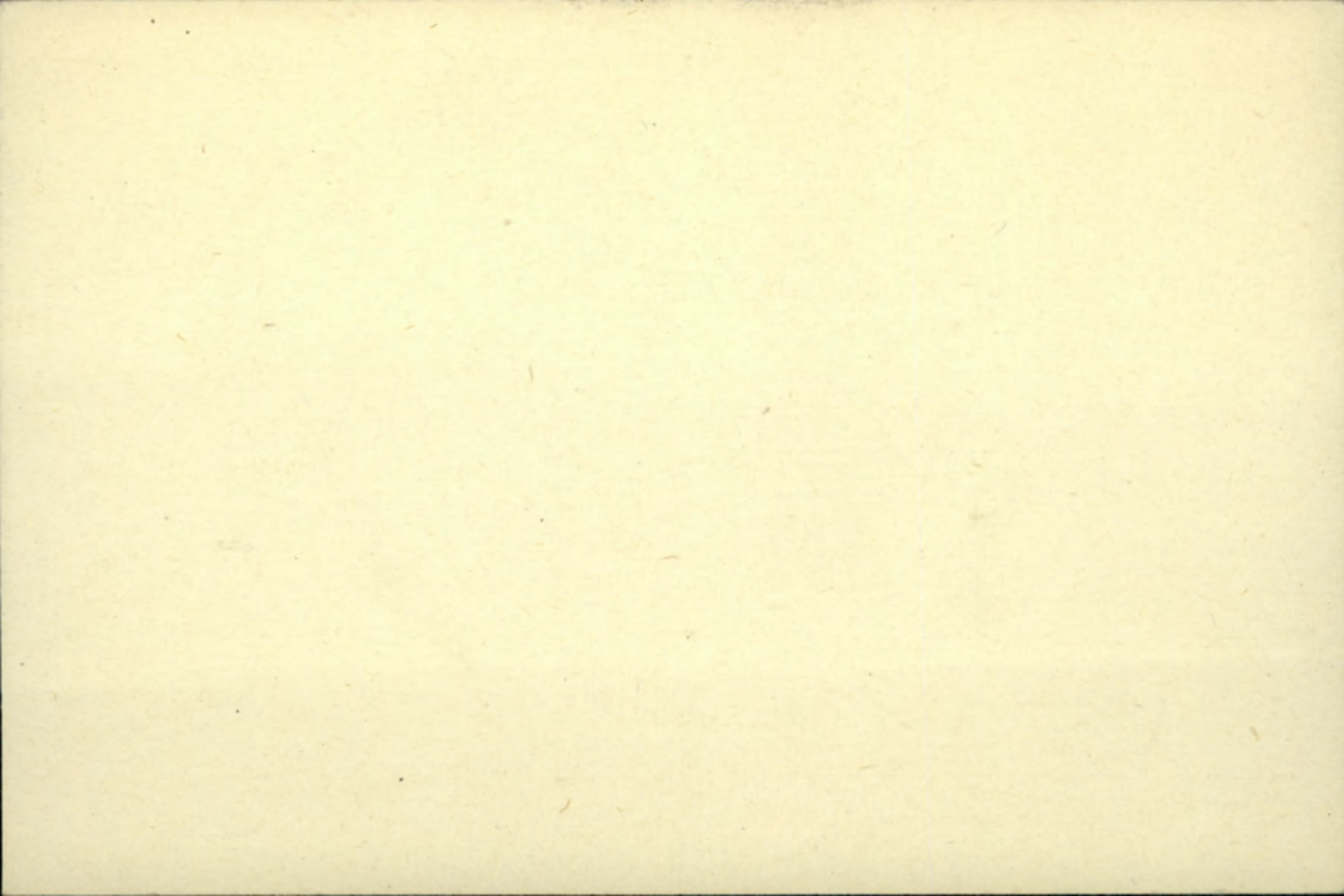
Serial Des. SEP 10 1921 Reqn. No P6375

Eligible for 14-15 Star Plé. R.C.R.

E. " " " V.M.

E. " " " B.W.M.

43815
R.R.



No. 16016. RANK Pte.

NAME Bryant W.

T. O. S.

UNIT 1st. Battalion.
23rd. Regt. Bermuda Draft.

M. D. Val.

PAID FROM	PAID TO	SIG. OR REC'D	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1914 Aug 28	1914 Sept. 4	L	Shown on Royal Canadian Regt. Sept. payroll Bermuda	H.D. 264 of 7-11-14.
Sept. 5	Sept. 30	L		
	Oct	L	service reckons from 5-9-14	H.D. 264 of 7-11-14.
	Nov	L		
1915	Dec 1915	L	10 days C.B. for absence 22-2-15	H.D. 476 of 23-2-15
	Jan	O.S.		
	Feb	O.S.	7 days C.B. for drunkenness 28-6-15	H.D. 134 of 28-6-15
	Mar	L		
	Apr	L		
	May	L		
	June	L		
	July	L		
	Aug	L		

NAME Bryant, William Edward

H. Q. FILE No. 649-

REGT'L. No. 477123

RANK AND CORPS Pte.

Royal Lan. Regt.

CABLE

NATURE OF CASUALTY

NO.

3029

NO.

DATE

FOLL. X

Q3485 24-10-16

Missing since October 8th ✓

Q8503 5-2-17

Previously reported missing now

reported killed in action Oct 8th 1916 ✓

@7B.2090a Rouen 4-4-17

Killed in action 8-10-16.

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
2	Tent. St. Martin's Pl. Shorne.	21-9-15	Disch. Gonorrhoea
14	#9 Stat. Havre	19-11-15	(V.D.S) trans from #26 Gen.
17	#3. 1st Amb.	15-11-15	Sick 7/15
22	Cau. Cl. Stu.	21-11-15	V. D. S.
27	#9 Stat. Havre, Disch. to Camp Details	30-12-15	" " "
31	#2 Gen. Havre	9-1-16	V. D. S.
32	#9 Stat. Havre	10-1-16	V. D. S.
37	#11 Camp Harfleur	22-1-16	V. D. S.
A. 47	Disch. to unit	3-2-16	V. D. S.
A226	Rept'd from base	8-10-16	Missing after action
A308	Presumpt missing now	8-10-16	Killed in action

(649-B-9106)

CARD NO.

D

♀

SURNAME.

Bryant.

CHRISTIAN NAMES

William Edward

FOLL.

REGL. No.

477123
R.C. R.

RANK

pte.

UNIT

23rd Regt.

FORMER CORPS

NEXT OF KIN.

NAMES IN FULL

Bryant Mrs. Thomas

RELATIONSHIP TO SOLDIER

mother

ADDRESS

Chalk River, Renfrew. Ont.
Canada.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada. Chalk River Ont.

PLACE OF ATTESTATION

Halifax

DATE

July 28, 1915
Aug 25/15.

OLS, 26-8-15-204
2

MARRIED

SINGLE

yes.

WIDOWER

TRADE OR CALLING

Fireman

RELIGION

Church of England

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

5

FEET

4

INCHES

CHEST MEASUREMENT

36

INCHES

EXPANSION

2

INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Brown

DISTINGUISHING MARKS

Scar right forearm.

*Scar marks. flag of Bermuda
1914 left forearm.*

MEDICAL EXAMINATION.

PLACE

DATE

Name **Bryant, William** Rank **Pte.**Reg. No. **477123.**Unit **R.C.R.**
Edward,*A.R. 25-B-2459.*Next of Kin **Canada.**

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-10-16.	Reported from Base.	MISSING.		A226	<i>23.10.16.</i> O 3485.	
<i>8-10-16.</i>	<i>Do.</i>	<i>Do.</i>	<i>Do. Killed in Action</i>	<i>A308.</i>	<i>08503</i>	<i>25.10.16.</i> <i>4/17.</i>

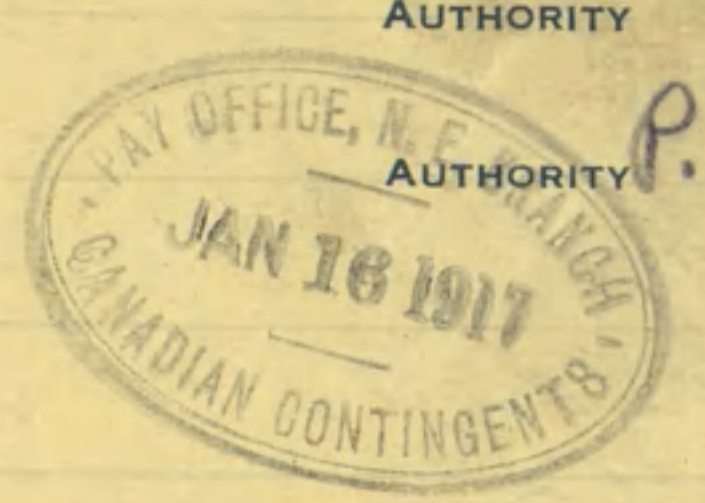
MARRIED OR SINGLE *Single*
 PLACE OF BIRTH *Chalk River, Renfrew Co., Ont.*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs Thomas Bryant, Chalk River, Renfrew Ont.*
 RELATIONSHIP OF NEXT OF KIN *Mother*
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Missing after action</i>	<i>8/10/16</i>	<i>Ch. a226-24/10/16</i>
<i>Killed in action</i>	<i>8/10/16</i>	<i>Ch. a 308-6/2/17</i>

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

REG'L No. *477123* RANK *Pvt* NAME *Bryant, William Edward*
 IF IN PERM. CORPS) UNIT *ROYAL CAN. REGT.* TRANSFERRED TO *Non Effect* DATE *8/10/16* AUTHORITY *Ch a226*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Halifax, N.S.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *23rd Aug. 1915* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *15.00* DATE EFFECTIVE *1 April/16*
 PAYABLE TO *M^r H Cunliffe North Bay P.B. Bry. 1236. Ont* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *3/11/16* EFFECTIVE *1/12/16* RELATIONSHIP *Missing after action 8/10/16*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY *Ch. a226 24/10/16*
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *9.10.16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



COMPILED BY *J.E.C.*
 CHECKED BY

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 \$ C.	No. OF DAYS	RATE	AMOUNT \$ C.				No. OF DAYS	RATE	AMOUNT \$ C.	1	2	3	4	1				2	3				4	CREDIT	DEBIT	
									<i>262.90</i>	<i>252.90</i>										<i>132.95</i>	<i>132.95</i>	<i>119.95</i>							
<i>1/4</i>	<i>30/4</i>	<i>30</i>	<i>100</i>	<i>30</i>	<i>12</i>	<i>3.00</i>			<i>33.00</i>	<i>470.10</i>	<i>4</i>			<i>52.3</i>				<i>15.00</i>	<i>20.23</i>	<i>132.72</i>									
<i>1/31/16</i>	<i>31</i>	<i>100</i>	<i>31.00</i>	<i>31</i>	<i>10</i>	<i>3.10</i>			<i>31.10</i>	<i>524.18</i>	<i>569</i>	<i>29/5</i>		<i>2.56</i>	<i>2.56</i>			<i>15.00</i>	<i>20.12</i>	<i>146.70</i>									
<i>1/30/16</i>	<i>30</i>	<i>100</i>	<i>30.00</i>	<i>30</i>	<i>10</i>	<i>3.00</i>			<i>30.00</i>									<i>15.00</i>	<i>15.00</i>	<i>164.70</i>									
<i>1/31/16</i>	<i>31</i>	<i>100</i>	<i>31.00</i>	<i>31</i>	<i>10</i>	<i>3.10</i>			<i>34.10</i>	<i>614.18</i>	<i>666</i>	<i>3/7</i>		<i>2.53</i>	<i>2.62</i>			<i>15.00</i>	<i>20.17</i>	<i>178.63</i>									
<i>Aug</i>	<i>1-31</i>	<i>31</i>	<i>100</i>	<i>31</i>	<i>10</i>	<i>3.10</i>			<i>34.10</i>	<i>472</i>	<i>36/4</i>			<i>2.61</i>				<i>15.00</i>	<i>20.23</i>	<i>192.50</i>									
<i>Sept</i>	<i>1-30</i>	<i>30</i>		<i>30</i>		<i>3.00</i>			<i>33</i>	<i>824</i>	<i>21/8</i>	<i>893</i>	<i>2/9</i>	<i>2.62</i>	<i>2.62</i>			<i>15</i>	<i>20.24</i>	<i>205.26</i>									
<i>Oct</i>	<i>1-9</i>	<i>9</i>		<i>8</i>					<i>8.30</i>	<i>758</i>	<i>29/9</i>			<i>2.62</i>				<i>15.00</i>	<i>20.23</i>	<i>193.83</i>									
<i>Nov</i>	<i>1-9</i>																	<i>15.00</i>	<i>15.00</i>	<i>178.83</i>									
<i>Balance</i>									<i>463.00</i>												<i>178.83</i>								
<i>Aug/17</i>																					<i>178.83</i>								

Missing 8/10/16 Ch a226 To Non Effect. 9/10/16 Cr Balce \$178.83.

Balance transferred to N.E. Branch.

Leas. G.P. 1200 In agreement with Ottawa Slip H.Q. 193-1-12 22/2/17.



Table II.—Only for Admissions to Hospital or to the Sick List in the case of Warrant Officers treated in quarters.

Name of Hospital	Admitted to Hospital			Discharged from Hospital			Disease	Number of days in Hospital	Remarks bearing on the cause, nature, or treatment of the case, likely to be of interest or of future use. In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.	Signature of Medical Officer
	Day	Month	Year	Day	Month	Year				
<i>Sub Hospital</i>	<i>17</i>	<i>9</i>	<i>15</i>	<i>21</i>	<i>9</i>	<i>15</i>	<i>Soft Chancere Lymphopoa</i>	<i>4</i>	<i>With formation Cured.</i>	<i>J. L. Lantier Capt, 9</i>

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

Date	Brief details, and signature
19.12.14.	Vacc. W. L.H.
10.15.	Inocs " T.V/2.

Table IV.—Service Table.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation
Bermuda	14.9.14.				

I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.

for the Officer in Charge of Records Canadian Contingents.

C.A.M.C.

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

MEDICAL HISTORY of

Surname BRYANT Christian Name William Edward

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Chalk River County Ontario

Examined ... { on 3 day of Nov. 1914,
at Warwick Bermuda

Declared Age ... 23 years ... days.

Trade or Occupation ... Fireman

Height ... 5 feet 4 inches.

Weight ... 126 lbs.

Chest Measurement { Girth when fully Expanded 36 inches.
Range of Expansion 2 inches.

Physical Development ... Good

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

When Vaccinated ... 1910

Vision ... { R.E.—V=
L.E.—V=

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

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

Approved by (Signature) W. L. Hutton
(Rank) Capt, C.P.A.M.C.
Medical Officer.

Enlisted ... { at Bermuda
on 4 day of Nov. 1914.

Joined on Enlistment ...	Corps.	Regtl. No.
	<u>R.C.R.</u>	<u>16016</u>
Transferred to ...		<u>477123</u>

Became non-effective by ...
on _____ day of _____ 191 .

(Signature) _____
(Rank) _____
This Medical History Sheet has been compared with the Corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.

