

B.P. 9.12.18.

DISCHARGE DOCUMENTS

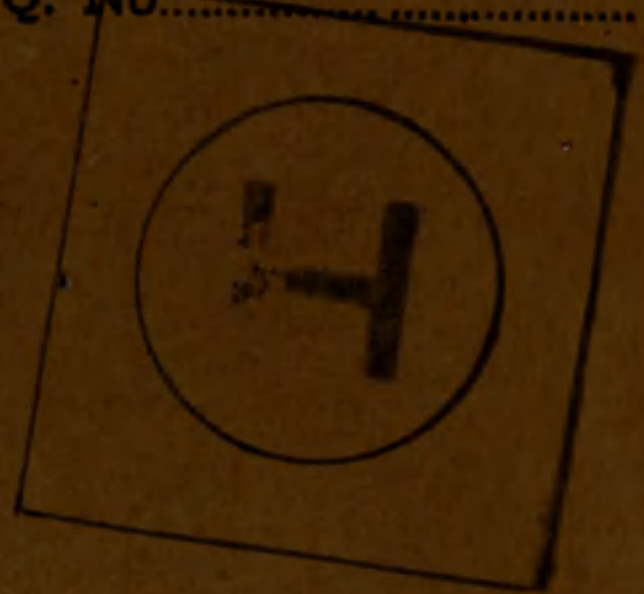
R. O. No.....

H. Q. No.....

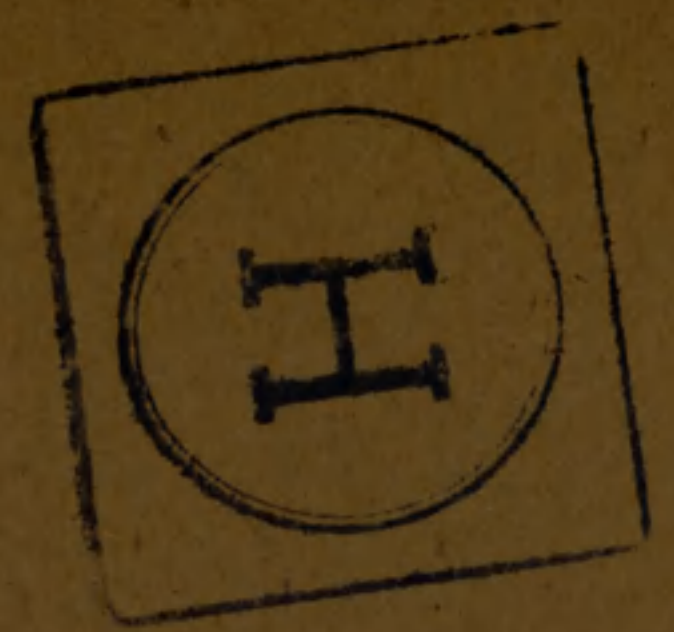
- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers.....
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- 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 CARRUTHERS, Wm. HARVEY
 Regt. No. 73231 Rank Pvt.
 Corps 28th N.W. Co.

09516

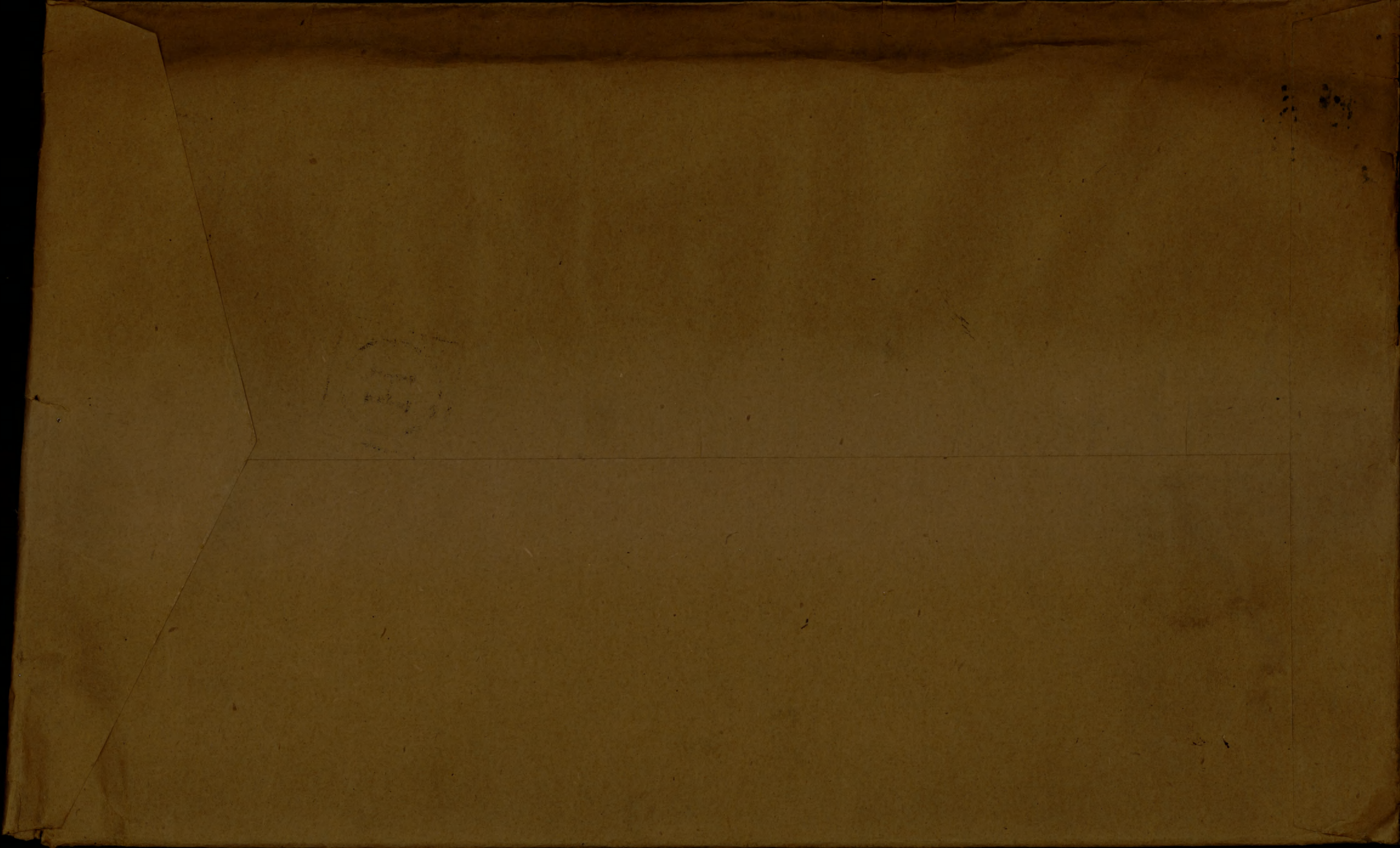


*Killed in action
15.9/16.*



A.D. B 122-1
 A.D. B 178-1
 1 card
 20721
 21237-1
 101-1
 1/17/18

4
 25 = 27
 10 27
 5 27
 4



28th Bn

ORIGINAL

ATTESTATION PAPER.

No. 73231

Folio. 63 Cap.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS).

- 1. What is your name?..... *William Harvey Carruthers*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *New Black, Ont.*
- 3. What is the name of your next-of-kin?..... *Mrs. Helen Carruthers*
- 4. What is the address of your next-of-kin?..... *Elmvale - Ont.*
- 5. What is the date of your birth?..... *11 Sept. 1886*
- 6. What is your Trade or Calling?..... *Carpenter*
- 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?.. *3 mos. Am.*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

William Harvey Carruthers (Signature of Man).
Geo. B. Day Wall (Signature of Witness).

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Henry Carruthers*, 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 Harvey Carruthers (Signature of Recruit)
 Date *24 Oct* 1914. *Geo. B. Day Wall* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Henry Carruthers*, 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 Harvey Carruthers (Signature of Recruit)
 Date *24 Oct* 1914. *Geo. B. Day Wall* (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 *Moose Jaw* this *24* day of *Oct* 1914.

Herbert [Signature] (Signature of Justice)

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

Harvey
Description of William Arthur Carruthers on Enlistment.

Apparent Age 28 years 1 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. 5 ins.

Chest measurement { Girth when fully expanded 38 1/2 ins.
 Range of expansion 34 1/2 ins.

Complexion Fair

Eyes Grey

Hair Brown

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

No sun on upper part of left ear
Large vaccination scar on left arm

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 24th Oct 1914.

Place Woose Jaw

[Signature]
 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 Harvey Carruthers 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)
24 Col.

Date 24/10 1914.

MEDICAL CASE SHEET

Station
and Date.

4

1

2

3

1251

362046

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book. 1251 Year 1915	Regimental No.	Rank.	Surname.	Christian Name.
	73231	Pte	Corruthers	Harvie W
	Unit.	Age.	Service.	
	28th Battalion	2		

Station and Date.	Disease
	Tonsillitis

Moore Barracks
Can Hospital
Shorncliffe
June 16th/15

Complaint - sore throat, headache & malaise.
Examination - tonsils enlarged and covered with membrane.
~~Culture & swabs - K.O. negat~~
June 17th. Feels fine.

June 17/15

Treatment - Gargle.
Transferred to ward 15
Progress notes.

June 18. R. side O.K. L. side still a little sore.
Dietly.
J. A. Macaulay Cpl

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

ORIGINAL MEDICAL HISTORY SHEET.

Surname Carruthers Christian Name William Harvey

Examined { on 24 day of Oct 1914
 at Moose Jaw
 Birthplace { City or Town Van Buren
 County Ont

Approved by J. A. Cullen
 Rank Capt M.O.

Apparent age 28
 Trade or occupation Carpenter
 Height 5 Feet 5 Inches
 Weight _____ Lbs.
 Chest measurement { Minimum 38 1/2 inches
 Maximum expansion 4 inches
 Physical development good
 Small-Pox Marks no

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left yes
 Number 2
 When Vaccinated last _____

Date	Result	VACCINATIONS
<u>Feb 3/14</u>	<u>good</u>	<u>J. A. Cullen M.O. Capt</u>
		M.O.
		M.O.

(a) Marks indicating congenital peculiarities or previous disease _____

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

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Dec 10/14</u>	<u>good</u>	<u>J. A. Cullen M.O. Capt</u>
<u>120/14</u>	<u>good</u>	M.O.
<u>30/14</u>	<u>good</u>	M.O.

Enlisted on 24 day of Oct 1914 at Moose Jaw

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>28th BATTALION</u>	<u>73231.</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.

Surname..... Christian Name.....

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				
Tri B.C. Hosp. Osteoporosis	June 16/15	16	6	15	25	6	15	Lenzilosis	10	Slight attack	A. Barton Capt.
		3	8	15	5	8	15	neuralgia	2		

Casualty Form—Active Service.

CERTIFIED CORRECT.
Canadian Record Office,
Westminster House,
7, Millbank, S.W.

Regiment or Corps 28th. N. W. Battn

Regimental No. 73231 Rank Pte. Name Carruthers, William Harvey

Enlisted (a) 24.10.14 Terms of Service (a) duration of war Service reckons from (a) 24.10.14

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				
18.9.15	O/C	Disembarked	Boulogne	18/9/15	Nom. Roll. 101/28/1
20.12.15	O/C N.4 C.7 a	Influenza ad - N.4 C.7 am.	In the field	23.12.15	A 36. 63.
1-1-16	DRS	trans DRS	"	27-12-15	64
"	DRS	ad - DRS	"	26-12-15	68.
"	DRS	Is duty	"	31-12-15	68
5-5-16	G C unit	attd wood Party	"	29-4-16	B213 P.2 Order no 200 dt 14 5/16
1st 3.16	do	Granted 8 days leave	"	15.5.16	Order no 287 dt 14 5/16
	Con Rec.	Leave extended to 26-5-16	Perth	26-5-16	authy R. B. 1-28-302. A. A. G. h. 79 P.2 Order no 22.
28.6.16	7c unit	Ret'd to Battalion from wood party	Perth	25.6.16	B213. 2.4.1.88.
22.9.16	do	Killed in Action	"	15.9.16	B213. Ph. Evans 25. 9/30/16

Whogau Capt.
For Officer i/c Can. Records,
Canadian Section.
G.H.Q. 3rd Echelon.

(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.]

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

617

To Whom Carruthers Mrs Helen By Whom Assigned Carruthers W.A.
 Address Rural Route No 2. Regtl. No. 73231 CAS
Elmvale Ont. Rank Pte.
 Corps #3 Coy 28th Batⁿ
 Rate \$10.00 JUN 1 1915

Casualties

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			Issue cheque for Nov, to bal Oct, 1916. aft closed Nov. 1. 1916. 3 M. 9 ¹⁰ / ₁₆ & 21 ¹¹ / ₁₆
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			(20) Killed in Action Sept 15 ¹¹ / ₁₆ to 5 ¹⁰ / ₁₆ pm
Feb.				
March				
April				
May				
June		O. 2746	10 -	
July		P. 3006	10 -	
Aug.		Q 5934	10 -	
Sept.		S 4878	10 -	
Oct.		95451	10 00	
Nov.		V 7463	10 -	
Dec.		W 4590	10 -	
Jan.	1916	X 9958	10 -	
Feb.		Y 12644	10 -	
March		Z 3848	10 -	

pk

21 The Key Ledger

Q 5935

Ok a blunder

ASSIGNED PAY

OVERSEAS CONTINGENTS

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

Sheet No. 2.

Mrs. Helen Carruthers

Name of Soldier

Carruthers, W.H.
#3 Coy 28 Batt.

L. L. Job 89602.-Req. 6213.

PAYMENTS.

73231 C.O.S.

#3 Coy

28 Batt.

Month.	Year.	Cheque No.	Amt.	Remarks.
April	1916	<i>7688</i>	<i>10</i>	
May		<i>03198</i>	<i>10</i>	
June		<i>06648</i>	<i>10</i>	
July		<i>E6108</i>	<i>10</i>	
Aug. ✓		<i>810188</i>	<i>10</i>	
Sept.		<i>C15803</i>	<i>10</i>	
Oct.		<i>C20240</i>	<i>10</i>	<div style="border: 1px solid red; padding: 5px; display: inline-block;"> <p><i>Casualties</i></p> </div> <p><i>Spur Reg 24/11/16 (20)</i> <i>Killed in action Sept 15th/16 & L 5th/16</i> <i>ap closed Port. 1916</i> <i>\$10⁰⁰ Nov to adj Oct. 1916. 21st Oct 16.</i> <i>X-27684 ret'd & cancelled 16/12/16.</i> <i>Sp Reg 21-12-16. F.L. for notation, etc</i> <i>sup correff. 4-12-16. F.L.</i> <i>170⁰⁰ E.S. 19/4/17</i></p>
Nov.		<i>X 27684</i>	<i>10</i>	
Dec.		<i>Dr. 30737</i>	<i>10.</i>	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

AMM

Casualties

Spur Reg 24/11/16 (20)
Killed in action Sept 15th/16 & L 5th/16
ap closed Port. 1916
\$10⁰⁰ Nov to adj Oct. 1916. 21st Oct 16.
X-27684 ret'd & cancelled 16/12/16.
Sp Reg 21-12-16. F.L. for notation, etc
sup correff. 4-12-16. F.L.
170⁰⁰ E.S. 19/4/17

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.				

Rank

Name

CARRUTHERS, Wm. H.

Reg'l No. 73231

Unit

28th Bn.

If in perm. Corps,
What Unit?

Married or Single

Place and Date of Enlistment

Hoose Jaw. 24th Oct. 1914.

Place of Birth

Van Black.

Name and Address, Next-of-Kin

Mrs Helen Carruther.s Elmvale. Ont.

Relationship

Assigned Pay Monthly \$

10⁰⁰

Payable to

M^{rs} Helen Carruthers, Rural Route No 2
Elmvale Ont

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Killed in action 15/4/16
Bk. 337 5/10/16

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						
1915.															
June	1-30	30	1 ⁰⁰	30	30	1 ⁰⁰	30			20	10		30	3	
July	1-31	31	"	31	31	"	310			20	10		30	710	
								107	107						817 Adj: of ex.
Aug	1-31	31	"	31	31	"	310			1946	10		2946	1281	
Sep	1-30	30	"	30	30	"	30			511	10		1511	3070	
Oct	1-31	31	"	31	31	"	310			1236	10		2236	4244	
Nov	1-30	30	"	30	30	"	30			1428	10		2428	5116	
Dec	1-31	31	"	31	31	"	310			524	10		1524	7002	
Jan	1-31	31	"	31	31	"	310			523	10		1523	8889	
Feb	1-29	29	"	29	29	"	290			522	10		1522	10557	
Mar	1-31	31	"	31	31	"	310			522	10		1522	12445	
				305			30 50 1 07	336 57			112 12 100			212 12 124 45	

Amount of FEB 22 1917 amount certified

Cash found in effects 212

initialed

Checked

Rank _____ Name **CARRUTHERS. Wm. Harvey** Reg'l No. **75231**
 Unit **28th Bn.** If in perm. Corps, }
 What Unit? } Married or Single **Single.**

Place and Date of Enlistment **Moose Jaw. 24th Oct. 1914.** Place of Birth **Van Black.**

Name and Address, Next-of-Kin **Mrs Helen Carruther.s Elmvale. Ont.**

Relationship

Assigned Pay Monthly \$ _____ Payable to _____

Relationship

Separation Allowance \$ _____ Payable to _____

Relationship

Discharge, Date and Place **15.9.16 France** Reason **K. A.** Character _____



N.E.R.B.3
 File R.L.
 Category **5-A**

m + 20.7.21

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				
		Embarked for England per S.S. Northland		29.5.15	
24.8.15	W.O.	Admitted 5th F.A. Field Hosp. <i>Neuralgia</i>	Otterpool Camp	3.8.15	Cas. Rept # 18.
24.8.15	W.O.	Discharged from Hosp.		5.8.15	Cas Rept # 18.
		Embarked for France.		19.9.15	New Roll 28th Bn 19.10.15
3.1.16	"	Adm. 4. Can Hld. Amb.		23.12.15	Cas rpt # 107 <i>Influenza</i>
12.1.16	W.O.	Adm. 1st Div. Rest. Stat. 4. Can Fld Amb.		27.12.15	" " " 115 "
13.1.16	W.O.	Discharged to Duty		31.12.15	" " " 116. "
14.5.16	28th Bn	attd Jempy Wood Party	In the Field	29.4.16	PTI O # 20
21.7.16	do		do	15.5.16	PTI O. 29
31.5.16	do	Grant 8 days leave from		15.9.16	
5.10.16	"	<i>Killed in action</i>	<i>France</i>	15.9.16	<i>b. l. a. 337. b-n</i>
30.9.16	"	" " "		15.9.16	<i>PTI O. 45</i>

CLINICAL CHART.

Army Form B, 181.

(To be attached to Case Sheet.)

Corps 28th Bn.

Military Hospital M.B. Showcliff

No. 73231

Rank and Name Pte. Harvie W. Carruthers

Age 28

Service 8/12

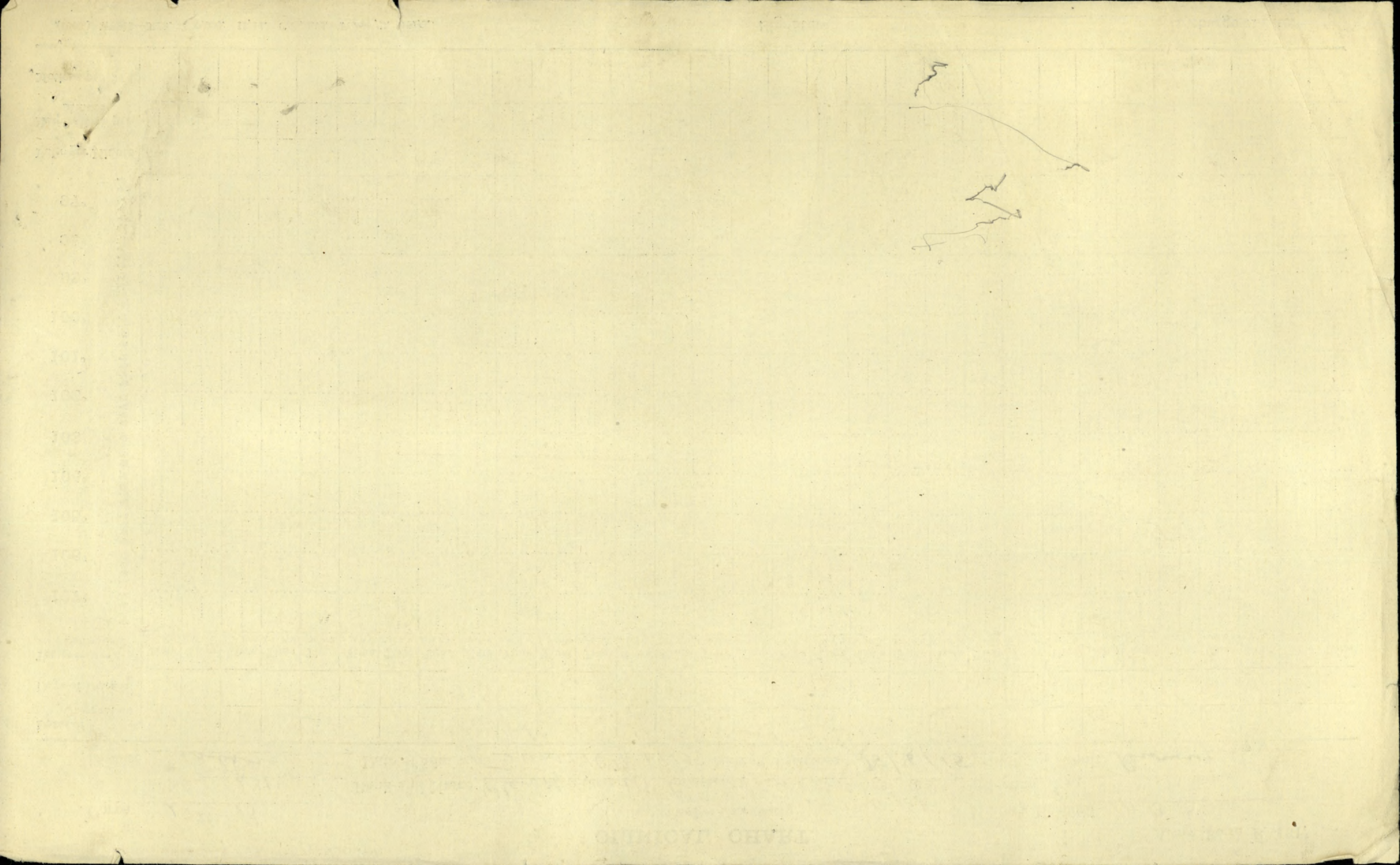
Disease Typhoid

Date of admission June 16th 1915

Date of discharge 25/6/15

Result Recovery

Dates of Observation																													
Days of Disease																													
Temperature Fahrenheit	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.	A.M.P.M.
107°																													
106°																													
105°																													
104°																													
103°																													
102°																													
101°																													
100°																													
99°																													
98°																													
97°																													
Pulse per Minute																													
Respirations per Minute																													
Motions per 24 hours																													



Surname **Carruthers.** Christian Name or Names **W. H.** Reg. No. **73231.**
 Rank **Pte.** Unit **28th. Battn.** Co. Troop Batty.
 Hospital **5th. F.A. F.N. Otterpool Camp. 3. 8. 15** Date of Admission
No. 4 Can. Fld. Amb. **23-12-15.**

Transferred **do. Div. Rest Sta** Hosp. **27.12.15.**

Hosp.

Hosp.

Hosp.

Influenza.

Diagnosis

(1) **Neuralgia (3. 8. 15)**
 Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

Killed in action. 15-9-16

DISPOSITION

A.M.D. 2 DEPT.

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

Date

Cl. 74. 8. 15 - #18

Dis 5. 8. 15.

REMARKS

C.L. 3-1-16.

107.

Dis. to duty, 31.12.15.

13.1.16.

116.

Rep'd. from Base.

12.1.16.

115.2.

" 5-10-16 a 337

2 DEPT.

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

IR

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

NAME Carruthers, William Harvey

H. Q. FILE No. 649-

REGT'L. No. 73231

RANK AND CORPS Pte.

28th Battalion

CABLE

No. DATE

C.

NATURE OF CASUALTY

NO.	496
FOLL.	

02129	4-10-16
B2090a	30-9-16

Killed in action Sept. 15th/16
 " " " " 15-9-16

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

✓ 18	5th U.S. Field Artillery Otter Pool Camp.	3/8/15 5/8/15	Neuralgia Discharged.
107	#4. Can. fld. Amb.	23-12-15	Influenza
115	Div. Rest. Stat. #4 Can. fld. Amb.	27-12-15	" " "
116	Div. Rest. Stat. Disch. to duty	31-12-15	" " "
A337	Rep. from Base	15-9-16	Killed in action

man

Number 73231

Rank P10

[Handwritten signature/initials]

Surname CARRUTHERS

Christian Name William Harvey

Units ~~C-7-9~~ Theatre of War France

Date of Service 28. Bn. Can. Inf. 18-9-15

Remarks (H) Wm. Carruthers, Sgt.

Latest Address P.R. #2
Elmvale, Ont.

Roll no.

[Red handwritten scribble]
Page 18483

200m. -6-21.

(This form to be filled in by all ranks on voyage to Canada.)

No.

NAME	RANK	SURNAME	INITIALS	UNIT
.....

Home address.....
(Street) (City or Town) (Province)

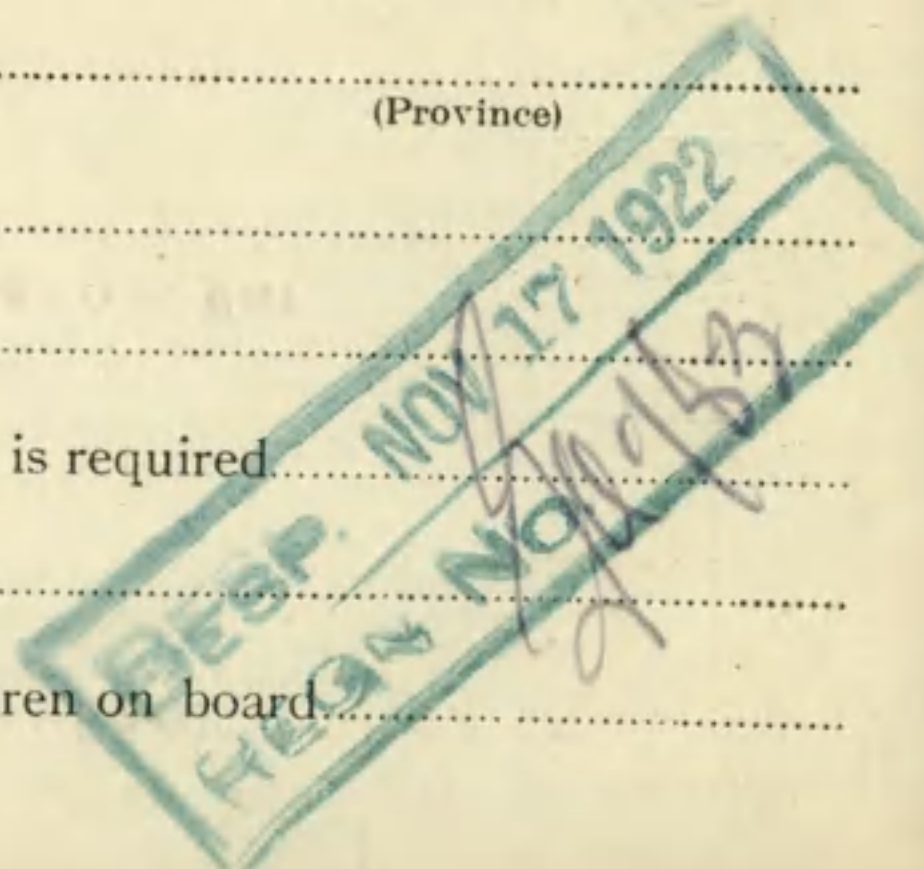
Name of one person to be notified of arrival.....
.....

Station in Military District to which a furlough warrant is required.....
..... Railway.....

Is your wife on board..... Number of children on board.....

Destination.....

(Sgd.).....



SURNAME.

Carruthers,

649-C-5410.

CARD NO.

D

CHRISTIAN NAMES

William Harvey

FOLL.

REGL. No.

73231.

RANK

Pt.

UNIT

28th.

P.M.

FORMER CORPS

Can. Mil

NEXT OF KIN.

NAMES IN FULL

Carruthers, Mrs. Helen

CHANGE OF ADDRESS

RELATIONSHIP TO SOLDIER

ADDRESS

Elm Vale, Ont.

COUNTRY OF BIRTH

Canada,


DATE

PLACE OF ATTESTATION

Moose Jaw, Sask. Oct. 24th 1914

DATE

O/S. 29-5-15. $\frac{92}{6}$

Sailed from Montreal  per S.S. "Northland" 29/5/15

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

RELIGION

DESCRIPTION.

APPARENT AGE

YEARS

MONTHS

HEIGHT

FEET

INCHES

CHEST MEASUREMENT

INCHES

EXPANSION

INCHES

COMPLEXION

EYES

HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE

DATE

Present Address.

No. ²³¹ 73231 *Feb. paylist* RANK *Pte*

NAME *Caruthers W.* *86*

T. O. S.

UNIT *28th Battalion*

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1914</i> <i>Nov 9</i>	<i>1914</i> <i>Nov 30</i>	<i>✓</i>		
<i>1915</i> <i>Dec</i>	<i>1915</i> <i>Jan</i>	<i>✓</i>		
	<i>Feb</i>	<i>✓</i>		
	<i>Mar</i>	<i>✓</i>		
	<i>Apr</i>	<i>✓</i>		
	<i>May</i>	<i>✓</i>		

UNIT SAILED
MAY 29 1915



Name **CARRUTHERS, W. H.** Rank **PTE.** Reg. No. **73251.**
 (William ~~Henry~~ Harvey.)
 Unit **28th. Battalion.**

Next of Kin **Canada.**

R. 28. C. 1827

Date	Movement	Place	Casualty	List No.	Notified N/KO.	W.O. List
3-8-15.	Tent Hosp.	Otterpool.	Neuralgia.	18.		
5-8-15.	Discharged.		" "	18.		
23-12-15.	4.C.F.A.		Influenza.	108.		
27-12-15.	D.R.S. 4.C.F.A.		" "	115.		
31-12-15.	Dis to duty.		" "	116.		
15-9.	Rept. from Base	KILLED IN ACTION		A337	02129	5-10.

Scroll Desp ^{AUG 25 1921} Reqn. No. 52012 ^{2 Ha. of M}

649-C-5410. ^{SEP 7 1921} Plaque Desp 73231 Reqn. No. P5716 ^{28th Bn}
Pte. Wm. Harvey Carruthers. CEF.

Medals & Dec. (Father) Wm. Carruthers, Esq.,
R.R. #2,
Elmvale, Ont.,

Placque & Scroll (Father) Same as above.

Dec # 751104
Memorial Cross.

(Mother) Mrs. Wm. Carruthers,
Address as above.

*2 liq. 14/15 star pte 28th Bn.
1 liq. U. m.
2 liq. B.W. m.*

55215 *l.*

896

657183

28/7/21

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.
	<u>Vaccination:</u>
3/2/15	Good. J.A.Cullum, Capt:
	<u>Anti-Typhoid Inoculations, etc:</u>
10/12-14	J.A.Cullum, Capt
20-12-14	J.A.C.
30-12-14	J.A.C.

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

DUPLICATE

To be used for recruits enlisting direct into the Regular Army only. Army Form B. 178^A to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY of

Surname CARRUTHERS Christian Name William Harvey

TABLE I.—GENERAL TABLE.

Birthplace ... Parish Black County Ontario

Examined ... on 24 day of October 1914 .
 at Moose Jaw

Declared Age ... 28 years ... days.

Trade or Occupation ... Carpenter

Height ... 5 feet, 5 inches.

Weight ... lbs.

Chest Measurement { Girth when fully Expanded. 38½ inches.
 Range of Expansion 4 inches.

Physical Development ... Good

Vaccination Marks { Arm ... Right Left 2
 Number 2

When Vaccinated ...

Vision ... { R.E.—V=
 L.E.—V=
 (a) Marks indicating congenital peculiarities or previous disease ...
 (b) Slight defects but not sufficient to cause rejection ...

Approved by (Signature) J. A. Cullum,
 (Rank) Capt.
 Medical Officer.

Enlisted ... at Moose Jaw
 on 24 day of October 1914 .

Corps.	Regtl. No.
<u>28th Battalion</u>	<u>73231</u>
Transferred to ...	

Became non-effective by
 on _____ day of _____ 191 .
 (Signature) W.R. WARD,
 (Rank) Colonel in Charge of Records,
Canadian Contingents.

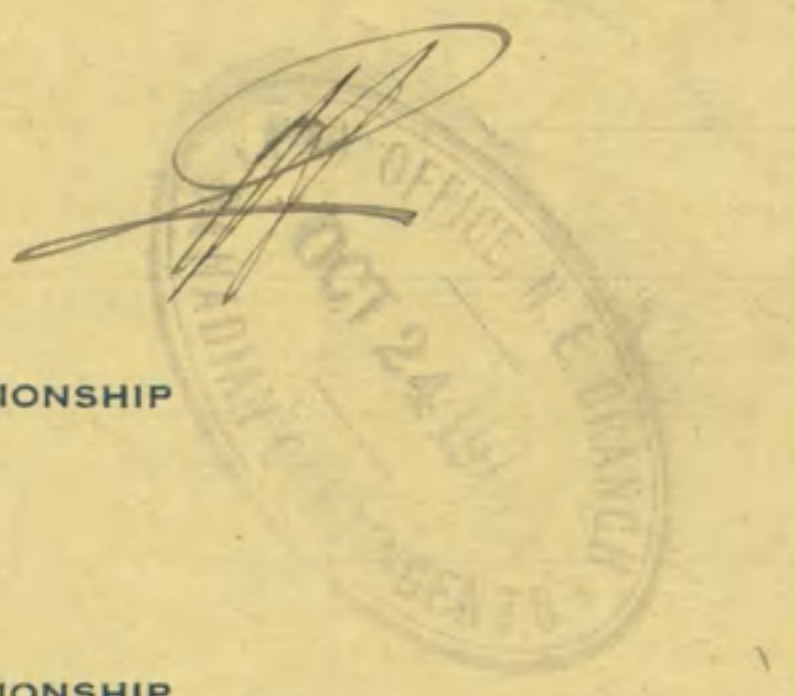
This Medical History Sheet has been compared with the corresponding Attestation Paper, and entries made in red have been taken from the Attestation Paper.
 I certify the foregoing to be a true copy of an original entry on a Medical History Sheet of this man.
 W.R. Ward
 O.A.M.C.
 Officer in Charge of Records
 Canadian Contingents.

MARRIED OR SINGLE *S.*
 PLACE OF BIRTH *Van Black.*
 NAME AND ADDRESS OF NEXT OF KIN *Mrs. Helen Carruthers.
 R.R. No. 2, Elmvale, Ont. Canada.*
 RELATIONSHIP OF NEXT OF KIN
 NAME AND ADDRESS OF NEXT OF KIN
 RELATIONSHIP OF NEXT OF KIN
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)
 PAYABLE TO
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Killed in action</i>	<i>15/10/16</i>	<i>CLA 337</i>

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

REG'L NO. *73231* RANK *Plt* NAME *Carruthers William H*
 IF IN PERM. CORPS | UNIT *28th Battalion* TRANSFERRED TO *Non-Eff* DATE *16-9-16* AUTHORITY *CLA 337*
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY
 PLACE OF ATTESTATION *Moose Jaw Sask.* TRANSFERRED TO DATE AUTHORITY
 DATE OF ATTESTATION *24th October 1914.* TRANSFERRED TO DATE AUTHORITY
 ASSIGNED PAY MONTHLY \$ *10.⁰⁰* DATE EFFECTIVE
 PAYABLE TO *Mrs Helen Carruthers R.R. No. 2, Elmvale Ontario.* RELATIONSHIP
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE
 PAYABLE TO
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *6.10.16* EFFECTIVE *1.11.16* REASON *Killed in action* AUTHORITY *CLA 337*
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *18-10-16*
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT	NO. OF DAYS	RATE	AMOUNT				1	2	3	4	1	2	3	4				CREDIT	DEBIT									
																													\$	c.	\$	c.	\$	c.
<i>Dec 1915</i>											<i>336 57</i>																							
<i>Apr 30</i>	<i>1⁰⁰</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3</i>					<i>33</i>	<i>934</i>	<i>194</i>	<i>975</i>	<i>774</i>			<i>2 61</i>	<i>2 61</i>				<i>10 -</i>	<i>15 22</i>	<i>142 23</i>									
<i>May 31</i>	<i>1⁰⁰</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>					<i>34 10</i>												<i>10 -</i>	<i>107 33</i>	<i>69</i>									
<i>June 30</i>	<i>1⁰⁰</i>	<i>30</i>	<i>30</i>	<i>30</i>		<i>3 -</i>					<i>33 -</i>												<i>10 -</i>	<i>22 78</i>	<i>79 22</i>									
<i>July 31</i>	<i>1⁰⁰</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>					<i>34 10</i>	<i>1181</i>	<i>29/1/16</i>	<i>1225</i>	<i>17/6/16</i>			<i>2 56</i>	<i>2 62</i>				<i>10 -</i>	<i>15 14</i>	<i>98 15</i>									
<i>Aug. 31</i>	<i>1⁰⁰</i>	<i>31</i>	<i>31</i>	<i>31</i>	<i>10</i>	<i>3 10</i>					<i>34 10</i>	<i>1284</i>	<i>10/8/16</i>					<i>10 22</i>	<i>2 62</i>				<i>10 -</i>	<i>12 62</i>	<i>109 63</i>									
<i>Sept 30</i>	<i>1</i>	<i>30</i>	<i>30</i>	<i>30</i>	<i>10</i>	<i>3 -</i>					<i>33 -</i>	<i>1342</i>	<i>2/8</i>	<i>8277</i>	<i>528</i>	<i>15/8</i>		<i>2 61</i>	<i>2 62</i>				<i>10 -</i>	<i>20 46</i>	<i>132 17</i>									
<i>Oct -</i>																		<i>2 62</i>	<i>2 61</i>				<i>10 -</i>	<i>16 50</i>	<i>26 50</i>	<i>105 67</i>								
																							<i>10</i>	<i>16 50</i>	<i>26 50</i>	<i>105 67</i>								

Checked *H. Donley*

L.S. March 1917.

Statement of
 FEB 22 1917
 Account rendered

Cash found in
 effects *209*

*Non Eff B. 16-9-16 CLA
 debit book pay 337.
 to date of casualty.
 98 form read 6/11/16 eff 1/11/16
 105-67 to Canada
 for sett. 20/3/17*