

189.18

*Deceased.*  
**DISCHARGE DOCUMENTS**

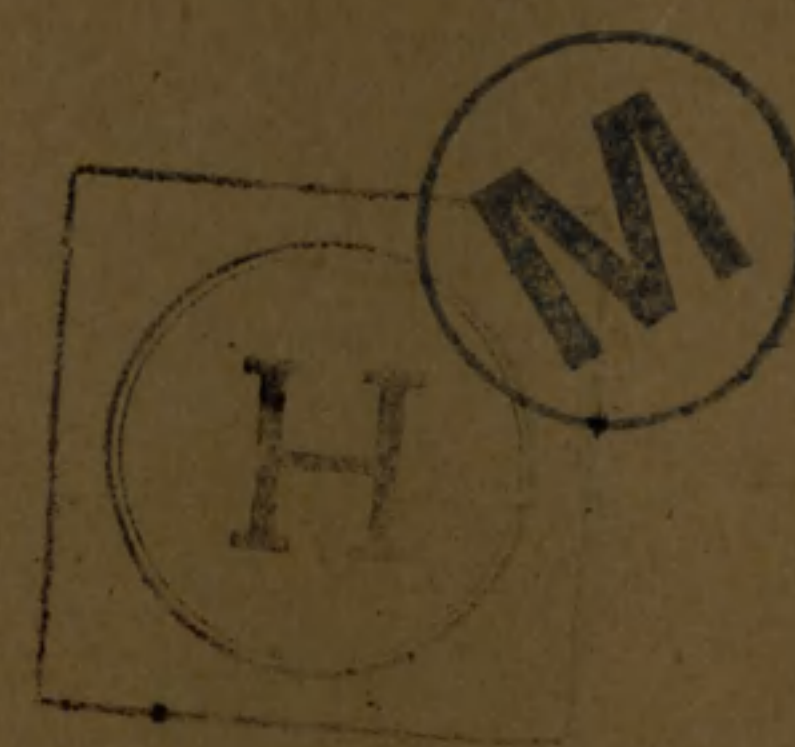
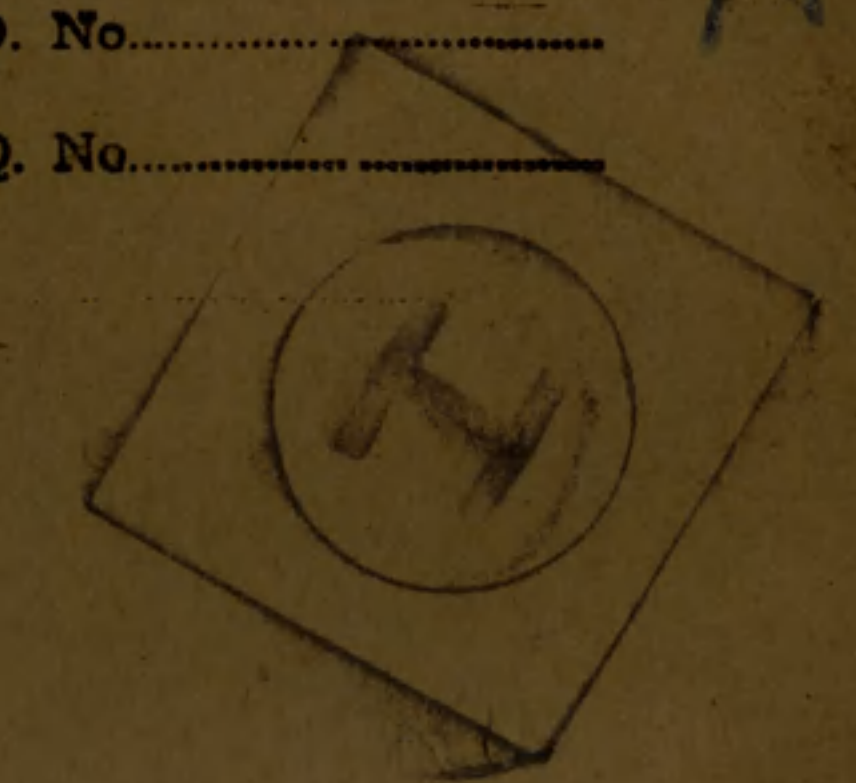
10028  
10228

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

#1

Name CARTER, HENRY, FORD JOHN,  
Regt. No. 425681 Rank Pte.  
Corps 45 Bn

*Killed in Action, 8.10.16,*



74.

41  
10  
5  

---

4  
27  
27  
27

- 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.....

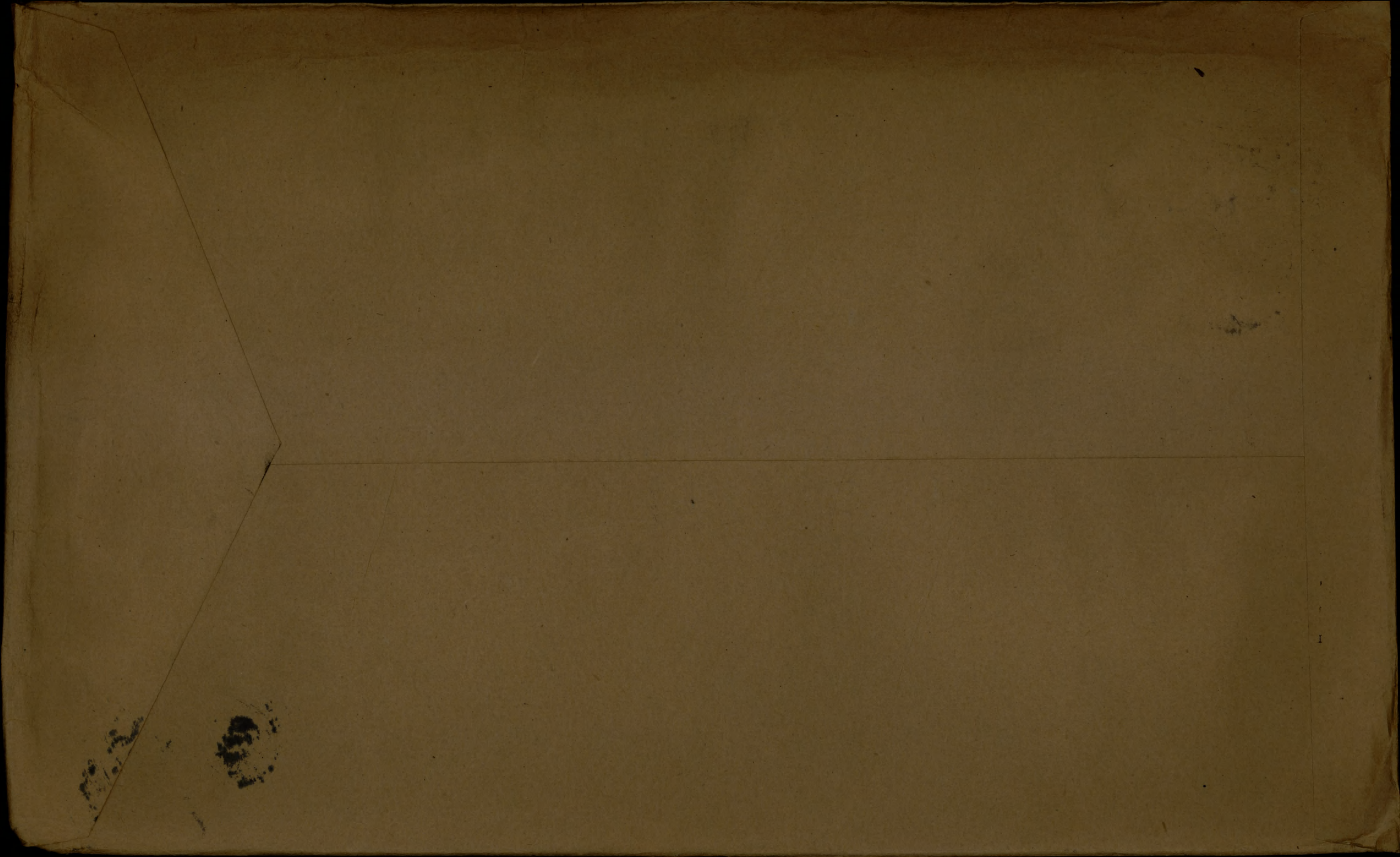
*Handwritten scribble*

*A 7 B 122 1*  
*178 1*

*Cascard - 21237 - 1*  
*21237 - 1*  
*21237 - 1*  
*21237 - 1*  
*21237 - 1*

M. F. W. 62.  
100m. - 8-17.  
H. Q. 1772-39 - 935.

*M X*  
*11.2.20*



# ATTESTATION PAPER.

No. 425681

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

*Duplicate*

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your name?..... Henry Ford John Carter
  2. In what Town, Township or Parish, and in what Country were you born?..... Treherne, Manitoba
  3. What is the name of your next-of-kin?..... Henry Carter (Father)
  4. What is the address of your next-of-kin?..... Treherne, Manitoba
  5. What is the date of your birth?..... 1st. June 1891
  6. What is your Trade or Calling?..... Farmer
  7. Are you married?..... No.
  8. Are you willing to be vaccinated or re-vaccinated? & inoculated. F.C...... Yes
  9. Do you now belong to the Active Militia?..... No
  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
- ..... Ford Carter..... (Signature of Man).  
..... Jas. W. Balfour..... (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Henry F. J. Carter, 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.

..... Ford Carter..... (Signature of Recruit)

Date 11th Nov. 1915 ..... Jas. W. Balfour..... (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Henry F. J. Carter, 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.

..... Ford Carter..... (Signature of Recruit)

Date 11th Nov 1915 ..... Jas. W. Balfour..... (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 Winnipeg this 11th day of Nov. 1915

..... Chas. J. Whillier,..... (Signature of Justice)

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

..... E. C. Danelz..... (Approving Officer)

Description of Henry Ford John Carter on Enlistment.

Apparent Age 24 years 5 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 55 ft. 10 ins.  
 Chest measurement { Girth when fully expanded 39 1/2 ins.  
 Range of expansion 33 ins.  
 Complexion Dark  
 Eyes Brown  
 Hair Dark brown

Scar on left shoulder

Religious denominations.  
 Church of England X  
 Presbyterian  
 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\* for the Canadian Over-Seas Expeditionary Force.

Date 11th Nov. 1915  
 Place Winnipeg 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:—

Large serotal hernia (right), must be operated on first before I pass him.

J. Swindon,  
Capt. A.M.C.

CERTIFICATE OF OFFICER COMMANDING UNIT.

Henry Ford John Carter having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

F. J. Clark, Lt. Col. (Signature of Officer)

Date 11th Nov. 1915.

CLINICAL CHART.

Army Form B 181.

(To be attached to Case Sheet).

Corps 17<sup>th</sup> Res. Batt.

Military Hospital W. B.

No. 425681

Rank and Name Pvt. A. J. F. Carter

Age 31

Service 6/12

Disease y. measles

Date of admission 26-4-16

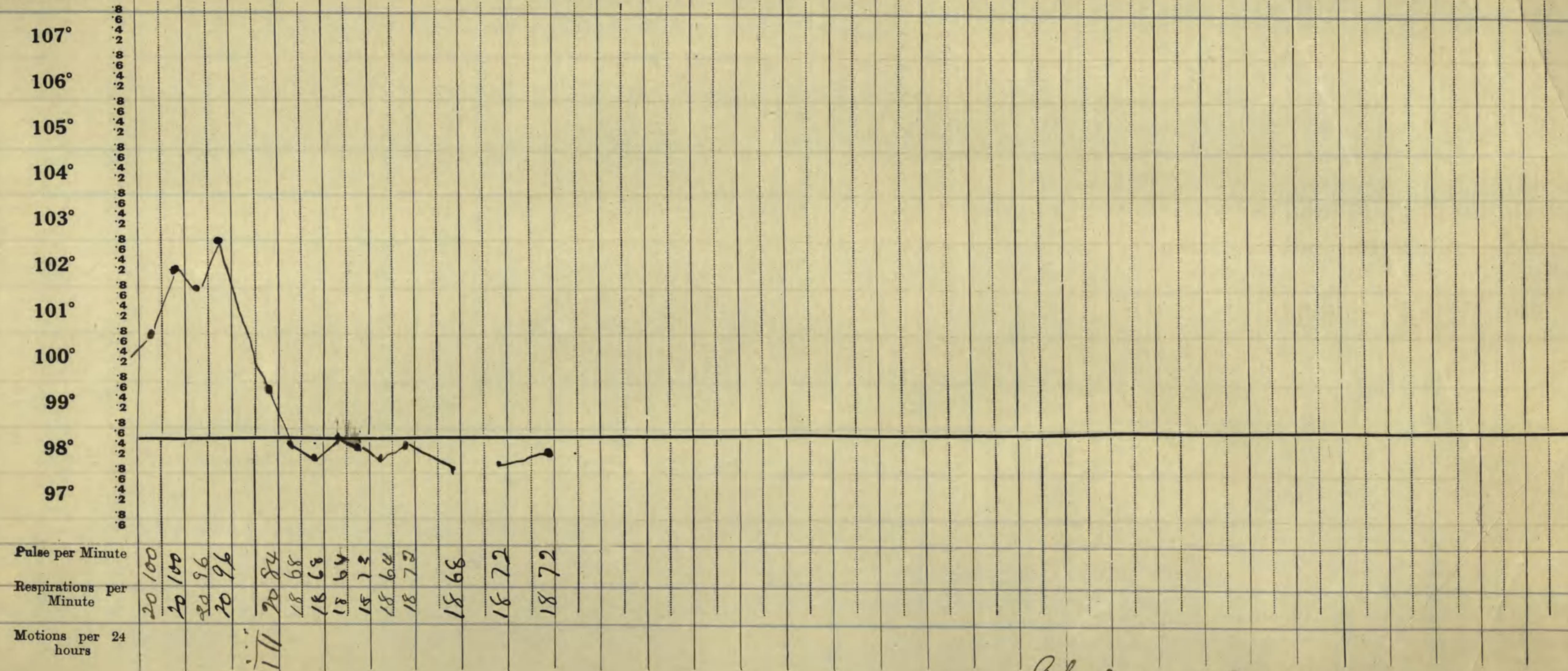
Date of discharge 12-5-16

Result Recovery

Dates of Observation

Days of Disease

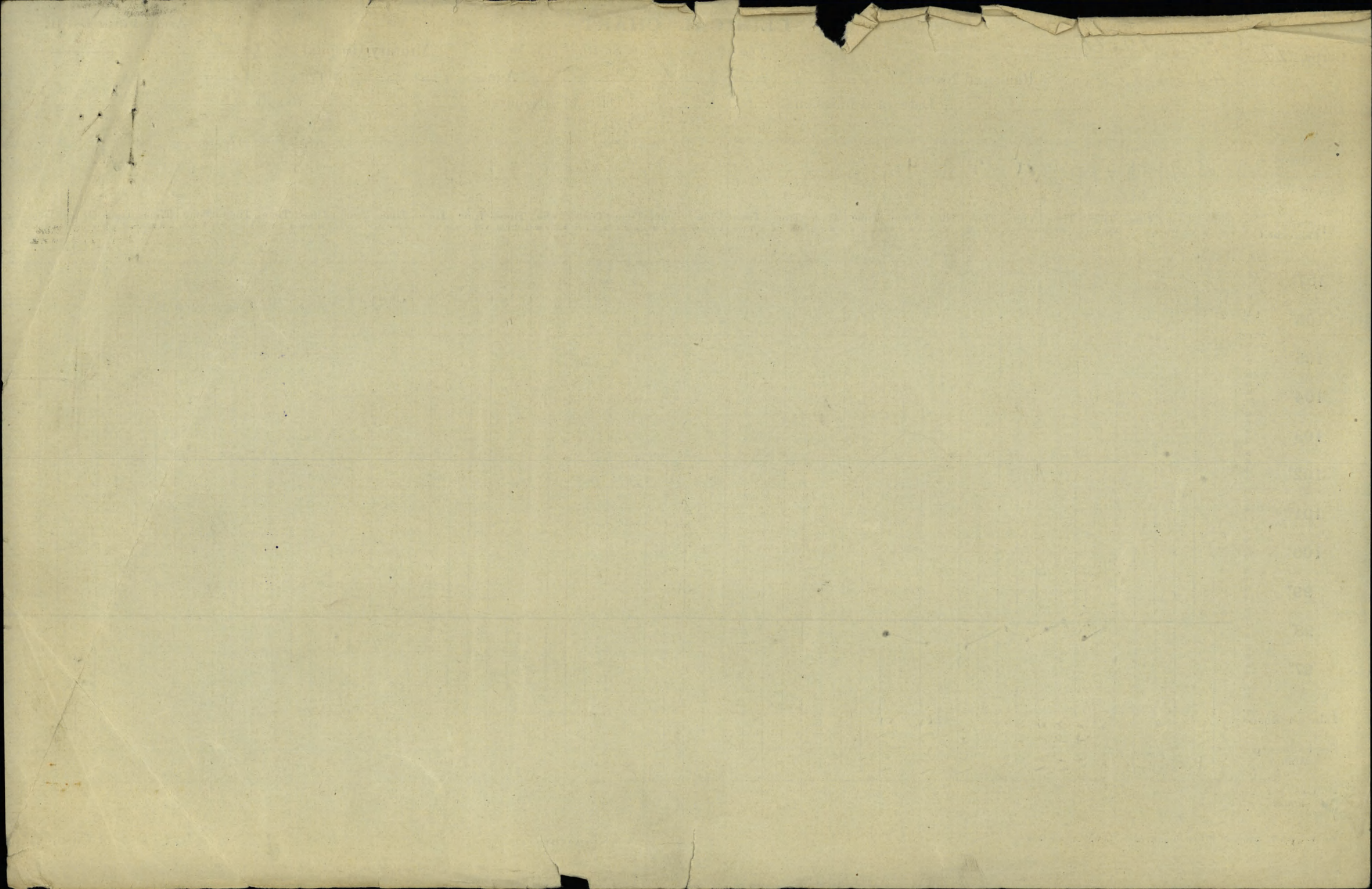
Temperature Fahrenheit



Signature

*J. G. Johnson, Capt.*

In Charge of Case.



FC

**DISCHARGE FROM HOSPITAL**

Canadian Form A.M.S 7002.  
For W.O's, N.C.O's & Men.

Do not fail  
to strike out  
two of these  
on each sheet

1. To Chief Paymaster, Canadians,  
7, Millbank, London, S.W.
  2. To Officer in Charge of Records, Canadians (Casualty Branch),  
7, Millbank, London, S.W.
  3. To Officer Commanding, 14th Res Bde  
*(Name of Unit to which discharge is made)*
- At East Sandring Station.

Unit or Corps 14th Res Bde Regt. Number 425681 Rank PLT Name (Surname first) Barker H J F

The above mentioned Canadian soldier will be discharged from this Hospital on the 14th day of May 1916.

He may be expected to arrive at two lines Railway Station,  
at 11 o'clock A m. on the 12th day of May 1916.

- i. I consider him "Fit for duty"
  - ii. I do not consider him "Fit for Duty"
  - \*iii. I consider him fit for his former "light duty"
  - \*iv. I do not consider him fit for his former "light duty"
- } Strike out that which is inapplicable.

Name of Central Hospital Moore Barracks at Shorncliffe  
Signed [Signature] Officer in Charge.

This return is to be made out in quadruplicate. If discharge is made to the Canadian Casualty Assembly Centre, one copy is to be forwarded to each of the Officers specified 48 hours previous to discharge. If discharge is made to any other Unit, the copies are to be forwarded 24 hours previous to discharge. One copy is to be retained by Hospital for its records.

\*For patients admitted to hospitals from "light duty Service" only.

**DISCHARGES FROM HOSPITALS.**

HOSPITALS.	Patients from Troops serving Overseas from the United Kingdom.	Patients from Troops stationed in the United Kingdom.			
		Admitted from "Light Duty Service."		Other Patients.	
		All Patients.	If fit to resume former "Light Duty."	If not fit to resume former "Light Duty."	If "Fit for Duty."
British Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Military Hospitals.	Cannot Discharge.	Discharge to former "Light Duty."	Cannot Discharge.	Discharge to Unit or Reserve Unit.	Cannot Discharge.
Canadian Convalescent Hospitals.	Discharge to Canadian Casualty Assembly Centre.	Discharge to former "Light Duty."	Discharge to Canadian Casualty Assembly Centre.	Discharge to Unit or Reserve Unit.	Discharge to Canadian Casualty Assembly Centre.

**DISCHARGE FROM HOSPITAL**

Canadian Form A. M. 5. 1916  
For W.O. 1. N.C.O. & Men

1. To Civil Authorities, Canadians  
A. Millbank, London, S.W.

2. To Officer in Charge of Records, Canadians (Casualty Branch)  
A. Millbank, London, S.W.

3. To Officer Commanding  
A. Millbank, London, S.W.

The above mentioned Canadian soldier will be discharged from the Hospital on the  
 day of \_\_\_\_\_ 1916

He may be expected to arrive at \_\_\_\_\_ Station  
 at \_\_\_\_\_ o'clock \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 1916

Name of Casualty Hospital \_\_\_\_\_

This return is to be made out in quadruplicate. If discharge is made to the Canadian Casualty  
 Assembly Centre, one copy is to be forwarded to each of the Officers specified 48 hours previous to  
 discharge. If discharge is made to any other place, the copies are to be forwarded 24 hours previous to  
 discharge. One copy is to be retained in the Hospital for its records.

1. I do not consider him "Fit for Duty."  
 2. I do not consider him "Fit for Duty."  
 3. I consider him fit for his present "light duty."  
 4. I consider him fit for his former "light duty."

Strike out that which is inapplicable.

**DISCHARGES FROM HOSPITALS**

Discharge to	Discharge from	Discharge from	Discharge from	Discharge from	Discharge from
Canadian Casualty Assembly Centre	Canadian Casualty Assembly Centre	Canadian Casualty Assembly Centre	Canadian Casualty Assembly Centre	Canadian Casualty Assembly Centre	Canadian Casualty Assembly Centre
Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre
Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre
Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre	Canadian Casualty Centre

This form may be obtained from Officer in Charge of Postboxes, Canadian Post, 14, St. South Street, London, S.W.



Forms  
I. 1237  
10  
**13551**

MEDICAL CASE SHEET.\*

No. in Admission and Discharge Book. 13551 Year 1916	Regimental No.	Rank.	Surname.	Christian Name.
	425681	Plt	Corlier	H. J. F.
	Unit.	Age.	Service.	
	17 <sup>th</sup> Res. Batt.	31	6/12	

Station and Date. W. B. April 26

Disease G. Measles

Complaint - :  
Headache, sore eyes +  
sore throat.

Had measles before.

Ex. :  
Eyes : inflamed.  
nose : Discharging.  
Throat and mucous membrane  
of mouth inflamed.  
Tongue : coated.  
Rash : on face + chest;  
slight on limbs.  
Glands : slightly enlarged.

May 12<sup>th</sup>.  
Fit for discharge.

G. Heppner, Capt.

**DISCHARGED**

12 MAY 1916



# ORIGINAL MEDICAL HISTORY SHEET.

Surname Carter Christian Name Henry Ford John

Examined { on 12<sup>th</sup> day of Nov. 1915  
at Winnipeg

Approved by [Signature]  
Rank Capt M.O.

Birthplace { City or Town Treherne  
County Maitland

Apparent age 24 yrs + 5 mos  
Trade or occupation Farmer

Height 5 Feet 10 Inches.

Weight 169 Lbs.

Chest measurement { Minimum 34 1/2 inches  
Maximum expansion 37 1/2 inches

Physical development Good

Small-Pox Marks None

Vaccination Marks { Arm Right Left RS  
Number Five

When Vaccinated last 8 years ago.

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

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

*I hereby certify that this is a true copy of original.*

[Signature]  
**Adjutant 45th Battalion, C.E.F.** Captain

Date	Result	VACCINATIONS.
<u>11/1/16</u>	<u>no result</u>	<u>[Signature]</u>
<u>21/1/16</u>	<u>scab</u>	<u>[Signature]</u>
		M.O.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>25/2/16</u>		<u>[Signature]</u>
		M.O.
		M.O.
		M.O.

Enlisted on 11<sup>th</sup> day of November 1915 at Winnipeg

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>45<sup>th</sup> Overseas</u>	<u>425681</u>		<u>11/1/15</u>
Transferred to..	<u>Batt<sup>y</sup></u>			
	<u>43rd Esttr.</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.

*Steuery Ford John*

Christian Name

*Carter*

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				
<i>Moore Barracks Hospital</i>		<i>26</i>	<i>4</i>	<i>16</i>	<i>12</i>	<i>5</i>	<i>16</i>	<i>German Measles</i>	<i>17</i>	<i>Discharged to duty.</i>	<i>J.B. McShinnick Capt C.A.M.C. Registrar.</i>

Duplicate Medical History Sheet  
sent to home. *10/25*

# MISSING MAN.

(Acceptance of Death for Official Purposes.)

War Office Reference No. 25-C-2319.

THE DEPUTY ADJUTANT-GENERAL,  
G.H.Q., 3RD ECHELON.

**Canadians.**

No. 425681. Rank Pte. Name Henry Ford John Carter.

Regiment 43rd. Bn. C.E.F. has been missing since

8th. Oct. 1916. Reference has been made to the Unit, the Record Office and the Base, on the printed missing list, but no evidence of material value has been received which would indicate that he is not dead.

In accordance with the decision of the Army Council, this soldier is to be regarded for official purposes as having died on or since the above date.

You are requested to state whether the soldier leaves a will or not—

*Reply.*

(a) In Pay Book ;

(b) In Small Book ;

(c) As a separate document ;

*Not received*

and to forward it, if found, to this Office. The Pay Book and the duplicate copy of this form should be forwarded to the Regimental Paymaster.

~~XXXXXXXX~~  
O. S. B.

*J. H. A.*

Capt. for Lt.-Col., A. A. G.  
Canadian Section, G. H. Q. 3rd Echelon, B. E. F. Records,  
3rd Echelon.

WAR OFFICE

Date 12-9-17.



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

CERTIFIED CORRECT.  
Canadian Consular Office,  
Westminster House,  
7, Millbank, S.W.  
M. E. W. 152  
1800 10-15  
H. Q. 1772-39-929

# Casualty Form—Active Service.

Unit, Regiment or Corps **45th Overseas Battalion**

Regimental No. **425681** Rank **Plt** Name **Barter** **Hy. Hood John**  
C.E.F. **HENRY**

Enlisted (a) **11/11/15** Terms of Service (a) **D.O. W.** Service reckons from (a) **11/11/15**

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

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				
			<i>Embarked Canada</i>	<i>12/13/16</i>	<i>Ed Davel</i> Captain
			<i>Disembarked England</i>	<i>25/3/16</i>	Adjutant 45th Battalion, C.E.F.
<i>6/6/16</i>	<i>Qu. O. 62</i>	<i>Transferred to 43rd Bn.</i>	<i>France</i>	<i>6/6/16</i>	<i>S.S. Laplaud</i>
<b>O. C. C. B. D.</b>		<b>Landed in France. Taken on strength 43rd Cdn. Bn.</b>	<b>Nom. Roll</b>	<b>d/ 8.6.16</b>	
<b>— do. —</b>		<b>Left for Unit.</b>	<b>Pt II D.O.</b>	<b>d/ 14.6.16</b>	
<b>O. C. 43 Bn.</b>		<b>Arrived Unit for duty</b>	<b>Nom Roll</b>	<b>d/ 8.6.16</b>	
<i>14 10.16</i>	<i>43rd</i>	<i>missing</i>	<b>B. 213 d/</b>	<b>17.6.16</b>	<i>b 213 d. 16/2 d/ 31/10.</i>
			<i>from</i>	<b>8.10.16</b>	<i>S.S. M-T 60 d/ 8.11.16.</i>
			<b>Lieut. for Lt.-Col., A. A. G.</b>		
			<b>Canadian Section, G. H. Q. 3rd Echelon, B. E. F.</b>		

*[Handwritten signature]*

*[Large handwritten signature]*

(1) 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.

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				
29.8.17	43 Bn	Prev rpt'd missing now presumed to have died on or since -		8/10/16	Ch A 424 Wandy ..... LIUT. FOR LT: COL: I/S RECORDS, C.O.M.F.



Rank \_\_\_\_\_ Name **CARTER Henry Ford John** Reg'l No. **425681**  
 Unit **45th. Battalion** If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment **Winnipeg, Nov. 11th, 1915.** Place of Birth **Treherne,**  
**Manitoba.**  
 Name and Address, Next-of-Kin **Henry Carter,**  
**Treherne, Manitoba. Canada** Relationship **Father.**

Assigned Pay Monthly \$ \_\_\_\_\_

Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Separation Allowance \$ \_\_\_\_\_

Payable to \_\_\_\_\_

Relationship \_\_\_\_\_

Discharge, Date and Place \_\_\_\_\_

Reason \_\_\_\_\_

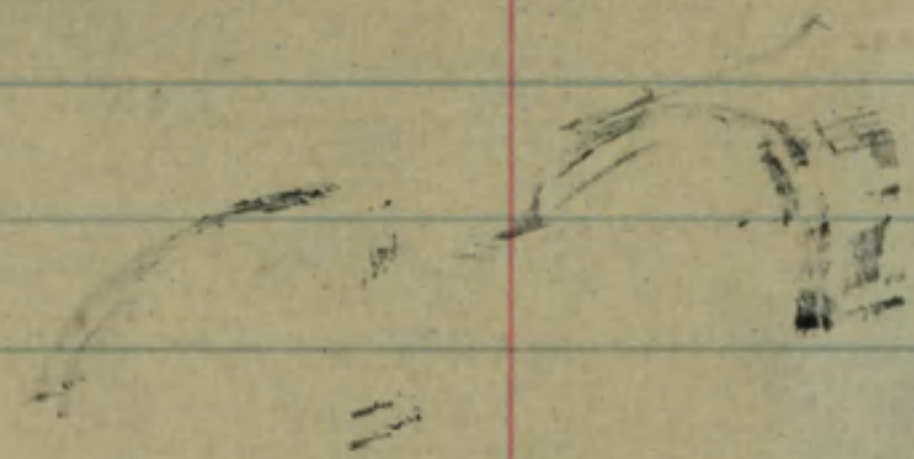
Character \_\_\_\_\_

N/E R/B No. **7**  
 File R/L **25-6-2243**  
 Category **KH**

16

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>	<i>Lapland</i>		
			<i>S. Saxonia</i>	<i>25.3.16</i>	<i>Inj in form A. 55</i>
<i>13.5.16.</i>	<i>OC 45th</i>	<i>Admitted Moore Bks Hosp.</i>	<i>Shorncliffe</i>	<i>27.4.16.</i>	<i>Pa C.L. 17.</i>
<i>3.6.16</i>	<i>OC 45</i>	<i>Return for duty from 11 Bde M &amp; B.</i>		<i>2.6.16</i>	<i>PT II O. 60</i>
<i>6.6.16</i>	<i>6.6.45</i>	<i>Embarked for France.</i>	<i>Shorncliffe</i>	<i>6.6.16</i>	<i>PT II O. 62.</i>
<i>14.6.16</i>	<i>OC 43rd Bn</i>	<i>Taken on Strength</i>	<i>Feld</i>	<i>8.6.16</i>	<i>PT II O. 15.</i>
<i>7.11.16</i>	<i>"</i>	<i>Missing</i>	<i>"</i>	<i>8.10.16</i>	<i>BLA 191 M.</i>
<i>8.11.16</i>	<i>"</i>	<i>"</i>	<i>"</i>	<i>8.10.16</i>	<i>PT II 60</i>
<i>29.8.17</i>	<i>"</i>	<i>Prev. Reported Missing, now for off purposes presumed to have died on or since.</i>		<i>8-10-16</i>	<i>BLA 424</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.				



MILITIA AND DEFENCE  
ASSIGNED PAY  
OVERSEAS CONTINGENTS

64

2nd. Contingent

To Whom *Mrs Henry Carter,*  
Address *Treharne, Man*

By Whom Assigned *Carter, Henry, Jno, Ford*  
Regtl. No. *425681*  
Rank *Pte*  
Corps *45th Btn*

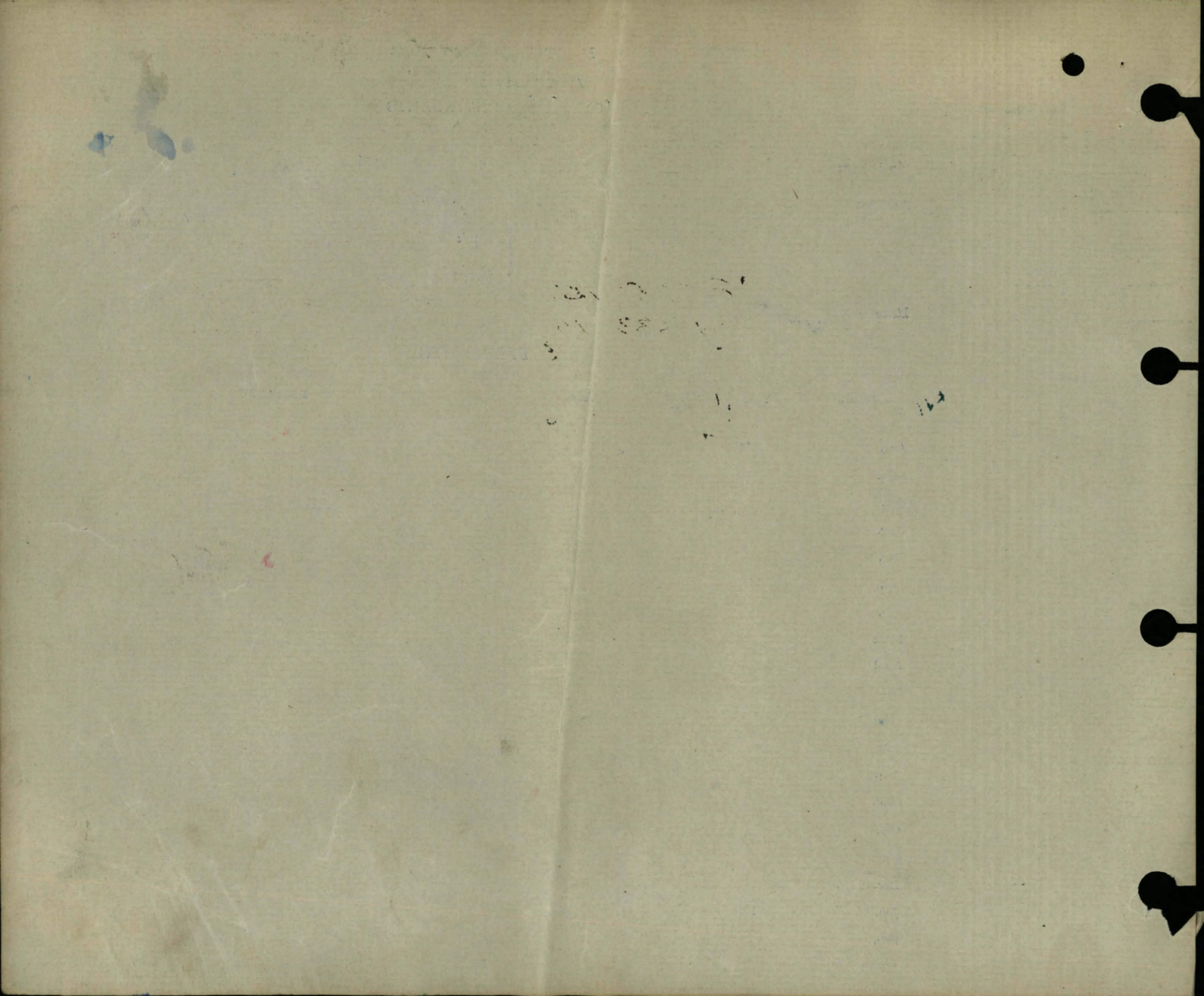
Rate *15.00* MAR 1 1916

PAYMENTS

Casualties

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<p><i>Stop payment 1<sup>st</sup> 1916</i></p> <p><i>Missing 8-10-16</i></p> <p><i>3 M Nov 18-16 In 3/17</i></p> <p><i>Missing Oct 8/16 (8) 2/11/16 9aa</i></p> <div data-bbox="1577 1440 2373 1791" style="border: 1px solid blue; padding: 5px;"> <p>Pensions Notified Date <i>16-8-17</i></p> <p>Killed in Action } Date <i>8-10-16</i></p> <p>Died of Wounds } Date <i>8-10-16</i></p> <p>Missing } Date <i>8-10-16</i></p> <p>C. L. <i>20 = 14/8/17</i> Clerk <i>J. A. Gelling</i></p> <p>Date Noted <i>16-8-1917</i></p> </div>
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				

*Total* By *150.00*  
E. F. X. " Date *19-11-17* By *J. W.*



*Mr. Henry Carter*

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

L. L. Job 3902. - Req. 6213.

PAYMENTS.

Name of Soldier *Pte Carter, Jno, Henry, For*  
*425681 45th Btn*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15.00</i>
				<b>MAR 1 1916</b>
April	1916	<i>U2188</i>	<i>30</i>	<i>To include Mar. pay.</i>
May		<i>U4860</i>	<i>15</i>	
June		<i>PE 8877</i>	<i>15</i>	
July		<i>PE 8787</i>	<i>15</i>	
Aug.		<i>210333</i>	<i>15</i>	
Sept.		<i>D 15714</i>	<i>15</i>	
Oct.		<i>N 90123</i>	<i>15</i>	
Nov.		<i>D 25607</i>	<i>15</i>	
Dec.		<i>H 31126</i>	<i>15</i>	
Jan.	1917			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Casualties*

*Sp/c closed 1<sup>2</sup>/<sub>16</sub> M 3/1/17*  
~~*Stop Dec 31/16 car*~~  
*150° CF4 3/12/16 JH falling 16/8/17*  
*3W arrived too late to cancel Dec chq*

*AB*

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.				

Surname

Christian Name or Names

Reg. No.

Carter

A. F. J.

425681.

Rank

Unit

Co.

Troop

Batty.

Pfc.  
Hospital

45  
43 Bat.  
43 Bat.

Date of Admission

Transferred

Moore Barracks

Hosp.

27.4.16

Hosp.

Hosp.

Hosp.

Diagnosis

Pubella

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnoses: If more than one state present

Died on or since 8-10-16  
av.

DISPOSITION

Dis.

12-5-16 Date

C.L. 13.5.16-17

C.L. 7-9-16 43.

7.11.16. A91.

" 29-8-17 a 424

REMARKS

hussing. 8.10.16  
Base rep.

now for off. Purp. pres.  
to have died.

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

HP

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.



*Ind*  
*mc*

Number 425'681

Rank *Alty*

Surname CARTER

Christian Name Henry Ford John

Units 43<sup>rd</sup> Bn Can Theatre of War France

Date of Service 6-6-16

Remarks (D) Henry Carter

Latest Address Teherne, Man.

Roll No. *19*

200m.-6-21.4. *Page 20194*

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

REG. NO. 18230  
FEB 16 1923  
DESP.

MOORE BARRACKS, CANADIAN HOSPITAL, SHORNCLIFFE.

ADMITTING CARD.

Regt. No. 425681 A. & D. No. 13551  
Rank Pte  
Name Carter Henry Jr.  
Corps 17<sup>th</sup> Res Batt M.G.S.  
Religion B.O.E. Age 31  
M. H. Rec'd M. H. Requested M. H. Ret'd  
Disease German Measles  
Admitted 26/4/16  
Discharged MAY 12 1916 Discharged to Duty  
Place in Hospital 19  
Transferred  
Results  $\frac{6}{12}$  Winnipeg no no P.T.O. 900

REMARKS:

MEDICAL HISTORY SHEET	Orig. recd. from	45th Bn	16 5 6
	Dup. recd. from		/.../191
	Orig. sent to	45th Bn	26/5/1916
	Dup. sent to		/.../191
	Received from Registrar this	Orig. Date	/.../191
		Word	

R. 149.

Name *Carter H.F.J.*

Rank

Ple

425681

Reg. No.

Unit

45 Batt.

Next of Kin

Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916	Moore Barr. G. Measles			43.		
27.4						
12.5.	Discharged					



Name *Barter Henry* <sup>Rank</sup> *Pte*Reg. No. *425,681*Unit *43rd Batt. Ford John*Next of Kin *Louador.*

R. 256 2243. ✓

Date 1916	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
8-10	Rep from Base: - Missing			A/191	4274 <sup>0</sup>	7/11/16
May 16	Cas. Pres X <i>OHANA</i>					
8-10-16	Presumed	dead		A 424		29/8/17.





Carter, Pte N. F. 9649-C-682

425 681

43rd Bn  
Medals  
&  
Decorations

Name & Address of Legatee

M

Henry Carter (F)  
Treharne T.R.E.R.N.E  
man

Name & Address of Next of Kin

Plaque  
&  
Scroll

Serial No 792504  
as above

Scroll Desp No 229762

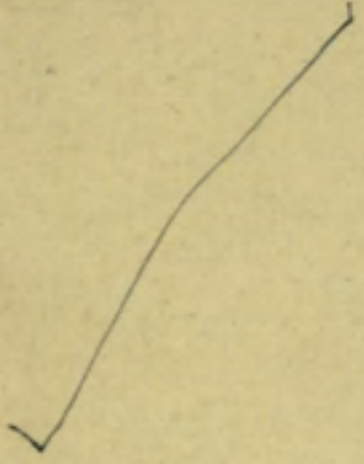
AUG 20 1920

Name & Address of Female Next of Kin

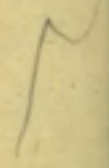
Memorial C

Sarah Carter (m)  
as above  
Desp 30 1/20  
C. 7. 9. 7.

719A



Handwritten text, possibly a signature or a date, written in dark ink. The characters are somewhat faint and difficult to decipher.



LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
17	Moore Barr, Shorn.	22-4-16	German Measles.
43.	" "Disc"	12-5-16	" "
A.191	Rep. from Base	8-10-16	Missing
A424	Prev. reptd. missing now for official purposes presumed to have died on or since. 8-10-16.		

NAME *Carter, Henry Ford John*

H. Q. FILE No. 649-

REGT'L. No. 425681

RANK AND CORPS *Pte.*

*43<sup>rd</sup> Bn. formerly 45*

CABLE

NATURE OF CASUALTY

NO.

DATE

04274	6/11/16	Rep missing Oct 8th 16 ✓
Cas Br rep.	16.5.17	Prev. rep. Missing for offic. purposes presumed to have died on or since Oct-8 <sup>th</sup> /16.
B2090c	12.9.17	" " " " Recd. 26.10.17.

Reg. No. 425681 Name Carter, H. P.

Rank Pfc Corps 45 In. Age      Service     

Ledger No.      Serial No.     

HOSPITALS

DATE

DIAGNOSIS

St. Boniface Winnipeg  
Dis. Duty

12-1-16

Tonsillitis e

27-1-16

St. Boniface Winnipeg  
Dis. to Unit

7-2-16

Measles e

18-2-16

**HOSPITALS****DATE****DIAGNOSIS**

M. F. W. 2553.  
75M.—9-19.  
1772-39-1332.

Sailed from Halifax: S. S. Baltic 18/16.

MARRIED

SINGLE

yes

WIDOWER

TRADE OR CALLING

Farmer

RELIGION

C. of E.

DESCRIPTION.

APPARENT AGE

24

YEARS

5

MONTHS

HEIGHT

5-

FEET

10

INCHES

CHEST MEASUREMENT

37½

INCHES

EXPANSION

3

INCHES

COMPLEXION

Dark

EYES

Brown

HAIR

DK Brown

DISTINGUISHING MARKS

Scar on left shoulder

MEDICAL EXAMINATION.

PLACE

Winnipeg

DATE

Nov 11<sup>th</sup> / 15

SURNAME.

*Carter*

649-C-6822 CARD NO.

CHRISTIAN NAMES

*Henry Ford John*

FOLL.

**D**

REGL. NO.

*425681*

RANK

*Pte*

UNIT

*45<sup>th</sup>*

*Brn.*

FORMER CORPS

*Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

*Carter, Henry*

RELATIONSHIP TO SOLDIER

*Father*

ADDRESS

*Treherne, Man.*

COUNTRY OF BIRTH

*Canada Treherne, Man.*

DATE

*June 1<sup>st</sup> 1891*

PLACE OF ATTESTATION

*Winnipeg Man.*

DATE

*Nov 11<sup>th</sup> 1915*

*018 1/14/16. 335*



No.

RANK

*Plt*

NAME

*Carter, H F J*

T. O. S. 11-11-15 UNIT

*45th Battalion. C. E. I.*

*B.O. 266 of 11/11/15.*

M. D. 10

PAID		SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
FROM	TO		PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Nov. 11.</i>	<i>Nov. 30.</i>	<i>✓</i>		
<i>1916</i>	<i>Dec. 1916</i>	<i>✓</i>		
	<i>Jan.</i>	<i>✓</i>		
	<i>Feb.</i>	<i>✓</i>		
	<i>Mar.</i>	<i>✓</i>		

**UNIT SAILED**

**MAR 13 1916**



Name Carter, Henry Rank Pte.

Reg. No. 425681.

Unit 43rd, Battn. Ford John.

25-C-2243.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
1916.						
8-10.	Reptd from Base:.	MISSING.		191.	4274	7/11

*now for official purposes presumed to have died on or since 8-10-16. FA424*



MARRIED OR SINGLE *S.*

PLACE OF BIRTH *Treherne, man Canada*

NAME AND ADDRESS OF NEXT OF KIN *Kewy, barter Treherne man Canada*

RELATIONSHIP OF NEXT OF KIN *Father*

NAME AND ADDRESS OF NEXT OF KIN

CASUALTIES, PROMOTIONS, &c.		
PARTICULARS	EFFECTIVE DATE	AUTHORITY
<i>Missing</i>	<i>8-10-16</i>	<i>6LA 191</i>
<i>P.M. man [Signature]</i>	<i>✓</i>	<i>A 424 29/8/17</i>

REG'L. No. *425681* RANK *Private* NAME *Barter Kewy Ford John*

IF IN PERM. CORPS; WHAT UNIT *45th Baltn* TRANSFERRED TO *43rd Bn.* DATE *2/6/16* AUTHORITY *20/62*

PERMANENT FORCE ALLOWANCES TRANSFERRED TO *non Eff Br* DATE *9-10-16* AUTHORITY *6LA 191 7-11-16*

PLACE OF ATTESTATION *Winnipeg* TRANSFERRED TO

DATE OF ATTESTATION *11th Nov. 1915* TRANSFERRED TO



SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)

PAYABLE TO

RELATIONSHIP OF DEPENDANT

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

ASSIGNED PAY MONTHLY \$ *15* DATE EFFECTIVE

PAYABLE TO *Mrs. Kewy Barter, Treherne man Canada* RELATIONSHIP *mother*

ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE

PAYABLE TO

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) *17-11-16* EFFECTIVE *1st Dec 16* REASON *Missing 8-10-16 6LA 191 7-11-16*

DISCHARGE DATE AND PLACE REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *9.10.16*

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

*Entered on N.E. Card Index, Fed*

*Checked by [Signature]*

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 No. DATE	2 No. DATE	3 No. DATE	4 No. DATE	1	2	3	4				CREDIT	DEBIT							
1916																																
<i>May 1</i>																																
<i>1-31</i>	<i>31</i>	<i>1<sup>00</sup></i>	<i>31 -</i>	<i>31 -<sup>00</sup></i>	<i>3</i>	<i>10</i>				<i>34 10</i>		<i>23 15/5/16 23 31/5/16</i>					<i>19 47</i>	<i>9 73</i>			<i>15 -</i>		<i>44 20</i>	<i>14 40</i>							<i>Bal Lond.</i>	
<i>June 1-6</i>	<i>6</i>		<i>6 -</i>	<i>6 -</i>	<i>60</i>					<i>6 60</i>											<i>15 -</i>		<i>15</i>	<i>6 -</i>								
<i>7-30</i>	<i>24</i>		<i>24</i>	<i>24</i>	<i>2 40</i>					<i>26 40</i>		<i>33 1/16</i>											<i>2 36</i>	<i>29 84</i>								
<i>July 1-31</i>	<i>31</i>		<i>31</i>	<i>31</i>	<i>3 10</i>					<i>34 10</i>		<i>388 28/16 411 17/1/16</i>					<i>2 56</i>	<i>4 36</i>			<i>15 -</i>		<i>21 92</i>	<i>42 02</i>								
<i>Aug 1-31</i>			<i>31</i>		<i>3 10</i>					<i>34 10</i>		<i>482 25/7 534 31/8</i>					<i>2 62</i>				<i>15 -</i>		<i>17 62</i>	<i>58 50</i>								
<i>Sept 1-30</i>	<i>30</i>		<i>30</i>	<i>3</i>	<i>3</i>					<i>33</i>		<i>494 18/8</i>					<i>2 61</i>				<i>15 -</i>		<i>20 23</i>	<i>71 27</i>								
<i>Oct 1-31</i>	<i>31</i>		<i>31</i>	<i>3 10</i>						<i>34 10</i>		<i>573 28/9 618 5/10</i>					<i>2 62</i>	<i>5 23</i>			<i>15 -</i>		<i>22 85</i>	<i>92 57</i>								
<i>Nov</i>																					<i>15 -</i>	<i>25 30</i>	<i>40 30</i>	<i>42 22</i>							<i>Missing 8-10-16 6LA 191 7-11-16</i>	
<i>Dec</i>																					<i>105</i>		<i>42 22</i>								<i>Over by 23 Dec Oct transfer to N.E. 9/10/16</i>	
<i>Nov</i>																								<i>42 22</i>							<i>Trfd to Dead Br Bal of 42 22</i>	
																								<i>42 22</i>							<i>Chawaford [Signature]</i>	

Checked *[Signature]*

Checked *[Signature]*

Statement of  
 JUL 31 1917  
 Account rendered





