

160958
I.D. number
No. d'identification

CONNOLLY
Surname
Nom de famille

WILLIAM CHARLES
Given names
Prénoms

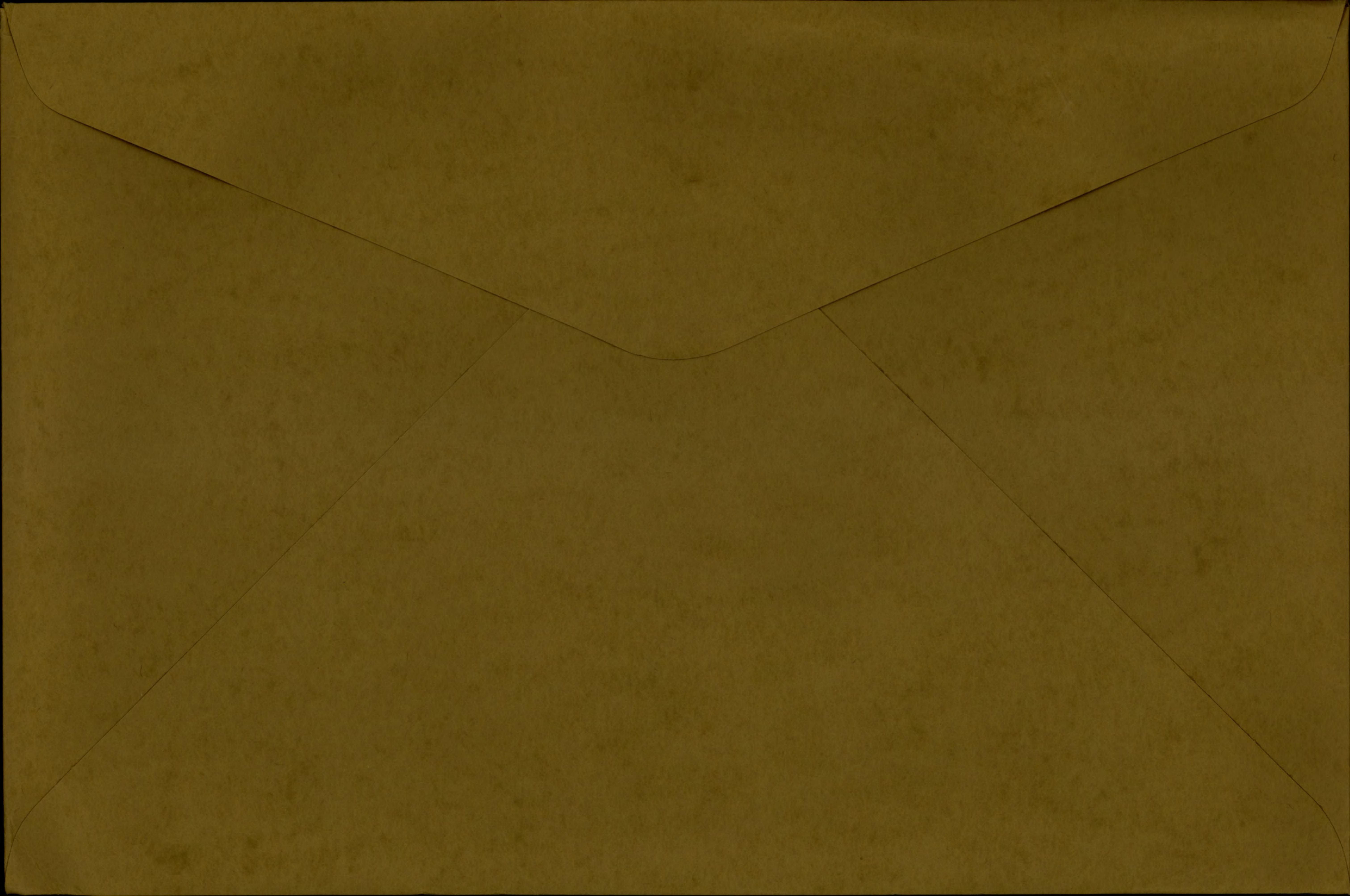
KIA 26-9-16

PERSONNEL RECORDS CENTRE
CENTRE DES DOCUMENTS DU
PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location
Lieu 1918

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



25.9.16

DISCHARGE DOCUMENTS

R. O. No.....

H. Q. No.....



10

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.....

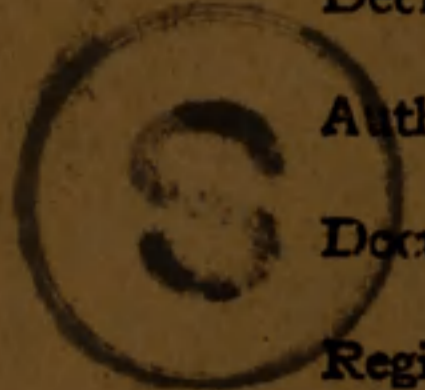
Last Pay Certificate.....

Name CONNOLLY Wm CHARLES

Regt. No. 160958 Rank Pte.

Corps 82nd Bn. C.E.F. 31976

Killed in action 26.9.16



30-23
12-23
6-23

Box #
1918

A.P.B 122-1

Cas card # 1R22

m + 5-1-23

DUPLICATE

ATTESTATION PAPER.

No. 160.958

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

**14 years in
Canada**

- 1. What is your name?..... **William Charles Connolly**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Castle Blaney, Monaghan, Ireland**
- 3. What is the name of your next-of-kin?..... **James Connolly (father)**
- 4. What is the address of your next-of-kin?..... **Macleod, Alberta**
- 5. What is the date of your birth?..... **June 10th, 1891**
- 6. What is your Trade or Calling?..... **Farmer**
- 7. Are you married?..... **No**
- 8. Are you willing to be vaccinated or re-vaccinated?..... **and inoculated? Yes**
- 9. Do you now belong to the Active Militia?..... **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 } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

Wm. C. Connolly (Signature of Man.)
A. Davison (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, **William Charles Connolly**, do solemnly dec'are 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.

Date **Oct. 30/15** 191 . *Wm. C. Connolly* (Signature of Recruit)
A. Davison (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date **Oct. 30/15** 191 . *Wm. C. Connolly* (Signature of Recruit)
A. Davison (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 **Calgary** this **30th** day of **Oct.** 191 **5**.

Charles [unclear] (Signature of Justice)

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

Charles [unclear] (Approving Officer)

Description of William Charles Connolly on Enlistment.

Apparent Age 24 years 4 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 9 1/2 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Ruddy

Eyes Brown

Hair Dark Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Oct. 30/15 191 .

Chas. Davies
Capt

Place Calgary

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 Charles Connolly 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] Lt. Colonel (Signature of Officer)
 Commanding 82nd Overseas Batt., C. E. F.

Date Oct. 30/15 191 .

NAME *Connolly William Charles* REGT'L. No. *160938*RANK AND CORPS *Pte.* *10th Bn (form 8 2nd Bn)*

CABLE

NO.

DATE

NATURE OF CASUALTY

NO.	DATE	NATURE OF CASUALTY
<i>O2569</i>	<i>10-10-16</i>	<i>Killed in action Sept. 26th 1916.</i>
<i>B2090a</i>	<i>Rowen. 9-10-16</i>	<i>" " " "</i>
		<i>France or Belgium noted 30-1-17.</i>

LIST No.

HOSPITAL

DATE OF
ADMISSION

REMARKS

a475

Rep. from Base

26-9-16

Killed in action

No. 160958

RANK

ste

NAME

*Connelly Jr.**e.*T. O. S. 30-10-15
(D.O.B. of 30-10-15)UNIT *82nd Battalion*M. D. *13*

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

UNIT SAILED

MAY 20 1916



Name CONNOLLY W.C. Rank

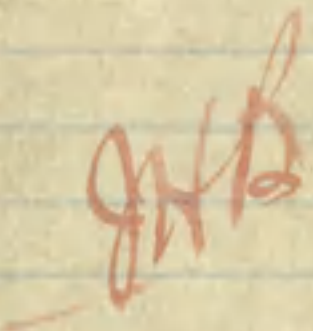
Pte.

Reg. No. 160958.

Unit 10th. Battalion.

25-C-2044.

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26/9/16.	Reported from Base:- KILLED IN ACTION.			A475.	O.2569.	

Suff card. 15-1-23

649-C-6445

CONNOLLY, 160958, Pte. Wm. C.

M. & D.

(Father)

James Connolly, Esq.,
Macleod P.O.,
Alta.

(MC)

P. & S.

(Father)

AS ABOVE

See 802491

C



H.Q. 649-C-6445

✓ ✓ ✓ ✓
CONNOLLY, Wm. Chas. No. 160958

Pte. 10

✓
10th Bn. Form.
82nd Bn.

Unable to locate beneficiary of next of kin

not eligible for 14-15 Star
eligible for VM & BHM.

10/63

MS.

Serial Desp. **JUN 18 1924** Regn. No. 57792

Page Desp. **JUN 18 1924** Regn. No. 506

Sailed from Halifax per SS Empress of Britain 20/5/16

MARRIED SINGLE *Yes.* WIDOWER

TRADE OR CALLING *Farmer.* RELIGION *Q. C.*

DESCRIPTION.

APPARENT AGE *24.* YEARS *4* MONTHS

HEIGHT *5.* FEET *9 1/2* INCHES

CHEST MEASUREMENT *36.* INCHES EXPANSION *3* INCHES

COMPLEXION *Ruddy* EYES *Brown* HAIR *Dark Brown*

DISTINGUISHING MARKS *T. nio*



MEDICAL EXAMINATION. PLACE *Calgary.* DATE *Oct. 30, 1916.*

(649-C-6445.)

CARD No.

D

SURNAME.

Connolly

CHRISTIAN NAMES

William, Chas,

FOLL.

REGL. No.

160 958,

RANK

Pte

UNIT

87 reg.

Batt.

FORMER CORPS

nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Connolly, James,

RELATIONSHIP TO SOLDIER

Father,

ADDRESS

Macleod,

Alberta.



COUNTRY OF BIRTH

Ireland, Monaghan

DATE

June 10. 1891.

PLACE OF ATTESTATION

Calgary

DATE

Oct 30. 1915.

1/8 20-5-16 5/23 4

90P
WB

649-C 6445

✓
A/B

Number 160958 Rank

Surname CONNOLLY

Christian Name William Charles

Units 10 Bn Can Inf Theatre of War France

Date of Service 18-7-16. 1

Remarks (Father) James Connolly Reg
Macleod P.O. Alta

Latest Address

Roll No. B Page 2 1900

COPIED
A

200m. - 6-21. m.

TOTAL SERVICE WHERE
AND HOW LONG

DISEASE OR INJURY

OPERATIONS

RESULT OF OPERATIONS

(A) DATE OF ARRIVAL AT HOSPITAL AS AN ADMISSION

(B) AS A TRANSFER (STATE WHERE FROM)

NAME OF HOSPITAL

DATE OF DISCHARGE TO UNIT

IN CAT

DATE OF DISCHARGE AS AN INVALID

DATE OF DEATH

DATE OF TRANSFER (STATE WHERE TO)

NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED

NEXT OF KIN

ADDRESS

HOSPITAL

DESP. JAN 19 1923
REGN. NO. 23049

* CROSS OU

ORIGINAL
ATTESTATION PAPER.

No. 160.958

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.
(ANSWERS.)

14 years in
Canada

- 1. What is your name?..... William Charles Connolly
- 2. In what Town, Township or Parish, and in what Country were you born?..... Castle Blaney, Monaghan, Ireland
- 3. What is the name of your next-of kin?..... James Connolly (father)
- 4. What is the address of your next-of-kin?..... Macleod, Alberta Canada
- 5. What is the date of your birth?..... June 10th, 1891
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated? and inoculated? W.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 } Yes
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }



W.C. Connolly (Signature of Man.)
A. Davison (Signature of Witness.)

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, William Charles Connolly, 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.C. Connolly (Signature of Recruit)
A. Davison (Signature of Witness)

Date Oct. 30/15 191 .

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I, William Charles Connolly, 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.

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A. Davison (Signature of Witness)

Date Oct. 30/15 191 .

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 Calgary this 30th day of Oct. 191 5.

Chas. Harton (Signature of Justice)

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

Chas. Harton (Approving Officer)

Handwritten initials

Description of William Charles Connolly on Enlistment.

Apparent Age 24 years 4 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 9 1/2 ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Ruddy

Eyes Brown

Hair Dark Brown

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



CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

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

Date Oct. 30/15 191 .

Chas. Davies
Capt
 Medical Officer.

Place Calgary

*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 Charles Connolly 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] Lt. Colonel (Signature of Officer)
 Commanding 82nd Overseas Bait., C. E. F.

Date Oct. 30/15 191 .

TRIPPLICATE

ATTESTATION PAPER.

No. 160.958

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.



QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

14 years in Canada

- 1. What is your name?..... William Charles Connolly
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- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated? and inoculated? *W.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.
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CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } Yes

Wm. C. Connolly (Signature of Man.)
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A. Davison (Signature of Witness)

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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 **Calgary** this **30th** day of **Oct.** 191 **5**

Charles [Signature] (Signature of Justice)

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

Charles [Signature] (Approving Officer)

Description of William Charles Connolly on Enlistment.

Apparent Age 24 years 4 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 9½ ins.

Chest measurement { Girth when fully expanded 36 ins.
 Range of expansion 3 ins.

Complexion Ruddy

Eyes Brown

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Religious denominations. { Church of England
 Presbyterian
~~Wesleyan~~ Methodist
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 Other Protestants (Denomination to be stated.)
 Roman Catholic Yes
 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.

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

Date Oct. 30/15 191 .

Chas. Davies
Capt

Place Calgary

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:—

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William Charles Connolly 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] Lt. Colonel (Signature of Officer)
 Commanding 82nd Overseas Bait., C. E. F.

Date Oct. 30/15 191 .

Casualty Form—Active Service.

Regiment or Corps 82nd Battalion C E F Regimental Number 160958
 Rank Pte Surname Connolly Christian Name William Charles
 Religion Roman Catholic Age on Enlistment 24 years 4 months.
 Enlisted (a) 30-10-15 Terms of Service (a) D of W Service reckons from (a) 30-10-15
 Date of promotion to present rank _____ Date of appointment to lance rank _____
 Extended { _____ } Re-engaged { _____ } Qualification (b) _____
 or Corps Trade and Rate Farmer
 Signature of Officer/i/c Records _____

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

Date	Report From whom received	Record of promotions, reductions, transfers, casualties, &c., 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 of Casualty	Date of Casualty	Remarks Taken from Army Form B. 213, Army Form A. 36, or other official documents
		Embarked ...	Halifax	20-8-16	
		Disembarked...	Liverpool	30-5-16	
8-7-16	82nd Battalion	Transferred to 9th	St. Martin's		Auth CMC
		Res Battalion C T D	Plain		letter 7-7-16
17-7-16	9th Res Bn	Drafted to 10th Battn	France	17-7-16	B.O.No 199
					64 Crossed to ADJUTANT 82ND BATTN C.E.F.
18/7/16	C.B.D.	Arrived in France for 10 th Bn.	Fued	18/7/16	Part 20 30/19/16
4/8/16	"	Left C.B.D. to join 1 st Can Entrenching Bn.		4/8/16	NA-3005-
30/8/16	Phban Ent Bn	Left to join 10 th Bn	Fued	30/8/16	AK
12/9/16	10 th Bn	Joined 10 th Bn	do	1/9/16	B215 357
30/9/16	10 th Bn.	Killed in action	do	25/9/16	B213.-369
					P.2.Ord. 51
					9-10-16

(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) Signaller, Shoeing-smith, &c.
 (B99130) W 15012-5136 J. P. & Co., Ltd. Forms B103/1. *AW Logan Captain for Lt-Col. P.T.O.*

DUPLICATE

160958

MEDICAL HISTORY SHEET.

Surname Counolly Christian Name William Chas. Counolly

Examined { on 29th day of Oct 1915
at Calgary
Birthplace { City or Town Castle Blaney
County Monaghan

Approved by Chaladaries
Rank Capt M.O

Apparent age 24
Trade or occupation Farmer
Height 5 Feet 9 1/2 Inches.
Weight 150 Lbs.
Chest measurement { Minimum 33 inches.
Maximum expansion 36 inches.
Physical development good
Small-Pox Marks

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

Vaccination Marks { Arm Right Left 3
Number three - 3

Date	Result	VACCINATIONS.
<u>13/12/15</u>		<u>RDmace</u> M.O
		M.O
		M.O

When Vaccinated last 1900
(a) Marks indicating congenital peculiarities or previous disease None

(b) Slight defects but not sufficient to cause rejection None

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/12/15</u>		<u>RDmace</u> M.O
<u>9/3/16</u>		<u>RDmace</u> M.O
		M.O

Enlisted on 30 day of Oct 1915 at Calgary

	CORPS	REG'T NUMBER	HABITS	DATE
Joined on enlistment	<u>87 O B C E F</u>	<u>160958</u>		<u>Oct 30, 1915</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.

EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

Surname **Connolly** Christian Name or Names **W.C.** Reg. No. **160958**
 Rank **Pte.** Unit **10th Bn.** Co. Troop Batty.
 Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

Diagnosis

(1) Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 26.9.16

DISPOSITION

Date

C.L.11.10.16

A457

REMARKS

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

O. Age on Enlistment	A.P.	Years	24	24
P. Religion	A.P.	10	R C	2
Q. Rank when left Canada	Cas.	4	O R	1
R. Unit left Canada with	Cas.	12 (b)	82 Bn	082
S. Date left Canada	Cas.	5	May 1916	29
T. Unit in England	Cas.	12 (b)	9 th Res Bn	289
U. Date first proceeded to Theatre of War	Cas.	5	17 July 1916	31

Source of Information—Casualty Form.

1st Unit in T. of W.

10 Bn

0	1	0
---	---	---

Period of Service

Months:

2

0	2
---	---

2nd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

3rd Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

4th Unit in T. of W.

--	--	--

Period of Service

Months:

--	--

X. Check Column

~~GHECK~~

Z. Casualties

Cas.

11

Killed 9

YA. Honours and Awards

Cas.

~~1. Yes.~~

2. No.

no

~~1~~

2

YB. Married or Single

A.P.

~~4. M.~~

5. S.

~~6. W.~~

S

~~4~~

5

~~6~~

YC. Service Unit Transfer

Cas.

7. Subsequent Unit or Units.

8. First Unit.

All cards subsequent to 1st.

Last or only card.

WATCH

8

Extract of Information Coded for Hollerith

7252

Regtl. No. 160958 Name { Surname Connolly
 Christian Names William Charles

Abbreviations used:—A.P., Attestation Paper, Particulars of Recruit, Officer's Declaration Paper.
 A.P.C., Attestation Paper and Pay-roll Card.
 Cas., Casualty Form and Record Sheet.
 P.D., Proceedings on Discharge.

Extracted by: E.B. Coded by: E.B. Checked by: W.D.

	SOURCE OF INFORMATION	CODE USED	LONGHAND EXTRACT	CODE NO.
A. No. of Card 1, 2, 3, 4, 5, 6			Cards to be punched.....	11
B. Professional Soldier	A.P.	1	<u>ivil</u>	0
C. Theatre of Service	Cas.	2	<u>European</u>	0
D. Personnel Seconded to W.O., R.A.F., etc.	Cas.	3	<u>er S</u>	0
E. Rank on Discharge	P.D.	4	<u>OR</u>	1
F. Date Discharged	P.D.	5	<u>26 Sept 1916</u>	33
G. Disposition on Discharge	P.D.	6	<u>R in A</u>	01
H. Place proceeding to	P.D.	7	<u>not app</u>	0
J. Unit Enlisted in	A.P.C.	12 (a) 12 (b)	<u>82 Bn</u>	3082
K. Country of Birth	A.P.	8	<u>Ireland</u>	15
L. Occupation	A.P.	9	<u>Farmer</u>	01
M. Date of Enlistment	A.P.C.	5	<u>oct 30/1915</u>	22
N. Place of Enlistment	A.P.C.	13	<u>balgarry</u>	001

23. 2. 23

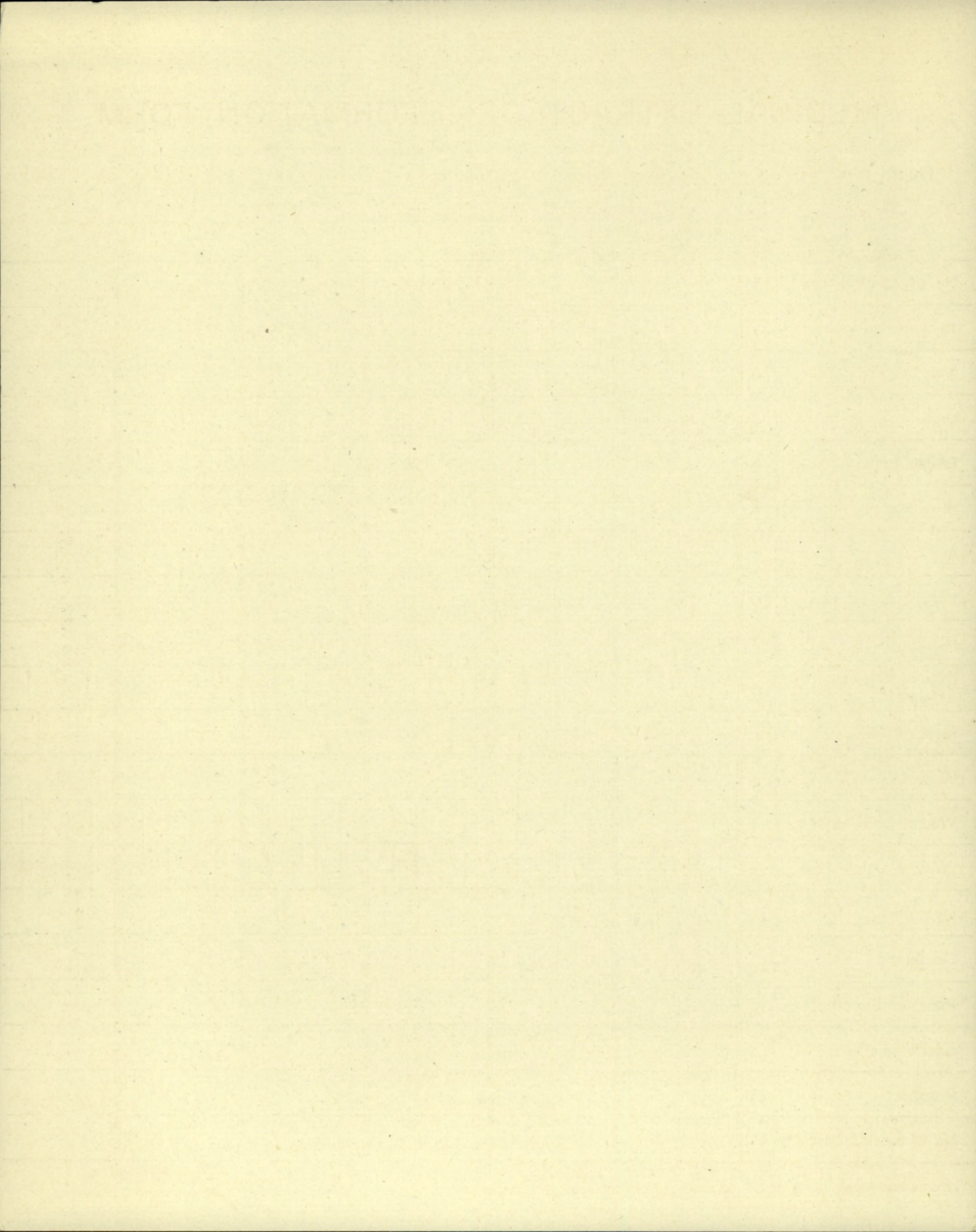
MEDICAL EXTRACT OF INFORMATION FORM

Regt'l No 160958

NAME : Surname Connolly

Christian Names William Charles

	CODE No.	1	2	3	4	5	6
No. of Admissions	1	0					
Invalided to Canada		0 0					
Married or Single	2	2					
Unit	3	0 1 0					
Enlisted at	4	0 0 1					
Birth Place	5	1 5					
Age		2 5					
Occupation	6	0 1					
Rank	7	3					
Date of Admission to Hospital		2 6 9 3					
Days off Duty		0 0 0					
W. or D.	8	1					
Wound (or Disease)	9	0 0 0 0 0					
(Wound or) Disease	10						
Operation	11						
Operation							
Place of Treatment	12	0					
Check							
Results	13	6					
No. of times a Casualty	14	1					



TLH.

Rank _____ Name **CONNOLLY, Wm. Charles.** Reg'l No. **160958**

Unit **82ND BN** If in perm. Corps, }
What Unit? }

Place and Date of Enlistment **Calgary, Alta 30 Oct. 1915** Place of Birth **Castle Blaney**

Name and Address, Next-of-Kin **J. Connolly** **Inonaghan, Ireland**
Inaled, Alta Relationship **Father**

Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____

Separation Allowance \$ _____ Payable to _____ Relationship _____

Discharge, Date and Place _____ Reason **K. A.** Character **N/E R. B. 4**

Handwritten notes: m + 23
5-1-23



Handwritten note: A 25-C-2044

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>Empress of Britain</i>		
8-1-16	<i>ok 82nd Bn</i>	<i>Sot. to 9th Res Bn</i>	<i>S. bluffs</i>	<i>5-4-16</i>	<i>Pt 100 190</i>
9/7/16	<i>9th Res Bn</i>	<i>Taken on strength.</i>	<i>Shorncliffe</i>	<i>7/16</i>	<i>Pt 100 191</i>
17.7.16	<i>18 9th</i>	<i>Struck off to 10th Res Bn</i>	<i>do</i>	<i>17.7.16</i>	<i>" " 199</i>
31.7.16	<i>10 Bt</i>	<i>Taken on Strength</i>	<i>Opias</i>	<i>18.4.16</i>	<i>Pt. 2, O. No. 30</i>
11-10-16	<i>" "</i>	<i>Killed in Action</i>	<i>"</i>	<i>26-9-16</i>	<i>Pt 475 Pt II 51</i>



Handwritten note: 103 EK 26/7/16 RN

Squadron, Battery and Company Conduct Sheet.

No. of Sheet 1

9th Res.

Regiment of 82nd O. Batt. C. E. F. Signature of O. C. { Squadron
Battery
Company

A. Johnson Capt

REGIMENTAL NUMBER AND NAME	ENLISTMENT.	Trade	FORMER SERVICE.	
No. <u>160958</u> Name <u>Connolly Wm Chal.</u> Age on <u>24</u> years <u>4</u> months. Joined, Date <u>Dec 30/15</u> Re-engaged, Date _____ Re-engaged, Date _____ Re-engaged, Date _____ Re-engaged, Date _____ Left, Date _____	Trade <u>Farmer</u> Religion <u>R.C.</u>	Former Service <u>None.</u>	Good Conduct Badges.	
	Period of { <u>War</u>			

PLACE	Date of Offence	Rank	Cases of Drunkenness	OFFENCE	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	REMARKS
To be carried over									

Brought forward

No. 160958 Name *Connolly W.C.* Sqn., Batty., or Company } *D* Corps *82nd O.B. C.E.F.* Date of enlistment } *Oct 30/15* G.C. Badges } Service or Proficiency Pay }
 Date of last entry in Company Conduct Sheet } *nil* No. and date of last drunk } *nil* Period not reckoning towards freedom from extra fine } — Sheet No. } *1* Signature O.C. Company, etc. } *J. Harris* Character } *Good*
Adjutant

Place	Date of offence	Rank	Cases of Drunkenness	Offence	Names of Witnesses	Punishment awarded	Date of award or of order dispensing with trial	By whom awarded	Remarks
	TRANSFERRED TO			<i>9th Reserve Battalion, C.T.D.</i>	<i>8 JUL 1916</i>				
	TRANSFERRED TO			<i>10th B. attd in France</i>					
				<i>Killed in action 26/9/16</i>				<i>10th CAN. INF. BATTN.</i>	<i>Part II order No 51</i>
				<i>Killed in Action (S.I.)</i>					
				<i>26/9/16</i>					

Army Form B. 122

ORIGINAL MEDICAL HISTORY SHEET.

160958

Surname Donnelly Christian Name William Chas.

Examined { on <u>29</u> day of <u>Oct</u> 191 <u>5</u> at <u>Bulgary</u> Birthplace { City or Town <u>Baske Blaney</u> County <u>Monahan</u> Apparent age <u>24</u> Trade or occupation <u>Farmer</u> Height <u>5</u> Feet <u>9 1/2</u> Inches Weight <u>150</u> Lbs. Chest measurement { Minimum <u>33</u> inches Maximum expansion <u>36</u> inches Physical development <u>Cood</u> Small-Pox Marks Vaccination Marks { Arm <u>Right</u> Left <u>2</u> Number <u>three</u> When Vaccinated last <u>1900</u> (a) Marks indicating congenital peculiarities or previous disease <u>None</u> (b) Slight defects but not sufficient to cause rejection <u>None</u>	Approved by <u>Chas. Davies</u> Rank <u>Capt</u> M.O. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Fit or Unfit</th> <th>EXAMINED FOR RE-ENGAGEMENT,</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>VACCINATIONS.</th> </tr> </thead> <tbody> <tr> <td><u>12/12/15</u></td> <td> </td> <td><u>Chas. Davies</u> M.O.</td> </tr> <tr><td> </td><td> </td><td>M.O.</td></tr> <tr><td> </td><td> </td><td>M.O.</td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Result</th> <th>ANTI-TYPHOID INOCULATIONS, ETC.</th> </tr> </thead> <tbody> <tr> <td><u>8/10/15</u></td> <td> </td> <td><u>Chas. Davies</u> M.O.</td> </tr> <tr> <td><u>9/3/16</u></td> <td> </td> <td><u>R. Mace</u> M.O.</td> </tr> <tr><td> </td><td> </td><td>M.O.</td></tr> </tbody> </table>	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.	<u>12/12/15</u>		<u>Chas. Davies</u> M.O.			M.O.			M.O.	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.	<u>8/10/15</u>		<u>Chas. Davies</u> M.O.	<u>9/3/16</u>		<u>R. Mace</u> M.O.			M.O.
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		M.O.																																															



Enlisted on 30 day of Oct 1915 at Bulgary

	CORPS.	REG'T L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>Squad Officer</u>	<u>160958</u>		<u>Oct. 30, 1915</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.

