

Brass Band

Original

# ATTESTATION PAPER.

No. 164557

H.Q. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

84th Overseas B'n. C. E.

Folio.

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your name?..... *William Cunliffe*
  2. In what Town, Township or Parish, and in what Country were you born?..... *Burnley, Lancashire, Eng.*
  3. What is the name of your next-of-kin?..... *George Cunliffe, Father*
  4. What is the address of your next-of-kin?..... *476 Caledonia Ave., W. Toronto. ONT. CAN.*
  5. What is the date of your birth?..... *Aug. 19, 1891.*
  6. What is your Trade or Calling?..... *Woodworker.*
  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 }  
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes.*
- William Cunliffe* (Signature of Man.)  
*A. J. Bramley* (Signature of Witness.)

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Cunliffe*, 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 Cunliffe* (Signature of Recruit)

Date *Sept. 28*, 1915. *A. J. Bramley* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *William Cunliffe*, 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 Cunliffe* (Signature of Recruit)

Date *Sept. 28*, 1915. *A. J. Bramley* (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 *Hajau* this *6* day of *Oct* 191*5*.

*W. M. Dyer* (Signature of Justice)

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

*W. C. M. Naught* (Approving Officer)

Description of William Cunliffe on Enlistment.

Apparent Age 24 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 1/2 ins.

1 vaccination scar on left arm

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

Complexion Fair

Eyes Grey

Hair Light Brown

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

CERTIFICATE OF MEDICAL EXAMINATION.

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

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

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

Date Sept. 28 1915

[Signature]  
 Medical Officer.

Place Magara

\*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 Cunliffe 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)

Date Dec 6th 1915

Lt. Col. Commanding  
 84th Bn. C. E. F.

185  
27-6-19

NAME *CUNLIFFE WILLIAM*

REGT. NO. *16*

UNIT *75th Br* H. Q. FILE NO.

(X) *27-6-19*

**CONTENTS**

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505  
REFERENCE

NON-EFFECTIVE BY

DEATH

Category

*48592*

DISCHARGE

Category

*Remot*

DESERTION

- ATTESTATION PAPER (M.F.W. 23, 133, or 51)
- CASUALTY FORM (M.F.W. 54 or A.F.B. 103)
- TRAINING HISTORY SHEET (M.F.W. 113)
- FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)
- REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)
- COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)
- MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)
- DENTAL HISTORY SHEET (M.F.B. 465)
- MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)
- MEDICAL EXAMINATION (M.F.W. 129)
- TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)
- PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)
- DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)
- LAST PAY CERTIFICATE (M.F.W. 44)
- PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)
- PARTICULARS OF CHARACTER (A.F.W. 3226)
- COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

*M*

*H*

*H*

*24-17*  
*14 19*  
*1 19*

Box  
2214

DUPLICATE

ORIGINAL

MEDICAL HISTORY SHEET.

84th Overseas B'n, C. E. F.

Surname Cumpliffe Christian Name William

Examined { on 28 day of Sept 1915  
at Niagara

Approved by [Signature]  
Rank Capt M.O.

Birthplace { City or Town Bursley  
County Lanc. Eng

Apparent age 24

Trade or occupation Wood worker

Height 5 Feet 5 1/2 Inches.

Weight 125 Lbs.

Chest measurement { Minimum 32 inches.  
Maximum expansion 34 inches.

Physical development Good

Small-Pox Marks none

Vaccination Marks { Arm Right Left  
Number 1

When Vaccinated last 1903

(a) Marks indicating congenital peculiarities or previous disease none

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

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>Oct 13</u>		<u>[Signature]</u> M.O.
		M.O.
		M.O.

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>Oct 7</u>		<u>[Signature]</u> M.O.
<u>12</u>		M.O.
<u>20</u>		M.O.
<u>21-7-16</u>	<u>TAB 1205</u>	M.O.

Enlisted on 11th day of Sept Aug. 1915 at Niagara Toronto

	CORPS.	REG'L NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Regt</u>			<u>Aug 11/15</u>
Transferred to	<u>84th Bn</u>	<u>164557</u>		<u>Sept 21/15</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.

Surname *Cunliffe* Christian Name *William*

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				

9  
2

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

M. F. W. 12a.  
 Form. 4-16.  
 1772-39-819.

Sheet No. 2.

*George Cunliffe*

PAYMENTS.

Name of Soldier

*Cunliffe Wm*

L. L. Job 310.—Req. 6574.

*164557, HQ, 84th Batt PW*

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>15<sup>00</sup> JUN 1-1916</i>
April	1916			
May				
June				
July		<i>Q 7362</i>	<i>30</i>	<i>cancelled. J.P.</i>
Aug.		<del><i>J 11652</i></del>	<del><i>15</i></del>	
Sept.		<del><i>F 14279</i></del> <del><i>C 15895</i></del>	<del><i>15</i></del> <del><i>10</i></del>	
Oct.		<i>B 20347</i>	<i>15</i>	
Nov.		<i>K 25753</i>	<i>15</i>	
Dec.		<i>L 32882</i>	<i>15</i>	
Jan.	<i>Ch 1917</i>	<i>M 31107</i>	<i>15</i>	
Feb.		<i>Q 43667</i>	<i>15</i>	<i>15</i> <i>(W)</i>
March		<i>H 218861</i>	<i>15</i>	<i>15-L</i>
April		<i>Z 1060</i>	<i>15</i>	<i>15-B</i>
May		<i>D 7556</i>	<i>15</i>	
June		<i>T 14519</i>	<i>15</i>	<i>15-B</i>
July		<i>H 21467</i>	<i>15</i>	<i>Q</i>
Aug.		<i>N 28480</i>	<i>15</i>	<i>Q</i>
Sept.		<i>M 37881</i>	<i>15</i>	<i>J</i>
Oct.		<i>J 47484</i>	<i>15</i>	
Nov.		<i>M 54793</i>	<i>15</i>	
Dec.		<i>M 55840</i>	<i>15</i>	<i>285.<sup>00</sup> H.D.</i>
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

*Obs/HP*

*(Signature)*

MILITIA AND DEFENCE  
**ASSIGNED PAY**  
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

**PAYMENTS.**

Name of Soldier \_\_\_\_\_

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



MILITIA AND DEFENCE  
 ASSIGNED PAY  
 OVERSEAS CONTINGENTS

To Whom *George Cunliffe*  
 Address *476 Caledonia ave Sub 77*  
*Toronto Ont*

By Whom Assigned *Cunliffe Wm*  
 Regtl. No. *164557*  
 Rank *Pte*  
 Corps *H Q. 84" Batt*

Rate *15<sup>00</sup>*

JUN 1 - 1914

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1. 1000  
2. 1000  
3. 1000  
4. 1000  
5. 1000  
6. 1000  
7. 1000  
8. 1000  
9. 1000  
10. 1000

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				
20.2.19	Unit	<p><i>Transferred to the following</i></p> <p><i>1 leap lieutenant</i></p> <p><i>1/2 d</i></p> <p><b>Proceeded to England.</b></p>	<p><i>Fed.</i></p> <p><b>8 MAI 1919</b></p>	<p><i>15.2.19 A.F.D 2069 No. 11</i></p>	<p><i>Ca Hewell</i></p> <p><b>Lieut. for Lt. Col. A. A. G.</b></p> <p><b>Canadian Section, G. H. Q. - 3<sup>rd</sup>, Ech.</b></p>
<p>S.O.S <b>PROCEEDED TO CANADA</b> 31-5-19</p> <p>authority <i>4<sup>th</sup> Bdn Div H.Q.</i></p> <p>A 80-1-13 d / 25-5-19</p> <p>PART II Orders # 31</p>		<p><i>OM please capt.</i></p>			
<p><b>H.M.T.S. MAURETANIA</b></p> <p><b>EMBARKED 31-5-19</b></p>					

CERTIFIED CORRECT.

1 SEP 1916

CAN. RECORDS, LONDON.

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

Casualty Form—Active Service.

M. F. W. 54.  
150M. 10-15.  
H. Q. 1772-39-93.

84th Battalion, Can. Inf.

Unit, Regiment or Corps

Regimental No. 164557 ✓ Rank Pte Name Guhliffe, William  
 Enlisted (a) Sept 28/15 ✓ Terms of Service (a) Dur. of War Service reckons from (a) Sept 28/15 ✓  
 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) Wood Worker

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				
10-7-16	O.C. 84th Bn.	Embarked Disembarked Transferred to 75th Bn. Can. Inf.	Canada England England	18-11-16 29-6-16 10-7-16	<i>R. Collins Capt</i> for Lt. Col. Comdg. <u>NO 158</u> 84th Bn. C.I. <i>J. J. Beckett</i> LT. COL. O.C. 75th CANADIAN INFANTRY BATTN
<i>Proceeded for service overseas 11/8/16</i>					
27.8.16	MLO	Disembarked. France	Havre.	12.8.16	N.R. 6280
17-11-17	10.c.c.s.	Dental	to Duty	16/11/17	a/2799 B.909
16/11/17	11.c.7.A.	Disordered Dentition (Dental plate work to)	c.c.s.	15/11/17	a/2647
22/12/17	Munit	14 days' leave	Field	16/12/17	B.213
5/1/18	do.	Rejoined Munit	do	2/1/18	B.213
21.12.18	do.	Granted 14 days' Leave. sent	do	19.11.18	do. over
18.1.19.	do.	Rejoined from leave	do	18.1.19	do.

(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, Shoehing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

Report.	From whom received.	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.				
9 6 19	Awing	SOS TO CAN	21	5	19	Pt	31	<i>68-i-65</i>	
								<i>31/5/19</i>	

A.G.R.

Rank

*Pte*

Name

CUNLIFFE, William

Reg'l No. 164557

Unit 84TH. BN.

If in perm. Corps, }  
What Unit? }

Married or Single *Single*

Place and Date of Enlistment *Niagara, Ont. 28-9-15*

Place of Birth *Bursley, Lancs. Eng.*

Name and Address, Next-of-Kin *George Cunliffe*  
*476 Saledonia Ave., West Toronto, Ontario*

Relationship *Father*

Assigned Pay Monthly \$

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

N/E. R.B. 26607  
File R.L.  
Category **CAN. OR**  
Character

Discharge, Date and Place

Reason

H. W. & V., Ltd.—7165-16.

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>C</i>		<i>Arrived in England</i>	<i>Empress of Britain</i>	<i>28 JUN 1916</i>	
<i>10-7-16</i>	<i>DC. 84th Bn.</i>	<i>S.O. on trans. to 75th Bn</i>	<i>Bordon</i>	<i>10-7-16</i>	<i>D.O. Pt. II. # 158</i>
<i>11-7-16.</i>	<i>75<sup>th</sup></i>	<i>Taken on strength. <sup>From</sup> 84</i>	<i>B' Shot.</i>	<i>10-7-16</i>	<i>a. 2. B. 103 and 23/8/16</i> <i>160</i>
<i>10 8-16</i>	<i>75th.</i>	<i>Embarked For France</i>	<i>Bramshott</i>	<i>II-8-16</i>	<i>Part 2 D. O. 139</i>
<i>23. 11. 17</i>	<i>Pte. C.A.R. (75)</i>	<i>To No. 11 C. F. A.</i>	<i>Field</i>	<i>15. 11. 17</i>	<i>C.L. A 71(2) <sup>Individual</sup> <del>Platoon</del></i>
<i>24. 11. 17</i>	<i>✓</i>	<i>Dischg to duty.</i>	<i>✓</i>	<i>11. 11. 17</i>	<i>CL A 72(1)</i>
<i>10. 3. 19</i>	<i>75/13n</i>	<i>Placed under stopp of Pay for Pte</i>	<i>Full</i>	<i>15. 2. 19</i>	<i>P-2. 0 11</i>
<i>7 5 19</i>	<i>75</i>	<i>PROC. TO ENG</i>		<i>2 5 19</i>	<i>88</i>
<i>12 5 19</i>	<i>A WING</i>	<i>TOS FROM 75 Bn</i>	<i>4 5 19</i>		<i>22</i>

CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) CUNLIFFE, W.  
REGIMENT 75 Can Bn RANK Plt No. 164557

Date of Examination in England 7-5-19 Date of Examination in France \_\_\_\_\_



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated

6-I

PRESENT DENTAL REQUIREMENTS

1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
  - (a) Full Upper
  - (b) Part Upper
  - (c) Full Lower
  - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? \_\_\_\_\_

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England
- (c) In France

BRAMSHOT CAMP  
HANTS.

Signature of Dental Officer [Signature]



*Faint, illegible handwriting, possibly a name or address, located in the upper middle section of the page.*

*Faint, illegible handwriting, possibly a date or number, located on the left side of the page.*

*Several faint, horizontal lines and a small mark, possibly remnants of a signature or a list, located in the lower middle and bottom right sections of the page.*



# CANADIAN EXPEDITIONARY FORCE

**War Service Badge**

## DISCHARGE CERTIFICATE

Class "A" 1 137274

THIS IS TO CERTIFY that No. 164557 (Rank) Private.

Name (in full) CUNLIFFE, William. enlisted in

the 84th Battalion, Infantry.

CANADIAN EXPEDITIONARY FORCE at Niagara, Ont. on the 11th

day of August 19 15.

HE served in FRANCE. 75th Battalion, Infantry.

and is now discharged from the service by reason of Demobilization.  
Medical Unfitness

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 27 years.

Marks or Scars \_\_\_\_\_

Height 5 ft. 5½ ins.

1 vac. scar L. arm.

Complexion Fair.

Eyes Grey.

Hair L. Brown.

*W. Cunliffe*  
Signature of Soldier

*[Signature]*  
Issuing Officer

Date of Discharge

No. 2 DISTRICT DEPOT  
  
JUN 9 1919  
  
TORONTO

For O.C. No. 2 District Depot.  
Rank \_\_\_\_\_

Date JUN 9 - 1919 19 \_\_\_\_\_

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

Form No. 100 (Rev. 1945)

THIS IS TO CERTIFY that the undersigned (Rank) \_\_\_\_\_

Name (in full) \_\_\_\_\_

the \_\_\_\_\_

CANADIAN EXPEDITIONARY FORCE \_\_\_\_\_

day of \_\_\_\_\_

HE served in \_\_\_\_\_

and is now discharged from the service by reason of \_\_\_\_\_

Medical Certificate \_\_\_\_\_

Demobilization \_\_\_\_\_

THE DESCRIPTION OF THE SOLDIER ON THE DATE below is as follows:—

Age \_\_\_\_\_

Height \_\_\_\_\_

Complexion \_\_\_\_\_

Eyes \_\_\_\_\_

Hair \_\_\_\_\_

Signature of Soldier

Issuing Officer

C.O. No. \_\_\_\_\_ District Depot

Rank \_\_\_\_\_

Date \_\_\_\_\_ 1945

Date of Discharge \_\_\_\_\_

Signature of Issuing Officer \_\_\_\_\_

Signature of Soldier \_\_\_\_\_

If no duplicate of this Certificate will be issued any person having same is requested to forward it to the undersigned, c/o the Registrar, Military Council, Ottawa, Canada.

# MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

*Gruppe # 6* ===== *A Mining*

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. *164559* Rank *Pte.* Surname *Cumliffe William*  
(Given name in full)

Unit or Corps *1st. C.O.R. 75th.* Birthplace *Burnley Engo.*  
(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

I. GENERAL DESCRIPTION:

Physique *Good* Weight *125* <sup>*Estimated*</sup> lbs. Height *5* ft. *5* in. Colour of Eyes *Blue*  
 Nutrition *Fair*  
 Pulse *86 - Regular*  
 Condition of arteries *Soft*  
 Vision Rt. *6/12* Left *6/12*  
 Hearing (conversational voice) Rt. *20* ft.  
 Left *20* ft.

Identification marks, scars, or deformities.  
(Give cause and date of origin.)  
*Cut front of left fore arm. received in boyhood*

Opinion as to general health and physical condition *Good*

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)
- Nervous System *No* Genito Urinary System *No* Cardio-Vascular System *No*  
 Special Senses *No* Integumentary System *No* Respiratory System *No*  
 Disturbance of Mentality *No* Muscular System *No* Digestive System *yes*  
 Osseous and Joint System *No* Any other general condition *No*

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

*16-11-17 - Dental -*

*No disability*

# EXAMINATIONS

## THIS SECTION FOR USE OVERSEAS—

Examined at Bramshott.....(Overseas)

Date 6-5-19.....

Signed W. Coghlin..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature William Coghlin

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

## THIS SECTION FOR USE IN CANADA—

Examined at .....(Canada)

Date .....

Signed ..... M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature .....

(If not satisfied, M.F.B. 227 will be completed by a Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

*J.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				

2

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

M. F. W. 54. (A. F. B. 103.

350M.—5-16  
H. Q. 1772-39-920.

# Casualty Form—Active Service.

Unit, Regiment or Corps.....  
 Regimental No. 164557 Rank Pvt. Name Greenleafs William  
 C. E. F. ....  
 Enlisted (a)..... Terms of Service (a)..... Service reckons from (a).....  
 Date of promotion to } Date of appointment } Numerical position on }  
 present rank } to lance rank } roll of N. C. Os. }  
 Extended..... Re-engaged..... Qualification (b).....

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
MAY 31 1919	O. S.	T. O. S. No. 2 DISTRICT DEPOT, TORONTO	1919	PART II D. C.	164
JUN 9 1919	S. O. S.	(DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT,		PART II D. C.	164

*W. C. Roberts*  
 Lieut.  
 For O. C. No. 2 District Depot,

(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.

Regimental documents.  
Certified this document  
checked with

# WAR SERVICE GRATUITY.

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion, if soldier discharged in Canada, this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED, or if soldier discharged in England to be returned to Paymaster General O.M.F. of C., 7, Millbank, London, S.W.

1. Christian names *William* 2. Surname *buuliffe*
3. Rank *Pte* 4. Original Unit *84th Bata* 5. Reg. No. *164557*
6. Address, in full, to which future payments of gratuity are to be forwarded .....  
*P.O.*  
*Stagmer Ont.*
7. Date of enlistment in the C.E.F. *28.9.15*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *not applicable*
9. Relationship of such dependent *not applicable*
10. Address, in full, of such dependent *not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *not applicable*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:— *not applicable*
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *not applicable*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *not applicable*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *3 yrs. 8 Mths*  
*10 Months 84th Bata 2 yrs 10 Months 75th Bata*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments and under what regimental numbers and units. *No.*

19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid. *No.*

20. ~~Have you been issued with a War Service Badge? If so what class?~~ *RTW*

21. Have you, during the present war, served in the Imperial Forces? *No.*

22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled. *No.*

23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England? *No.*

(b) If so, was such reversion in consequence of misconduct or inefficiency? *JUN 9 1919*

24. ~~Are you now serving in the C.E.F.? If not, give: (a) Date of discharge~~ *RTW*

(b) Reason for discharge. *JUN 9 1919*

**DEMobilIZATION**

25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit.

26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit in which you served at the front, and dates of such service with that unit.

27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment? *RTW*

(b) ~~If so, are you in receipt of full pay and allowances from that Department?~~

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *William Cawcliffe*

Place of Residence: *R R 3 Stayner Ont*

Declared before me at: *Bramshott*

This *Fifth* day of *May* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths under P.C. 2767, dated 11th Nov., 1918.

*Harrison Major*  
*75th C. In Bu*

*Dues: 12.13.14.20  
24.25.26.27  
in arrears.*

**POST DISCHARGE PAY.**

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Certified Correct

District Paymaster.



SURNAME

CHRISTIAN NAME OR NAMES

REG. NO.

CUNLIFFE.

RANK

UNIT

W.

Co.

TROOP

164557.

BATTY.

Pte.

HOSPITAL

1st. C.O. 75.

DATE OF ADMISSION

11. C.F. Amb.

15-11-17.

1.

HOSP

2.

HOSP

3.

HOSP

4.

HOSP

DIAGNOSIS

Disordered Dentition. *VR*

1.

2.

3.

DISPOSITION

V.L. 24-11-17. A71(2)

26-11-17. @720

*Mrs. W duty - 16-11-17,*

DATE

REMARKS

A.M.D. 2 Dept.  
Beh. of D.G.M.S. & M.F.C. London

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

~~Sailed from Halifax per S.S. Empress of Britain 18/6/16~~

MARRIED

SINGLE *Yes*

WIDOWER

TRADE OR CALLING

*Woodworker*

RELIGION

*Salvation Army*

DESCRIPTION.

APPARENT AGE

*24* YEARS

*1* MONTHS

HEIGHT

*5'* FEET

*5 1/2* INCHES

CHEST MEASUREMENT

*34* INCHES

EXPANSION

*2* INCHES

COMPLEXION

*Fair*

EYES

*Grey*

HAIR

*L. Brown*

DISTINGUISHING MARKS

*1 acc. scar on left arm.*

MEDICAL EXAMINATION.

PLACE

*Niagara, Ont.*

DATE

*Sept. 28<sup>th</sup> 1915.*

*Present address, not stated.*

SURNAME. *Cunliffe,*

29  
CARD NO.

CHRISTIAN NAMES *William*

*S/S 31-5-19*  
FOEL.

REGL. NO. *164,557* RANK *Pte.*

*201649/13619*  
*1002*  
*Bn.*

UNIT *84<sup>th</sup>*

FORMER CORPS *Nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Cunliffe, George*

RELATIONSHIP TO SOLDIER *Father*

ADDRESS ~~*476 Caledonia Ave. W. Toronto,*~~  
*R. R. # 3 Stainer, Ont.*

*S.A.A. P. 4-11-18*

COUNTRY OF BIRTH *England, Burnley, Lancs.* DATE *Aug. 19<sup>th</sup> 1891.*

PLACE OF ATTESTATION *Niagara, Ont.* DATE *Oct. 6<sup>th</sup> 1913.*

*18-6-16, 4<sup>5<sup>th</sup></sup>/5.*

*R.K. 6-6-19 <sup>343</sup>/<sub>91</sub> Pte.*

No. 164557 RANK *P6*

NAME *Buncliffe. William*

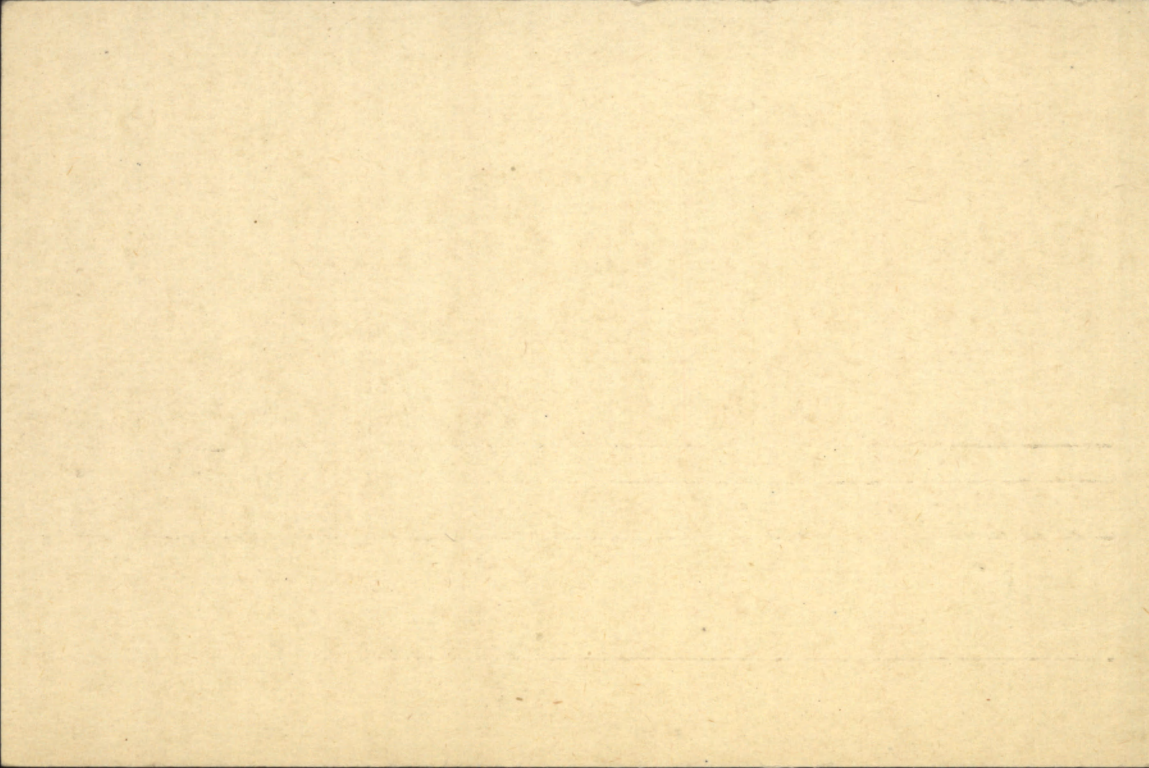
T. O. S.

UNIT *84th Bn C. E. F. (109th Regt Quota)*

M. D. *2*

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
<i>1915</i>	<i>1915</i>			
<i>Oct</i>	<i>Oct 31</i>	<i>✓</i>		
<i>Nov</i>		<i>✓</i>		
<i>Dec</i>		<i>✓</i>		
<i>1916</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>		
<i>June</i>		<i>n.</i>		

**UNIT SAILED  
JUN 18 1916**



LIST No.

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A 71<sup>(2)</sup> #11 Can. Fld. Amb.,  
A. 72<sup>(1)</sup> Disc. To. Duty

15-11-17

16-11-17

Disordered Pontition  
1st Cent Ontario  
" " " "

NAME

*Cunliffe W*

REGT'L No.

*164557*

RANK AND CORPS

*Plt., 75th, Bn.)*

H. Q. FILE No. 649.

FOLLOWS

No.

FOLLOWS

CABLE

No.

DATE

NATURE OF CASUALTY







913P.  
my

RA  
H

Number 164557 Rank Pte

Surname CUNLIFFE

Christian Name William

Units 75 Bn Can Coy Theatre of War France

Date of Service 12-8-16

Remarks

Latest Address ~~RA No 3, Stayner, Ont~~  
144 N. Argyle St

Roll No. B. Page 19328 Toronto

200m.-6-21.M.

REGT. NO. .... RANK ..... NAME .....

UNIT ..... AGE ..... SERIAL NO. IN A. AND D. ....

TOTAL SERVICE WHERE ..... DATE AND PLACE OF ORIGIN .....  
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

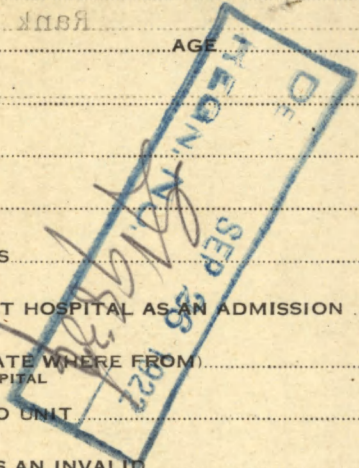
DATE OF DISCHARGE TO UNIT ..... IN CAT

DATE OF DISCHARGE AS AN INVALID .....

DATE OF DEATH .....

DATE OF TRANSFER (STATE WHERE TO) .....  
NAME OF HOSPITAL

OTHER INDEPENDENT CONDITIONS DIAGNOSED .....



P. 559  
MARRIED OR SINGLE

PLACE OF BIRTH

NAME AND ADDRESS OF NEXT OF KIN

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

*Single*  
*Burnley, Lancs, Eng.*  
*Geo Cunyffe*  
*476 Caledonia Ave, W Toronto Ontario*  
*Father.*

CASUALTIES, PROMOTIONS, &c.

PARTICULARS	EFFECTIVE DATE	AUTHORITY

ADMISSIONS TO HOSPITAL, &c.

DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L No. 164554.

RANK *Private*

NAME *Cunyffe William*

IF IN PERM. CORPS WHAT UNIT

UNIT *84th Batt.*

TRANSFERRED TO *45th Bn.*

DATE *1. 8. 16.*

AUTHORITY *73015807.16*

PERMANENT FORCE ALLOWANCES

TRANSFERRED TO

DATE

AUTHORITY

PLACE OF ATTESTATION

*Niagara Ont.*

TRANSFERRED TO

DATE

AUTHORITY

DATE OF ATTESTATION

*Sept 28th 1915*

TRANSFERRED TO

DATE

AUTHORITY

ASSIGNED PAY MONTHLY \$ *15.00*

DATE EFFECTIVE *1st July 1916*

PAYABLE TO

*George Cunyffe, 476 Caledonia Ave, Toronto, Ont.*

RELATIONSHIP *Father*

ASSIGNED PAY MONTHLY \$

DATE EFFECTIVE

PAYABLE TO

RELATIONSHIP

STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE)

EFFECTIVE

REASON

DISCHARGE DATE AND PLACE

REASON AND AUTHORITY

ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE)

ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)

Checked *Morfan*

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.																				No.	DATE	No.	DATE	No.	DATE	No.	DATE							
1916																																														
July 31	1 <sup>st</sup>	31			31	10		3	10						13																															
Aug 31	1	31			31	10		3	10						34																															
Sept 30	1	30			30	10		3							35																															
Oct 31		31			31			3	10						36																															
Nov 30		30			30			3							37																															
Dec 31		31			31			3	10						38																															
1917					18			40																																						
Jan 31	1 <sup>st</sup>	31			31	10		3	10						39																															
Feb 28		30			30	80									40																															
Mar 31		34			34	10									41																															
Apr 30		33			33										42																															
May 31		34			34	10									43																															
		268			50										13																															
															391																															

*6.2*

*Bal from Canada 30.6.16.*

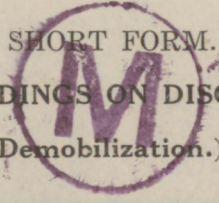


Dis area T  
Occupational Group No. 1

War Service Badge  
Class "A" No. 137274

27-1-39

SHORT FORM.  
PROCEEDINGS ON DISCHARGE.  
(Demobilization.)



1. No. 164557 H.M.S. Mauretania  
 2. Rank. Pte 31-5-19.  
 3. Name. CUNLIFFE, William  
 4. Unit. 75th. Bn  
 5. Date of Discharge JUN 9-1919 Place Toronto Ont  
 6. Reason for Discharge Demob.  
 7. Authority. No. 2 District Depot, part 1, D.C. NO. 164  
 8. Proposed Residence after Discharge Stayner Ont  
 R.R. # 3  
 RR 3 Stayner Ont

9. CERTIFICATE TO BE SIGNED BY SOLDIER.  
 I hereby acknowledge that at the undernoted place and date I received my discharge Certificate  
 M. F. W. ?  
 W. Cunliffe  
 Signature of Soldier.

10. CONFIRMATION.  
 The discharge of the above named man is hereby confirmed.  
 Place  
 Date  
 No. 2 DISTRICT DEPOT  
 JUN 9 1919  
 TORONTO  
 Signature  
 For  
 O.C. No. 2 District Depot  
 (O. C. Discharging Unit.)

RR 3

ADJUTANT GENERAL



Form with horizontal lines and faint markings. Includes a large checkmark on the left side.





LIST OF DISCOUNTS BY COUNTRY

Attention: Please Refer to

in each case of the

of the

of the

of the

of the

of the

of the

of the

of the

of the

of the

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Dental Certificate (C.A.D.C. 5009a).
6. Field Conduct Sheet (A.F.B. 122.)
7. Proceedings on Discharge (M.F.B. 218a)
8. Discharge Certificate (M.F.W. 39)  
(Enclosed in special envelope (260M) ).
9. Copy of Discharge Certificate (M.F.W. 39a).
10. Dispersal Certificate (C.D. 3).
11. Equipment and Clothing } Statement Q.M.G. Form (D.O.S. 2).
12. Last Pay Certificate (P. 851).
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group..... B

Checked by No..... 10

Date..... 29. 3. 19



DEPT. OF WAR & DEFENCE  
 AUG 23 1915  
 H.C. 60-C-374  
 31 1915  
 H.C. CALIF. CA

# MEDICAL HISTORY OF AN INVALID.

1.—Station. *Valcartier*  
 2.—Regiment or Corps. *40<sup>th</sup> Batt. C.P.F.*  
 3.—Regimental No. and Rank. *no number. Private*  
 4.—Name. *William Kunliffe*  
 5.—Age last Birthday. *44 years*  
 6.—Enlisted { on *June 11/15*  
                   { at *Aldershot*  
 7.—Former Trade or Occupation. *Miner*

8.—General remarks on his :—  
 (a) Conduct. *Good*  
 (b) Habits. *Good*  
 (c) Temperance. *Temperate*

(For this purpose the Company defaulter sheets will be obtained from the man's Commanding Officer.)

Date *July 23/15.*

9.—Service.	Years.		Days.
	PERIODS.		
	From	To	
<i>40<sup>th</sup> Battn.</i>	<i>June 11/15</i>	<i>present.</i>	

10.—Disease or Disability. *Bronchial Asthma.*

11.—Date of origin, cause, present condition and whether the same is the result of service or climate.  
*1. Four years ago. 2. Indeterminate. H.A.S.  
 3. Has had shortness of breath for some time with wheezing & cough on exertion. No physical signs at time of enlistment. Unable to drill for any length of time. 4. Not result of service or climate.*  
 Has it been aggravated by intemperance, vice or misconduct? *No.*

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

Not applicable

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

Not applicable

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

Has been aggravated by service (exposure and work of a soldier) to extent of 5% of total disability. AME.

He has been acting as Medical orderly (has first aid certificate) and is all right except when on parade. Gets choked up when exerts himself.

15.—Is the disability permanent?

If not, state its probable duration.

2 To what extent will it prevent his earning a full livelihood?

4 yrs. Will not prevent his earning full livelihood at sedentary occupation. 2. 5% in grade like market.

16.—Full particulars of medical treatment of case up to date of invaliding.

None.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand to Corps.

~~Not applicable~~  
in previous report - 1912

18.—State if for discharge on account of unfitness for service.

yes.

E. Douglas.  
Capt. amc.

Medical Officer by whom the case is brought forward.

**OPINION OF THE MEDICAL BOARD.**

(In which it should be stated how far the Board concurs in above Report.)

The Board having examined 142814 Pte. Wm Cunliffe - 40th Batt CEF Concurs in the above and recommends his discharge as unfit

Signatures:—

H. C. Messerian Capt amc President.

Station

Valcartier

C. B. Bourne Lieut amc.

Date

July 26<sup>th</sup> 1915

Herbert H. Lyres Lieut amc  
Members.

Date

July 29<sup>th</sup> 1915.

Gawinters Major.  
Assistant Director of Medical Services.

Approved.

Date

Director of Medical Services.

[OVER]

(At Station or Hospital where finally disposed of)

Station and Hospital } Arrived from }

Date

If admitted.	If under treatment.		Disease.	How finally disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

SUMMARY of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID

Militia Form B. 227.

5m-914  
(H. Q.-1772-39-117)

Station	Regimental No.	Rank
Corps	Name	Disability
Date	Hospital or Station transferred to for final disposal.	Date of final disposal
	How finally disposed of	

The original Report is invariably to accompany the discharge documents of invalids.

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

13616

Jan 1 - 1916

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

15			
----	--	--	--

9215926  
SMA

## PARTICULARS OF SEPARATION ALLOWANCE

No. 164557  
 Rank pte Promoted Reverted Discharge  
 Soldier's Name Wm Cunliffe  
 Battalion H. Q. 84<sup>th</sup> Batta  
 Beneficiary  
 Relationship  
 Address

## PARTICULARS OF ASSIGNMENT

Name George Cunliffe  
 Address 476 Beahdornia Ave. Sub. 77  
 Change of Address (Toronto Ont.)  
 1 R.R. #3 Stamer Ont.  
 2  
 3  
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1917 Dec 31			285	285	
Jan	F 62835		15	15	c
Feb	E 91048		15	15	
Mar	A 120208		15	15	
Apr	B 2713		15	15	
May	M 18854		15	15	
June	J 22471		15	15	
July	S 33727		15	15	
Aug	I 36224		15	15	
Sept	L 45666		15	15	
Oct	M 53597		15	15	
Nov	O 61659		15	15	
Dec	R 68355		15	15	
1918 Jan	N 73889		15	15	
Feb	P 79180		15	15	
Mar	H 91340		15	15	
Apr	K 3735		15	15	
MAY	J 4862		15	15	
JUN	I 9735		15	15	
			555	555	

4089-W-14

M.F.O. 21310

M. F. W. 128  
40038-6-17-1772-39-141  
L. L. 22320-M. & D. 7493.

AUDITED

Oct 14 1919

A/c Closed  
Rec'd per. Manetania

Date 6-6-19 M.F.W. 187/2.6-19

Closed Mulubin Mad 2  
123330



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

# Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

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RATE OF ASSIGNMENT

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PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS

M. F. W. 128  
400M 617 1772-38-1141  
L. L. 22920-M. & D. 71933.



Strike out whichever inapplicable.

ASSIGNED PAY.	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.	NAME: <b>CUNLIFFE. Wm</b>
EFFECTIVE DATE:-	<b>1.7.16</b>	EFFECTIVE DATE:-		NUMBER:- <b>164557</b>
AMOUNT:-	<b>\$ 15.00</b>	AMOUNT:-		PARTICULARS OF RANK OR APPOINTMENT
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.		AUTHORITY
<b>George Cunliffe</b> <b>1176 Baledonia Ave.</b> <b>Toronto. Ont.</b> <b>(Father)</b> <b>stopped 1/6/19</b>				DATE EFFECTIVE
				RANK OR APPOINTMENT
				UNIT AND TRANSFERS
				ORIGINAL UNIT:- <b>84<sup>th</sup> Bn.</b>
				DATE ACCOUNT FIRST OPENED:- <b>1.7.16.</b>
		AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S D
				UNIT TRANSFERRED TO
				<b>75 Bn.</b>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS | UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
21/19	3460	11 Bde. French Infes	365				
8/19	5702	Alone L20	97 33				

PARTICULARS OF RENDERING NON-EFFECTIVE: **Dis. to Canada 1<sup>st</sup> 19, 3<sup>rd</sup> batt to 3<sup>rd</sup> batt, A8616 - 8107191 M/P 2**

MONTH 1918	PARTICULARS	CR. 1	CR. 2	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4	BALANCE	DEFERRED	SEPARATION
Mar-3	Balance forward.								14440		
Apr.	P. Pay.	33		A.P. Apr				15			
		33		47. 75 Bn 14 4/8	446			15	15794		
May	P. Pay	34 10		A.P. May				15			
		34 10		173. 75 Bn 11 5/8	803						
		34 10		232 ✓ 19 5/8	357			15	16544		
June	P.P.	33		A.P. June				15			
		33		203. 75 Bn 4 6/8	446						
		33		288 ✓ 20 6/8	357			15	17544		
July	P.P.	34 10		A.P. July				15			
		34 10		477. 75 Bn 3 7/8	446						
		34 10		596 ✓ 22 7/8	357			15	18648		
Augt	P.P.	34 10		A.P. Augt				15			
		34 10		620. 75 Bn 6 8/8	357						
		34 10		728. 11 B. 2. Bde 19. 8. 8	357			15	19844		
Sept	P.P.	33		A.P. Sept				15			
		33		758. 11 B. 2. Bde 8 9/8	357						
		33		823 ✓ 19 9/8	357			15	20930		
Oct	✓	34 10		C.A. Pay				15			
		34 10		AR 875- 6/10/18- 11 <sup>th</sup> Inf Bde.	373						
		34 10		AR 956- 16/10/18- ✓	373				22094		
		34 10			746			15			

(over)

NUMBER

RANK

NAME

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERRED	SEPARATION
	<i>Balance Forward</i>								220.94 ✓		
Nov	<i>P. Pay Nov Dec &amp; Jan. 10/20</i>			<i>af1015-7/11- #1, 11<sup>th</sup> Bde.</i>	373						
				<i>af1087-19/11- ✓</i>	1306						
				<i>04005-391- 3<sup>rd</sup> Reg- 8/11/18</i>	-67						
				<i>af1241-2/12- #1, 11 Bde.</i>	373						
				<i>(LC) 168-20/12- ✓</i>	9733						
				<i>Car. Nov. Dec &amp; Jan.</i>					45	158.62	
		101.20			118.52				45-		
Feb											
Mar		64.90		<i>1299 <sup>26</sup>/<sub>12</sub> 1-11 Bde.</i>	373						
				<i>1634 -15 ✓</i>	373						
				<i>1991 <sup>1</sup>/<sub>2</sub> ✓</i>	373						
				<i>2165 <sup>11</sup>/<sub>12</sub> 11- ✓</i>	1119						
				<i>2271 <sup>12</sup>/<sub>12</sub> ✓</i>	365						
				<i>2527 <sup>12</sup>/<sub>12</sub> ✓</i>	1825						
				<i>2327 <sup>10</sup>/<sub>3</sub> ✓</i>	365						
				<i>c. a. b.</i>					30	153.05	
		64.90			4047				30		
Apr		67.10									
May				<i>11 <sup>2</sup>/<sub>4</sub> 11 Bde.</i>	349				30		
				<i>284 <sup>17</sup>/<sub>12</sub> ✓</i>	349						
				<i>3460 <sup>12</sup>/<sub>4</sub> Home</i>	365						
				<i>274 <sup>5</sup>/<sub>2</sub> A. Wt.</i>	9733						
				<i>7193 <sup>15</sup>/<sub>2</sub> ✓</i>	2433						
		67.10			132.29				30	54.86	

*S.O.S. Canada 3/5/19*  
*S.L. 68-1 COR- M.D. 2.*

"MAURETANIA" 6-6-19

65088-1 "DISPERS ST"

AUDITOR PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING  
DAILY RATE OF PAY AND ALLOWANCES

REGT. NO. 164507

RANK Pte. NAME (IN FULL)

CUNLIFFE, "m.

M. OR S.

Form with columns for NEXT OF KIN, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT C.E.F., PLACE OF ATTESTATION, TRANSFERRED TO, DATE, IF IN P.F. WHAT UNIT?, (BLOCK LETTERS SURNAME FIRST), IS SEPARATION ALLOWANCE PAID?, DATE EFFECTIVE, TO WHOM PAID, RELATIONSHIP, ANY CHANGE IN ASSIGNEE OR ADDRESS, ADDRESS, STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE, DISCHARGED, PLACE, DATE, REASON, AUTHORITY, IF ENTITLED TO POST DISCHARGE PAY.

Table with columns for MONTH, NO. OF DAYS, RATE, PAY AND F.A. AMOUNT, OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS (COL. NO. 1, 2, 3), CASH PAYMENTS (COL. NO. 1, 2, 3), ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE (DEBIT, CREDIT), and PARTICULARS OR REMARKS.

BALANCE FROM PREVIOUS ACCOUNT

