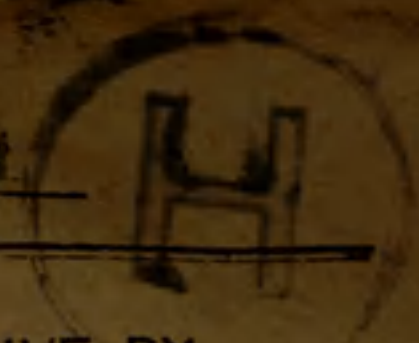


REGIMENTAL DOCUMENTS

NAME *AYERS WILLIAM*

REGT. NO. *724177*

UNIT *Co. F. Co.* H O FILE NO. *8001*



CONTENTS

DATE RECEIVED

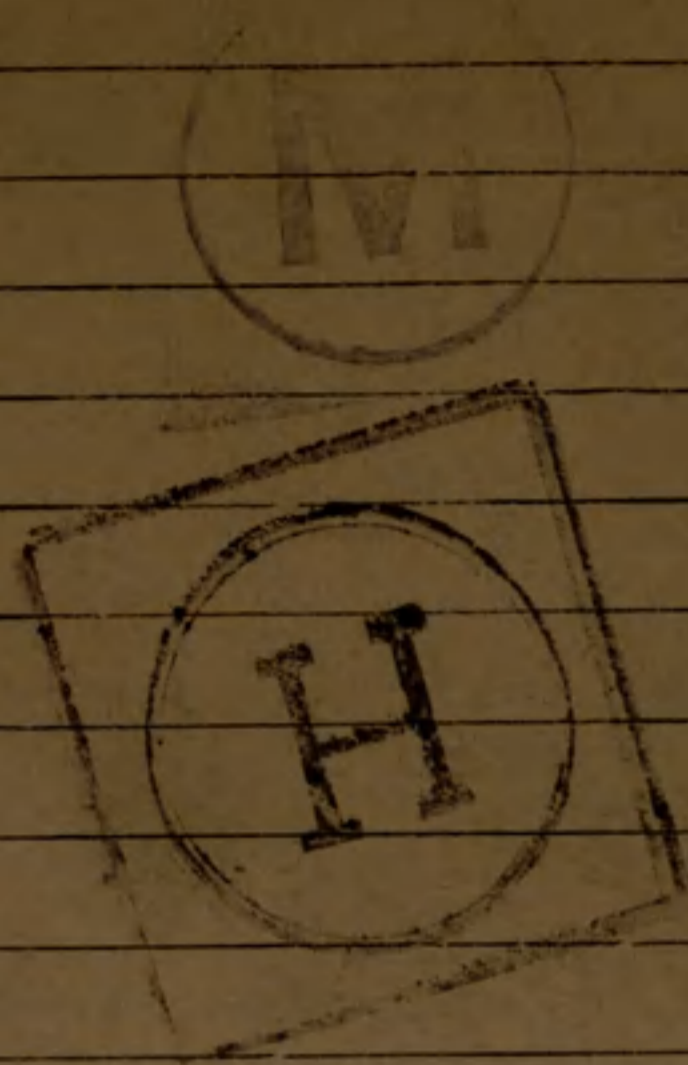
TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

15 5 19



DEATH

Category

DISCHARGE

Category

Desertion
DESERTION

1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)

2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

1 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)

1 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)

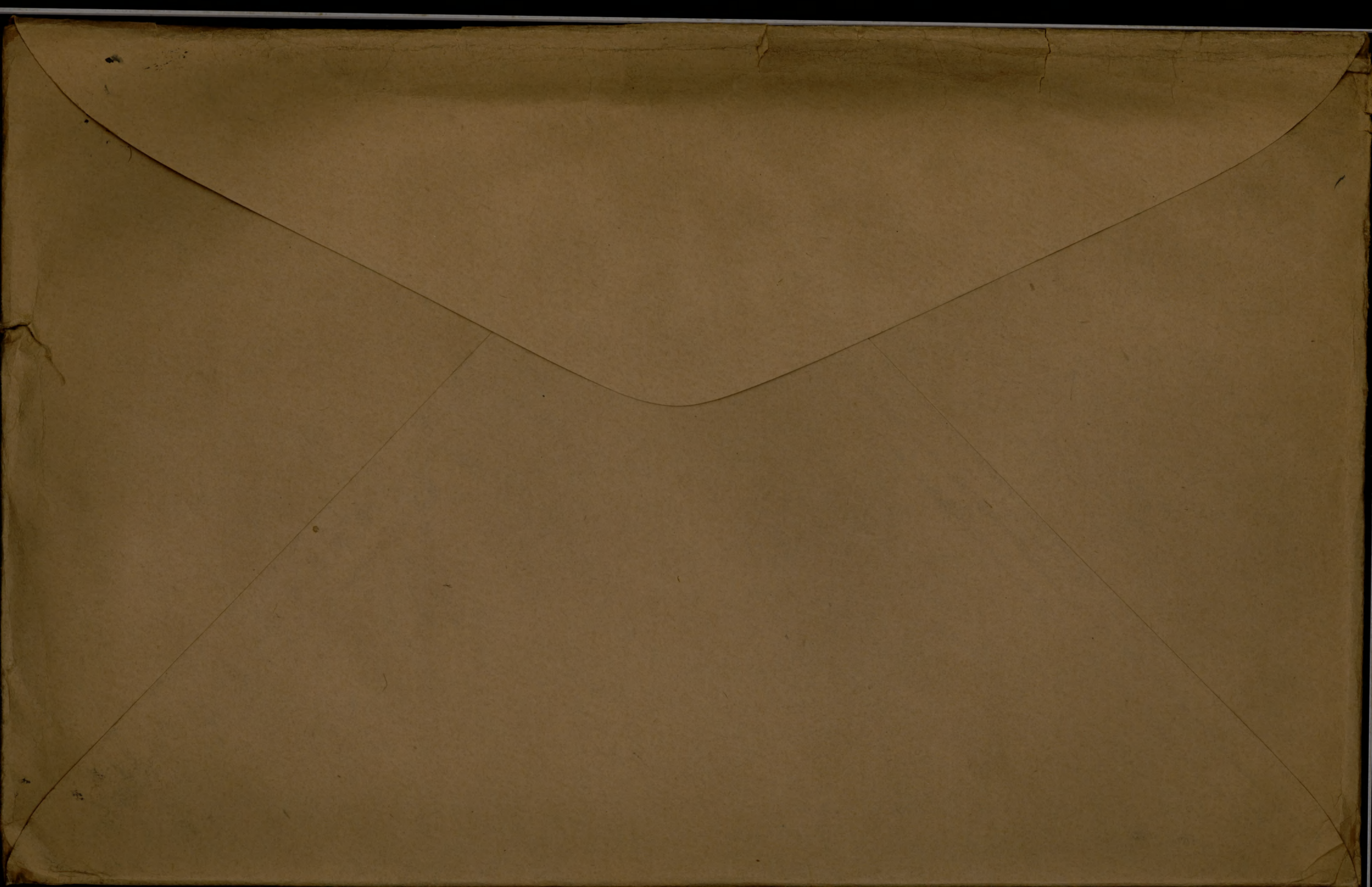
LAST PAY CERTIFICATE (M.F.W. 44)

1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

6th 3
MSW 67



MAR 31 1916

B.

ATTESTATION PAPER.

No. 724177

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION. (ANSWERS.)

- 1. What is your surname?..... *Ayers*
- 1a. What are your Christian names?..... *William*
- 1b. What is your present address?..... *Randsey, Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Twp of Marmora, Ont.*
- 3. What is the name of your next-of-kin?..... *Mr John Rivingstone*
- 4. What is the address of your next-of-kin?..... *209 Booth Ave Toronto*
- 4a. What is the relationship of your next-of-kin?..... *Daughter* *Ont can*
- 5. What is the date of your birth?..... *Dec 20th 1873*
- 6. What is your Trade or Calling?..... *Bookbinder*
- 7. Are you married?..... *Widower*
- 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*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *William Ayers*, do solemnly declare that the above are answers made by me to the above questions and that they 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 Ayers (Signature of Recruit)

Date *MAR 31 1916* 191 .. *J. H. Muir* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

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

Date *MAR 31 1916* 191 .. *J. H. Muir* (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 *Randsey* this *MAR 31* day of .. 191 ..

J. H. Muir (Signature of Justice)

Description of William Ayers on Enlistment.

Apparent Age..... 42 years 3 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. 6 ins.

Chest measurement { Girth when fully expanded..... 38 ins.
 Range of expansion..... 3 ins.

Left arm crooked

Complexion..... Fair

Eyes..... Blue

Hair..... Grey

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

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*..... Sit for Two Bn. for the **Canadian Over-Seas Expeditionary Force.**

Date..... **MAR 31 1916**..... 191 .

J. McCulloch Capt.
 Medical Officer
 109th Overseas Medical Officer. F.

Place..... Sudbury

*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 Ayers..... 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.

J. Atter Lt. Col. (Signature of Officer)
 O. C. 109th Overseas Battalion, C. E. F.

Date..... **MAR 31 1916**..... 191 .

CANADIAN EXPEDITIONARY FORCE *War Service Badge.*

DISCHARGE CERTIFICATE

Class _____
No. _____
issued.

THIS IS TO CERTIFY that No. 724177 (Rank) Pte

Name (in full) William Dyers enlisted in
the 109th Bn

CANADIAN EXPEDITIONARY FORCE at Tindsey on the 31st
day of Apr 1916

HE served in France

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 45

Marks or Scars Left Arm Crooked

Height 5' 6"

Complexion Fair

Eyes Blue

Hair Gray

Wm Dyers
Signature of Soldier

J. McShane

Date of Discharge

No. 2 DISTRICT DEPOT
APR 8 1919
TORONTO

Issuing Officer Captain
FOR O.C. No. 2 District Depot.
Rank

Date APR 8 1919 1919

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.

ORIGINAL

724177

MEDICAL HISTORY SHEET.

Surname Syfers Christian Name William

Examined { on 31 day of March 1916
at Lindsay
Birthplace { City or Town Ship of Manvers
County Victoria Ont.

Approved by J McCulloch Capt.
Medical Officer
Rank 109th Overseas Battalion, M.O.F.

Apparent age 42 years
Trade or occupation Lumberman
Height 5 Feet 6 Inches
Weight 137 Lbs.

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

Chest measurement { Minimum 35 inches.
Maximum expansion 38 inches.
Physical development Good
Small-Pox Marks None

Vaccination Marks { Arm Right None Left None
Number Three

Date.	Result.	VACCINATIONS.
<u>31-3-16</u>		<u>J McCulloch</u> M.O.
<u>12/6/16</u>	<u>O.K.</u>	<u>Capt</u> M.O.
		M.O.

When Vaccinated last March 31st 1916
(a) Marks indicating congenital peculiarities or previous disease None

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>8/4/16</u>	<u>ok</u>	<u>Kruschev</u> M.O.
<u>12/6/16</u>	<u>O.K.</u>	<u>P.P. Barker Capt</u> M.O.
<u>10/8/17</u>	<u>O.K.</u>	<u>P.P. Barker capt</u> M.O.

Enlisted on 31 day of March 1916 at Lindsay

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>109th Bn. C.E.F.</u>	<u>724177</u>		<u>31-3-16</u>
Transferred to				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Accumydale</u>	<u>26/7/19</u>	<u>Arterio Sclerosis</u>	<u>15th O'Leary Capt</u>

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?

21. Have you, during the present war, served in the Imperial Forces?

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? Yes No.

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

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

APR 8 1919

(b) Reason for discharge

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?

(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: Wm Dykes

Place of Residence: Bobcaygeon. Ont.

Declared before me at: Smiths Lawn, Sunningdale.

This Eighth. day of March. 1919 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.

W. J. P. ...
magr.

POST DISCHARGE PAY.

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

Certified Correct.

District Paymaster.

Certified this document checked with Regimental documents.

DEPARTMENT OF MILITIA AND DEFENCE.
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.

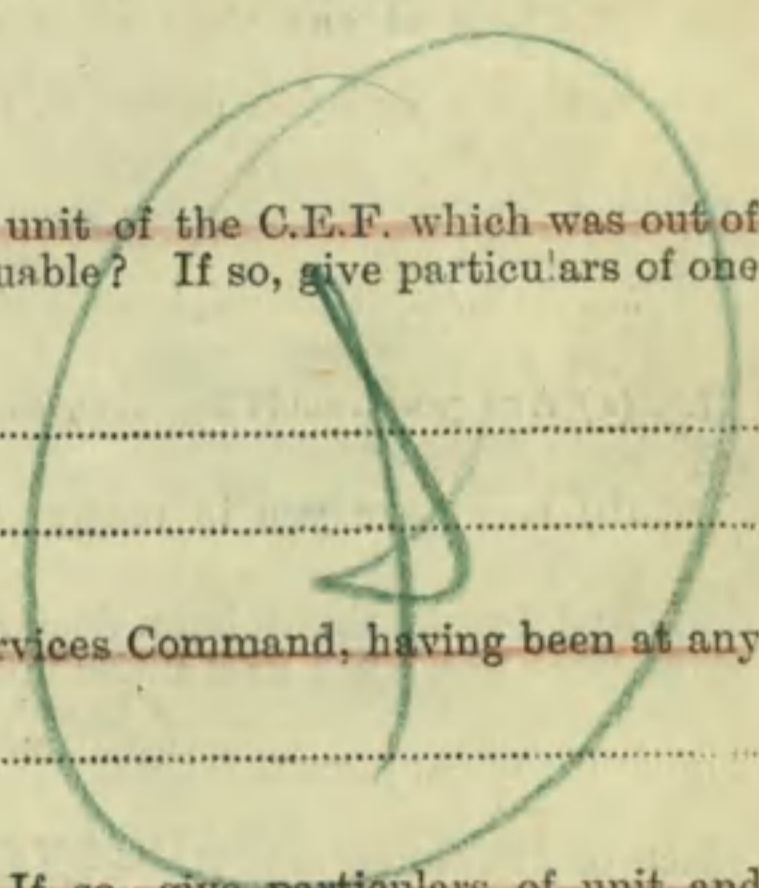
A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

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 Ayres.....
3. Rank Pte..... 4. Original Unit 224th Batt...... 5. Reg. No. 724177.....
6. Address, in full, to which future payments of gratuity are to be forwarded
Bobcaygeon P.O., Ont.
7. Date of enlistment in the C.E.F...... 31 Mar 1916
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:—~~.....
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?~~.....
14. ~~Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service.....~~.....
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.....~~.....
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.....

CSA

CSA



ORIGINAL

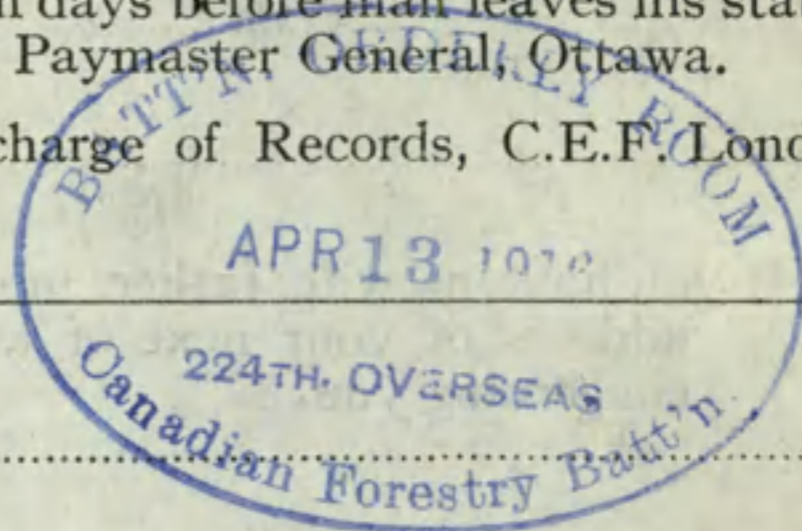
To be made out in duplicate.

H.Q. 54-21-23-53

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.



(1) Name of Overseas Unit which Soldier joins.....

(2) Regimental Number 724177.....

(3) Full Name of Soldier William Ayers.....

(4) Place of Birth Manvers Ont.....

(5) Are you married, or not? No.....

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address Bobcaygeon.....

(7) Are you a widower? Yes.....

(8) Have you any children? 1 Boy 3 Girls.....

If so, give number of boys and girls.....

Also their names and ages.....

William 18 yrs Pearl 22 yrs
Elizabeth 20 yrs
Loula 15 "

(9) Is your Father alive?..... *No*

If so, state name and address.....

(10) Is your Mother alive?..... *No*

If so, state name and address.....

(11) If your Mother is a widow.....

Are you her sole support, or not?.....

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured?.....

If so, in what Company?..... *No*

Have you made arrangements for payment of your Insurance premium.....

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

Date..... *13/4/16*

G. E. Evers
for Officer Commanding
274th Batt. C. C.

W.B. Rank Name AYERS, William Reg'l No. 724177
 Unit *109th Am Co.* 224th Bn. If in perm. Corps, }
What Unit? } Married or Single Widower
 Place and Date of Enlistment *Lindsay, March 31st 1916* Place of Birth *Township of Manvern
Ont. Canada*
 Name and Address, Next-of-Kin *Mrs John Livingstone,*
209 Booth Ave, Toronto, Ont. Canada Relationship *Daughter*

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E. R.B. NO. *10544*
 FILE NO.
 CATEGORY *DI Can*

Discharge, Date and Place Reason Character

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS. Taken from Official Documents.
Date.	From whom received.				
		<i>Arrived in England</i>	<i>S.S. Emp. of Brit.</i>	<i>6 MAY 1916</i>	<i>1030 $\frac{11}{9}$ 17</i>
		<i>Now known as Can. Forestry Corps Auth, Pt. II</i>	<i>DO, I, 22, 11, 16</i>		
<i>7 5 17</i>	<i>Dist. 3</i>	<i>CFC On Strength</i>	<i>4 Coy* London</i>	<i>15 17</i>	<i>rt 2 6</i>
<i>20/7/17</i>	<i>"</i>	<i>S.O.S. to Base Dept.</i>	<i>Ote</i>	<i>" 17.8.17</i>	<i>95 (C.F.C.B.P. No 974/18.8.17)</i>
<i>7/9/17</i>	<i>C.F.C.B.P.</i>	<i>S.O.S. to 73 Co. C.F.C. France</i>	<i>Ote</i>	<i>S'dale 6.9.17</i>	<i>114</i>
<i>25.9.17</i>	<i>73 Co. C.F.C.</i>	<i>Disembarked at Havre</i>	<i>"</i>	<i>Shield 8.9.17</i>	<i>" 1.</i>
<i>24.4.18</i>	<i>"</i>	<i>Awarded I.C. Badge</i>	<i>"</i>	<i>" 31.3.18</i>	<i>" 17.</i>
		<i>73 Coy DO 7 d 20.3.18</i>			
		<i>SCS to BDCFC 15 2 19</i>			
<i>22-3-19</i>	<i>2 MOCW Soc ICFC.</i>	<i>TOS. pendg. ret to Can.</i>	<i>"</i>	<i>Rhyl 19-3-19</i>	<i>69 (SOS from BDCFC - PI 078 d 19-3-19)</i>
				<i>34-I-29.3.19</i>	

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

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters)

AYERS, W.

REGIMENT

C.F.C.

RANK

PTE

No.

724177

Date of Examination in England

21-2-19

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



PRESENT DENTAL REQUIREMENTS

1. FILLINGS

None

2. EXTRACTIONS

None

3. CROWNS

None

4. DENTURES

(a) Full Upper

Remake

(b) Part Upper

(c) Full Lower

(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT?

No

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

Yes

(c) In France

Signature of Dental Officer

R. Jameson
Capt

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

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

250M.—1-16.
H. Q. 1772-39-920

Casualty Form—Active Service.

Unit, Regiment or Corps *109 Bnto* 224th CANADIAN FORESTRY BATT'N, C. E. F.

Regimental No. 724177 ✓ Rank Pte ✓ Name Ayers, William

Enlisted (a) 3/13/16 Terms of Service (a) DoF war Service reckons from (a) 3/13/16

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) Lumberman

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				

Discharged Halifax 25/4/16
Discharged England 5/5/16

22.11.16 O.C. 224th S.O.S. 224th Bn. London 22.11.16 D.O. Pt II No. 153.

MacDuff Lt. & A/Adj. 224th C.F. Bn

22.11.16 D. of T.O. T.O.S. Can. For. Corps. London 22.11.16 D.O. Pt. II No. 1.

St. James Lt. & Asst/Adj. C.F.C.

7-9-17 O.C. C.F.C. S.O.S. BASE DEPOT C.F.C. SUNNINGDALE *6-9-17* PT. II DO. NO. 114
bn posting to 43 Coy C.F.C., France. *McNeill* LT. & A/ADJ. C.F.C.

Now known a Can Forestry Corp 5. P. 150 11/22
D. D. Lurie LIEUT
For Lt Col: 1/2 Records. C.O.M.F.

CORRECTED
15 SEP 1917
CANADIAN FORESTRY CORPS

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
(b) e.g. Signaller, Shoing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

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				
		Landed	Harve.	8.9.17	DP# 8929 / 10#
20.10.17	73 rd Coy	Injury to R. Eye (acc)	American Hos Bordeaux	18.10.17	B213
3.11.17	"	Rejoined Unit from Hosps.	"	29.10.17	B13
16/4/18	73 rd Coy ob.# 12 Dis	Awarded 1 good Conduct Badge	Field	31-3-18	B213 K.G. 18/8947 Pt II ord No. 170. 14/4/18
28.9.18	Do	Granted 14 days leave to UK		26.9.18	B213 Pt II H4
19.10.18	Do	Rejoins from leave	Field	16.10.18	B213
	a.a.g.	S.O.S. for demobilisation to Depot Sunningdale		15-2-19	File 37612
	U.S. Camp. Harve				
21-2-19		O.C. C.F.C. T.O.S. Base Depot, C.F.C. Sunningdale From 73-Coy, France.		15-2-19	Pt. 11.D.O. 53
19-3-19		B.D.C.F.C. S.O.S. BASE DEPOT C.F.C. SUNNINGDALE Transfer. M.D. 2, on posting to Can Camps, Rhygl.		19-3-19	78 W.H. Stewart Lt. for O.C. B.D.C.F.C.

Original not available *Sheet*

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

Casualty Form—Active Service.

Unit, Regiment or Corps. *109th Bn*

Regimental No. *724177* Rank *Pte* Name *Ayers William*
C. E. F.

Enlisted (a) *31.3.16* Terms of Service (a) *war* Service reckons from (a) *31.3.16*

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) *Lumberman*

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>7.4.16</i>	<i>109. Bn</i>	<i>Trans. to 224th Bn</i>	<i>Lindsay</i>	<i>5.4.16</i>	<i>- 50.119.</i>
<i>20.4.16</i>	<i>224. Bn</i>	<i>Disch account of being underage 20/4/16 Quebec. declared med. unfit</i>		<i>20.4.16</i>	<i>DD. 27</i> <i>Discharge cancelled by after order 7d/22¹⁰/₂₁</i>
<i>22.4.16</i>	<i>224. Bn</i>	<i>Having proc ops. 24.4.16 is Sd. of this Bn.</i>	<i>Quebec</i>	<i>24.4.16</i>	<i>50.29</i>

D. Smith
Capt. for DofK

(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.

Report		(B)	(C)	(D)	(E)	(F)
Date.	From whom received	Authority of Part II. of Orders	Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	Place of casualty	Date of promotion, reduction, reversion, casualty, &c.	Remarks, and initials and rank of an officer

Attached C.C.C. Kinmel Park, for return to Canada. Part II Orders No. _____. Ceases to be attached C.C.C. Kinmel Park on embarking for Canada, Part II Order No: 76

31/3/19

J. W. Johnson

Commanding _____ Wing,
Kinmel Park Camp.

S I I - LVPL MAR 29/19
RR HFX APL 5 ..
I M I * CARONIA *

MAR 29 1919 O. S. T. O. S. No. 2 DISTRICT DEPOT, TORONTO. 1919 PART II D. O. 107

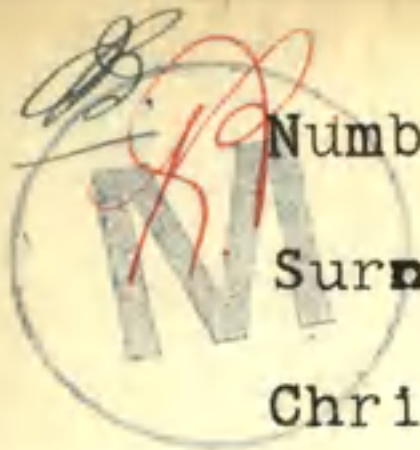
APR 8 1919 S. O. S. (DISCHARGED FROM H. M. S.) No. 2 DIS. DEPOT, PART II D. O. 107

Demobilization

A. E. [Signature]

Lieut.
For O. C. No. 2 District Depot.

Nothing to be written in this margin.



Number 724177 Rank pte.

~~bd~~ R
R

Surname AYER'S

Christian Name William

Units C. F. C. Theatre of War France

Date of Service 8-9-17

Remarks

Latest Address Sent to Bobcaygeon P.O. Ont.

Roll No.

2m-10-21.M.243. B. Page 2267H.

DESP. JUN 20 1925
REGN. NO. 14499

DESP NOV 11 1922
REGN. NO. 4131741

B. Y. Wickes
26. 1. 22.

No 724177 RANK Pte

NAME Ayres W.

T.O.S. 31-3-16. UNIT
D.O. 113. 31-3-16

109th Battalion

Lindsay
M. D. 3

PAID FROM	PAID TO	SIG OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Mar 3. April 1.	1916. Mar 31 April 5.	✓ ✓	Transfd. to 224 th Battalion 5-4-16.	S.O. 119 of 7-4-16.



No. 724177

RANK

Pte

NAME

Ayers Wm

F.O.S.

Transfd from
109th Batty. 6-4-16
no. O. 18 of 6-4-16

UNIT

224th Can. Forestry Battalion C. E. F.

M. D. 5

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PARTICULARS

AUTHORITY

PAID
FROMPAID
TOSIG.
OR
REC'T

1916

1916

apr 6

apr 15

" 16

" 30

May

✓
n
n

Proceeded O/S 21-4-16

no. O. 29 of 22-4-16

Quaker

the apple orchards. P.L.

Fl 224. Bay bridge no

rotation of soil response.

16 Quaker

Chap 2

with 81 beans from

13-18-16 4/15

15-18-16 4/16

240

724177 Pte Ayers W

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		1	2	3	4	1	2				3	4				CREDIT	DEBIT
			\$	C.						\$	C.																
1917									386					141	11	47	46			188	57	196	43	175			
Apr 30	10	33						33																			
May 31		34	10					34 10												17	04	246	49				
June 30		33	00					33 00																			
July 31		34	10					34 10																			
Aug 31		34	10					34 10						17	03												
Sept 30		33	-					33																			
								346 63						7	30					7	30	339	33				

MONTH	PARTICULARS	CR.1	CR.2	PARTICULARS	DR.1	DR.2	DR.3	DR.4	BALANCE	DEFERRED PAY	SER. ALLG. PAY ENG.
		339 33							339 33		
Oct	P Pay	34 10		3270 19/17 676 Eng	486						
		34 10		3150 27/17 BD CTC	973				358 84		
Nov	RP	67 10		AR 312 27/17 736y CTC France	357						
				AR 399 4/10/17 736y CTC France	714						
		67 10		AR 3819 28/17 CTC London	1703				398 20		
1918					27 74						
Jan	Play	34 10		A.R. 670 736y CTC 21-11-17	8 92						
				" 540 . . . 7-11-17	7 14						
				" 853 . . . 19-12-17	7 14				409 10	307	50
Feb	PP	34 10		Halifax Fund 17-1-18	1 00						
		30 80		AR 1019 936 . 17-1-18	7 14				431 76		
		30 80		AR 1346 . . . 9-2-18	7 14						
Mar	RP	34 10		" 1737 record 16-3-18	7 14				457 58		
		34 10			14 28						

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

The Board Concurs

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.) *Yes*
 (" B) (Yes or No.) *Yes*
 (" C) (Yes or No.) *No*
 (" D) (Yes or No.) *No*
 (" E) (Yes or No.) *No*

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

*Boarded for return to Canada
 Auth. A.G.J. 9083 11/11/18*

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE *Summingdale* President *J. S. Munro*
 DATE *26/2/19* Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE DATE APPROVED BY
 APPROVED BY
 Assistant Director of Medical Services.

ASSISTANT DIRECTOR OF MEDICAL SERVICES,
 CANADIAN LONDON AREA
 Director-General of Medical Services.
 MAR 3 1919
 13, BERNERS ST. LONDON, W.1

DATE *Major, G.A.M.O.*
 for A.D.M.S., Canadians, London Area.

73
 THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION *Summingdale* DATE *26/2/19*

1. 1 (a) Unit *P. Inf. Corps* (b) Regimental No. *424199* (c) Rank *Pte*
 (d) Surname *Atves* (e) Christian name *William*
 (f) Home address *Bobonydeon P.D. Ont. Canada*
 (g) Next of Kin *Mrs J. Livingston* (h) Relationship *Daughter*
 (i) Address of Next of Kin *24 Fairford Ave. Toronto. Ont. Can.*
 2. Age last birthday *62* Date of birth *20/12/1856*
 3. Enlistment, or Appointment (if an Officer) (a) Place *Lindsay* (b) Date *31/3/16*
 4. Personal description:
 (a) Height *5' 6"* (b) Weight *137* (c) Complexion *Fair*
 (d) Colour of hair *Grey* (e) Colour of eyes *Hazel* (f) Identification marks, Scars, etc.

5. Former trade or occupation *Farmer*

	PERIODS	
	Years	Days
6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	<i>2</i>	<i>360</i>

	PERIODS	
	From	To
Canada	<i>8.3.16</i>	<i>25.4.16</i>
England	<i>25.4.16</i> <i>15.2.19</i>	<i>6.9.17</i>
France or other theatres of War	<i>6.9.17</i>	<i>15.2.19</i>

7. Original disease, or injury *ARTERIO SCLEROSIS*
 (a) Date of origin *PRIOR TO ENLISTMENT* (b) Place of origin *CANADA*
 (c) Cause *AGE*

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

(ARTERIO SCLEROSIS) MODERATE WEAKNESS.

UNABLE TO DO HEAVY MANUAL LABOR.

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Objective - man appears 60 years of age. The palpable arteries are thickened - pulse tension slightly higher than normal. Chest expansion not quite normal.

Subjective - cannot march far. Tires very easily. Is not markedly short of breath. Could perhaps march 2 miles with pack but not farther.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... NO Cardio-Vascular System... YES (If pulse rate is abnormal, B. P. will be taken.) Genito-Urinary System... NO (Albumen and Sugar will be excluded.) Special Senses... YES Respiratory System... NO Integumentary System... NO Disturbances of Mentality... NO Digestive System... NO Muscular System... NO Osseous and Joint Systems... NO Any other general condition... NO

1. slight systolic murmur at apex - apex in nipple line.

2. spec. Report. Presbyopia Union R. 1/4 to 1/12. Inner canthus 4. Eye injured by stick while on service in France. fundi normal. media clear. cat. A

10. (a) History (of the condition referred to in Section 9 (a).)

Has always worked hard. Uses alcohol + tobacco moderately -

Age on M.H.S. 2 years. Has not been boarded since enlistment.

10.—(b) (If give a complete history, as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

Says he had "Inflam. Pouches around Kidneys" when about 19 years old. no sickness since. Had elbow broken when 12-14 years old.

(c) (Here give a description of wounds, scars, and deformities.)

Prominence of left scapular process - no disability

11.—(a) Did the disabling condition have its origin before enlistment? YES.

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

YES.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) NO (b) NO.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

N.A.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO (If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? YES (If not, briefly state why)

17. Recommendations. Nil.

J. MacDonell LeFevre Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, William Ayers, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

DM

Wm Ayers Rank. Signature of invalid examined.

P. O. 19-6-16.

List of Discharge Documents.

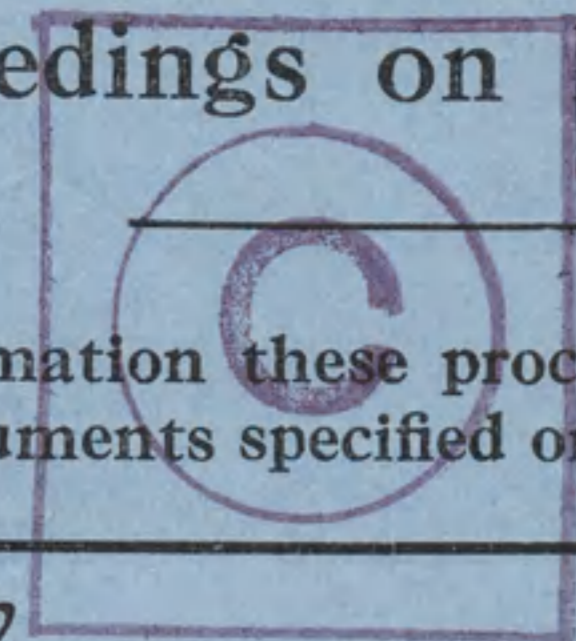
Reg. Conduct Sheet, / Militia form B. 263.	Attestation Paper, 2 Militia Form B. 235.
Squadron } Battery } Conduct Sheet, / " B. 263a. Company }	Proceedings on Discharge ✓ " B. 218.
Copies of Convictions, by C. P. — in MS.	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet (in the event of such having been prepared.)
Med. Hist. Sheet, — Militia Form B. 313	
Medical Report for Invalid* " B. 227.	
Statement of Man's Account on Transfer and Last Pay Certificate, " D. 877.	

*Only if discharged "Medically unfit."

N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

This space to be for numbers.

Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	724177
Rank	Pte
Name	Capers-Williams
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	224th C.F. Bn
Date of Discharge	20-4-16
Place of Discharge	Quebec
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age	22 years 3 months
Height	5 feet 6 inches
Complexion	Fair
Eyes	Blue
Hair	Gray
Trade	Turner
Intended place of residence	St. John's
<small>(To be given as fully as practicable)</small>	
2. The above-named man is discharged in consequence of Medically unfit	
<small>N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.</small>	
3. Conduct and character while in the service have been, according to the records, etc. Good	
<small>N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.</small>	
4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)	

M. F. B. 218.

50m.—3-16.
H. Q. 1772-59-113.

(OVER)

Carded 20-6-16
7. E.

5. He is in possession of the following number of G. C. Badges:

/

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

/

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) *Quebec Ave*

(Date) *April 20th 1916* *Sgt Major White*
Commanding

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place)..... (Signature of Soldier.)

(Date)..... (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

..... (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years.....days.

Total.....years.....days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place).....

(Signature)

(Date)

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

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

SERVICE GROUP 7
 OCCUPATIONAL GROUP 7
 SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)
 M.D.2
 Toronto
 Daughter
 Labourer
 BII

1. No.	724177	
2. Rank.	pte	
3. Name.	AVERS, William	
4. Unit.	109 th Bn	C.B.L.
5. Date of Discharge	APR 8 1919	Place TORONTO, ONT.
6. Reason for Discharge	DEMOBILIZATION	
7. Authority.	No. 2 District Depot, Part II, D.O. No. 107.	
8. Proposed Residence after Discharge	Bobcaygeon P.O. Ont.	
9.	<p>CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?.....</p> <p>SI 1-1111 MAR 20/19 ARR HIX APL 5 .. I M I *CARONIA*</p> <p><i>Wm Avers</i> Signature of Soldier.</p>	
10.	<p>CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....</p> <p>Date.....</p> <p>No. 2 DISTRICT DEPOT APR 8 1919 APR 8 1919 TORONTO</p> <p><i>F. McNamee</i> Capt.</p> <p>Signature..... For O.C. No. 2 District Depot. (O. C. Discharging Unit.)</p>	

A
 20
 27 MAR 1919